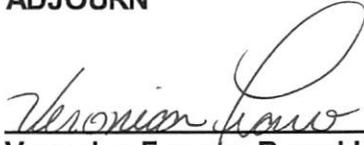


Resource Committee Meeting
March 18, 2025
9:00 am

- 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, February 18, 2025
(EXHIBIT R-1)
- IV. CONSIDER AND RECOMMEND ACTION**
 - A. Approve FY'25 Year-to-Date Budget Report- February
(EXHIBIT R-2 Stanley Adams)
 - B. March 2025 Contract Amendments Over 250K
(EXHIBIT R-3 Ernest Savoy)
 - C. March 2025 Interlocal Agreements
(EXHIBIT R-4 Ernest Savoy)
 - D. Consultant for Electricity Energy Provider Due Diligence Letter
(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. March 2025 Contract Amendments 100K-250K
(EXHIBIT R-6)
 - B. March 2025 New Contracts Under 100K
(EXHIBIT R-7)
 - C. March 2025 Contract Renewals Under 100K
(EXHIBIT R-8)
 - D. March 2025 Contract Amendments Under 100K
(EXHIBIT R-9)
 - E. March 2025 Affiliation Agreements, Grants, MOU's and Revenues Information Only
(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, FEBRUARY 18, 2025
MINUTES**

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

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. M. Miller Jr., Mr. J. Lykes

Committee Member Absent:

Other Board Member Present: Dr. K. Bacon, Dr. L. Fernandez-Wische, R. Thomas-teleconference, N. Hurtado

1. CALL TO ORDER

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

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. K. Bacon, Dr. L. Fernandez-Wische, R. Thomas and N. Hurtado, as voting members of the committee.

3. DECLARATION OF QUORUM

Mr. G. 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 November 12, 2024.

MOTION: BACON SECOND: MILLER, JR.

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 12, 2024, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'25 Year-to-Date Budget Report-January 2025

MOTION: FERNANDEZ SECOND: HURTADO

With unanimous affirmative votes,

BE IT RESOLVED FY'25 Year-to-Date Budget Report-January 2025, as presented under R-2, are approved and recommended to the Full Board.

B. February 2025 Contract Amendments Over 250K

MOTION: GEARING SECOND: BACON

**With unanimous affirmative votes,
BE IT RESOLVED** February 2025 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. February 2025 Interlocal Agreements

MOTION: BACON SECOND: GEARING

**With unanimous affirmative votes,
BE IT RESOLVED** February 2025 Interlocal Agreements Exhibit R-4 are approved and recommended to the Full Board.

MOTION: BACON SECOND: FERNANDEZ

**With unanimous affirmative votes,
BE IT RESOLVED** November 2024 Interlocal Agreements Exhibit R-3 #2, #3 and #4 are approved and recommended to the Full Board.

- D. Retirement Plan Update
- E. Pharmacy Drug Wholesaler

Dr. Gearing announced the Harris Center Board of Trustees would enter into Executive session to obtain legal advice and consultation with the General Counsel regarding the Retirement Plan Update and Pharmacy Drug Wholesaler contract.

7. EXECUTIVE SESSION-Entered into Executive Session at 9:46am.

- **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
- **In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney regarding amendments to the Harris Center retirement plans. Kendra Thomas, General Counsel, Ninfa Escobar, Interim Vice President of Human Resources**
- **In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney about a contract with a pharmaceutical vendor. Ernest Savoy, Assistant General Counsel- Contract Services and Real Estate, Holly Cumbie, Senior Director of Pharmacy Programs**

8. RECOVENE INTO OPEN SESSION -Reconvene into Open Session at 10:21am.

9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

- **In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney regarding amendments to the Harris Center retirement plans. Kendra Thomas, General Counsel, Ninfa Escobar, Interim Vice President of Human Resources**

MOTION: DR. GEARING moveD the Harris Center Board of Trustees approve the approve the amendments to the Harris Center Retirement Plans.

SECOND: FERNANDEZ

With unanimous affirmative votes the motion is approved

- **In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney about a contract with a pharmaceutical vendor. Ernest Savoy, Assistant General Counsel-Contract Services and Real Estate, Holly Cumbie, Senior Director of Pharmacy Programs**

MOTION: DR. BACON moved the Harris Center Board of Trustees approve add on and rates for the contract with the pharmacy drug wholesaler.

SECOND: MILLER, JR.

With unanimous affirmative votes the motion is approved

10. ADJOURN

MOTION: GEARING

SECOND: BACON

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:22 am.

Veronica Franco, Board Liaison

Gerald W. Womack, Chairman Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
February 28, 2025**

Fiscal Year 2025

The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

The Harris Center for Mental Health and IDD (The Center)

The Report on Results of Financial Operations and Comparison to Original Budget (the Report) submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness, and fairness of presentation of the presented data rests with The Center, the Chief Financial Officer and the Accounting department.

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

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams

Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget - Operating Activities
February 28, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenues								
State General Revenue	\$ 11,054,955	\$ 11,039,535	(15,420)	0%	\$ 66,329,730	\$ 66,298,674	(31,056)	0%
Harris County and Local	4,415,021	4,073,521	(341,500)	-8%	26,490,126	25,489,894	(1,000,232)	-4% A
Federal Contracts and Grants	5,112,180	5,682,822	570,642	11%	30,673,080	31,276,578	603,498	2%
State Contract and Grants	1,842,409	1,269,191	(573,218)	-31%	11,054,454	7,880,054	(3,174,400)	-29% B
Third Party Billing	3,622,889	3,492,950	(129,939)	-4%	21,737,334	19,159,303	(2,578,031)	-12% C
Charity Care Pool	3,340,350	3,792,261	451,911	14%	20,042,100	22,753,812	2,711,712	14%
Directed Payment Programs	659,258	515,091	(144,167)	-22%	3,955,548	3,645,632	(309,916)	-8%
Patient Assistance Program (PAP)	852,441	1,081,006	228,565	27%	5,114,646	6,385,519	1,270,873	25%
Interest Income	300,142	223,727	(76,415)	-25%	1,800,852	1,643,286	(157,566)	-9%
Insurance proceeds	-	7,386	7,386		-	11,522	11,522	
Sale of Capital Assets	-	125,888	125,888		-	157,792	157,792	
Operating Revenues, total	\$ 31,199,645	\$ 31,303,378	\$ 103,733	0%	\$ 187,197,870	\$ 184,702,066	\$ (2,495,804)	-1%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 21,116,034	\$ 20,910,701	205,333	1%	\$ 126,696,204	\$ 126,153,132	543,072	0%
Contracts and Consultants	1,379,371	1,114,851	264,520	19%	8,276,226	6,558,445	1,717,781	21%
Contracts and Consultants-HCPC	3,913,250	3,962,249	(48,999)	-1%	23,479,500	23,416,347	63,153	0%
Supplies	354,237	189,510	164,727	47%	2,125,422	1,133,961	991,461	47%
Drugs	1,995,664	2,278,782	(283,118)	-14%	11,973,984	13,928,978	(1,954,994)	-16% D
Purchases, Repairs and Maintenance of:								
Equipment	99,778	66,450	33,328	33%	598,668	827,339	(228,671)	-38%
Building	177,679	272,111	(94,432)	-53%	1,066,074	1,181,607	(115,533)	-11%
Vehicle	86,851	81,115	5,736	7%	521,106	470,743	50,363	10%
Software	358,400	182,810	175,590	49%	2,150,400	2,056,861	93,539	4%
Telephone and Utilities	304,496	332,603	(28,107)	-9%	1,826,976	1,773,046	53,930	3%
Insurance, Legal and Audit	184,268	204,064	(19,796)	-11%	1,105,608	1,330,286	(224,678)	-20% E
Travel & Training	251,089	234,565	16,524	7%	1,506,534	1,178,554	327,980	22%
Dues & Subscriptions	555,682	211,759	343,923	62%	3,334,092	2,771,313	562,779	17% F
Other Expenditures	383,957	451,041	(67,084)	-17%	2,303,742	2,893,365	(589,623)	-26% G
Operating Expenditures, total	\$ 31,160,756	\$ 30,492,611	\$ 668,145	2%	\$ 186,964,536	\$ 185,673,977	\$ 1,290,559	1%
Operating Activities -								
Change in Fund Balance/Net Position	\$ 38,889	\$ 810,767	\$ 771,878		\$ 233,334	\$ (971,911)	\$ (1,205,245)	

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget - Capital Outlay & Debt Service Related Activities
February 28, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State Contract and Grants (HHSC)	\$ 44,444	\$ -	(44,444)	-100%	\$ 266,664	\$ 137,802	(128,862)	-48%
Revenues, total	\$ 44,444	\$ -	\$ (44,444)	-100%	\$ 266,664	\$ 137,802	\$ (128,862)	-48%
Expenditures								
Debt Service	83,333	(7,051)	90,384	108%	499,998	956,041	(456,043)	-91%
Capital outlay	-	1,185,997	(1,185,997)		-	6,051,688	(6,051,688)	H
Expenditures, total	\$ 83,333	\$ 1,178,946	\$ (1,095,613)		\$ 499,998	\$ 7,007,729	\$ (6,507,731)	
Excess (Deficiency) of revenues over expenditures	\$ (38,889)	\$ (1,178,946)	(1,140,057)	2932%	\$ (233,334)	\$ (6,869,927)	(6,636,593)	
Other Financing Sources								
Revenue Bonds Issued	-	-	-		-	24,745,000	24,745,000	
Other Financing Sources	-	1,068,239	1,068,239		-	3,267,228	3,267,228	I
Other Financing Sources, total	\$ -	\$ 1,068,239	\$ 1,068,239		\$ -	\$ 28,012,228	\$ 28,012,228	
Capital Outlay & Debt Service Activities -								
Change in Fund Balance/Net Position	\$ (38,889)	\$ (110,707)	\$ (71,818)		\$ (233,334)	\$ 21,142,301	\$ 21,375,635	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
February 28, 2025

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local Revenue

Unfavorable budget variance is attributed to revenue budgeted for the current fiscal year prior to incurring related expenditures. The grant reported units are below budget by approximately \$100K. We are monitoring contract progress for potential impacts on the budget.

B State Contract and Grants

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired. \$1M revenue contract was not renewed and will not be realized in the current year.

C Third party billing

The unfavorable variance is due to a decline in the number of IDD encounters and a reduction in the number of claims processed.

D Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing expense exceeds budget by \$876K, which is partially offset by billing program revenue exceeding budget by \$433K.

E Insurance, Legal and Audit

Unfavorable budget variance is primarily due to additional insurance expenses of \$175K associated with the ReCenter property purchases.

F Dues & Subscriptions

IT related Dues & Subscriptions total \$202.1K for the current month and \$2.5M fiscal year to date.

G Other expenditures

YTD unfavorable budget variance is primarily related to ongoing transition pertaining to the newly purchased ReCenter properties; YTD other expenditures total \$125K.

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
February 28, 2025

Results of Financial Operations and Comparison to Original Budget

H Capital Outlay

YTD Capital Outlay consists of approx. \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement) and approx. \$3.3M in construction costs for the 6168 Apartments, which is partially offset by a forgivable loan in Other Financing Sources. During the current month, the capital outlay expenditures include \$1.2M in construction costs for the 6168 apartments.

I Other Financing Sources

Draw down of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

The Harris Center for Mental Health and IDD
Balance Sheet
February 28, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	January-25	February-25	Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	13,058,964	14,740,509	\$ 1,681,545
Cash Equivalents	64,158,017	53,150,692	(11,007,325)
Cash and Cash Equivalents, total	77,216,981	67,891,201	(9,325,780) AA
Inventories, Deposits & Prepaids	12,853,402	9,665,340	(3,188,062) BB
Accounts Receivable:			
Patient A/R, net of allowance	1,352,730	1,590,415	237,685
A/R from other governments	54,495,287	55,764,499	1,269,212 CC
Other A/R	627,789	74,245	(553,544)
Current Assets, total	146,546,189	134,985,700	\$ (11,560,489)
Restricted Cash and Cash Equivalents	20,350,034	20,150,590	(199,444)
Capital Assets:			
Land	12,709,144	12,709,144	-
Building and Improvements	55,270,938	55,271,938	1,000
Right-to-use assets (Leases & SBITA)	6,312,466	6,312,466	-
Furniture, Equipment and Vehicles	8,279,021	8,161,188	(117,833)
Construction in Progress	11,376,400	11,376,400	-
Accumulated Depreciation/Amortization	(39,236,028)	(39,110,090)	125,938
Capital Assets, net total	54,711,941	54,721,046	\$ 9,105
Total Assets	221,608,164	209,857,336	\$ (11,750,828)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	16,910,164	17,330,731	\$ 420,567
Unearned Revenues	49,567,048	36,529,332	(13,037,716) DD
Noncurrent liabilities:			
Due within one year	2,349,540	2,349,540	-
Due in more than one year	37,510,053	38,735,447	1,225,394 EE
Liabilities, total	106,336,805	94,945,050	\$ (11,391,755)
Fund Balance/Net Position			
Net Investment in Capital Assets	46,630,338	43,172,771	(3,457,567)
Restricted for Capital Projects	20,350,034	20,150,590	(199,444)
Nonspendable	12,853,402	9,665,340	(3,188,062)
Assigned	15,434,386	15,434,386	-
Unassigned/Unrestricted	532,869	6,318,809	5,785,940
Change in fund balance/net position	19,470,330	20,170,390	700,060
Fund Balance/Net Position, Total	115,271,359	114,912,286	\$ (359,073)
Total Liabilities & Fund Balance/Net Position	221,608,164	209,857,336	\$ (11,750,828)

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
February 28, 2025

Balance Sheet

AA Cash and Investments

The decrease in cash is primarily due to normal operations. In March, we have received \$25M for the performance contract 3rd Quarter.

BB Inventories, Deposits & Prepaids

The decrease is due to amortization of the quarterly payment to HCPC made in January 2025 in advance of services provided.

CC A/R from Other Governments

The increase is primarily attributable to additional receivables for \$3.8M in Charity Care Pool (CCP) funding, which includes the revised estimate and is paid annually around April, and \$636K in Medicaid Administrative Claiming (MAC) funding, which is paid generally quarterly and now expected in March. These increases are offset by decreases in receivables for various grants & contracts.

DD Unearned Revenues

Unearned revenues decreased due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations.

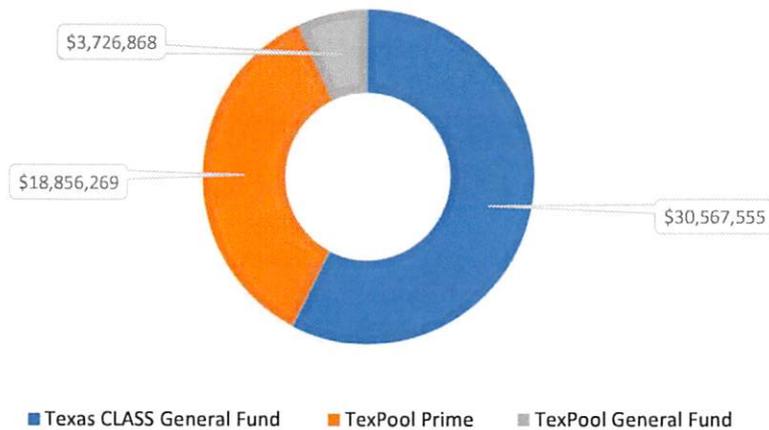
EE Noncurrent liabilities

The increase from month to month is primarily related to an additional \$1.1M drawdown from the City of Houston forgivable loan for the 6168 Apartments construction, bringing the total drawdown to \$3.3M.

**The Harris Center for Mental Health and IDD
Investment Portfolio
February 28, 2025**

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 41,651,941		\$ (11,200,000)	\$ 115,614	\$ 30,567,555	57.51%	4.49%
<i>TexPool</i>							
TexPool Prime	18,791,618			64,651	18,856,269	35.48%	4.48%
TexPool General Fund	3,714,458			12,410	3,726,868	7.01%	4.36%
<i>TexPool Sub-Total</i>	22,506,076	-	-	77,061	22,583,137	42.49%	4.46%
Total Investments	\$ 64,158,017	\$ -	\$ (11,200,000)	\$ 192,675	\$ 53,150,692	100.00%	4.48%
				Additional Interest on Checking Accounts	31,052		
				Total Interest Earned during the current month	<u><u>\$ 223,727</u></u>		

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.58%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	4.24%
Interest Rate - Chase Hybrid Checking	2.90%
ECR - Chase	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of February 28, 2025, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Thania D. Gonzalez

Thania D. Gonzalez
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
February 28, 2025

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Feb-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,166,762	\$12,731,596
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$0	\$12,481,126
UNUM	Life Insurance	\$310,000	\$223,527	\$1,246,940

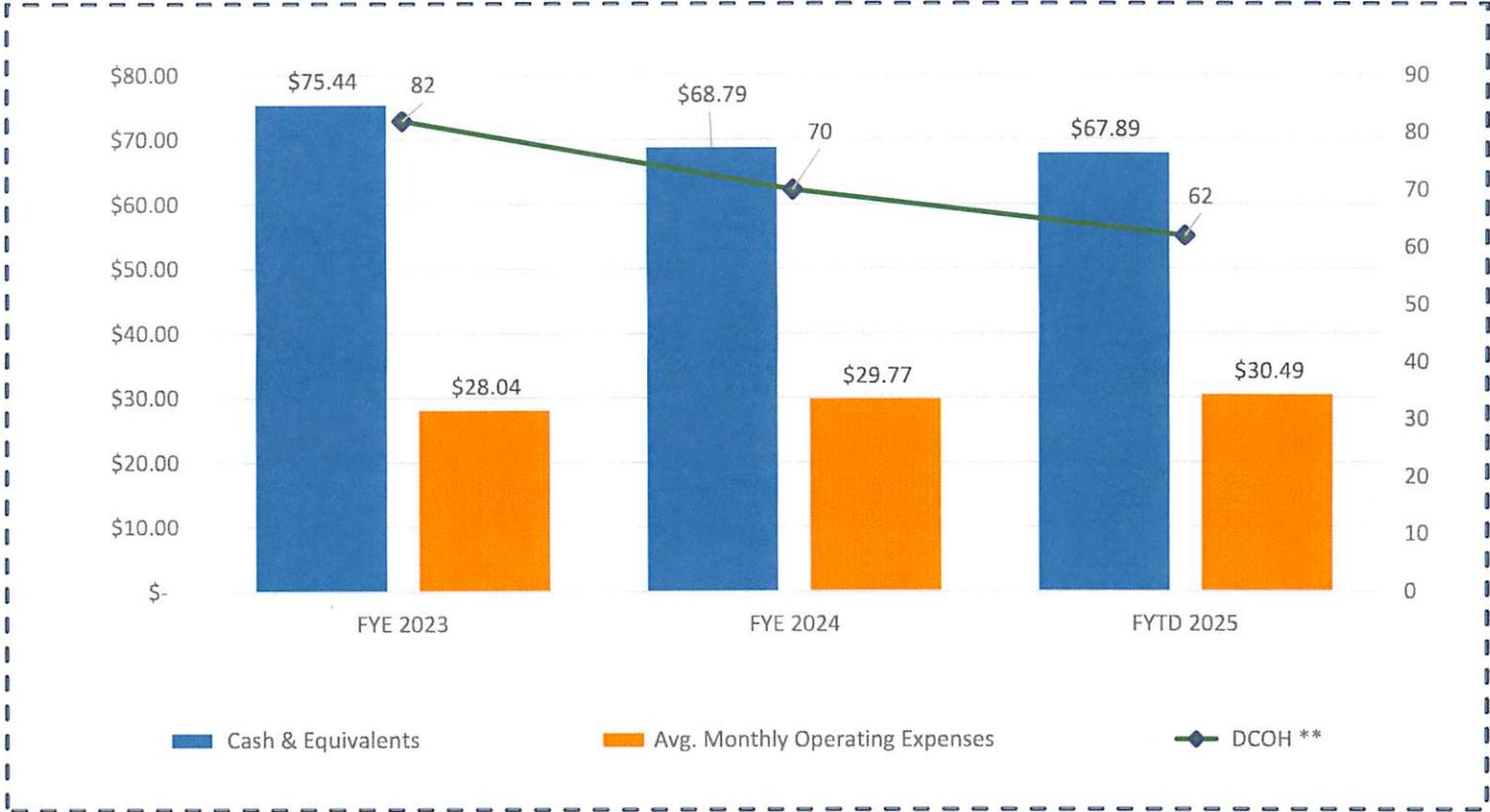
Notes:

⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

⁽²⁾ LFG payments include transactions related to pay periods: 02A & 02B

Days-Cash-On-Hand (DCOH)– as of 02/28/2025

(amounts in millions)



**DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

Capital Outlay – as of 02/28/2025



Projects/Funding Source	Sum of Current Month Expenditures	Sum of FYTD Expenditures
6168 Apartments	1,106,412	3,554,157
COH Loan	2,140,923	3,209,161
Fund Balance	(1,077,622)	238,526
HHSC Grant	43,111	106,470
Coffeehouse Clinic Construction	-	2,117
Bond Series 2024	-	2,117
Equipment Purchase	8,105	8,105
Fund Balance	8,105	8,105
Facilities Capital Projects	-	2,606
Fund Balance	-	2,606
IT Capital Projects	45,617	368,701
Fund Balance	45,617	368,701
Northeast Clinic Design and Construction	20,772	158,245
Bond Series 2024	-	108,541
Fund Balance	20,772	49,704
NPC Renovation	4,091	7,863
Fund Balance	4,091	7,863
ReCenter Property Purchase	-	1,949,019
Fund Balance	-	1,949,019
SW Foundation Repair	-	875
Bond Series 2024	-	875
Grand Total	1,184,997	6,051,688

Funding Source/Projects	Sum of Current Month Expenditures	Sum of FYTD Expenditures
Bond Series 2024	-	111,533
Coffeehouse Clinic Construction	-	2,117
Northeast Clinic Design and Construction	-	108,541
SW Foundation Repair	-	875
COH Loan	2,140,923	3,209,161
6168 Apartments	2,140,923	3,209,161
Fund Balance	(999,037)	2,624,524
6168 Apartments	(1,077,622)	238,526
Equipment Purchase	8,105	8,105
Facilities Capital Projects	-	2,606
IT Capital Projects	45,617	368,701
Northeast Clinic Design and Construction	20,772	49,704
NPC Renovation	4,091	7,863
ReCenter Property Purchase	-	1,949,019
HHSC Grant	43,111	106,470
6168 Apartments	43,111	106,470
Grand Total	1,184,997	6,051,688

EXHIBIT R-3

MARCH 2025
AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
MORE THAN \$250,000

MARCH 2025
FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Aptean	Software License, Support & Maintenance for On-Line Requisition & Approval Process (Formerly Ross)	\$384,000.00	\$9,010.00	\$393,010.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal CT144110	Amendment to increase the NTE needed for the following tasks: • Modify Agency's check print • Modifying the DocuSign integration • Update Corporate Address for checks & PO's • Modify the EFT Integration that updates the payee table and • Case - 04065412- Company and Division Set Up Assist.
2	P-Nursing (LVNs and MAs)	Master Pooled Contract for Temporary Nursing Personnel Services for LVNs, RNs, MAs, LPNs and CNAs	\$230,996.00	\$24,000.00	\$254,996.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE needed for the Pasadena Group home Certified Nursing Assistants (CNA) to receive payment.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
3	CC Assessment Services, Inc.	Psychological Testing/Evaluation for Eligible Consumers	\$49,000.00	\$319,500.00	\$368,500.00	4/1/2025 - 8/31/2025	Federal Grant	Sole Source	Amendment to increase the NTE for completing psychological testing/evaluations on the Harris Center's Consumers for determination of Intellectual Disability (DID) Assessments needed for eligibility/intake within HHSC timeframes and adhere to HHSC's DID provider requirements.
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								



Executive Contract Summary

Contract Section



Contractor*

Aptean

Contract ID #*

6115

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Aptean & 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 checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other CT144110 |

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*

\$ 384,000.00

Increase Not to Exceed*

\$ 9,010.00

Revised Total Not to Exceed (NTE)*

\$ 393,010.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 393,010.00

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 purpose of the amendment is to increase the NTE for the following tasks:

- Modify our check print; we now require 2 signatures on all checks 15K and over instead of 5K and over
- Modifying the DocuSign integration
- Case - 04138566 - #CUSTOM - Update Corporate Address for checks & PO's
- Modify the EFT Integration that updates the payee table in Ross. We need to submit and populate the Bank Account Name field with the employee's name
- Case - 04065412- Company and Division Set Up Assist

Contract Owner*

Mustafa Cochinwala

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 (?)

Harris_Center_Miscellaneous_Consulting (1).pdf	702.84KB
Aaptean Invoices 454080 451048.pdf	168.29KB

Vendor/Contractor Contact Person



Name*

Donna A. Mancinelli

Address*

Street Address

4325 Alexander Drive

Address Line 2

City

Alpharetta

State / Province / Region

GA

Postal / Zip Code

30022-3740

Country

US

Phone Number*

(201) 724-6983

Email*

Donna.Mancinelli@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 9,010.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

34 hours x \$265.00 = \$9,010.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Jones, Anthony

Submission Date

2/24/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/24/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechinnala

Approval Date

2/25/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/25/2025



Executive Contract Summary

Contract Section



Contractor*

P-Nursing (LVNs and MAs)

Contract ID #*

2021-0149

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

MASTER POOLED CONTRACT. TAG-ON TO HARRIS COUNTY HOSPITAL DISTRICT (HCHD) DBA HARRIS HEALTH CONTRACT(S). TEMPORARY NURSING PERSONNEL SERVICES FOR LICENSED VOCATIONAL NURSES (LVNs) AND MEDICAL ASSISTANTS (MAs).

Agenda Item Submitted For: * (?)

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

\$ 230,996.00

Increase Not to Exceed*

\$ 24,000.00

Revised Total Not to Exceed (NTE)*

\$ 254,996.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 254,996.00

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* (?)

For the Pasadena Group home CMAs to get paid.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

N/A

Address*

Street Address

N/A

Address Line 2

N/A

City

N/A

State / Province / Region

N/A

Postal / Zip Code

N/A

Country

N/A

Phone Number*

N/A

Email *

Jws@ultrastaff.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 24,000.00	540502
Budget Manager Degracia, Ericka		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

DeBose, Brier

Submission Date

2/25/2025

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

2/25/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Denaac Walker

Approval Date

2/26/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/27/2025



APPROVAL REQUEST FOR SINGLE-SOURCE VENDOR

Service Division: IDD
Payment Unit: 3355
Single-Source Vendor: CC Assessments
Contracted Service: Determination of Intellectual Disability (DID) Assessments

Request: HHSC has reallocated \$441,890.83 (ARPA funds recouped from other LIDDAs) to The Harris Center (comp code 280) via a contract amendment. The amendment was fully executed on 1/3/25.

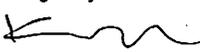
CC Assessment is a single-source vendor able to meet volume/performance expectations within HHSC timeframes and adhere to HHSC’s DID provider requirements. CC Assessment has maintained an IDD general revenue contract with The Harris Center since 2020 and is officially classified as a Historically Underutilized Business (HUB). This request is to expand CC Assessments’ FY25 contract of \$49,000, by adding \$319,500 in HHSC ARPA funding (total NTE \$368,500), which must be fully exhausted by 8/31/25.

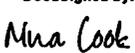
Justification:

- CC Assessments employs multiple licensed providers, all meeting HHSC’s DID provider requirements, with an ability to render over 300 DIDs between March – August 2025. Prior procurement efforts (during fiscal year 2023) resulted in responses from single community providers, with severely limited capacity (less than 15 DIDs per month). These efforts netted zero contracts as no community provider was able to meet agency insurance requirements.
- CC Assessments is currently a vetted and approved agency provider (over 5 consecutive years) with no noted deficiencies.
- CC Assessments licensed providers meet HHSC’s requirements to complete the DID assessment without supervision and the DID report writing. Sole providers without HHSC’s required credentials are only able to conduct DIDs with proper supervision, and the resulting reports must be reviewed and endorsed by The Harris Center’s psychologists, further delaying the DID process and access to care.
- Because CC Assessment is a current vendor, their psychologists are EPIC certified and able to document within our EHR.
- New ARPA funds within The Harris Center’s executed amendment must be fully expended by 8/31/25; no further extensions will be granted. An experienced, credentialed vendor that can assume the needed capacity (over 300 DIDs), complete report writing, and document within EPIC by 8/31/25 is critical to ensure funding is used locally and not recouped.

Approvals

DocuSigned by:
 2/26/2025
7E1995679D95400...
 Evanthe Collins, IDD Vice President

DocuSigned by:
 2/26/2025
448BDC893CF948A...
 Keena Pace, Chief Operating Officer

DocuSigned by:
 2/26/2025
5163F40913774C8...
 Nina Cook, Director, Purchasing Department



Executive Contract Summary

Contract Section



Contractor*

CC Assessment Services, Inc.

Contract ID #*

7871

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

CC Assessment Services, Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <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 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* (?)

4/1/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Current Contract Amount*

\$ 49,000.00

Increase Not to Exceed*

\$ 319,500.00

Revised Total Not to Exceed (NTE)*

\$ 368,500.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 368,500.00

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Contractor will provide assistance by completing psychological testing/evaluations on the Harris Center's consumers for determination of DID eligibility/intake.

Request to increase PO/CT144412 by \$319,500.00 (APRA funding through HHSC).

Revise in the following matter:

Unit 3355 - 540503 Amt charged to unit \$49,000.00

Unit 3411 - 540403 Amt charged to unit \$319,500.00

NTE Amount for CT144412 is \$368,500.00

See attachments for supporting documentation for the increase for the PO/CT.

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*

Contract has had an established contract with The Harris Center for over 5 years. Current contract is for 09/02/2024 to 08/31/2025 to provide assistance with completing psychological testing/evaluations for IDD Eligibility/Intake department.

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

Yes No Unknown

Please provide the HUB status*

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

Community Partnership* (?)

Yes No Unknown

Specify Name*

CC Assessment Services, Inc.

Supporting Documentation Upload (?)

Approval Request for Single Source Vendor.pdf	319.27KB
7871_CC_Assessment_-	
_FY25_Standard_Direct_Care_Contract_Renewal_Amendment.docx f.e_.pdf	437.44KB
FY25 - LIDDA Amendment No 3.pdf	1.67MB
Revised Exhibit A CC Assessment Services Inc.pdf	72.24KB
FY25 - PO CT144412.pdf	162.01KB

Vendor/Contractor Contact Person

Name *

Catherine Lewis, Owner

Address *

Street Address

13030 Terrace Run Lane

Address Line 2

City

Houston

Postal / Zip Code

77044

State / Province / Region

Texas

Country

USA

Phone Number *

8503228673

Email *

catherine.lewis@ccassessments.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3355	\$ 49,000.00	540503

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3411	\$ 319,500.00	540503

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attachments for existing contractual agreement, PO/CT and revised Exhibit A for the increase request.

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name	Submission Date
Childs, Margo	2/26/2025

Budget Manager Approval(s) 

Approved by

Erica Degracia

Approval Date

2/26/2025

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Charles Kerlogon

Approval Date

2/26/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/27/2025

EXHIBIT R-4

MARCH 2025 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section ^

Contractor*

Dallas County MHMR d/b/a Metrocare Services

Contract ID #*

2025-1025

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Metrocare Services and The Harris Center Crisis Line

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2025

Contract Term End Date* (?)

2/28/2026

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

Private Pay Source

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 purpose is to allow an exchange of information on 988 calls in the Dallas County area that may need suicide prevention and crisis intervention services, especially callers that identify as Metrocare clients.

Contract Owner*

Jennifer Battle

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*

community center

Supporting Documentation Upload (?)

Harris Center - Metrocare 988 MOU DRAFT1.docx	153.42KB
---	----------

Vendor/Contractor Contact Person

Name*

Patricia Wordell

Address*

Street Address

3330 S. Lancaster Rd

Address Line 2

City

Dallas

Postal / Zip Code

75216

State / Province / Region

Texas

Country

USA

Phone Number*

469-589-4377

Email*

patricia.wordell@metrocareservices.org

Budget Section



Executive Contract Summary

Contract Section



Contractor*

Harris County

Contract ID #*

2023-0659

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Harris County and the Harris Center for MH and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2025

Contract Term End Date* (?)

2/28/2026

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

tentative term pending contract finalization

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

County

Contract Description / Type* (?)

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

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

Provide crisis respite services to youth between the ages of 13-17 years old who are being diverted from juvenile detention center to create a normalized environment, provide a venue for biological, psychological and social interventions targeted at the current crisis, while fostering community and family reintegration. Expanding to additional cottage #5.

Contract Owner*

Sean McElroy

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Youth Diversion Center Cottage 3
Jan 24 - Jan 25

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*

Harris County Resources for Children and Adults

Address*

Street Address

2525 Murworth Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-1623

State / Province / Region

TX

Country

US

Phone Number*

713-394-4000

Email*

joel.levine@cps.chtx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 0.00	000000
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

2/28/2025

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

2/28/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

3/3/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/3/2025



Executive Contract Summary

Contract Section ^

Contractor*

Harris County Hospital District d/b/a Harris Health

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

The Harris Center for MH and IDD Services and Harris Health Pharmacy-Correctional Health and TCOOMMI

Agenda Item Submitted For:* (?)

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

2024

Amount* (?)

\$ 20,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 30,000.00

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* (?)

TCCOOMMI reimburses the cost of medications for patients returning competent to stand trial from state hospital for up to 3 months. This reimbursement must go through the local LMHA-Harris Center. Harris Health is responsible for the cost of the patient's medication in the HCSO Jail when they are returned competent to stand trial not Harris Center. We Harris Center will forward the reimbursement to Harris Health designated point of contact once reimbursement is received.

Contract Owner*

Sean McElroy

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

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Leroy Perkins

Address*

Street Address

1200 Baker Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1206

State / Province / Region

TX

Country

United States

Phone Number*

3462862428

Email *

leroy.perkins@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 50,000.00	547006
Budget Manager Williams-Wesley, Sheenia	Secondary Budget Manager Reyes, Elizabeth	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

2/28/2025

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

2/28/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

3/3/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/3/2025



Executive Contract Summary

Contract Section

Contractor*

Harris County Pretrial Services

Contract ID #*

2025-1007

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Harris County Pretrial Services and The Harris Center for MH and IDD Services

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

- 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* (?)

3/1/2025

Contract Term End Date* (?)

11/30/2025

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

new funding from county off-cycle pending receipt of funds

Fiscal Year* (?)

2025

Amount* (?)

\$ 300,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 100,000.00

Funding Source*

County

Contract Description / Type* (?)

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

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

This will serve as a pilot for felony defendants to increase court appearance rates. The provider will engage felony releases to provide needs assessment and appropriate community referrals.

Contract Owner*

Sean McElroy

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

December 2023 - November 2024; Community Assistance Referral Program for felony and misdemeanors

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*

Natalie Michailides

Address*

Street Address

600 North San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number*

8329273501

Email*

natalie.michailides@pts.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6004	\$ 400,000.00	540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

2/28/2025

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

2/28/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

3/3/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/3/2025



Executive Contract Summary

Contract Section ▲

Select Header For This Contract*

Interlocal ▼

Contractor*

Harris County Sheriff's Office

Contract ID #*

2025-1006

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Harris County Sheriff's Office 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 [Redacted]

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 [Redacted] |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

9/30/2025

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

[Redacted]

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

How does this contract support Agency/Unit Strategic priorities?*

The agency's strategic plan aims to expand program availability and services and reach all Harris County zip codes. The CIRT program services all of Harris County, partnering with licensed clinicians to complete mental health assessments and collaborating with Harris County Sheriff's deputies. This contract funds three additional clinicians to aid in suicide prevention, identify individuals who may also be a danger to others and deteriorate, and link these individuals to MH treatment.

Contract Owner*

Kim Kormmayer

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 (?)

Upload

Vendor/Contractor Contact Person

Name*

Victoria Jimenez, Legal Director

Address*

Street Address

1200 Baker Street, 2nd fl.

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77002

Country

United States

Phone Number*

7132216000

Email*

Victoria.Jimenez@Sheriff.hctx.net

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 953,030.00	403011

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

Pursuant to the ILA the agency will submit a detailed report and invoice to the county for review and approval monthly prior to any monthly drawdown.

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

1/10/2025

Budget Manager Approval(s)



Approved by

Jodel Oshman

Approval Date

1/10/2025

Procurement Approval



File Upload (?)

Upload

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

KIM KORNMEYER

1/10/2025

Contracts Approval



Approved by

Approval Date

Belinda Stude

1/10/2025

Final Board Report Comments



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

This is a revenue replacement contract for 392,354. Harris County is funding 3 CIRT clinicians for the Crisis Intervention Response Team program. This will cover all expenditures for the 2024/25 Fiscal year. The Harris Center will provide all services as outlined in its responsibilities.

Product/Service Description

New Agreement

Revised Comments For Board Report*

New Interlocal (replacement) to provide funding for 9 CIRT clinicians for the Crisis Intervention Response Team program. This includes additional funding from Harris County for 6 additional CIRT clinicians. This will cover all expenditures for the 2025/26 Fiscal year. The Harris Center will provide all services. [FY25/26 Revenue NTE: \$953,030.00].

Exclude this ECS from Board Report?*

Yes No



Executive Contract Summary

Contract Section



Contractor*

The University of Texas at Austin

Contract ID #*

UTAUS-SUB00000245AM3

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

The Harris Center for Mental Health and IDD; Early Onset for Psychosis Program; University of Texas at Austin

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/11/2020

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 24,167.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 24,167.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 24,167.00

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* (?)

Changes to the current scope of work and deobligation of funds. See attached document.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

UTAUS-SUB00000245AM3

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

UTAUS-SUB00000245AM3_HCMH_UTA20-001150_Amd_3_v1.pdf 653.87KB

Vendor/Contractor Contact Person

Name*

Office of Sponsored Projects-Contracts Coordinator

Address*

Street Address

Office of Sponsored Projects - Peter T Flawn Academic Center (FAC)

Address Line 2

2304 Whitis Ave Ste. 426

City

Austin

State / Province / Region

TX

Postal / Zip Code

78712

Country

USA

Phone Number*

512-471-6424

Email *

osp@austin.utexas.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2424	\$ 0.00	NA

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Boswell, Jennifer

Submission Date

2/12/2025

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

2/13/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

2/13/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/14/2025

EXHIBIT R-5



Due Diligence Memo Consultant for Electricity Energy Provider Project# FY25-0326

Purchasing received a request from the Facilities Department for an Electricity Energy Provider for the Agency's facilities. Contracting with an Energy Consultant is needed to assist with the energy provider procurement process. Utilizing an Energy Consultant offers several benefits including: access to expert market knowledge, cost savings through competitive pricing analysis, identification of suitable contract terms, risk mitigation and an understanding of complex energy options to name a few. A consultant will manage the procurement process in collaboration with The Harris Center Procurement team and organization stakeholders.

History

The Agency's electrical provider was selected in 2022, with the collaboration of a consultant, James Eggebrecht with Texas A&M. James Eggebrecht worked with the Harris Center Procurement team to develop the Request for Proposal (RFP) and manage the solicitation process. Engie was awarded the contract. Once approved by the Board pricing was locked in for a three-year contract that *expires May 31, 2025*.

Project Team

The Project Team consists of the following members: James Blunt, Buyer II, Rolanda Wilkes, Procurement Data Analyst, Sharon Brauner, Purchasing Manager, Nina Cook, Director of Purchasing, Michael Mitchell, Director, Facility Services, Karen Hurst, Assistant Director, Facility Services, Lisa Cantu-Espinosa, Facility Services Coordinator, Ernest Savoy, General Counsel Assistant, Legal Services, Belinda Stude, Contracts Coordinator Sr.

Procurement initiated the process to identify an electric energy consultant. Procurement contacted James Eggebrecht and Texas A&M, we were informed that James had retired, and Texas A&M no longer provided this service. Procurement then began the search for a new consultant. The search resulted in identifying several energy consultants that can manage the solicitation process for electricity. All three (3) vendors have purchasing cooperative contracts that the Harris Center may utilize.

Vendors that can provide consulting services for the provision of electrical energy are as follows:

1. **Tradition Energy** – The nation's largest independent energy procurement and sustainability advisor. Thirty-eight years in the energy market. They have 205 healthcare clients managing a total of 5.3 billion kilowatts and \$6 billion in expenditure. Tradition is a member of the Agency's purchasing cooperative, Omnia Partners. Tradition has access to seventy-five (75) energy providers to request bids. This gives them a scale of business that results in more energy suppliers, offering better prices and commercial terms. Their fee is based on the Agency's amount of energy and accounts. The Agency will not be charged for Tradition's services. The energy supplier will pay Tradition for their services. Per the Omnia contract, the fee the supplier pays Tradition would be \$0.004 per kilowatt hour based on our current usage for the term of the contract. This would be added to the Agency's total cost per kilowatt-hour. The timeline to complete the process is 7 to 10 days after background documentation has been assembled.
2. **Energy Edge** – They have been in business since 2009. Serve a wide range of businesses and institutions. Energy Edge has access to one hundred (100) electricity and gas supplier relationships. Currently they have a contract with Harris County. They are members of the purchasing cooperative, The Interlocal Purchasing System (TIPS). They can develop targeted RFP

and pre-qualification of suppliers. They review overall supplier capabilities and financial strength along with price. Their price is \$0.002 per kilowatt hour based on our current usage for the term of the contract. The timeline to complete the process for an RFP is 4 to 8 weeks.

- Prism Energy Solutions** – They are a full-service natural gas and retail electricity consultancy and broker that has been in business since 2010. Prism Energy represents commercial, industrial and institutional clients whose aggregate annual usage exceeds 2,000,000,000 kilowatts per hour, or nearly \$200 million annual expenditure. Prism is a member of the purchasing cooperative, The Interlocal Purchasing System (TIPS). Prism Energy offers a 5% discount to all TIPS members. They provide both competitive bid and sealed RFP structure services. For an annual forecast usage of ten (10) million kilowatts per hour or less is \$9,500.00 for a competitive bid structure and \$14,250.00 for a sealed RFP structure. For an annual forecast usage of ten million kilowatts or more the price is \$14,250.00 for a competitive bid structure and \$17,575.00 for a sealed RFP structure. The timeline to complete the RFP is 3 to 4 weeks. A bid can be completed in 1 to 2 weeks.

Vendors	Experience	Purchasing Coops	Timeline	Price
Tradition Energy	38 years	Omnia Partners	Bid Process – 7 to 10 Days	\$0.004 per kilowatt hour
Energy Edge	16 years	TIPS	RFP Process – 4 to 8 Weeks	\$0.002 per kilowatt hour
Prism Energy Solutions	14 years	TIPS	Bid Process – 1 to 2 Weeks RFP Process – 3 to 4 Weeks	Bid - \$9,500.00 RFP - \$14,250.00

All vendors offer additional services at a cost.

Facilities Recommended Vendor:

Prism Energy Solutions

Based on the Facilities team review of demos/presentations provided, the team has selected Prism Energy Solutions as the provider for requested services due to their competitive pricing structure with no hidden fees, years of experience, shorter timeline to complete the process, a contract with purchasing cooperative, an added service, a compliance binder and provision of routine market updates and issue resolution with supplier.

The Harris Center Procurement team is requesting Board approval to engage a consultant to perform the procurement process in collaboration with The Harris Center’s Procurement team and the Facility Services team.

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

The total NTE (Not to Exceed) will be based on the purchasing option of \$9,500.00 for a bid process and/or \$14,250.00 for an RFP process. Funding source is Unit#1817, and GL Code# 557001.

DocuSigned by:
Submitted By:
James Blunt 2/26/2025
F92CA4A6C5944F0...

James Blunt, C.P.M.
 Buyer II

DocuSigned by:
Recommended By:
Sharon Brauner 2/26/2025
258C3C5A8EF9418...

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

DocuSigned by:
Purchasing Manager
Stanley Adams 2/28/2025
E75BEDD6BCF0403
 Stanley Adams, MBA
 Chief Financial Officer

EXHIBIT R-6

MARCH 2025
AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section



Contractor*

Creative Financial Staffing, LLC

Contract ID #*

2023-0816

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

The Harris Center and CFS, LLC

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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*

\$ 150,000.00

Increase Not to Exceed*

\$ 80,000.00

Revised Total Not to Exceed (NTE)*

\$ 230,000.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 230,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Based on current analysis of projects, we will utilize contractors for an additional 11 weeks with ReCenter and capital asset projects.

Contract Owner*

Rachel Beasley

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Services currently provided

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Pam Rodriguez

Address*

Street Address

21 Custom House Street

Address Line 2

City

Boston

State / Province / Region

MA

Postal / Zip Code

02110-3510

Country

US

Phone Number*

7132605243

Email*

prodriguez@cfstaffing.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 80,000.00	540500
Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

2 contractors for 16 weeks - \$82K

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Beasley, Rachel

Submission Date

2/6/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/6/2025

Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

2/6/2025

Contracts Approval

Approve*

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

Approved by*

Bolinda Stude

Approval Date*

2/7/2025



Executive Contract Summary

Contract Section ^

Contractor*

Parata Systems, LLC

Contract ID #*

5185

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

The Harris Center for Mental Health and IDD and Parata Systems, LLC

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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*

\$ 15,400.00

Increase Not to Exceed*

\$ 146,360.00

Revised Total Not to Exceed (NTE)*

\$ 161,760.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 161,760.00

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* (?)

Purchase replacement of Parata Robot and service at SW Pharmacy as it is at the end of life and will no longer be supported for maintenance and repairs.

Contract Owner*

Holly Cumbie

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2023-08/31/2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Contract-Parata New.pdf

647.42KB

Vendor/Contractor Contact Person



Name*

Gavin Manley

Address*

Street Address

3750 Torrey View Ct

Address Line 2

City

San Diego

Postal / Zip Code

92130

State / Province / Region

CA

Country

US

Phone Number*

972-632-8768

Email*

Gavin.Manley@bd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 146,360.00	551000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Garland, Teri

Submission Date

2/21/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/23/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Holly Cumbie

Approval Date

2/24/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/25/2025

EXHIBIT R-7

**MARCH 2025
NEW CONTRACTS
UNDER 100k**



Executive Contract Summary

Contract Section



Contractor*

Bulk TV Topco LLC D/B/A-Allbridge LLC

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Bulk TV Topco LLC DBA/Allbridge LLC 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 Taking over existing contract from Men's Center

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/1/2025

Contract Term End Date* (?)

3/31/2028

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 5,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 12,360.00

Fiscal Year* (?) Amount* (?)
2027 \$ 12,750.00

Fiscal Year* (?) Amount* (?)
2028 \$ 7,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Cable TV for residents at 1104 Alabama. Taking over contract from The Men's Center "Recenter".

Contract Owner*

Mustafa Cochinwala

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 (?)

The Harris Center for Mental Health and IDD MSA.pdf 241.65KB

Vendor/Contractor Contact Person

Name*

Candace Billings

Address*

Street Address

2710 Wycliff Rd

Address Line 2

City

Raleigh

Postal / Zip Code

27607-3033

State / Province / Region

NC

Country

US

Phone Number*

516-394-4699

Email*

cbillings@allbridge.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1821	\$ 37,610.00	564004
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

2/25/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/25/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

2/26/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/27/2025



Executive Contract Summary

Contract Section ▲

Contractor*

Carasoft

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/25/2025

Parties* (?)

Carasoft, Granicus, 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 DIR-TSO-4288 |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/3/2025

Contract Term End Date* (?)

3/2/2026

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 86,226.51

Fiscal Year* (?)

2026

Amount* (?)

\$ 64,000.00

Fiscal Year* (?) 2027 **Amount* (?)** \$ 67,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Software and Hardware installation and configuration to support The Harris Center live streaming and recording meetings.

Contract Owner*

Mustafa Cochinwala

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 (?)

DIR-TSO-4288_Carasoft.pdf	223.17KB
Form 1295 Certificate 101322581 - Harris Center for Mental Health & IDD-Granicus- 2.10.25.pdf	107.49KB
Carahsoft-Granicus-Swagit_52051059.pdf	284.26KB

Vendor/Contractor Contact Person

Name*

Carasoft

Address*

Street Address

11493 Sunset Hills Road

Address Line 2

Suite 100

City

Reston

Postal / Zip Code

20190

State / Province / Region

VA

Country

USA

Phone Number*

517-662-3092

Email*

Erin.Wilson@Carasoft.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 16,726.38	551000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 6,316.32	551003

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 63,183.81	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

Requester Name	Submission Date
Hurst, Richard	2/11/2025

Budget Manager Approval(s)

Approved by



Approval Date
2/11/2025

Procurement Approval

File Upload (?)

Approved by



Approval Date
2/11/2025

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

2/11/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/12/2025



Executive Contract Summary

Contract Section ▲

Contractor*

DataVox, Inc.

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Datavox 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* (?)

2/24/2025

Contract Term End Date* (?)

8/29/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 50,957.26

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* (?)

Installation of hardware and software to enable live streaming of Harris Center meetings from within 104.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY19- FY25
Software Licenses
Audio/Video hardware installation and support

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center - Boardroom AV Proposal.pdf	1.26MB
TIPS 230105_DataVox.pdf	916.11KB

Vendor/Contractor Contact Person

Name*

DataVox

Address*

Street Address

6650 W. Sam Houston Pkwy South

Address Line 2

City

Houston

Postal / Zip Code

77072

State / Province / Region

TX

Country

United States

Phone Number*

7138815300

Email*

caseyb@datavox.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 50,957.26	551001

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Hurst, Richard	2/11/2025

Budget Manager Approval(s)

Approved by



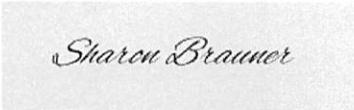
Approval Date

2/11/2025

Procurement Approval

File Upload (?)

Approved by

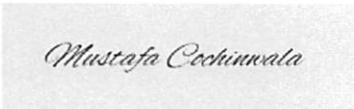


Approval Date

2/11/2025

Contract Owner Approval

Approved by



Approval Date

2/11/2025

Contracts Approval

Approve*

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

Approved by*



Approval Date*

2/12/2025



Executive Contract Summary

Contract Section



Contractor*

UES Professional Solutions 44, LLC

Contract ID #*

2025-1028

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

UES Professional Solutions and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/10/2025

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 13,025.00

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* (?)

geotechnical survey required by engineer for the foundation repair at 9401 SW Freeway, \$11,525.00 for geotechnical investigation plus \$1,500.00 for private utility locator if needed, total NTE of \$13,025.00 in 8001/900060

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

9401 Foundation Repair Structural Survey.pdf	173.35KB
P24-2371 GEO Proposal Rev 1 - Harris Center Building Distress.pdf	1.05MB
UES Professional Solutions 44 LLC exp 05_01_2025.pdf	643.67KB
UES Professional Solutions 2024 W-9.pdf	119.71KB

Vendor/Contractor Contact Person

Name*

UES Professional Solutions 44, LLC / Daniel Toto

Address*

Street Address

4467 Kennedy Commerce Drive

Address Line 2

City

Houston

Postal / Zip Code

77032

State / Province / Region

TX

Country

US

Phone Number*

2814693347

Email*

dtoto@teamues.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
8001	\$ 13,025.00	900060
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposal - NTE \$13,025.00

Project WBS (Work Breakdown Structure)* (?)

BP24.8001.04 Clinic Foundation Repair

Requester Name

Harper, Sarah

Submission Date

2/10/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/10/2025

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

2/10/2025

Contract Owner Approval

Approved by

Karen E. Hurst

Approval Date

2/10/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/20/2025



Executive Contract Summary

Contract Section



Contractor*

Crossroads Counseling Center, PLLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/18/2025

Parties* (?)

Crossroads Counseling Center, PLLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- 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 Service Consultant

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,080.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Contractor will provide counseling services to families supporting children with developmental delays/medical conditions.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Crossroads Counseling Center, PLLC

Supporting Documentation Upload (?)

Statement of Work-Rates (002).docx	15.53KB
CertificateOfInsurance_Crossroads Counseling Center PLLC 2024.pdf	55.58KB
LPC- Linda Swanson Ledwig -Resume 2024.docx	4.99MB
w9 pdf.pdf	205.08KB

Vendor/Contractor Contact Person

Name*

Linda Swanson Ledwig

Address*

Street Address

1301 Westwood Street

Address Line 2

City

Victoria

Postal / Zip Code

77901

State / Province / Region

Texas

Country

USA

Phone Number*

361-571-2512

Email*

llcounselor@llcounseling.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 1,080.00	542000

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Johnson, Kenyonika

Provide Rate and Rate Descriptions if applicable* (?)
 \$90 per hour per client for each counseling session. See attachment for additional supporting documentation.

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

Requester Name	Submission Date
Childs, Margo	2/3/2025

Budget Manager Approval(s) ^

Approved by	Approval Date
	2/5/2025

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	2/10/2025

Contracts Approval

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

Approved by*	Approval Date*
	2/11/2025



Executive Contract Summary

Contract Section

Contractor*

Erica Frederick-Leota

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Erica Frederick-Leota and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Fiscal Year* (?)

2025

Amount* (?)

\$ 600.00

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* (?)

Contractor will provide dietitian services to families supporting children with developmental delays/medical conditions. Pediatric Dietitian/Lactation Consultant will provide comprehensive nutrition and lactation support to infants, children, and their families. This role aims to promote optimal growth, development, and health through tailored nutrition and/or lactation counseling, education, and support.

See attachment for supporting documentation.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Erica Frederick-Leota, Pediatric Dietitian/Lactation Consultant

Supporting Documentation Upload (?)

Scope of Services for Pediatric Dietitian (002).docx	16.83KB
original-B07FCD7A-C2C1-42C1-BFCF-D9C9581E907A.jpeg	579.34KB
Certificate of Liability Insurance.pdf	32.37KB

Vendor/Contractor Contact Person

Name*

Erica Frederick-Leota, Pediatric Dietitian/Lactation Consultant

Address*

Street Address

9702 S. Hanworth Dr.

Address Line 2

City

Houston

Postal / Zip Code

77031

State / Province / Region

Texas

Country

USA

Phone Number*

361-571-2512

Email*

efrederickleota@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 600.00	542000
Budget Manager	Secondary Budget Manager	
Degracia, Ericka	Johnson, Kenyonika	

Provide Rate and Rate Descriptions if applicable* (?)

\$50/hr for Pediatric Dietitian/Lactation Consultant provides comprehensive nutrition and lactation support to infants, children, and their families. This role aims to promote optimal growth, development, and health through tailored nutrition and/or lactation counseling, education, and support. See attachment for supporting documentation for the rate and rate description.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Childs, Margo

Submission Date

2/6/2025

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

2/6/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

2/10/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/11/2025

EXHIBIT R-8

MARCH 2025 RENEWALS UNDER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID#*

2024-0866

Contractor Name*

Catapult Health, LLC.

Service Provided* (?)

Agreement to provide onsite and/or virtual (at home) biometric screenings for employees.

Renewal Term Start Date*

4/18/2025

Renewal Term End Date*

4/17/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <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 preventive health care vendor selected through insurance provider (Blue Cross Blue Shield TX) |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 0.00

Rate(s)/Rate(s) Description

The cost of services will be charged to the wellness fund provided by Blue Cross Blue Shield.

Unit(s) Served *

1108

G/L Code(s) *

595000

Current Fiscal Year Purchase Order Number *

N/A

Contract Requestor *

Ninfa Escobar

Contract Owner *

Ninfa Escobar

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

How does this contract support Agency/Unit Strategic priorities?*

This contract helps support our wellness initiatives to provide biometric screenings onsite and/or virtual (at home) for employees.

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	595000
Budget Manager*	Secondary Budget Manager*	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Ninfa Escobar

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/25/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID#*

2020-0036

Contractor Name*

Health Mart Atlas, LLC

Service Provided* (?)

Pharmacy Services Administration Organization

Renewal Term Start Date*

3/25/2025

Renewal Term End Date*

3/24/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 9,600.00

Rate(s)/Rate(s) Description

\$200.00 per pharmacy x 4 = \$800.00 per month

Unit(s) Served*

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

Ct143679

Contract Requestor*

Teri Garland

Contract Owner*

Holly Cumbie

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

How does this contract support Agency/Unit Strategic priorities?*

Third -party billing

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 9,600.00	542000
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$200.00 per pharmacy per month

Project WBS (Work Breakdown Structure)* (?)

\$200.00 per pharmacy per month

Fiscal Year* (?)	Amount* (?)
2025	\$ 9,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Holly Cumbie

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Holly Cumbie

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/25/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

7106

Contractor Name*

ASSA ABLOY Entrance Systems US Inc.

Service Provided* (?)

Maintenance of Automatic Doors at NPC.

Renewal Term Start Date*

3/1/2025

Renewal Term End Date*

2/28/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <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 Maintenance Agreement |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,401.25

Rate(s)/Rate(s) Description

MAIN ENTRANCE UNISLIDE DOOR 989737: TWO (2)
 ANNUAL VISITS. INTERIOR ENTRANCE UNISLIDE DOOR
 989776: TWO (2) ANNUAL VISITS.

Unit(s) Served*

9206

G/L Code(s)*

557001

Current Fiscal Year Purchase Order Number*

CT143603

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

ID 7106 Assa Abloy - FY25 Renewal Quote CQ-000300706-0 (orig).pdf

1.07MB

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

How does this contract support Agency/Unit Strategic priorities?*

This contract provides maintenance services for the doors leading to the NPC facility. The Psychiatric Emergency Services (PES) & the Crisis Stabilization Unit (CSU) are housed at the NPC facility.

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,521.31	557001

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

MAIN ENTRANCE UNISLIDE DOOR 989737: TWO (2)
ANNUAL VISITS. INTERIOR ENTRANCE UNISLIDE DOOR
989776: TWO (2) ANNUAL VISITS.

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)

2026

Amount* (?)

\$ 2,521.31

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

General Revenue (GR)

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)**Contract Owner**

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Todd Ostman

Contract Owner Approval

Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/14/2025

EXHIBIT R-9

MARCH 2025 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$100,000

MARCH 2025
 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Don'Angelo & Company, LLC	Executive Coaching Program	\$8,500.00	\$8,500.00	\$17,000.00	1/1/2025 - 6/30/2025	General Revenue (GR)	Consultant/Agreement	Amendment to increase the NTE for cost of final payment not originally included.
2	Rainbow Health LLC	Sustaining of Website for MCO Rapid Response's Web Portal and Mobile Applications	\$94,500.00	\$4,600.00	\$99,100.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE to add additional functionality to the Rapid Response Dispatching Monitoring Software.
3	Tejas Behavioral Health Management Association	MCO Managed Care Generator Software and Subscription Services	\$49,907.00	\$3,500.00	\$53,407.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	An amendment to increase the NTE to cover the cost for Mental Health's unit not originally included.
4	Waste Management of Texas, Inc.	Agency Wide Trash Collection and Dumpster/Removal Services	\$80,000.00	\$15,000.00	\$95,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE for additional trash services needed for the Pasadena Cottages A & B and for the ReCenter located at 3809 Main Street.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								



Executive Contract Summary

Contract Section


Contractor*

Don'Angelo & Company, LLC

Contract ID #*

2021-0128

Presented To*

- Resource Committee
 Full Board

Date Presented*

3/18/2025

Parties* (?)

Don'Angelo Bivens and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2025

Contract Term End Date* (?)

6/30/2025

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

Current Contract Amount*

\$ 8,500.00

Increase Not to Exceed*

\$ 8,500.00

Revised Total Not to Exceed (NTE)*

\$ 17,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 17,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Coaching for General Counsel

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY 2024 - Coaching

FY 2023 - Coaching

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Don'Angelo Bivens

Address*

Street Address

562 Portland Pl

Address Line 2

City

Atlanta

Postal / Zip Code

30316

State / Province / Region

GA

Country

USA

Phone Number*

312-502-4230

Email*

dangelo.bivens@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 8,500.00	542000

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name
Gerardo, Christina

Submission Date
2/4/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/4/2025

Contract Owner Approval

Approved by

Kendra Thomas

Approval Date

2/5/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/6/2025



Executive Contract Summary

Contract Section



Contractor*

Rainbow Health LLC

Contract ID #*

2022-0553

Presented To*

- Resource Committee
 Full Board

Date Presented*

3/18/2025

Parties* (?)

Rainbow Health LLC & The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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 (?)

N/A

Current Contract Amount*

\$ 94,500.00

Increase Not to Exceed*

\$ 4,600.00

Revised Total Not to Exceed (NTE)*

\$ 99,100.00

Fiscal Year* (?) 2025 **Amount* (?)** \$ 99,100.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

The ECS needs to increase the NTE to add additional functionality to the Rapid Response Dispatching Monitoring Software.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2024 - Present

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Ayushi Patel

Address *

Street Address

77 Sugar Creek Center Boulevard

Address Line 2

City

Sugar Land

Postal / Zip Code

77478-3580

State / Province / Region

TX

Country

US

Phone Number *

8327927151

Email*

ayushi@rainbow.health

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 4,600.00	553002
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

Analysis, Design, Build, Support, Test and Implement = \$4,600.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Jones, Anthony

Submission Date

2/19/2025

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

2/20/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

2/20/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/21/2025



Executive Contract Summary

Contract Section

Contractor*

Tejas Behavioral Health Management Association

Contract ID #*

7739

Presented To*

- Resource Committee
 Full Board

Date Presented*

2/18/2025

Parties* (?)

Tejas Behavioral Health Management Association 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 49,907.00

Increase Not to Exceed*

\$ 3,500.00

Revised Total Not to Exceed (NTE)*

\$ 53,407.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 53,407.00

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 amendment is required to increase the NTE \$3,500.00

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2024 - Present

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

7739 - Tejas - Partially Executed.pdf

10.95MB

Vendor/Contractor Contact Person 

Name*

Paige Morris

Address*

Street Address

893 North Interstate Highway 35

Address Line 2

City

Round Rock

State / Province / Region

TX

Postal / Zip Code

78664-4310

Country

US

Phone Number*

(737)300-4015

Email*

paige.morris@tejashma.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 3,500.00	553003
Budget Manager		Secondary Budget Manager
Smith, Janai		Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

\$3,500.00 for MCO Managed Care Generator Software, maintenance and Support.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Jones, Anthony

Submission Date

1/30/2025

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

1/30/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechinnala

Approval Date

2/3/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/4/2025



Executive Contract Summary

Contract Section

Contractor *

Waste Management of Texas, Inc.

Contract ID # *

2022-0455

Presented To *

- Resource Committee
 Full Board

Date Presented *

3/18/2025

Parties * (?)

Waste Management of Texas 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 *

\$ 80,000.00

Increase Not to Exceed *

\$ 15,000.00

Revised Total Not to Exceed (NTE) *

\$ 95,000.00

Fiscal Year* (?)
2025

Amount* (?)
\$ 95,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

addition of Pasadena Cottages A & B to contract at approximately \$250.00 per month (3,000), addition of ReCenter trash Service at 3809 Main (658.00 per month) \$6,000.00 and 1104 Alabama (532 per month) \$4000. Add \$2,000.00 in contingency for overages.

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

don't remember start date - 2014?? - waste management services

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

HC The Mens Center Inc Alabama St.PDF	22.9KB
HC The Mens Center Inc Main St.PDF	22.91KB

Vendor/Contractor Contact Person

Name*

Waste Management of Txas / Ryan Ellis

Address*

Street Address

520 East Corporate Drive

Address Line 2

City

Lewisville

Postal / Zip Code

75057-6400

State / Province / Region

TX

Country

US

Phone Number*

2816028365

Email*

rellis6@wm.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 15,000.00	569006
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)
adding \$15,000 to contract for an NTE of \$95,000.00 for FY25, see proposals

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

Requester Name	Submission Date
Harper, Sarah	2/24/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/24/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Karen E. Hurst

Approval Date

2/25/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/25/2025

EXHIBIT R-10

MARCH 2025
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY



Executive Contract Summary

Contract Section



Contractor*

Herzing University School of Nursing

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/1/2025

Parties* (?)

Herzing University School of Nursing & 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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2025

Contract Term End Date* (?)

2/28/2030

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Herzing University School of Nursing to complete clinical and administrative field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Herzing University School of Nursing

Supporting Documentation Upload (?)

20231211_MSNNLA_CourseSheet.pdf	237.04KB
HU.Healthcare Affiliation Agreement The Harris Center.docx	78.87KB

Vendor/Contractor Contact Person**Name***

Kelly Witter, RN, MSN

Address*

Street Address

275 W Wisconsin Ave suite 210

Address Line 2

City

Milwaukee

State / Province / Region

WI

Postal / Zip Code

53203

Country

US

Phone Number*

765-220-2334

Email*

kwitter@herzing.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

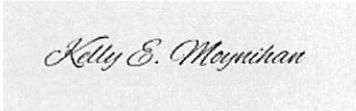
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Moynihan, Kelly		Secondary Budget Manager Campbell, Ricardo

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

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

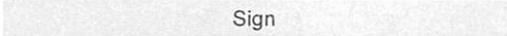
Requester Name Daswani, Bianca	Submission Date 2/3/2025
-----------------------------------	-----------------------------

Budget Manager Approval(s) ^

Approved by	Approval Date
	2/3/2025

Procurement Approval ^

File Upload (?)

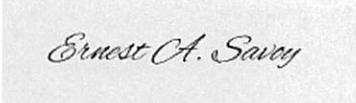
Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	2/3/2025

Contracts Approval

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

Approved by*	Approval Date*
	2/6/2025



Executive Contract Summary

Contract Section

Contractor*

Nova Southeastern University College of Psychology

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/1/2025

Parties* (?)

Nova Southeastern University College of Psychology & The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2025

Contract Term End Date* (?)

2/28/2030

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Nova Southeastern University College of Psychology to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Nova Southeastern University College of Psychology

Supporting Documentation Upload (?)

2024-2025 CMHC Practicum and Internship Handbook.pdf	551.95KB
Insurance NSU Professional Liability 2024 2025.pdf	80.37KB
Master of Science in Counseling - Practicum and Internship Agreement - NSU rev 08 03 23.docx	43.43KB

Vendor/Contractor Contact Person**Name***

Brenda Levine

Address*

Street Address

3300 South University Drive

Address Line 2

City

Fort Lauderdale

State / Province / Region

FL

Postal / Zip Code

33324

Country

US

Phone Number*

(954) 262-5799

Email*

brenda.levine@nova.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

2/11/2025

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

2/11/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

2/11/2025

Contracts Approval

Approve*

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

Approved by*

Ernest A. Savoy

Approval Date*

2/14/2025



Executive Contract Summary

Contract Section ▲

Contractor*

Tony's Place

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Tony's Place and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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 SUDOP to collaborate with Tony's Place for SUD and Mental Health with the Harris Center for the LGBTQ+ Community. The SUD clients are acquired from outreach, engagement, and referral and allowed retention through linkage to treatment for SUD, Mental Health, and Residential Care to Texas residents living with Co-Occurring Dis Also it allows all MAT clients with OUD priority access to treatment with Texas Clinic for treatment that is tailored to their level of care.

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*

Tony's Place

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Carrie Rai

Address*

Street Address

1429 Hawthorne St.

Address Line 2

City

Houston

Postal / Zip Code

77006

State / Province / Region

TX

Country

United States

Phone Number*

832-866-3369

Email*

carrie.rai@tonysplace.org

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	1/30/2025

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

1/30/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KOPNMEYER

Approval Date

1/30/2025

Contracts Approval

Approve *

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

Approved by *

Ernest A. Savoy

Approval Date *

2/4/2025



Executive Contract Summary

Contract Section ^

Contractor*

Lakewood Church

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/7/2025

Parties* (?)

The Community Training Department from The Harris Center for Mental Health and IDD and Lakewood Church.

Agenda Item Submitted For: * (?)

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

Training offered in February

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,000.00

Funding Source*

Private Pay Source

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 Community Training Department in coordination with the Resiliency Team and other departments will be providing a series of trainings for Lakewood Church at \$20.00 per person.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Steven Austin

Address*

Street Address

3700 Southwest Fwy, Houston, TX 77027

Address Line 2

City

Houston

Postal / Zip Code

77027

State / Province / Region

Texas

Country

United States

Phone Number*

713-635-4154

Email*

Steve@Lakewood.cc

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 0.00	543058
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

The Harris Center will be paid \$20.00 per participant

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Prasad, Carroll	2/7/2025

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date
2/10/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date
2/10/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
2/11/2025