

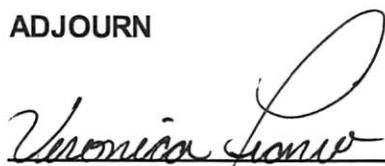
**Resource Committee Meeting**

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  
(EXHIBIT 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  
(EXHIBIT R-10)

IX. ADJOURN



Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees



# **EXHIBIT R-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
RESOURCE COMMITTEE MEETING  
TUESDAY, 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

**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**





## 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 \$250,000.00)
- Board Approval (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                      |

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

**Contract Owner\***

Dr. Evanthe Collins

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

Harris Center has multiple contracts with Harris County for community-based supports/resources.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

P-IDD Master Pool for Inspire

**Supporting Documentation Upload (?)**

Inspire Exhibit A.docx	17.66KB
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

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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

Childs, Margo

Submission Date

10/10/2024

Budget Manager Approval(s)

Approved by

*Kenyonika Johnson*

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**





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**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 \***

2/4/2020

**Renewal Term End Date \***

2/3/2025

**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\* (?)

\$ 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 (?)

### 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	\$ 2,327,727.00	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	\$ 2,327,727.00

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 (?)

7731 Harris Health First Amendment (Fully Executed).pdf	748.61KB
7731 Harris Health system EHR EPIC ADH-000063 (Fully Executed).pdf	12.04MB
ADH-0063-02_-_Harris_Center.pdf	1.25MB
MS669 - Harris Center EPIC Maint 2024-25.pdf	308.77KB

#### Contract Owner

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

#### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval 

Approved by

*Mustafa Coshinnala*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

10/15/2024



# Executive Contract Summary

## 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 Center for Mental Health and IDD

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                     |
| <input checked="" type="checkbox"/> Interlocal                           | <input 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 (?)

**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

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

This agreement will allow HCPH to collaborate with SUDOP 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 and Harris Center by allowing 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. SUDOP will also provide Mental Health services and referrals to medical care on an as needed basis and provide this de-identified data also.

Director: Geoffrey Ball

**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

**Specify Name\***

Harris County Public Health

**Supporting Documentation Upload (?)**

**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

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

United States

**Phone Number\***

832-927-7500

Email \*

leah.barton@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9263	\$ 0.00	0
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

na

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

na

Requester Name

Singh, Patricia

Submission Date

9/27/2024

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

9/27/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim Kopnmayer*

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



# Executive Contract Summary

## 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#
- 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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> |

**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\* (?)**

\$ 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\* (?)**

The care coordination agreement serves 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.

**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\***

Joy Brade

**Address\***

Street Address

500 McKinney Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

**Phone Number\***

832 393 1545

**Email\***

joy.brade@houstontx.gov

**Budget Section**

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

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

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Oshman, Jodel	Ramirez, Priscilla

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

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

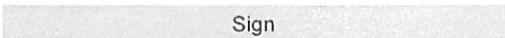
<b>Requester Name</b>	<b>Submission Date</b>
Singh, Patricia	9/24/2024

**Budget Manager Approval(s)** ^

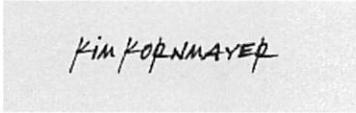
<b>Approved by</b>	<b>Approval Date</b>
	9/24/2024

**Procurement Approval** ^

**File Upload (?)**

<b>Approved by</b>	<b>Approval Date</b>
	

**Contract Owner Approval** ^

<b>Approved by</b>	<b>Approval Date</b>
	9/24/2024

**Contracts Approval**

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	10/3/2024



# Executive Contract Summary

## 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 Center for Mental Health and IDD

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**Fiscal Year\* (?)**

2025

**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\* (?)**

This is an \$853,600 revenue contract. Harris County has funded the CORE Program to cover all expenditures for the 24/25 Fiscal year (County FY). The contract is to extend to the Harris County Veterans Services Department.

**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

**Specify Name\***

Harris County

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Dave Lewis, Harris County Veterans Services Department

**Address\***

Street Address

2100 Travis Street suite 210

Address Line 2

City

Houston

Postal / Zip Code

77002-8709

State / Province / Region

TX

Country

US

**Phone Number\***

281-876-6600

**Email\***

dave.lewis.vsd@harriscountytx.gov

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9259	\$ 853,600.00	403024

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Oshman, Jodel	Ramirez, Priscilla

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

Pursuant to the ILA the Agency will on a monthly basis submit a detailed report and invoice to the county for review and approval prior to any monthly draw down.

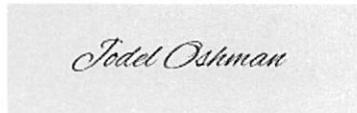
**Project WBS (Work Breakdown Structure)\* (?)**

na

<b>Requester Name</b>	<b>Submission Date</b>
Singh, Patricia	9/25/2024

#### Budget Manager Approval(s)

**Approved by**



**Approval Date**

9/27/2024

#### Procurement Approval

**File Upload (?)**

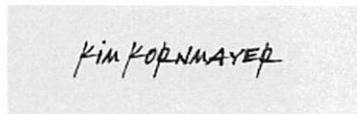
**Approved by**

Sign

**Approval Date**

#### Contract Owner Approval

**Approved by**



**Approval Date**

10/1/2024

#### Contracts Approval

**Approve\***

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

**Approved by\***



**Approval Date\***

10/1/2024



# Executive Contract Summary

## 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 - HCPC and The Harris Center for Mental Health and IDD Services

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**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\* (?)

2025

Amount\* (?)

\$ 48,255,298.20

Funding Source \*

State

Contract Description / Type\* (?)

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

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

Increased costs: 16 beds at HCPC from county at new rate \$700 for dates: 10/1/24-8/31/25

Contract Owner\*

Lance Britt

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

09-01-23 to 08-31-24

Vendor/Contractor a Historically Underutilized Business (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

City

Houston

Postal / Zip Code

77021

State / Province / Region

TX

Country

USA

Phone Number\*

713-741-5000

Email\*

daniel.doyle@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2221	\$ 5,876,500.00	543069

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2222	\$ 4,343,500.00	543056

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2186	\$ 35,224,798.20	543076

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2252	\$ 1,277,500.00	543076

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9300	\$ 1,533,000.00	543059

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

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

0.00

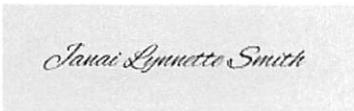
Project WBS (Work Breakdown Structure)\* (?)

0.00

<b>Requester Name</b>	<b>Submission Date</b>
Smith, Janai	10/18/2024

Budget Manager Approval(s)

Approved by



Approval Date

10/18/2024

Contract Owner Approval



Approved by

*Anthony Jones*

Approval Date

10/18/2024

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

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

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

# Request for Proposal – Proposal 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
<b>Average Evaluation Score</b>	<b>62.5</b>	<b>70</b>	<b>47.75</b>	<b>59.75</b>	<b>69.50</b>	<b>66</b>	<b>55.75</b>	<b>71</b>

The total possible score is 100 points.

# 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
<b>Total Cost</b>	<b>\$355,928.43</b>	<b>\$392,307.52</b>	<b>\$495,233.97</b>	<b>\$473,127.46</b>	<b>\$394,236.30</b>	<b>\$394,216.16</b>	<b>\$465,170.28</b>	<b>\$459,427.12</b>

# 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
<b>Total Cost</b>	<b>\$350,599.84</b>	<b>\$360,957.96</b>			<b>\$384,605.49</b>			

# 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.

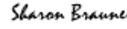
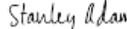
The contract shall commence with a tentative award date, and shall remain in effect unless terminated, cancelled or extended for 1 year.

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:  
DocuSigned by:

  
James Blunt, C.P.M.  
Buyer II

Recommended By:  
DocuSigned by:

  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager  
DocuSigned by:  
  
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

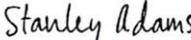
Vendor	Service Description	FY 2025 Board Approved NTE \$Amount	Increase	Comments
Texas Medical Center/LAZ	NPC Employee Parking Fees	\$249,300	\$422.00	Funds are required to cover Two (2) new parkers-HR Trainers-Expense for unit: 1108

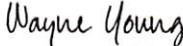
**Submitted By:**

DocuSigned by:  
  
258C3C5A0EF9418...  
 Sharon Brauner, C.P.M., A.P.P.  
 Purchasing Manager

**Recommended By:**

DocuSigned by:  
  
5163F40913774C8...  
 Nina M. Cook, MBA, CTCM, CTCD  
 Director of Purchasing

DocuSigned by:  
  
E768EDD6BGF04D3...  
 Stanley Adams, MBA  
 Chief Financial Officer

DocuSigned by:  
  
6CDF2A7E62A04EA...  
 Wayne Young, MBA, LPC, FACHE  
 Chief Executive Officer

# **EXHIBIT R-6**

**NOVEMBER 2024**  
**NEW CONTRACTS**  
**100k – 250k**





# Executive Contract Summary

## 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 \$250,000.00)
- Board Approval (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 TIPS 230105

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

10/14/2024

**Contract Term End Date\* (?)**

10/13/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 142,860.00

**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\* (?)**

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.

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

FY20, FY21, FY22

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

091724- Harris Center - SafeBreach # 5882-R3.pdf	1.03MB
230105_CONTRACT_Technology_InNet.pdf	6.4MB

**Vendor/Contractor Contact Person** ⤴

**Name\***

Gene Loye

**Address\***

Street Address

5729 LEBANON ROAD SUITE 144

Address Line 2

City

Frisco

Postal / Zip Code

75034

State / Province / Region

Tx

Country

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.*
1130	\$ 142,860.00	574000
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

9/26/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

9/26/2024

Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

10/2/2024

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

10/9/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

10/15/2024

# **EXHIBIT R-7**

# **NOVEMBER 2024 AMENDMENTS 100k - 250k**





# Executive Contract Summary

## Contract Section



**Contractor\***

Innovation Network Technologies Corporation

**Contract ID #\***

2021-0234

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/12/2024

**Parties\* (?)**

Innovation Network Technologies Corporation 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 TIPS 230105 |

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

12/1/2024

**Contract Term End Date\* (?)**

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
- 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 CT144152

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

See Attached

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

FY20 - FY24

Software Purchases

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

Yes  No  Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

InNet\_Harris Center Deepwatch MDR.pdf

1.09MB

TIPS 230105\_InNet\_Deepwatch.pdf

6.4MB

Vendor/Contractor Contact Person



Name\*

Gene Loye

**Address\***

Street Address

5729 Lebanon Road

Address Line 2

Suite 144

City

Frisco

State / Province / Region

TX

Postal / Zip Code

75034

Country

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	574000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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**

10/17/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

10/17/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Mustafa Cechinnala*

Approval Date

10/17/2024

**Contracts Approval**

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

10/21/2024



# Executive Contract Summary

## 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 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\* (?)**

5/1/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**Current Contract Amount\***

\$ 100,000.00

**Increase Not to Exceed\***

\$ 100,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 200,000.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 100,000.00

**Funding Source\***

State Grant

**Contract Description / Type\* (?)**

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

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

Program originally set for 2 years (FY25 & FY25) and award identified that agency would be able to bill for pre-award costs dating back to September 1 2023. When contract was executed in May only the FY24 amount of \$100,000 was included. Requesting NTE increase to add \$100,000 for the FY25 amount. Current PO is identified as effective through 8/31/2025.

**Contract Owner\***

Lance Britt

**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\***

Brenda Szumski

**Address\***

Street Address

3490 Piedmont Road Northeast

Address Line 2

City

Atlanta

Postal / Zip Code

30305-1743

State / Province / Region

GA

Country

US

**Phone Number\***

8438568226

Email\*

Brenda.Szumski@mstservices.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 100,000.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Shelby, Debbie	

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

N/A

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

N/A

Requester Name

Bowser, Mohagony

Submission Date

10/16/2024

Budget Manager Approval(s)

Approved by

*Janai Lynnette Smith*

Approval Date

10/21/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Lance Britt*

Approval Date

10/21/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

10/21/2024

# **EXHIBIT R-8**

**NOVEMBER 2024  
NEW CONTRACTS  
UNDER 100k**





# Executive Contract Summary

## 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 Russo

**Agenda Item Submitted For: \* (?)**

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (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\* (?)**

9/30/2024

**Contract Term End Date\* (?)**

8/31/2025

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

n/a

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 18,630.00

**Funding Source\***

State

**Contract Description / Type\* (?)**

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

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

To provide CFC-Respite services to a TxHmL Waiver Individual

**Contract Owner\***

Dr. Evanthe Collins

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

20240930.pdf

119.82KB

**Vendor/Contractor Contact Person**

**Name\***

Sara Russo

**Address\***

Street Address

2610 Southwick Street

Address Line 2

City

Houston

Postal / Zip Code

77080-3806

State / Province / Region

TX

Country

US

**Phone Number\***

832 489 6105

**Email\***

serusso531@gmail.com

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 18,630.00	543005

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Johnson, Kenyonika	Kerlegon, Charles

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

\$11.50 per hour

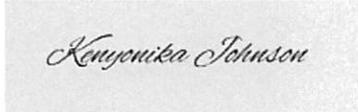
Project WBS (Work Breakdown Structure)\* (?)

N/A

<b>Requester Name</b>	<b>Submission Date</b>
Wells, Rosa	9/30/2024

### Budget Manager Approval(s)

Approved by



Approval Date

10/2/2024

### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by



Approval Date

10/11/2024

### Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

10/24/2024



# Executive Contract Summary

## 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 Health and IDD

### Agenda Item Submitted For: \* (?)

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

### Procurement Method(s) \*

Check all that Apply

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

### Funding Information \*

- New Contract
- Amendment

### Contract Term Start Date \* (?)

11/1/2024

### Contract Term End Date \* (?)

11/30/2034

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

N/A

### Fiscal Year \* (?)

2025

### Amount \* (?)

\$ 62,248.49

**Funding Source\***

State

**Contract Description / Type\* (?)**

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

**Contract Owner\***

Dr. Evanthe Collins

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

The Harris Center has several contracts with The Center for Pursuit/Pursuit Foundation for leases, residential, etc.

**Vendor/Contractor a Historically Underutilized Business (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  
 10\_18\_2024)(1488035.1).docx 451.69KB

**Vendor/Contractor Contact Person**

**Name\***

Charles Njuguna, CEO

**Address\***

Street Address

4400 Harrisburg Blvd

Address Line 2

City

Houston

Postal / Zip Code

77011

State / Province / Region

TX

Country

United States

**Phone Number\***

7135258401

**Email\***

cnjuguna@thecenterforpursuit.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

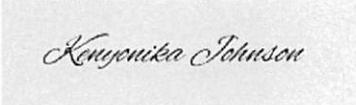
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 62,248.49	126006
Budget Manager Johnson, Kenyonika		Secondary Budget Manager Kerlegon, Charles

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
Childs, Margo	10/21/2024

Budget Manager Approval(s)

Approved by	Approval Date
	10/22/2024

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	10/24/2024

Contracts Approval

Approved by	Approval Date
	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**





# Executive Contract Summary

## Contract Section



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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2024

**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\* (?)

2025

Amount\* (?)

\$ 16,006.20

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\* (?)

Replace 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.

Contract Owner\*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

Same services 10/2021 - 8/2024

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

THE HARRIS CENTER FOR MENTAL HEALTH LEASE QUOTE Y103430531 20.95KB  
10\_16\_2024.pdf

Vendor/Contractor Contact Person

Name\*

Pitney Bowes Global Financial Services LLC

Address\*

Street Address

1 Elmcroft Road

Address Line 2

City

Stamford

Postal / Zip Code

06902-0700

State / Province / Region

CT

Country

US

Phone Number\*

866.581.1234 ext 2636

Email\*

kimberly.jackson@pb.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 6,772.32	577000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Campbell, Ricardo		Campbell, Ricardo

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

1333.85 Monthly or 4001.55 quarterly  
Also should reflect a new 60 day lease term

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

NA

Requester Name

Lievsay, Nicole

Submission Date

10/22/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

10/23/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*NICOLE LIEVSAY*

Approval Date

10/23/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

10/23/2024

# **EXHIBIT R-10**

# **NOVEMBER 2024 RENEWALS UNDER 100k**





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**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 \$250,000.00)
- Board Approval (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 By assignment-9401 SW property acquisition. |

**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\* (?)

\$ 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?\*

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



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Karen E Hurst*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

10/9/2024



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2025

**Contract ID#\***

7012

**Contractor Name\***

Centre Technologies, Inc.

**Service Provided\* (?)**

VMware Software Subscription, Maintenance & Support; DIR-TSO-4288 Tag-on

**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 \$250,000.00)
- Board Approval (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\* (?)**

\$ 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?\***

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	\$ 56,000.00	553002

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

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

Quote to come

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

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 56,000.00

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\*

10/11/2024