

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

### Resource Committee Meeting

November 12, 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, October 15, 2024 (EXHBIT R-1)

### IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'25 Year-to-Date Budget Report- October (Stanley Adams)
- B. November 2024 New Contracts Over 250K (EXHIBIT R-2 Ernest Savoy)
- C. November 2024 Interlocal Agreements (EXHIBIT R-3 Ernest Savoy)
- D. 6168 Apartment Furniture RFP (EXHIBIT R-4 Stanley Adams/Nina Cook)
- E. TMC Parking (EXHIBIT R-5 Stanley Adams)

### V. EXECUTIVE SESSION-

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

### VIII. INFORMATION ONLY

- A. November 2024 New Contracts 100K-250K (EXHIBIT R-6)
- B. November 2024 Contract Amendments 100K-250K (EXHIBIT R-7)
- C. November 2024 New Contracts Under 100K (EXHIBIT R-8)
- D. November 2024 Amendments Under 100K (EXHIBIT R-9)
- E. November 2024 Renewals Under 100K (EXHBIT R-10)

IX. ADJOURN

Veronica Franco, Board Liaison Gerald Womack, Chairman

**Resource Committee** 

THE HARRIS CENTER for Mental Health and IDD

**Board of Trustees** 

## EXHIBIT R-1

## BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, OCTOBER 15, 2024 MINUTES

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:12 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

Committee Member Absent:

Other Board Member Present: Dr. K. Bacon, Dr. L. Fernandez, Dr. R. Gearing

Ms. R. Thomas-videoconference

### 1. CALL TO ORDER

Mr. Womack called the Resource Committee meeting to order at 9:12 am.

### 2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Ms. R. Thomas, Dr. K. Bacon and Dr. L. Fernandez, as voting members 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 September 17, 2024.

MOTION: LYKES SECOND: MILLER, JR.

### With unanimous affirmative votes,

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, September 17, 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-September

MOTION: GEARING SECOND: LYKES

### With unanimous affirmative votes,

**BE IT RESOLVED** FY'24 Year-to-Date Budget Report-September, as presented under Exhibit R-2 is approved and recommended to the Full Board.

B. Board Resolution-Signature Authorization and Delegation Authority for Certain Items

Board of Trustees Resource Committee Meeting (10/15/2024) MINUTES Page 1 of 2 MOTION: BACON SECOND: MILLER, JR.

### With unanimous affirmative votes,

**BE IT RESOLVED** Board Resolution-Signature Authorization and Delegation Authority for Certain Items, under Exhibit R-3 are approved and recommended to the Full Board.

C. October 2024 Contract Amendments Over 250K

MOTION: GEARING SECOND: LYKES

### With unanimous affirmative votes,

**BE IT RESOLVED** October 2024 Contract Amendments Over 250K Exhibit R-4 are approved and recommended to the Full Board.

D. October 2024 Interlocal Agreements

MOTION: GEARING SECOND: LYKES

Dr. Fernandez recused himself from the discussion and vote on Interlocal agenda item #3 Harris County District d/b/a/ Harris Health System.

### With unanimous affirmative votes,

**BE IT RESOLVED** October 2024 Interlocal Agreements item #1-2 and #4-5, EXHIBIT R-5 are approved and recommended to the Full Board.

Dr. Gearing moved to approve Interlocal Agreement item #3. Mr. Lykes seconded the motion. With unanimous affirmative vote, Interlocal Agreement item #3- Harris County District d/b/a Harris Health System.

- 7. **EXECUTIVE SESSION** -No executive session was necessary.
- 8. RECOVENE INTO OPEN SESSION
- 9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 10. ADJOURN

MOTION: BACON SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 9:47 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

# NOVEMBER 2024 NEW CONTRACTS OVER 250k

### SNAPSHOT SUMMARY NEW CONTRACTS GREATER THAN \$250,000

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
1	P-IDD Master Pool for Inspire Program	New Master Pool Contract for the Inspire Program	\$1,390,140.00	11/13/2024 - 8/31/2025	Federal Grant	Request for Application	New Master Pool contract for the Inspire Program to provide benefits to qualifying families to promote community inclusion and prevent institutionalization. The program will serve Harris County, aged 0-6 diagnosed with developmental delay, intellectual disability (intellectual development disorder) and/or autism spectrum disorder. Participating families are eligible for a maximum \$6,000 in benefits (\$5,000 for services to support the individual's disability and \$1,000 for respite care) Benefits will come in the form of therapeutic interventions, services, and materials purchased and delivered on behalf of the participating families. Funding for Inspire approved services/resources will be rendered directly to the authorized provider. Inspire program serviced include: *Therapeutic Interventions *Transportation *Respite
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES			7.			

### HARRIS CENTER for Mental Health and IDD

### **Executive Contract Summary**

Contract Section	
Select Header For This Contract* Intellectual Developmental Disability Services	
Contractor* P-IDD Master Pool for Inspire Program	
Contract ID #* N/A	
Presented To*  Resource Committee  Full Board	
Date Presented* 11/12/2024	
Parties* (?) Various vendors	
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250)  Board Approval (Total NTE Amount is \$250,000.00 or note of the second seco	
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 * (?) 11/13/2024	Contract Term End Date* (?) 8/31/2025
If contract is off-cycle, specify the contract term (?) N/A	
Fiscal Year* (?) 2025	Amount* (?) \$ 1,390,140.00

Funding Source*	
Federal Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Affiliation or Preceptor BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contracting	tor*
Yes O No Unknown	
Please add previous contract dates and what service	es were provided*
Harris Center has multiple contracts with Harris County f	
community-based supports/resources.	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
P-IDD Master Pool for Inspire	
Supporting Documentation Upload (?)	
	17.66KB
Inspire Exhibit A.docx	
Inspire Program Guidelines - Revised 9.18.24.pdf	5.5MB
0013_1_24-2682 Harris Center Inspire Contract.pdf	22.45MB
Vendor/Contractor Contact Person	
Name*	
Margo Childs	
Address*	
Street Address	
9401 Southwest Frwy	
Address Line 2	
N/A	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77074	United States
Phone Number*	
713 970 8237	

### Email\*

Margo.Childs@TheHarrisCenter.org

### **Budget Section**



### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

3531

\$ 1,390,140.00

550000

**Budget Manager** 

Secondary Budget Manager

Johnson, Kenyonika

Kerlegon, Charles

### Provide Rate and Rate Descriptions if applicable \* (?)

Rate and rate description:

As authorized and up NTE \$5,000 per family

### Therapeutic interventions:

Therapeutic interventions (i.e. applied behavior analysis, occupational/physical/speech therapies, music, sensory integration, art, aquatic)

### Transportation:

Provide transportation to appointments, activities directly related to the child's disability

Provide transportation to activities in the community.

Respite Care: As authorized and up to and not to exceed \$1,000

Provides care and supervision of persons on a temporary basis for short periods of time

Intended to relieve family members or other primary care providers of their responsibilities for providing care Provided to individuals only at their usual residence

See attachment for additional information.

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

N/A

Requester Name

Submission Date

Childs, Margo

10/10/2024

### Budget Manager Approval(s)



Approved by

Kenyonika Tohnson

Approval Date 10/10/2024

### Procurement Approval



File Upload (?)

Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 10/11/2024 Contracts Approval Approved by Approval Date Belinda Stude 10/21/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) Inspire will provide benefits to qualifying families to promote community inclusion and prevent institutionalization. The program will serve Harris County, aged 0-6 diagnosed with developmental delay, intellectual disability (intellectual development disorder) and/or autism spectrum disorder. Participating families are eligible for a maximum \$6,000 in benefits (\$5,000 for services to support the individuals disability and \$1,000 for respite care) Benefits will come in the form of therapeutic interventions, services, and materials purchased and delivered on behalf of the participating families. Funding for Inspire approved services/resources will be rendered directly to the authorized provider. No funds will be disbursed to program participants/families. Inspire program service include: \*Therapeutic Interventions \*Transportation \*Respite Product/Service Description New Master Pool Contract for the Inspire Program

### EXHIBIT R-3

## NOVEMBER 2024 INTERLOCAL AGREEMENTS

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

### SNAPSHOT SUMMARY INTERLOCALS

NOVEMBER 2024 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Harris County Hospital District d/b/a Harris Health	Epic EMR Software System Agency Wide	Renewal	2/4/2020 - 2/3/2025	General Revenue (GR)	Annual maintenance and support fee to Harris Health System for the EPIC EMR System. [FY25 NTE: \$2,327,727.00].
2	Harris County Public Health (HCPH)	New Interlocal MOU	New Contract	9/1/2024 - 8/31/2025	General Revenue (GR)	New Interlocal MOU to allow the HCPH to collaborate with the Harris Center's SUDOP program for de-identified data gain by the Harris Center to be a supporting element in CDC plans to show where healthcare disparities are in Harris County. This will also allow SUDOP to provide outreach and engagement service to individuals with a substance use disorders or alcohol use disorder problems that will help clients maintain retention in recovery, mental health services and referrals to medical care on an as needed basis and provide this de-identified data also.
3	Harris County Veterans Services Department	New Interlocal Joinder Agreement	New Contract	9/1/2024 - 8/31/2025	County	New Joinder Interlocal Agreement to add HC Veterans Services department to the Harris County CORE Interlocal Agreement for the CORE program with the Harris Center. Harris County has funded the CORE Program to cover all expenditures for the 24/25 Fiscal year (County FY).
4	Houston Public Library	New Interlocal MOU	New Contract	9/1/2024 - 8/31/2025	General Revenue (GR)	New Interlocal MOU to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the Houston Public Library for the individuals who receive community-based mental health services and/or substance use disorder services from The Harris Center.
5	University of Texas Health Science @ Houston - HCPC	Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds	Amendment	9/1/2024 - 8/31/2025	State	Amendment to increase the NTE to cover the cost to increase the County Bed (16) rate to \$700 per day effective 10/1/2024-08/31/2025. [Current FY25 NTE: \$47,463,519.20 increased by \$791,779.20; Revised FY25 NTE: \$48,255,298.20]
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### HARRIS Annual Renewal Evaluation

Mental Health and IDD			
Current Fiscal Year Contract Information	<u> </u>		
Current Fiscal Year			
2025			
Contract ID#*			
7731			
Contractor Name*			
Harris County Hospital District dba Harris Health			
Service Provided * (?)			
Epic EMR System			
Renewal Term Start Date *	Renewal Term End Date *		
2/4/2020	2/3/2025		
Term for Off-Cycle Only (For Reference Only)			
term for on-oyele only (i or relevance only)			
Agenda Item Submitted For: (?)			
Information Only (Total NTE Amount is Less than \$250	0.000.00)		
Board Approval (Total NTE Amount is \$250,000.00 or			
Grant Proposal	,		
Revenue			
SOW-Change Order-Amendment#			
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	☐ Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract  Renewal of Existing Contract	☐ Lease ☐ Other		
Renewal of Existing Contract	G Office		
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)		
○ Yes			
⊚ No			
Unknown			

Contract NTE* (?) \$ 2,327,727.00		
Rate(s)/Rate(s) Description		
Unit(s) Served*		
1130		
G/L Code(s)* 574000		
Current Fiscal Year Purchase Order Number*		
FY24 CT143421		
Contract Requestor* Rick Hurst		
Contract Owner*		
Mustafa Cochinwala		
File Upload (?)		
		100
Evaluation of Current Fiscal Year Performance	<u> </u>	2
Have there been any significant performance deficiencies within the current fiscal year?	<b>*</b>	
○ Yes ◎ No		
Were Services delivered as specified in the contract?*		
Yes  No	*	
Did Contractor perform duties in a manner consistent with standards of the profession?	,	
Did Contractor adhere to the contracted schedule?* (?)		
⊚ Yes ○ No		
Were reports, billing and/or invoices submitted in a timely manner?* (?)		
Did Contractor provide adequate or proper supporting documentation of time spent ren Agency?* (?)	dering services for the	
Yes   No		
Did Contractor render services consistent with Agency policy and procedures?* (?)		
Yes      No		
Maintained legally required standards for certification, licensure, and/or training?* (?)		
Yes ○ No		
Renewal Determination		
Is the contract being renewed for next fiscal year with this Contractor?* (?)		
Renewal Information for Next Fiscal Year	•	)

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1130	Amount Charged to Un \$ 2,327,727.00		Expense/GL Code No.* 574000	
Budget Manager* Campbell, Ricardo		ondary Budget I pbell, Ricardo	Manager*	
Provide Rate and Rate Description	ons if applicable * (?)			
Project WBS (Work Breakdown S N/A	tructure)* (?)			
Fiscal Year* (?) 2025		ount* (?) 327,727.00		
EULU	Ų 2,0		THE STATE OF THE SECOND SECOND CONTRACTOR AND ADDRESS AND ADDRESS OF A PARTY AND ADDRESS A	
Next Fiscal Year Not to Exceed A	mount for Master Pooled C	ontracts		
Contract Funding Source*				
General Revenue (GR)				
Contract Content Change	es		<b>O</b>	
Are there any required changes t	o the contract language?*	(?)		
○ Yes ◎ No				
Will the scope of the Services ch	ange?*			
○ Yes ◎ No				
Is the payment deadline different than net (45)?*  See No.				
Are there any changes in the Per	formance Targets?*			
○ Yes ● No				
Are there any changes to the Sul	bmission deadlines for note	es or supportin	g documentation?*	
File Upload (?)				
7731 Harris Health First Amendme			748.61KB	
7731 Harris Health system EHR EF		uted).pdf	12.04MB	
ADH-0063-02Harris_Center.pdf MS669 - Harris Center EPIC Maint			1.25MB 308.77KB	
Contract Owner			<u> </u>	
Contract Owner* (?)				
Please Select Contract Owner				
Mustafa Cochinwala				
Budget Manager Approv	al(s)		<u>^</u>	

Approved by		
Ricardo Campbell		
Contract Owner Approval		<b>o</b>
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
<ul> <li>No, reject entire submission</li> </ul>		
<ul> <li>Return for correction</li> </ul>		
Approved by*		
	Approval Date*	
Belinda Stude	10/15/2024	

### **⊞** HARRIS Executive Contract Summary

Mental Health and IDD	Control of the second section of the second			
Contract Section				
Contractor* Harris County Public Health (HCPH)				
Contract ID #* NA				
Presented To*  Resource Committee  Full Board				
Date Presented* 11/12/2024				
Parties * (?) Harris County Public Health (HCPH) and The Harris Cente	er 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#				
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  If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2025			
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00			
Funding Source* General Revenue (GR)				

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
This agreement will allow HCPH to collaborate with SUD	OP for de-identified data gain by
the Harris Center to be a supporting element in CDC plan	
disparities are in Harris County and Harris Center by allow	
and engagement service to individuals with a substance of disorder problems that will help clients maintain retention	
provide Mental Health services and referrals to medical c	
provide this de-identified data also.	
Director: Geoffrey Ball	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contract	tor*
Yes No Unknown	
	4 W - * (2)
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)" (7)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Harris County Public Health	
Supporting Documentation Upload (?)	
Supporting Documentation Opioad (1)	
Vendor/Contractor Contact Person	
Name*	
Leah Barton- Interim Executive Director for Harris County	
Public Health	
Address*	
Street Address	
1111 Fannin Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002	United States
Phone Number*	
832-927-7500	

Email* leah.barton@harriscountytx.gov			
Budget Section			<u> </u>
Budget Units and Amounts	Charged to e	ach Budget Un	nit
Budget Unit Number* 9263	Amount Charge \$ 0.00	d to Unit <sup>*</sup>	Expense/GL Code No.*
Budget Manager Oshman, Jodel		Secondary Budget Ramirez, Priscilla	t Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Struna	ucture)* (?)		
Requester Name Singh, Patricia		Submission Date 9/27/2024	
Budget Manager Approval	(s)		
Approved by  Todel Oshman		Approval Date 9/27/2024	
Procurement Approval			•
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval	esta da la constanta de la con		•
Approved by  Kin Kokumavek		Approval Date 10/1/2024	
Contracts Approval			
Approve*  Yes  No, reject entire submission Return for correction			

Approved by \*

Belinda Stude

Approval Date\*
10/1/2024

### HARRIS Executive Contract Summary

Mental Health and IDD				
Contract Section				
Contractor* Houston Public Library				
Contract ID #* na				
Presented To*  Resource Committee  Full Board				
Date Presented* 10/15/2024				
Parties* (?) Houston Public Library 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#				
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 (?)	0/01/2020			
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00			
Funding Source* General Revenue (GR)				

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided * (?)
The care coordination agreement serves to confirm the n	
Center for Mental Health and IDD and the Houston Publi	
receive community-based mental health services and/or	
from The Harris Center.	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contrac	tor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	pec (HIIB)* (?)
30.000	333 (1102)
Yes No Wunknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Supporting Documentation Optoact (7)	
Vendor/Contractor Contact Person	
Name*	
Joy Brade	
Address*	
Street Address	
500 McKinney Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002	US
77002	00
Phone Number*	
832 393 1545	
Email*	
joy.brade@houstontx.gov	
Pudget Section	
Budget Section	
Budget Section	
	each Dudget Unit
Budget Units and Amounts Charged to	each Budget Unit

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9208	\$ 0.00		0
Budget Manager		Secondary Budget	Manager
Oshman, Jodel		Ramirez, Priscilla	
		ADDICATION OF THE PROPERTY OF	
Provide Rate and Rate Description	s if applicable * (?)		
na			
Project WBS (Work Breakdown Str	ructure)* (?)		
na			
Requester Name		Submission Date	
Singh, Patricia		9/24/2024	
Budget Manager Approval	l(s)		•
Approved by			
7.pp.oroa by		Approval Date	
Todel Oshman		9/24/2024	
Danis and Assessed			
Procurement Approval			•
File Upload (?)			
.110			
Approved by		Approval Date	
Sign			
Contract Owner Approval			
Contract Owner Approval			
Approved by			
		Approval Date	
Kim KORNMAYER		9/24/2024	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
		Approval Date*	
Belinda Stude		10/3/2024	



### **Executive Contract Summary**

Mental Health and IDD	
Contract Section	
Contractor* Harris County Veterans Services Department  Contract ID #*  na  Presented To*  Resource Committee  Full Board  Date Presented*  11/12/2024  Parties* (?)  Harris County Veteran's department and The Harris Cent	er for Mental Health and IDD
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250,000.00 or  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)  Funding Information*	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
<ul> <li>New Contract</li></ul>	Contract Term End Date* (?) 8/31/2025
Fiscal Year* (?) 2025	
Funding Source* County	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided * (?)
This is an \$853,600 revenue contract. Harris County has	
cover all expenditures for the 24/25 Fiscal year (County F	Y). The contract is to extend to
the Harris County Veterans Services Department.	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contract	tor*
Yes No Unknown	
Please add previous contract dates and what service	s were provided*
Currently under contract	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
C	-
Community Partnership* (?)	
Yes    No    Unknown	
Specify Name*	
Harris County	
Supporting Documentation Upload (?)	1.1
Vendor/Contractor Contact Person	
Name*	
Dave Lewis, Harris County Veterans Services Departmen	nt.
2005-en-200 (see chaffile) - American control - 200-50 American (see Control - 200-50 American - 200-5	
Address*	-
Street Address	
2100 Travis Street suite 210 Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-8709	US
Phone Number*	
281-876-6600	
Email*	
dave.lewis.vsd@harriscountytx.gov	
Rudget Section	

Budget Units and Amoun	nts Charged to each Budge	et Unit
Budget Unit Number* 9259	Amount Charged to Unit* \$ 853,600.00	Expense/GL Code No.* 403024
Budget Manager Oshman, Jodel	Secondary E Ramirez, Pris	Budget Manager scilla
Provide Rate and Rate Description Pursuant to the ILA the Agency will submit a detailed report and invoice and approval prior to any monthly described by the Project WBS (Work Breakdown S	on a monthly basis e to the county for review Iraw down.	
na Romandar Nama	Submission	Data
Requester Name		Date
Singh, Patricia  Budget Manager Approve	9/25/2024 al(s)	•
Approved by  Todel Oshman	Approval Da 9/27/2024	te
Procurement Approval File Upload (?)		
Approved by Sign	Approval Da	ite
Contract Owner Approva		
Approved by  Kim Kop NMAYER	Approval Da 10/1/2024	te
Contracts Approval		
Approve*  Yes  No, reject entire submission Return for correction  Approved by *		
Belinda Stude	Approval Da 10/1/2024	te*

### HARRIS CENTER for

### **Executive Contract Summary**

Mental Health and IDD	
Contract Section	
Contractor* University of Texas Health Science @ Houston - HCPC Contract ID #* 5736	
Presented To*  Resource Committee Full Board  Date Presented*	
11/12/2024  Parties* (?)  University of Texas Health Science Center @ Houston - Housto	HCPC and The Harris Center for Mental Health and IDD
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information*  New Contract Amendment	
Contract Term Start Date * (?) 9/1/2024  If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2025
Current Contract Amount* \$ 47,463,519.00 Increase Not to Exceed* \$ 791,779.20	

Revised Total Not to Exceed (NTE)*	
\$ 48,255,298.20	
Fiscal Year* (?)	Amount* (?)
2025	\$ 48,255,298.20
2023	TO LEGGISTON
*	
Funding Source*	
State	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
1 15 15 15 15 15 15 15 15 15 15 15 15 15	inco Brian Brasidad * (2)
Justification/Purpose of Contract/Description of Ser	
Increased costs: 16 beds at HCPC from county at new r	ate \$700 for dates: 10/1/24-8/31/25
Contract Owner*	
Lance Britt	
	*
Previous History of Contracting with Vendor/Contra	ctor
Yes No Unknown	
Please add previous contract dates and what servic	es were provided*
09-01-23 to 08-31-24	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
RE County Beds HCPC - email of FY25 unit allocations	.msg 370KB
Vendor/Contractor Contact Person	
Name*	
Daniel Doyle, COO	
Address*	
Street Address	
2800 South Macgregor Way	
Address Line 2	
	State / Drawings / Paging
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77021	USA

Phone Number\*

713-741-5000

Email\*

daniel.doyle@uth.tmc.edu

### **Budget Section**

(4)

### Budget Units and Amounts Charged to each Budget Unit

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

2221

\$ 5,876,500.00

543069

**Budget Manager** 

Secondary Budget Manager

Smith, Janai

Shelby, Debbie

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2222

\$ 4,343,500.00

543056

**Budget Manager** 

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2186

\$ 35,224,798.20

543076

**Budget Manager** 

Secondary Budget Manager

Smith, Janai

Shelby, Debbie

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2252

\$ 1,277,500.00

543076

**Budget Manager** 

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9300

\$ 1,533,000.00

543059

**Budget Manager** 

Secondary Budget Manager

Smith, Janai

Shelby, Debbie

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

0.00

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

0.00

Requester Name

**Submission Date** 

Smith, Janai

10/18/2024

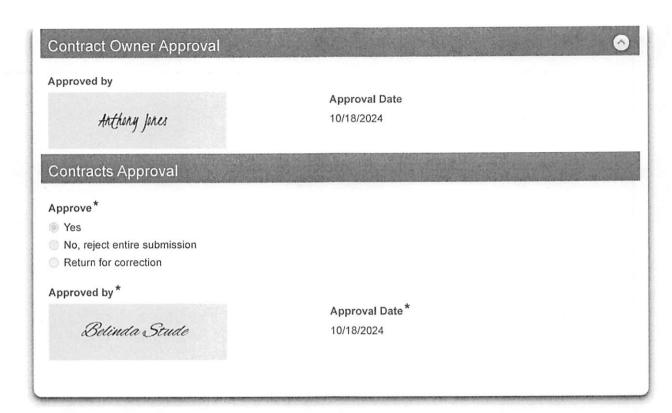
### Budget Manager Approval(s)



Approved by

Janai Lynnette Smith

Approval Date 10/18/2024



### EXHIBIT R-4

## 6168 Apartment Furniture RFP

Presented by: Stanley Adams, MBA Chief Financial Officer



### Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Firm Qualifications/Past Performance on Similar Projects	15%
Firm Experience with Non-Profits	10%
Organization and Local Resources	25%
Price	40%
Project Methodology and Schedule	10%
TOTAL	100%

### Request for Proposal – <u>Proposal</u> Evaluation Scores

Evaluation Team	Vendor 1	Vendor 2	Vendor 3	Vendor 4	Vendor 5	Vendor 6	Vendor 7	Vendor 8
Evaluator 1	45	53	45	34	66	54	30	62
Evaluator 2	68	82	52	67	70	60	63	67
Evaluator 3	60	63	54	63	57	60	60	65
Evaluator 4	77	82	40	75	85	90	70	90
Average Evaluation Score	62.5	70	47.75	59.75	69.50	66	55.75	71

### RFP – Original Pricing

Items	Vendor 1	Vendor 2	Vendor 3	Vendor 4	Vendor 5	Vendor 6	Vendor 7	Vendor 8
Seating	\$135,862.94	\$139,512.00	\$170,560.27	\$149,538.48	\$133,057.10	\$135,714.36	\$156,671.74	\$150,633.12
Table	\$51,941.37	\$111,655.54	\$123,556.18	109,000.24	\$109,825.18	\$97,218.34	\$111,060.72	\$107,541.22
Case goods	\$132,724.12	\$99,351.54	\$183,200.02	\$170,441.32	\$127,925.98	\$161,283.46	\$141,974.82	\$153,114.18
Freight	\$8,900.00	\$27,788.44	\$4,442.50	\$29,747.42	\$17,598.04	TBD once order size known	\$31,552.00	\$29,473.76
Labor/ Install	\$26,500.00	\$14,000.00	\$13,475.00	\$14,400.00	\$5,830.00	TBD once order size known	\$23,911.00	\$18,664.84
Total Cost	\$355,928.43	\$392,307.52	\$495,233.97	\$473,127.46	\$394,236.30	\$394,216.16	\$465,170.28	\$459,427.12

### RFP – BAFO Pricing

Items	Vendor 1	Vendor 2	Vendor 3	Vendor 4	Vendor 5	Vendor 6	Vendor 7	Vendor 8
Seating	\$134,826.06	\$127,589.88	Did not submit	Did not submit	\$128,5590.38	Did not submit	Did not submit	Did not submit
Table	\$51,830.78	\$102,461.52	Did not submit	Did not submit	\$107,608.71	Did not submit	Did not submit	Did not submit
Case goods	\$132,112.86	\$90,868.12	Did not submit	Did not submit	\$125,309.40	Did not submit	Did not submit	Did not submit
Freight	\$5,330.14	\$26,538.44	Did not submit	Did not submit	\$17,298.00	Did not submit	Did not submit	Did not submit
Labor/ Install	\$26,500.00	\$13,500.00	Did not submit	Did not submit	\$5,830.00	Did not submit	Did not submit	Did not submit
Total Cost	\$350,599.84	\$360,957.96			\$384,605.49			

### **Award Recommendation**



Award Recommendation 6168 Apartment Furniture RFP Project# FY24-0318

The Request for Proposal opened for Furniture for the 6168 Apartment Furniture on Wednesday, October 2, 2024, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Evelyn Locklin, Senior Director PES and Residential Programs, Keena Pace, Chief Operating Officer, Stanley Adams, Chief Financial Officer, Karen Hurst, Interim Director for Facility Services, Edgar Barron and Abby Van Lammeren with MStrategic.

Two thousand eight hundred twenty-four (2824) vendors were identified in this area of interest by our procurement software, Bonfire. Thirty-nine (39) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on four (4) 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), and Houston Business Journal.

Received eight (8) responses. Eight (8) responses were deemed responsive and evaluated by the project team. After review of the Proposals, a Best and Final Offer (BAFO) was requested of the eight (8) responsive vendors. Three (3) vendors submitted a BAFO.

### Recommended Vendor:

### Facility Interiors

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended Facility Interiors be selected based on pricing, furniture selection and ability to meet the Agency's deadline. When vendor was requested to provide their best and final offer, Facility Interior reduced their original proposal price by \$31,349.36.

The contract shall commence with a tentative award date, and shall remain in effect unless terminated, cancelled or extended for 1 year.

The total NTE (Not to Exceed) for the contract is \$360,957.96. Funding source is Unit# 1126, FS Infrastructure Project and GL Code# 900040, Building Remodel.

Submitted By:

James Blunt

James Blunt, C.P.M.

Buyer II

Recommended By:

Sharon Brauner

Sharon Brauner, C.P.M., A.P.P.

Purchasing Manager

Stanley adams

Stanley Adams, MBA Chief Financial Officer

## EXHIBIT R-5



### Authorization to increase the FY25 Open PO to pay for two additional parkers at NPC -Admin Employee Surface Parking at the Texas Medical Center

The Harris Center's Purchasing Department is requesting approval to increase the Open PO to cover two (2) two new staff parking fees in the amount of \$422.00.

September 2024 Board approved: \$249,300.00

Increase: \$422.00 New NTE: \$249,722.00

Vendor	Service Description	FY 2025 Board Approved NTE SAmount	Increase	Comments
Texas Medical Center/LAZ	NPC Employee Parking Fees	\$249,300	\$422.00	Funds are required to cover Two (2) new parkers-HR Trainers-Expense for unit: 1108

### **Submitted By:**

DocuSigned by: Sharon Brauner

Sharon Brauner, C.P.M., A.P.P.

Purchasing Manager

Recommended By:

-DocuSigned by: Mna Cook

Nina M. Cook, MBA, CTCM, CTCD

Director of Purchasing

Stanley adams

Stanley Adams, MBA Chief Financial Officer

DocuSigned by:

Wayne Young, MBA, LPC, FACHE

Chief Executive Officer

### EXHIBIT R-6

# NOVEMBER 2024 NEW CONTRACTS 100k - 250k

### SNAPSHOT SUMMARY **NEW CONTRACTS** \$100,000 to \$250,000

**NOVEMBER 2024 FISCAL YEAR 2025** 

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						***************************************
	ADMINISTRATION						N. S. G. S.
1	Innovative Network Technologies (InNet)	SafeBreach breach and attach simulation (BAS) platform allows for continuous validate all layers of our security and simulate real-world attacks to help identify gaps in controls and prioritize remediation.	\$142,860.00	10/21/2024 - 10/31/2025	General Revenue (GR)	Tag-On	New Software Agreement for SafeBreach breach and attach simulation (BAS) platform which allows for continuous validate all layers of the Agency's security and simulate real-world attacks to help identify gaps in controls and prioritize remediation. [Tag-on: TIPS 230105].
	CPEP/CRISIS SERVICES						
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES						

QO HARRIS

Mental Health and IDD	mary
Contract Section	
Contractor*	
Innovative Network Technologies (InNet)	
Contract ID #*	
2024-0952	
Presented To*	
Resource Committee	
⊚ Full Board	
Date Presented*	
11/12/2024	
Parties*(?)	
InNet and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$25	0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#  Other	
•	
Procurement Method(s) *  Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Consumer Driven Other TIPS 230105
	TH 3 230103
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/14/2024	10/13/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 142,860.00
Funding Source*	
General Revenue (GR)	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Leading and Control III and Control III	i D.: Di.l. 4* /2\
Justification/Purpose of Contract/Description of Serv	
SafeBreach breach and attach simulation (BAS) platform layers of our security and simulate real-world attacks to h	
prioritize remediation.	elp identity gaps in controls and
Contract Owner*	
Mustafa Cochinwala	*
Previous History of Contracting with Vendor/Contrac	tor*
Yes No Unknown	
Please add previous contract dates and what service	s were provided*
FY20, FY21, FY22	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)" (?)
Yes No Unknown	
Please provide an explanation*	
N/A	
N/A	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
	1.03MB
091724- Harris Center - SafeBreach # 5882-R3.pdf	6.4MB
230105_CONTRACT_Technology_InNet.pdf	0.4WID
Vandar/Cantractor Contact Barson	<u>^</u>
Vendor/Contractor Contact Person	
Name*	
Gene Loye	
Address*	
Street Address	
5729 LEBANON ROAD SUITE 144	
Address Line 2	
City	State / Province / Region
Frisco	Tx
Postal / Zip Code	Country
75034	US
Phone Number*	
8888046638	
Email*	
gloye@innetworktech.com	

### **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 574000 1130 \$ 142,860.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) See Attached Project WBS (Work Breakdown Structure)\* (?) Submission Date Requester Name 9/26/2024 Hurst, Richard Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 9/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 10/2/2024 **Contract Owner Approval** Approved by Approval Date Mustafa Cochinwala 10/9/2024 Contracts Approval Approve\* No, reject entire submission Return for correction

Approved by \*

Belinda Stude

Approval Date\*
10/15/2024

### EXHIBIT R-7

# NOVEMBER 2024 AMENDMENTS 100k - 250k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

NOVEMBER 2024 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Innovation Network Technologies Corportation	Deepwatch Platform	\$130,000.00	\$7,125.68	\$137,125.68	12/1/2024 - 11/30/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE due to a new FY25 quote and term.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
2	MST Services, LLC	Professional Services to Provide Training and Supervision for a New MST Team	\$100,000.00	\$100,000.00	\$200,000.00	5/1/2024 - 8/31/2025	State Grant	Sole Source	Amendment to increase the NTE for additional funding to cover FY25. When the contract was initially executed in May, the FY24 NTE amount of \$100,000 was only included. The program is originally for two years.
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
_							1		
							-		
-									
					-		-		
					-				
							-		
							-		

### HARRIS CENTER 100

### **Executive Contract Summary**

Mental Health and IDD						
Contract Section	Ć					
COMPACT SECTION						
Contractor*						
Innovation Network Technologies Corportation						
Contract ID #*						
021-0234						
Presented To*						
Resource Committee						
Full Board						
Date Presented*						
11/12/2024						
Parties* (?)	orde Contan					
Innovation Network Technologies Corporation and The Ha	irris Center					
Agenda Item Submitted For: * (?)						
Information Only (Total NTE Amount is Less than \$250						
Board Approval (Total NTE Amount is \$250,000.00 or n	nore)					
Grant Proposal Revenue						
SOW-Change Order-Amendment#						
☐ Other						
Procurement Method(s)*						
Check all that Apply	Commetitive Proposed					
Competitive Bid Request for Proposal	<ul><li>☐ Competitive Proposal</li><li>☐ Sole Source</li></ul>					
Request for Application	Request for Qualification					
Request for Quote	☑ Tag-On					
Interlocal	Consumer Driven					
Not Applicable (If there are no funds required)	Other TIPS 230105					
Funding Information*						
New Contract Amendment						
Contract Term Start Date * (?)	Contract Term End Date * (?)					
12/1/2024	11/30/2025					
If contract is off-cycle, specify the contract term (?)						
Current Contract Amount*						
\$ 130,000.00						
Increase Not to Exceed* \$ 7,125.68						
Revised Total Not to Exceed (NTE)*						
\$ 137,125.68						

Fiscal Year* (?)	Amount* (?)
2025	\$ 137,125.68
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other CT144152
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
See Attached	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Please add previous contract dates and what services	s were provided *
FY20 - FY24	
Software Purchases	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes ⊚ No ○ Unknown	Prince V. School J.
Tes Wild Official	
Please provide an explanation*	
N/A	
C	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
InNet_Harris Center Deepwatch MDR.pdf	1.09MB
TIPS 230105_InNet_Deepwatch.pdf	6.4MB
	C.TIVIO
Vendor/Contractor Contact Person	
Tonasin Contractor Contact i Crosti	· · · · · · · · · · · · · · · · · · ·
Name*	
Gene Loye	
2010 2010	

### Address\* Street Address 5729 Lebanon Road Address Line 2 Suite 144 City State / Province / Region Frisco TX Postal / Zip Code Country 75034 US Phone Number\* 1-888-804-6638 Email\* gloye@innetworktech.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 1130 \$ 137,125.68 **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 Submission Date Requester Name Hurst, Richard 10/17/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 10/17/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval

Approved by	
Mustafa Cochinnala	Approval Date 10/17/2024
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	10/21/2024

### HIARRIS CENTER ...

### **Executive Contract Summary**

Mental Health and IDD					
Contract Section					
Contract Section					
Contractor*					
MST Services, LLC					
Contract ID #*					
2023-0819					
Presented To*					
Resource Committee					
Full Board					
Date Presented*					
11/5/2024					
Parties*(?)					
MST Services, LLC and The Harris Center for Mental Hea	alth and IDD				
Agenda Item Submitted For:* (?)					
Information Only (Total NTE Amount is Less than \$250					
<ul><li>Board Approval (Total NTE Amount is \$250,000.00 or</li><li>Grant Proposal</li></ul>	more)				
Revenue					
SOW-Change Order-Amendment#					
Other					
Procurement Method(s)*					
Check all that Apply					
Competitive Bid	Competitive Proposal				
Request for Proposal	Sole Source				
Request for Application Request for Quote	Request for Qualification				
Interlocal	☐ Tag-On ☐ Consumer Driven				
Not Applicable (If there are no funds required)	Other				
Funding Information *					
New Contract Amendment					
Contract Term Start Date * (?)	Contract Term End Date * (?)				
5/1/2024	8/31/2025				
If contract is off-cycle, specify the contract term (?)					
is defined to the dyole, opacity the defined term (4)					
*					
Current Contract Amount*					
\$ 100,000.00					
Increase Not to Exceed*					
\$ 100,000.00					
Revised Total Not to Exceed (NTE)*					
\$ 200,000.00					

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00
	ψ 100,000.00
Funding Source*	
State Grant	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	<ul> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
<ul> <li>         ■ Memorandum of Understanding     </li> <li>         ■ Affiliation or Preceptor     </li> </ul>	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	
Program originally set for 2 years (FY25 & FY25) and aw	
able to bill for pre-award costs dating back to September	
executed in May only the FY24 amount of \$100,000 was increase to add \$100,000 for the FY25 amount. Current F	
8/31/2025.	a in
Contract Owner*	
Lance Britt	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ◎ Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership * (?)	
Yes No W Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Brenda Szumski	
Address*	
Street Address	
3490 Piedmont Road Northeast	
Address Line 2	
City	State / Province / Region
Atlanta	GA
Postal / Zip Code	Country
30305-1743	US
Phone Number*	
8438568226	

Email*			
Brenda.Szumski@mstservices.com			
Budget Section			
Budget Units and Amoun	ts Charged to e	each Budget Ur	nit
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
4160	\$ 100,000.00		542000
Budget Manager Smith, Janai		Secondary Budget Shelby, Debbie	t Manager
and the second section in the contract of the second secon		AND THE THE PARTY OF THE PARTY	
Provide Rate and Rate Descriptio N/A	ns if applicable * (?)		
Project WBS (Work Breakdown S	tructure)* (?)		
Requester Name		Submission Date	
Bowser, Mohagony		10/16/2024	
Budget Manager Approva	al(s)		
Approved by			
Janai Lynnette Smith		Approval Date 10/21/2024	
Ouran Quinacte Omesi		, , , , , , , , , , , , , , , , , , , ,	
Procurement Approval			0
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<u> </u>
Approved by			
Lance Britt		Approval Date 10/21/2024	
Contracts Approval			
Approve*			
<ul><li>Yes</li><li>No, reject entire submission</li></ul>			
Return for correction			

Approved by \*

Belinda Stude

Approval Date\*
10/21/2024

### EXHIBIT R-8

# NOVEMBER 2024 NEW CONTRACTS UNDER 100k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

### SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

NOVEMBER 2024 FISCAL YEAR 2025

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ACCESS						
ADMINISTRATION						
CPEP/CRISIS SERVICES						
FORENSICS						
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
Sara Russo	Community First Choice Assistance (CFC) PAS/HAB/Respite Services	\$18,630.00	9/30/2024 - 8/31/2025	State	Consumer Driven	New contract to provide CFC-Respite services for consumer.
MENTAL HEALTH					1000,000	
MENTAL HEALTH SERVICES-ECI						
IEACEC						
Pursuit Foundation	New Lease Agreement	\$62,248.49	11/1/2024 - 11/30/2034	State		New Lease Agreement primarily for Tenant's "Coffeehouse" program which includes the sale of coffee, smoothies, pastries, and popcorn, prepared by individuals with IDD and persons with autism, and ancillary uses in connection thereto. Ten Year Lease: Months/Base Rent Per Month 1 – 6 \$0.007 – 36 \$5,975.21 37 - 60 \$6,511.88; 61 – 72 \$6,631.67; 73 – 84 \$6,751.46; 85 – 96 \$6,871.25; 97–108 \$6,991.04; and 109 –126 \$7,110.83
	ACCESS  ADMINISTRATION  CPEP/CRISIS SERVICES  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Sara Russo  MENTAL HEALTH  MENTAL HEALTH  LEASES	ACCESS  ADMINISTRATION  CPEP/CRISIS SERVICES  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Sara Russo  Community First Choice Assistance (CFC) PAS/HAB/Respite Services  MENTAL HEALTH  MENTAL HEALTH  LEASES	ACCESS  ADMINISTRATION  CPEP/CRISIS SERVICES  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Sara Russo  Community First Choice Assistance (CFC) PAS/HAB/Respite Services  MENTAL HEALTH  MENTAL HEALTH  LEASES	ACCESS  ADMINISTRATION  CPEP/CRISIS SERVICES  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Sara Russo  Community First Choice Assistance (CFC) PAS/HAB/Respite Services  MENTAL HEALTH  MENTAL HEALTH  MENTAL HEALTH  LEASES	ADMINISTRATION  CPEP/CRISIS SERVICES  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Sara Russo  Community First Choice Assistance (CFC) PAS/HAB/Respite Services  MENTAL HEALTH  MENTAL HEALTH  MENTAL HEALTH  LEASES	ACCESS  ADMINISTRATION  CPEP/CRISIS SERVICES  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Sara Russo  Community First Choice Assistance (CFC) PAS/HAB/Respite Services  MENTAL HEALTH  MENTAL HEALTH  MENTAL HEALTH SERVICES-ECI

### HARRIS Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
Sara Russo	
Contract ID #*	
2024-0958	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented*	
11/12/2024	
Parties* (?)	
The Harris Center for Mental Health & IDD and Sara Ru	sso
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	<ul><li>Request for Qualification</li><li>Tag-On</li></ul>
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/30/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
n/a	
Fiscal Year* (?)	Amount* (?)
2025	\$ 18,630.00
Funding Source*	
State	
Glaid	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Justification/Purpose of Contract/Description of Servi To provide CFC-Respite services to a TxHmL Waiver Indix Contract Owner*  Dr. Evanthe Collins  Previous History of Contracting with Vendor/Contract  Yes No Unknown  Vendor/Contractor a Historically Underutilized Busine  Yes No Unknown  Community Partnership* (?)  Yes No Unknown  Supporting Documentation Upload (?)  20240930.pdf	or*
Vendor/Contractor Contact Person	
	<b>⊙</b>
Name*	<b>⊘</b>
Name* Sara Russo	
Name*	
Name* Sara Russo	
Name* Sara Russo Address*	
Name* Sara Russo Address* Street Address	
Name* Sara Russo Address* Street Address 2610 Southwick Street	State / Province / Region
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2	State / Province / Region TX
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City	- Proposition of the Committee of the C
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston	TX
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code	TX Country
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code 77080-3806  Phone Number* 832 489 6105	TX Country
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code 77080-3806 Phone Number* 832 489 6105 Email*	TX Country
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code 77080-3806  Phone Number* 832 489 6105	TX Country
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code 77080-3806 Phone Number* 832 489 6105 Email*	TX Country
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code 77080-3806  Phone Number* 832 489 6105  Email* serusso531@gmail.com  Budget Section	TX Country US
Name* Sara Russo Address* Street Address 2610 Southwick Street Address Line 2 City Houston Postal / Zip Code 77080-3806 Phone Number* 832 489 6105 Email* serusso531@gmail.com	TX Country US

Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 3585 \$ 18,630.00 543005 **Budget Manager** Secondary Budget Manager Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) Requester Name Submission Date Wells, Rosa 9/30/2024 Budget Manager Approval(s) Approved by Approval Date Kenyonika Johnson 10/2/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 10/11/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 10/24/2024

### HARRIS CENTER 100

### **Executive Contract Summary**

Mental Health and IDD	
The state of the s	
Contract Section	
Select Header For This Contract*	
Leases	
Contractor*	
Pursuit Foundation	
Contract ID #*	
2024-0856	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
11/12/2024	
Parties* (?)	
Pursuit Foundation and The Harris Center for Mental Hea	Ith 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 i	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On ☐ Consumer Driven
<ul><li>Interlocal</li><li>Not Applicable (If there are no funds required)</li></ul>	Other
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
11/1/2024	11/30/2034
If contract is off-cycle, specify the contract term (?)	
N/A	
Figure Your * (2)	A
Fiscal Year* (?) 2025	Amount* (?) \$ 62,248.49
	Ψ U2,240.43

Funding Source*			
State			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA Pooled Contract	☐ IT/Software License Agreement  ☐ Lease		
Renewal of Existing Contract	Other		
Contract Owner*			
Dr. Evanthe Collins			
Previous History of Contracting with Vendor/Contract	tor*		
Yes O No Unknown			
Please add previous contract dates and what service	s were provided*		
The Harris Center has several contracts with The Center			
Pursuit/Pursuit Foundation for leases, residential, etc.			
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)*(?)		
○ Yes ○ No ⊚ Unknown			
Community Partnership * (?)			
Yes  No  Unknown			
Specify Name*			
Pursuit Foundation			
Supporting Documentation Upload (?)			
Pursuit Foundation-Harris Center Lease Agreement - Coffee House (WCG 451.69KB			
10_18_2024)(1488035.1).docx			
Vendor/Contractor Contact Person			
Name*			
Charles Njuguna, CEO			
Address*			
Street Address			
4400 Harrisburg Blvd			
Address Line 2			
City	State / Province / Region		
Houston	TX		
Postal / Zip Code	Country		
77011	United States		
Phone Number*			
7135258401			
Email*			
cnjuguna@thecenterforpursuit.org			

### **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 126006 3636 \$ 62,248,49 Secondary Budget Manager **Budget Manager** Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) See attachment. See attachment for additional information related to the lease rate and rate description. Project WBS (Work Breakdown Structure)\* (?) N/A Requester Name **Submission Date** 10/21/2024 Childs, Margo Budget Manager Approval(s) Approved by Approval Date Kenyonika Tohnson 10/22/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 10/24/2024 **Contracts Approval** Approved by Approval Date Belinda Stude 10/29/2024 **Final Board Report Comments**

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

The contractor's leased space shall be used in the following manner listed below: The Premises shall be used primarily for Tenant's "Coffeehouse" program which shall include the sale of coffee, smoothies, pastries, and popcorn, prepared by individuals with intellectual or developmental disabilities (IDD) and persons with autism, and ancillary uses in connection thereto, and for no other purpose.

See attachment/supporting documentation for additional information pertaining to the lease.

### **Product/Service Description**

**New Lease Agreement** 

## EXHIBIT R-9

# NOVEMBER 2024 AMENDMENTS UNDER 100k

## THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

## SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

NOVEMBER 2024 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Pitney Bowes Global Financial Services LLC	Mail Room Postage Machine Lease	\$9,233.88	\$6,772.32	\$16,006.20	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE to replace the current postage machine with an updated model. Current machine is in constant repair and will not last the length of the current term of the lease.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

Mental Health and IDD EXECUTIVE CONTRACT Sumi	liary	
Contract Section		0
Contractor* Pitney Bowes Global Financial Services LLC		
Contract ID #* 2021-0211		
Presented To*  Resource Committee  Full Board		
Date Presented* 11/12/2024		
Parties* (?) Pitney Bowes and The Harris Center		
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Procurement Method(s)*  Check all that Apply  Competitive Bid	Competitive Proposal	
Request for Proposal Request for Application Request for Quote Interlocal	Sole Source Request for Qualification Tag-On Consumer Driven	
Not Applicable (If there are no funds required) Funding Information*	Other	
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* \$ 9,233.88		
Increase Not to Exceed* \$ 6,772.32		
Revised Total Not to Exceed (NTE)* \$ 16,006.20		

Fiscal Year* (?)	Amount* (?)
2025	\$ 16,006.20
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of So	ervices Being Provided * (?)
Replace current postage machine with an updated mo	
repair and will not last the length of the current term of	
Contract Owner*	
Nicole Lievsay	
Secretarian security (territoria)	
Previous History of Contracting with Vendor/Contr	ractor*
Yes O No O Unknown	
Please add previous contract dates and what servi	ices were provided*
Same services 10/2021 - 8/2024	
V 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (1)
Yes No Unknown	
Community Partnership* (?)	
○ Yes   No   Unknown	
Supporting Documentation Upload (?)	
THE HARRIS CENTER FOR MENTAL HEALTH LEAS	SE QUOTE Y103430531
10_16_2024.pdf	20.95KB
Vendor/Contractor Contact Person	
*	
Name*	
Pitney Bowes Global Financial Services LLC	
Address*	
Street Address	
1 Elmcroft Road	
Address Line 2	
City	State / Province / Region
	CT
Stamford	01
Stamford Postal / Zip Code	Country

Approved by\*

Belinda Stude

**Approval Date\*** 10/23/2024

# EXHIBIT R-10

# NOVEMBER 2024 RENEWALS UNDER 100k

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000 NOVEMBER 2024 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE	FY 2025 NTE	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS		AMOUNT	AMOUNT				
1	ADMINISTRATION  Centre Technologies, Inc.	VMware Software Subscription, Maintenance & Support Services	\$53,983.71	\$56,000.00	11/1/2024 - 10/31/2025	General Revenue (GR)	Tag-On	Annual renewal of VMware Software Subscription, Maintenance & Support Services Agreement. [Tag-On to DIR-TSO-4288].
2	Otis Elevator Company	Elevator Maintenance and Services for the 9401 Southwest Freeway, Houston, TX location.	\$66,000.00	\$66,000.00	11/1/2024 - 10/31/2025	General Revenue (GR)		Annual renewal of Agreement for Elevator Maintenance and Services for the 9401 Southwest Freeway, Houston, TX property.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

HARRIS CENTER JOS

## **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	<b>○</b>
Current Fiscal Year 2025	
Contract ID#* 6093	
Contractor Name * Otis Elevator Company	
Service Provided * (?) Elevator Maintenance for 9401 SW Freeway property.	
Renewal Term Start Date* 11/1/2024	Renewal Term End Date* 10/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250, Board Approval (Total NTE Amount is \$250,000.00 or m Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other By assignment-9401 SW property acquisition.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busines  Yes  No  Unknown	ss (HUB) (?)

Contract NTE* (?) \$ 66,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1817
G/L Code(s)* 569009
Current Fiscal Year Purchase Order Number* CT144261
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?*   No
Did Contractor adhere to the contracted schedule?* (?)  See No.
Were reports, billing and/or invoices submitted in a timely manner?* (?)  (i) Yes (ii) No
Did Contractor provide adequate 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?* (?)  See No.
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) <ul> <li></li></ul>
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit								
Budget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.* 569009					
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*					
Provide Rate and Rate Description per contract	s if applicable * (?)							
Project WBS (Work Breakdown Str n/a	Project WBS (Work Breakdown Structure)* (?) n/a							
Fiscal Year* (?) 2025		Amount* (?) \$ 66,000.00						
Next Fiscal Year Not to Exceed Am	ount for Master Poole	ed Contracts						
Contract Funding Source* General Revenue (GR)								
Contract Content Changes	S		<b>⊙</b>					
Are there any required changes to  Yes No		e <b>?*</b> (?)						
Will the scope of the Services char Yes No	ige?^							
Is the payment deadline different to See No	nan net (45)?*							
Are there any changes in the Perfo	rmance Targets?*							
Are there any changes to the Subn  Yes  No	Are there any changes to the Submission deadlines for notes or supporting documentation?*  O Yes  No							
File Upload (?)								
Contract Owner								
Contract Owner* (?)	Contract Owner* (?)							
Please Select Contract Owner  Karen Hurst								
Budget Manager Approval(s)								

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Karen & Hurst	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	10/9/2024

## HARRIS CENTER,

# Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	<b>⊙</b>
Current Fiscal Year	
2025	
Contract ID#*	
7012	
Contractor Name* Centre Technologies, Inc.	
Service Provided* (?)  VMware Software Subscription, Maintenance & Support; I	DIR-TSO-4288 Tag-on
Renewal Term Start Date *	Renewal Term End Date *
11/1/2024	10/31/2025
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 r	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
<ul><li>Unknown</li></ul>	

	Contract NTE* (?) \$ 53,983.71
	Rate(s)/Rate(s) Description Renewal Quote Required
	Unit(s) Served* 1130
	G/L Code(s)* 553002
	Current Fiscal Year Purchase Order Number* FY24 PO CT143230
	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?*  (a) Yes (b) No
	Did Contractor perform duties in a manner consistent with standards of the profession?*   No
	Did Contractor adhere to the contracted schedule?* (?)  (i) Yes (ii) No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	Did Contractor render services consistent with Agency policy and procedures?* (?)  (a) Yes (b) No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  No
Actor Contraction of the Contrac	Renewal Determination 📀
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  (?)  No
-	Renewal Information for Next Fiscal Year

Budget Units and Amou	unts Charged to ea	ch Budget U	nit			
Budget Unit Number* 1130	Amount Charged t \$ 56,000.00	o Unit*	Expense/GL Code No.* 553002			
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo				
Provide Rate and Rate Descrip Quote to come	tions if applicable * (?)					
Project WBS (Work Breakdown N/A	n Structure)* (?)					
Fiscal Year* (?)		Amount* (?) \$ 56,000.00				
Next Fiscal Year Not to Exceed						
	Amount for master Pook	ou contracts				
Contract Funding Source* General Revenue (GR)						
Contract Content Chan	ges		<u> </u>			
Are there any required change	s to the contract languag	e?* (?)				
Will the scope of the Services  Yes No	change?*					
Is the payment deadline differe	ent than net (45)?*					
Are there any changes in the F	Performance Targets?*					
Are there any changes to the S	Submission deadlines for	notes or support	ing documentation?*			
Yes   No  No  File Upload (?)						
Contract Owner		100 H	Ô			
Contract Owner* (?) Please Select Contract Owner						
Mustafa Cochinwala						
Budget Manager Appro	oval(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*	
	Approval Date*
Belinda Stude	10/11/2024