

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

> Resource Committee Meeting June 17, 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, May 20, 2025 (EXHBIT R-1)

# IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'25 Year-to-Date Budget Report- May (EXHIBIT R-2 Stanley Adams)
- B. June 2025 New Contracts Over 250K (EXHIBIT R-3 Ernest Savoy)
- C. June 2025 Contract Renewals (EXHIBIT R-4 Ernest Savoy)
- D. June 2025 Interlocal Agreements (EXHIBIT R-5 Ernest Savoy)
- E. Pest, Termite and Bed Bug Services RFP (EXHIBIT R-6 Stanley Adams/Nina Cook)

# V. EXECUTIVE SESSION-

• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

# VI. RECONVENE INTO OPEN SESSION

VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

# VIII. INFORMATION ONLY

- A. June 2025 Contract Renewals 100K-250K (EXHIBIT R-7)
- B. June 2025 New Contract Under 100K (EXHIBIT R-8)
- C. June 2025 Contracts Renewals Under 100K (EXHIBIT R-9)
- D. June 2025 Contract Amendments Under 100K (EXHIBIT R-10)
- E. June 2025 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT R-11)

IX. ADJOURN

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



# **EXHIBIT R-1**

# BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, MAY 20, 2025 MINUTES

Mr. Gerald Womack, Chairman, called the meeting to order at 9:23 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

# **RECORD OF ATTENDANCE**

Committee Members in Attendance: G. Womack, Dr. M. Miller Jr., Mr. J. Lykes Committee Member Absent: Other Board Member Present: Dr. R. Gearing, Dr. J. Lankford, Dr. K. Bacon, Ms. R. Thomas-videoconference

#### 1. CALL TO ORDER

Mr. G. Womack. called the Resource Committee meeting to order at 9:23am.

# 2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. J. Lankford, Dr. K. Bacon and Ms. R. Thomas as voting members of the committee.

# 3. DECLARATION OF QUORUM

Mr. G. Womack declared a quorum was present.

#### 4. PUBLIC COMMENTS

There were no public comments.

#### 5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday April 15, 2025.

#### MOTION: LYKES SECOND: MILLER, JR.

#### With unanimous affirmative votes,

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, April 15, 2025, 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-April

**MOTION: BACON SECOND: LYKES** 

## With unanimous affirmative votes,

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

B. May 2025 Contract Amendments Over 250K

# MOTION: GEARING SECOND: LYKES

#### With unanimous affirmative votes,

Board of Trustees Resource Committee Meeting (05/20/2025) MINUTES Page 1 of 2 **BE IT RESOLVED** May 2025 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. May 2025 Interlocal Agreements

# MOTION: GEARING SECOND: LYKES

## With unanimous affirmative votes,

**BE IT RESOLVED** May 2025 Interlocal Agreements items #1-#5 Exhibit R-4 are approved and recommended to the Full Board.

MOTION: GEARING SECOND: MILLER, JR.

**Recused: Dr. Lankford** 

## With unanimous affirmative votes,

**BE IT RESOLVED** May 2025 Interlocal Agreements items #6 Exhibit R-4 are approved and recommended to the Full Board.

- D. Facilities Capital Project Update Q3 FY25 agenda item was presented to the Resource Committee as a discussion item. No Action was taken.
- E. Procurement of External Audit Firm

# MOTION: BACON SECOND: LYKES

# With unanimous affirmative votes,

**BE IT RESOLVED** Procurement of External Audit Firm Exhibit R-6 are approved and recommended to the Full Board.

7. EXECUTIVE SESSION-No Executive Session needed.

# 8. RECOVENE INTO OPEN SESSION

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

# 10. ADJOURN

MOTION: GEARING SECOND: BACON

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 9:55 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 May 31, 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 May 31, 2025 Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

			F	or the Month	Ende	d				Fiscal Year to	Date			٦
Ī	Origi	nal				Variance		Original				Variance		_
	Budg	get		Actual		\$	%	Budget		Actual		\$	%	
Operating Revenues						·			•					
State General Revenue	\$ 11,0	54,955	\$	11,326,791		271,836	2%	\$ 99,494,595	\$	100,057,994		563 <i>,</i> 399	1%	
Harris County and Local	4,4	15,021		5,011,336		596,315	14%	39,735,189		38,911,014		(824,175)	-2%	
Federal Contracts and Grants	5,1	12,180		5,440,043		327,863	6%	46,009,620		48,389,058		2,379,438	5%	
State Contract and Grants	1,8	42,409		2,214,941		372,532	20%	16,581,677		13,013,285		(3,568,392)	-22%	
Third Party Billing	3,6	22,889		3,428,201		(194,688)	-5%	32,606,001		29,438,255		(3,167,746)	-10%	
Charity Care Pool	3,3	40,350		3,791,817		451,467	14%	30,063,150		34,130,152		4,067,002	14%	
Directed Payment Programs	6	59,258		222,531		(436,727)	-66%	5,933,322		4,613,116		(1,320,206)	-22%	
Patient Assistance Program (PAP)	8	52,441		1,276,543		424,102	50%	7,671,969		9,884,091		2,212,122	29%	
Interest Income	3	00,142		332,520		32,378	11%	2,701,278		2,517,466		(183,812)	-7%	
Insurance proceeds		-		-		-		-		25,875		25,875		
Sale of Capital Assets		-		-		-		-		166,057		166,057		
Operating Revenues, total	\$ 31,1	99,645	\$	33,044,723	\$	1,845,078	6%	\$ 280,796,801	\$	281,146,363	\$	349,562	0%	
Operating Expenditures														
Salaries and Fringe Benefits	\$ 21,1	16,034	\$	21,525,558		(409,524)	-2%	\$ 190,044,306	\$	190,225,628		(181,322)	0%	
Contracts and Consultants	1,3	79,371		1,444,698		(65,327)	-5%	12,414,339		10,262,227		2,152,112	17%	
Contracts and Consultants-HCPC	3,9	13,250		3,908,671		4,579	0%	35,219,250		35,098,929		120,321	0%	
Supplies	3	54,237		292,233		62,004	18%	3,188,133		1,913,749		1,274,384	40%	
Drugs	1,9	95,664		2,649,355		(653,691)	-33%	17,960,976		21,396,076		(3,435,100)	-19%	)
Purchases, Repairs and Maintenance of:														
Equipment		99,778		117,192		(17,414)	-17%	898,002		1,637,433		(739 <i>,</i> 431)	-82%	
Building	1	77,679		130,873		46,806	26%	1,599,111		1,821,537		(222,426)	-14%	
Vehicle		86,851		74,942		11,909	14%	781,659		696,669		84 <i>,</i> 990	11%	
Software	3	58,400		126,832		231,568	65%	3,225,600		2,740,533		485,067	15%	
Telephone and Utilities	3	04,496		282,642		21,854	7%	2,740,464		2,731,696		8,768	0%	
Insurance, Legal and Audit	1	84,268		224,800		(40,532)	-22%	1,658,412		1,885,123		(226,711)	-14%	
Travel & Training	2	51,089		298,521		(47,432)	-19%	2,259,801		2,051,706		208,095	9%	
Dues & Subscriptions	5	55,682		410,643		145,039	26%	5,001,138		3,871,241		1,129,897	23%	
Other Expenditures	3	83 <i>,</i> 957		543,757		(159,800)	-42%	3,455,613		4,184,251		(728,638)	-21%	ſ
Operating Expenditures, total	\$ 31,1	60,756	\$	32,030,717	\$	(869,961)	-3%	\$ 280,446,804	\$	280,516,798	\$	(69,994)	0%	
<b>Operating Activities -</b>														
Change in Fund Balance/Net Position	\$	38,889	\$	1,014,006	\$	975,117		\$ 349,997	\$	629,565	\$	279,568		

# The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget - Capital Outlay & Debt Service Related Activities May 31, 2025 Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

[			For the Month	End	led					Fiscal Year to I	Date		
	Original				Variance	Original		Original			Variance		
	Budget		Actual		\$	%		Budget		Actual		\$	%
Revenues													
State General Revenue													
Harris County and Local (CHC)	-		432,213		432,213			-		550,794		550,794	
State Contract and Grants (HHSC)	\$ 44,444	\$	-		(44,444)	-100%	\$	400,000	\$	422,121		22,121	6%
Revenues, total	\$ 44,444	\$	432,213	\$	387,769	872%	\$	400,000	\$	972,915	\$	572,915	143%
Expenditures													
Debt Service	\$ 83,333	\$	438,210	\$	(354,877)	-426%	\$	749,997	\$	1,394,251	\$	(644,254)	-86%
Capital outlay	-		482,692		(482,692)			-		7,579,648		(7,579,648)	
Expenditures, total	\$ 83,333	\$	920,902	\$	(837,569)		\$	749,997	\$	8,973,899	\$	(8,223,902)	
Excess (Deficiency) of revenues over													
expenditures	\$ (38,889)	\$	(488,689)		(449,800)	1157%	\$	(349,997)	\$	(8,000,984)		(7,650,987)	
Other Financing Sources													
Revenue Bonds Issued	-		-		-			-		24,745,000		24,745,000	
Transfers In/Out	-		-		-			-		-		-	
Other Financing Sources	-		-		-			-		3,267,228		3,267,228	
Other Financing Uses	-		-		-			-		-		-	
Other Financing Sources, total	\$ -	\$	-	\$	-		\$	-	\$	28,012,228	\$	28,012,228	
Capital Outlay & Debt Service Activities -													
Change in Fund Balance/Net Position	\$ (38,889)	\$	(488,689)	\$	(449,800)		\$	(349,997)	\$	20,011,244	\$	20,361,241	

# The Harris Center for Mental Health and IDD Notes to Statements Presented Non-GAAP / Budgetary-Basis reporting May 31, 2025

# **Results of Financial Operations and Comparison to Original Budget**

# A Harris County and Local Revenue

In May, we identified additional revenue to record pertaining to the county general allocation funding, resulting in a positive variance for the month.

# **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.

# C 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 \$1.5M, which is partially offset by billing program revenue exceeding budget by \$0.8M.

## D Other expenditures

Other expenditures for May and YTD exceeds the budget primarily due to an increase in security service costs for NPC (\$592K unfavorable variance) and supported housing expenses (\$107K unfavorable variance).

# The Harris Center for Mental Health and IDD Balance Sheet May 31, 2025

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	April-25	May-25	Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	18,826,065	14,829,935	\$ (3,996,130)
Cash Equivalents	85,757,193	70,559,595	(15,197,598)
Cash and Cash Equivalents, total	104,583,258	85,389,530	 (19,193,728) AA
Inventories, Deposits & Prepaids	9,862,689	7,921,437	(1,941,252)
Accounts Receivable:			
Patient A/R, net of allowance	1,703,956	1,572,468	(131,488)
A/R from other governments	30,168,619	31,154,084	985,465
Other A/R	841,677	890,450	48,773
Current Assets, total	147,160,199	126,927,969	\$ (20,232,230)
Restricted Cash and Cash Equivalents Capital Assets:	20,588,887	20,150,677	(438,210)
Land	12,709,144	12,709,144	-
Building and Improvements	55,271,938	55,271,938	-
Right-to-use assets (Leases & SBITA)	6,312,466	6,312,466	-
Furniture, Equipment and Vehicles	7,960,059	7,960,059	-
Construction in Progress	11,376,400	11,376,400	-
Accumulated Depreciation/Amortization	(38,908,961)	(38,908,961)	-
Capital Assets, net total	54,721,046	54,721,046	\$ -
Total Assets	222,470,132	201,799,692	\$ (20,670,440)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	13,418,968	11,233,435	\$ (2,185,533)
Unearned Revenues	53,053,190	34,168,789	(18,884,401) <mark>BB</mark>
Noncurrent liabilities:			
Due within one year	2,349,540	2,349,540	-
Due in more than one year	38,791,045	38,665,222	(125,823)
Liabilities, total	107,612,743	86,416,986	\$ (21,195,757)
Fund Balance/Net Position			
Net Investment in Capital Assets	43,611,068	43,172,858	(438,210)
Restricted for Capital Projects	20,588,887	20,150,677	(438,210)
Nonspendable	9,862,689	7,921,437	(1,941,252)
Assigned	15,434,386	15,434,386	-
Unassigned/Unrestricted	5,244,867	8,062,539	2,817,672
Change in fund balance/net position	20,115,492	20,640,809	 525,317
Fund Balance/Net Position, Total	114,857,389	115,382,706	\$ 525,317
Total Liabilities & Fund Balance/Net Position			

# The Harris Center for Mental Health and IDD Notes to Statements Presented Non-GAAP / Budgetary-Basis reporting May 31, 2025

## **Balance Sheet**

#### AA Cash and Investments

The \$19.2m decrease in cash is primarily due to use in normal operations. We are expecting to receive the 2025 4th Quarter allocation of \$25.1M for our performance contract in June.

## **BB** Unearned Revenues

Unearned revenues decreased by \$18.2M due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations. In June, we are expecting to see this increase, primarily due to an additional \$16.7M related to the 2025 4th Quarter allocation supporting July and August services, with the remaining \$8.4M to be recognized as revenue.

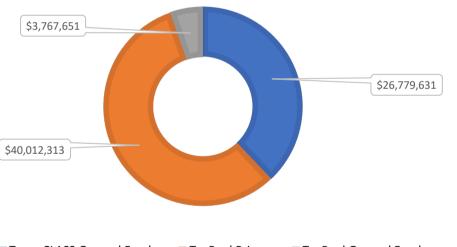
# The Harris Center for Mental Health and IDD

# **Investment Portfolio**

May 31, 2025

Local Government Investment Pools (LGIPs)	Begi	nning Balance	Transfer	In	Т	ransfer Out	Int	erest Income	En	ding Balance	Portfolio %	Monthly Yield
Texas CLASS Texas CLASS General Fund	\$	26,679,568					\$	100,063	\$	26,779,631	37.95%	4.41%
TexPool												
TexPool Prime		55,323,708				(15,500,000)		188,605		40,012,313	56.71%	4.43%
TexPool General Fund		3,753,917						13,734		3,767,651	5.34%	4.31%
TexPool Sub-Total		59,077,625		-		(15,500,000)		202,339		43,779,964	62.05%	4.42%
Total Investments	\$	85,757,193	\$	-	\$	(15,500,000)	\$	302,402	\$	70,559,595	100.00%	4.42%
	Addi	Additional Interest on Checking Accounts						30,118				
	Total Interest Earned during the current month				\$	332,520						





3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.44%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week	4.24%
Interest Rate - Chase Hybrid Checking	2.90%
ECR - Chase	3.00%

Texas CLASS General Fund
TexPool Prime
TexPool General Fund

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of May 31, 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:

Michael T. Hooper Jr.

Michael T. Hooper Jr. Director of Financial Accounting & Reporting

# The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits May 31, 2025

Vendor	Description	Monthly Not-To- Exceed <sup>(1)</sup>	May-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG) <sup>(2)</sup>	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,110,218	\$19,160,104
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$0	\$23,409,096
UNUM	Life Insurance	\$310,000	\$223,504	\$1,915,417

Notes:

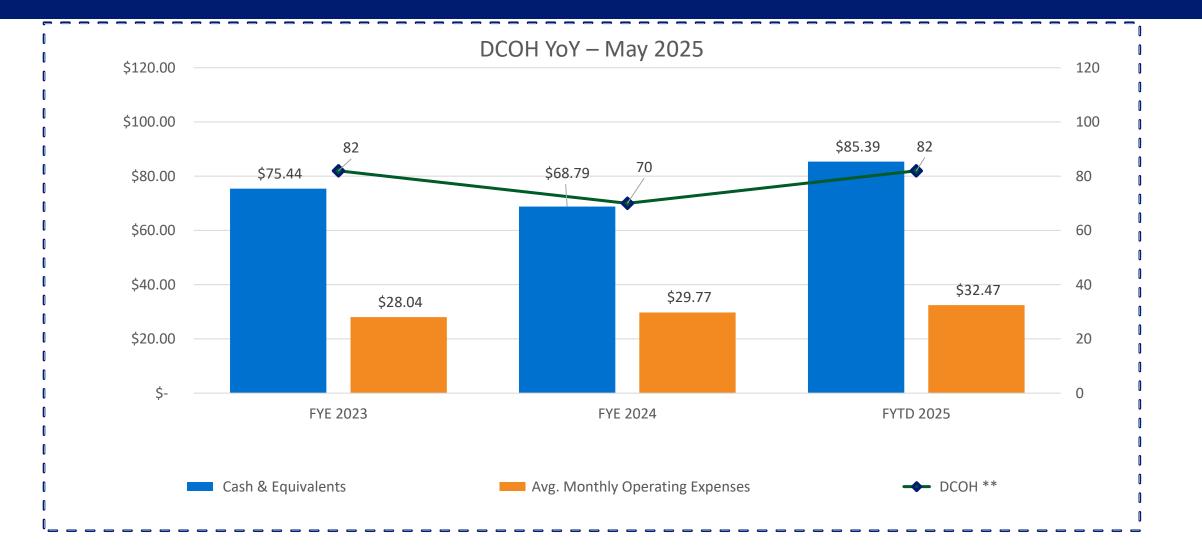
<sup>(1)</sup> As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

<sup>(2)</sup> May BCBS payment was made in April.

# **Additional Analysis – May 2025**

# Days-Cash-On-Hand (DCOH)- as of 05/31/2025

Year-over-year ("YoY") (\$ amounts in millions)



RRIS

Mental Health and IDD

# Capital Outlay – as of 05/31/2025



Project/Funding Source	Year-	to-date Total
■ 6168 Apartments	\$	4,604,751
CHC Grant (9271)	\$	550,794
COH Loan (9272)	\$	3,652,079
HHSC Grant (9268)	\$	401,877
Coffeehouse Clinic Construction	\$	3,027
Bond Series 2024	\$	3,027
Equipment Purchase	\$	1,483
Fund Balance	\$	1,483
Facilities Capital Projects	\$	2,606
Fund Balance	\$	2,606
IT Capital Projects	\$	477,151
Fund Balance	\$	477,151
Northeast Clinic Design and Construction	n \$	211,026
Bond Series 2024	\$	211,026
NPC Renovation	\$	313,803
Bond Series 2024	\$	313,803
ReCenter Property Purchase	\$	1,949,019
Fund Balance	\$	1,949,019
SW Foundation Repair	\$	16,783
Bond Series 2024	\$	16,783
Grand Total	\$	7,579,648

Funding Source/Project	<ul> <li>Year-to-date Total</li> </ul>			
Fund Balance	\$	2,430,258		
Equipment Purchase	\$	1,483		
Facilities Capital Projects	\$	2,606		
IT Capital Projects	\$	477,151		
ReCenter Property Purchase	\$	1,949,019		
Bond Series 2024	\$	544,639		
Coffeehouse Clinic Construction	\$	3,027		
Northeast Clinic Design and Construction	\$	211,026		
NPC Renovation	\$	313,803		
SW Foundation Repair	\$	16,783		
□ CHC Grant (9271)	\$	550,794		
6168 Apartments	\$	550,794		
🖃 COH Loan (9272)	\$	3,652,079		
6168 Apartments	\$	3,652,079		
HHSC Grant (9268)	\$	401,877		
6168 Apartments	\$	401,877		
Grand Total	\$	7,579,648		

# **EXHIBIT R-3**

# JUNE 2025 NEW CONTRACTS OVER 250k

THE HA	RRIS CENTER FOR MENTAL HEA	ALTH AND IDD					
	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	
	ACCESS						

	ACCESS						
_							
	ADMINISTRATION						
1	FreeIT Data Solutions	Varonis M365 SaaS Subscription for Data Security and Governance for Microsoft 365 data, including SharePoint Online, OneDrive for Business, and Exchange Online	\$350,000.00	6/24/2025 - 6/23/2026	General Revenue (GR)	Tag-On DIR-CPO- 4862	New Varonis M365 SaaS Subscription Agreement to provide data security and governance for Microsoft 365 data, including SharePoint Online, OneDrive for Business, and Exchange Online. This is a new tag-on replacing DIR-TSO-4229.
1	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
1	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
1	LEASES						
-							
+							
+							

JUNE 2025 FISCAL YEAR 2025

COMMENTS

Executive Contract Sum ennal Health and IDD	nimary	
Contract Section		
Contractor* FreeIT Data Solutions		
Contract ID #*		
N/A		
Presented To*		
Resource Committee		
Full Board		
Date Presented*		
6/17/2025		
Parties * (?)		
FreeIT Data 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		
	Competitive Proposal	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> </ul>	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other DIR-CPO-4862	
Funding Information*		
New Contract Amendment		
New Contract O Amendment	Contract Term End Date * (?)	
	Contract Term End Date 30	
Contract Term Start Date * (?) 6/24/2025	6/23/2026	

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

Funding Source\* General Revenue (GR)

Page 20 of 892

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Replacement due to new DIR Tag-On
Justification/Purpose of Contract/Description of Servic	es Being Provided * (?)
Varonis M365 SaaS subscription provides data security and	d governance for Microsoft 365
data, including SharePoint Online, OneDrive for Business,	
organizations identify, classify, and protect sensitive data, n potential threats. Key features include data classification, a	
analytics, and threat detection. Vendor was previously usin	
is now utilizing DIR-CPO-4862 for year 3.	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contracto	r*
Yes O No O Unknown	
Please add previous contract dates and what services	were provided*
FY21 - FY24	were provided
Vendor/Contractor a Historically Underutilized Busines	s (HUB)* (?)
🔘 Yes 🍥 No 🔘 Unknown	
Please provide an explanation*	
N/A	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
DIR-CPO-4863 Appendix A Standard Terms and Condition	
DIR-CPO-4863 Appendix B HUB Subcontracting Plan (App 2022).pdf	768.26KB
DIR-CPO-4863 Contract.pdf	271.98KB
DIR-CPO-4863 RFO DIR-CPO-TMP-550.pdf	1.21MB
CT143908_AP_RH_06282024.pdf	29.46KB
DIR-TSO-4229 Contract Details (5.17.2024).pdf	419.16KB
ID 2023-0627 - Freeit Data Solutions - 3yr Varonis Quote -	Executed.pdf 60.41KB
PO_CT143908_638551140787557759.PDF	164.97KB
Vendor/Contractor Contact Person	$\sim$
Name*	
Name Andrew Neuenschwander	

Phone Number* (435)640-3425 Email* Andrew@freekidata.com  Budget Units and Amounts Charged to each Budget Unit Budget Units and Amounts Charged to Unit* Expense/GL Code No.*  Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*  Statem Braumet Submission Date Hurst, Richard Statem Braumet Submission Date Budget Manager Approval Date Statem Braumet Stat	Address * Street Address P.O. Box 1572 Address Line 2 City Austin Postal / Zip Code 78767	State / Province / R Tx Country USA	legion
Email* Andrew@freeitdata.com  Budget Section  Budget Units and Amounts Charged to each Budget Unit Budget Units and Amounts Charged to Unit* Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3130 S 350,000.00 Statuant Secondary Budget Manager Campbell, Ricardo 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 Hurst, Richard Submission Date Subget Manager Approval(s)  Approved by  File Upload (?)  Approved by  Approval Date Submission Bate S			
Andrew@freelidata.com  Budget Section  Budget Units and Amounts Charged to each Budget Unit Budget Units and Amount Charged to Unit* Expense/GL Code No.* 1130 S 3 350,000.00  Budget Manager Secondary Budget Manager Campbell, Ricardo  Provide Rate and Rate Descriptions if applicable*(?) See attached  Project WBS (Work Breakdown Structure)*(?) NA  Requester Name Hurst, Richard S/9/2025  Budget Manager Approval(s)  Approval Date S/12/2025  File Upload (?)  Approval Date S/12/2025  Approval Date S/12/2025  Approval Date S/12/2025  Approval Date S/12/2025  Extern Braumet Approval Date S/12/2025			
Budget Units and Amounts Charged to each Budget Unit       Expense/GL Code No.*         Budget Unit Number*       Amount Charged to Unit*       Expense/GL Code No.*         1130       \$ 350,000.00       574000         Budget Manager       Secondary Budget Manager       Gampbell, Ricardo         Campbell, Ricardo       Campbell, Ricardo       Campbell, Ricardo         Provide Rate and Rate Descriptions if applicable*(?)       Secondary Budget Manager       Secondary Budget Manager         See attached       Campbell, Ricardo       Submission Date         Project WBS (Work Breakdown Structure)*(?)       N/A         Requester Name       Submission Date         Hurst, Richard       5/9/2025         Budget Manager Approval(s)       Secondary Date         Approved by       Sproval Date         Grantdo Campded!       S/12/2025         File Upload (?)       Secondary Date         File Upload (?)       Sproval Date         Surron Brannet       S/12/2025			
Budget Units and Amounts Charged to each Budget Unit       Expense/GL Code No.*         Budget Unit Number*       Amount Charged to Unit*       Expense/GL Code No.*         1130       \$ 350,000.00       574000         Budget Manager       Secondary Budget Manager       Gampbell, Ricardo         Campbell, Ricardo       Campbell, Ricardo       Campbell, Ricardo         Provide Rate and Rate Descriptions if applicable*(?)       Secondary Budget Manager       Secondary Budget Manager         See attached       Campbell, Ricardo       Submission Date         Project WBS (Work Breakdown Structure)*(?)       N/A         Requester Name       Submission Date         Hurst, Richard       5/9/2025         Budget Manager Approval(s)       Secondary Date         Approved by       Sproval Date         Grantdo Campded!       S/12/2025         File Upload (?)       Secondary Date         File Upload (?)       Sproval Date         Surron Brannet       S/12/2025	Budget Section		
Budget Unit Number*       Amount Charget to Unit*       Expense/GL Code No.*         1130       \$ 350,000.00       574000         Budget Manager       Secondary Budget Manager         Campbell, Ricardo       Campbell, Ricardo         Provide Rate and Rate Descriptions if applicable*(?)       Secondary Budget Manager         See attached       Project WBS (Work Breakdown Structure)*(?)         N/A       Submission Date         Requester Name       Submission Date         Hurst, Richard       5/9/2025         Budget Manager Approval(s)       Proval Date         Sproved by       \$/12/2025         Procurement Approval       Proval Date         File Upload (?)       \$/12/2025         Approval Date       \$/12/2025			
1130     \$ 350,000.00     574000       Budget Manager     Secondary Budget Manager       Campbell, Ricardo     Campbell, Ricardo       Provide Rate and Rate Descriptions if applicable* (°)     Secondary Budget Manager       See attached     Submission Date       Project WBS (Work Breakdown Structure)* (°)     N/A       Requester Name     Submission Date       Hurst, Richard     5/9/2025       Budget Manager Approval(s)     Image: Campbell       Approved by     Approval Date       Stardo Campbell     Image: Campbell       File Upload (?)     Image: Campbell Campbell       Approved by     Approval Date       Sile Upload (?)     Image: Campbell Cam	Budget Units and Amou	unts Charged to each Budget	t Unit
Campbell, Ricardo     Campbell, Ricardo       Provide Rate and Rate Descriptions if applicable*(?) See attached     See attached       Project WBS (Work Breakdown Structure)*(?) N/A     Submission Date       Requester Name Hurst, Richard     Submission Date       Hurst, Richard     5/9/2025       Budget Manager Approval(s)     Image: Campbell       Approved by     Approval Date       Braardo Campbell     5/12/2025       Flie Upload (?)     Image: Campbell       Approved by     Staten Btaumet			
See attached Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Hurst, Richard 5/9/2025 Budget Manager Approval(s) Approved by Approval Date 5/12/2025 Procurement Approval File Upload (?) Approval Date Structur Braumet Approval Date 5/12/2025			
N/A Requester Name Hurst, Richard Submission Date 5/9/2025 Budget Manager Approval(s) Approved by Approval Date 5/12/2025 Procurement Approval File Upload (?) Approval Date S/laten Braumet Approval Date 5/12/2025		tions if applicable * (?)	
Hurst, Richard 5/9/2025   Budget Manager Approval(s) Image: Compose of the second		I Structure) * (?)	
Budget Manager Approval(s)   Approved by   Brando Campbell   Approval Date   5/12/2025   File Upload (?) Approved by Shaton Braumer 5/12/2025	Requester Name		Date
Approved by Approval Date   Baat do Campbell 5/12/2025   Procurement Approval File Upload (?) Approved by Shaton Braumet 5/12/2025	Hurst, Richard	5/9/2025	
Approval Date   5/12/2025   Procurement Approval   File Upload (?)   Approved by   Sharon Branner   5/12/2025	Budget Manager Appro	val(s)	$\odot$
Bicardo Campbell 5/12/2025     Procurement Approval     File Upload (?)     Approved by   Sharon Brauner   5/12/2025	Approved by		
Procurement Approval         File Upload (?)         Approved by         Sharon Brauner         5/12/2025	0.0		e
File Upload (?) Approved by Approval Date Sharon Brauner 5/12/2025	Ricardo Campbell	5/12/2025	
Approved by Approval Date Sharon Brauner 5/12/2025	Procurement Approval		0
Sharon Brauner 5/12/2025	File Upload (?)		
Sharon Brauner 5/12/2025	Approved by	Approval Date	a.
Contract Owner Approval	Sharon Brauner		
Contract Owner Approval			
	Contract Owner Approv	/al	<u>&gt;</u>
			nen strongen en felste han de statement an giver de la constant de la constant de la constant de la set de sed

Page	22	of	892
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Approved by Mustafa Cechinnvala	Approval Date 5/12/2025
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/13/2025

# **EXHIBIT R-4**

# JUNE 2025 RENEWALS OVER 250k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000

JUNE 2025 FISCAL YEAR 2025

Contraction of the local distribution of the	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
-	ACCESS							
+								
-	ADMINISTRATION							
1	Aptean, Inc.	Software License, Support & Maintenance for On-line requisition & Approval process (Formerly Ross)	\$384,000.00	\$400,000.00	10/25/2025 - 10/24/2026	General Revenue (GR)		Annual renewal of Software Agreement for License, Support & Maintenance for On- line requisition & Approval process (Ross).
2	Centre Technologies, Inc.	Microsoft Office 365 Subscription	\$770,000.00	\$860,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of Microsoft Office 365 Subscription services.
3	Comcast	Agency Wide Internet & Data Circuit Services	\$220,000.00	\$276,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Internet and Data Circuit Services.
4	CyberOne, LLC (Okta)	Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT Products)	\$263,986.81	\$290,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On DIR-TSO- 4288	Annual renewal of Software Licensing, Implementation and Support Services (Okta F Products) to provide to ensure user and patient data is kept secure.
5	Metropolitan Landscape Management, Inc.	Agency Wide Landscaping Services	\$245,000.00	\$268,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On HCDE/CP	Annual renewal of Agreement for Agency Wide Landscaping Services.
6	O'Donnell/Snider Construction, LLC	Construction for the NeuroPsychiatric Center (NPC) Site Renovation Project	\$4,953,818.00	\$663,735.33	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal to complete the Construction for the NeuroPsychiatric Center (NPC) Site Renovation Project.
7	P-Master Pool Foreign & Sign Language Translation Services	Master Pool Contract for Foreign & Sign Language Interpretation Services Agency Wide	\$416,368.00	\$554,203.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Master Pooled Agreement for Foreign & Sign Language Interpretation Services Agency Wide. [Second year renewal option].
8	Rey de la Reza Architects, Inc. d/b/a RDLR Architect	Architectual Programming and Design Services	\$891,113.12	\$545,036.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of Agreement Architectual Programming and Design for the Northeast Clinic.
9	UKG Kronos Systems, LLC	Agency Wide HRMS Software including Time and Attendance	\$422,626.70	\$400,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On OMNIA Partners Cooperative # 18220	Annual renewal of Software Agreement to provide HRMS Software including Time ar Attendance.
10	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$965,746.84	\$1,028,067.07	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Janitorial Services. [Second year renewal option].
	CPEP/CRISIS SERVICES							
11	Aramark Correctional Service, LLC	Facility Food Services for the Jail Diversion, Respite, Rehab & Re-Entry Facility Programs	\$518,304.00	\$518,304.00	9/1/2025 - 8/31/2026	County	Tag-On Harris County #16/0297	Annual renewal of Agreement to provide food services to consumers. [FY26 NTE: \$518,304.00].
12	Career and Recovery Resources, Inc.	Staffing for Operation Services of Residents at the 3809 Main Street location	\$432,360.00	\$405,642.00	9/1/2025 - 8/31/2026	County	Sole Source	Annual renewal of Agreement for staffing for operation services of residents at the 3809 Main Street location.
13	Texas West Oaks Hospital LP d/b/a West Oaks Hospital	Community Inpatient Psychiatric Hospital Beds 12.2	\$5,339,950.00	\$5,339,950.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Community Inpatient Psychiatric Hospital Beds 12.2. First year renewal option.
	FORENSICS							
-								

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES		AMOONT	AMOONI				
14	P - IDD Consumer Services Master Pool	Respite/Day Habilitation/Transporation/Crisis Out of Home Respite/Individualized Skills and Socialization Services (ISS)	\$2,605,000.00	\$2,605,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of IDD Supported Services Master Pool Agreement.
15	P-IDD Master Pool for Inspire Program	Master Pool Contract for the Inspire Program. Therapeutic Interventions: occupational/physical/speech, music, sensory integration, art and aquatic; Transportation and Respite Care.	\$1,390,140.00	\$1,390,140.00	9/1/2025 - 8/31/2026	Federal Grant	Request for Application	Annual renewal of Master Pool Contract for the Inspire Program.
	MENTAL HEALTH							
16	P-Master Pool for Youth Empowerment Services (YES Waiver)	Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver Program)	\$350,000.00	\$350,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of master pooled Agreement for Community Living Supports & Paraprofessional Support Services (YES Waiver Program).
17	P-Master Pool-Youth Empowerment Services (Yes Waiver)	Master Pool Contract for Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services.	\$100,000.00	\$350,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of Master Pool Contract for Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services.
18	P-Master Pool-Youth Empowerment Services (Yes Waiver)	Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy	\$350,000.00	\$350,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.
19	The Council on Recovery	Substance Abuse Services for the Outreach, Screening, Referral (OSAR) Grant Program	\$793,354.00	\$793,354.00	9/1/2025 - 8/31/2026	State Grant	OSAR Grant Program OSAR Grant Program	Annual renewal of Agreement to provide (OSAR) and linkage services in accordance with the OSAR grant requirements.
	MENTAL HEALTH SERVICES-ECI							
-								
	LEASES							
-								
-								

Current Fiscal Year Contract Informatic	on.
urrent Fiscal Year	
025	
ontract ID#*	
115	
ontractor Name*	
ptean, Inc.	
Service Provided <sup>* (?)</sup>	
Software License, Support & Maintenance for On-line re Ross)	equisition & Approval process
enewal Term Start Date*	Renewal Term End Date *
0/25/2025	10/24/2026
erm for Off-Cycle Only (For Reference Only)	
genda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	(50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	······································
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
	Service/Maintenance
Affiliation or Preceptor BAA/DUA	
Affiliation or Preceptor	IT/Software License Agreement

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

- O Yes
- No
- Unknown

Contract NTE\* (?) \$ 384,000.00 Rate(s)/Rate(s) Description Unit(s) Served\* 1130 G/L Code(s)\* 553002 Current Fiscal Year Purchase Order Number\* CT144110 Contract Requestor\* **Rick Hurst** Contract Owner\* Mustafa Cochinwala File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* 🔿 Yes 💿 No Were Services delivered as specified in the contract?\* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes No

Renewal Determination

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Employee and HR Management Software

Renewal Information for	Next Fiscal Year	
Budget Units and Amou	nts Charged to each Budge	et Unit
Budget Unit Number* 1130	Amount Charged to Unit <sup>*</sup> \$ 400,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Descript	ions if applicable* (?)	
Project WBS (Work Breakdown N/A	Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 400,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts	i
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	jes	
Are there any required changes	to the contract language?	
Will the scope of the Services c	hange?*	
Is the payment deadline differer	nt than net (45)?*	
Are there any changes in the Pe	erformance Targets?*	
Are there any changes to the Su	ubmission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Approv		

 $\bigcirc$ 

# Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinnala

# **Contracts Approval**

## Approve\*

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

# Approved by \*

Belinda Stude

Approval Date\* 4/23/2025

HARRIS CENTER IN	Annual	Renewal	Evaluation	
Mental Health and IDD				

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
+	
Contract ID#*	
7710	
Contractor Name*	
Centre Technologies, Inc.	
Service Provided * (?)	
Microsoft Office 365 Subscription	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)

- Yes
- No
- Unknown

~

Contract NTE\* (?)

\$ 770,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

🍥 Yes 🔘 No

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

🖲 Yes 🔘 No

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

```
Yes ONO
```

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 O 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 O No

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

Renewal Information for N	ext Fiscal Year	
Budget Units and Amounts	s Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 860,000.00	574000
Budget Manager*	Secondary B	udget Manager*
Campbell, Ricardo	Campbell, Ric	
Provide Rate and Rate Descriptions N/A Project WBS (Work Breakdown Stru N/A		
Fiscal Year* (?)	Amount* (?)	
2026	\$ 860,000.00	
Next Fiscal Year Not to Exceed Ame Contract Funding Source * General Revenue (GR)	ount for Master Pooled Contracts	
Contract Content Changes		0
Are there any required changes to t	the contract language?* (?)	
Will the scope of the Services chan <ul> <li>Yes</li> <li>No</li> </ul>	ıge?*	
Is the payment deadline different th	nan net (45)?*	
Are there any changes in the Perfor	rmance Targets?*	
Are there any changes to the Subm O Yes  No	ission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		۵
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approval	(S)	

Approved by	
Ricardo Campbell	
Contract Owner Approval	Õ
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/7/2025

Mental Health and IDD Annual Renewal Evaluati	on
Current Fiscal Year Contract Information	$\circ$
Current Fiscal Year 2025	
Contract ID#* 7486	
Contractor Name*	
Service Provided <sup>*</sup> (?) Various Internet &	
Data Circuit Services Renewal Term Start Date*	Renewal Term End Date <sup>*</sup>
9/1/2025 Term for Off-Cycle Only (For Reference Only)	8/31/2026
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or 10)	
Grant Proposal	
<ul> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole Source Request for Qualification
Request for Quote           Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	🖾 Other n/a
Contract Description / Type Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Other

- Yes
- No
- Unknown

~

Contract NTE\* (?)

\$ 220,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144199

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

**Evaluation of Current Fiscal Year Performance** 

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O 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 O No

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

1

Renewal Information for		
Budget Units and Amou	ints Charged to each Budget	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 276,000.00	Expense/GL Code No.* 564004
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	udget Manager* ardo
Provide Rate and Rate Descript N/A	tions if applicable * (?)	
Project WBS (Work Breakdown N/A	Structure) * (?)	
Fiscal Year * (?)	Amount* (?)	
2026	\$ 276,000.00	and the state of the test of the test of the second state of the
Contract Funding Source * General Revenue (GR) Contract Content Change Are there any required changes Yes No Will the scope of the Services of Yes No	s to the contract language?* (?)	S
Is the payment deadline difference of the second seco	nt than net (45)?*	
Are there any changes in the Pe	erformance Targets?*	
Are there any changes to the Se Yes  No	ubmission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		۵
Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Approv	val(s)	

Page	37	of	892
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Approved by	
Ricardo Campbell	
Contract Owner Approval	
Contract Conter Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/7/2025

Current Fiscal Year Contract Information	<b>on</b>
Current Fiscal Year	
2025	
Contract ID#*	
2022-0597	
Contractor Name*	
CyberOne, LLC (Okta)	
Service Provided <sup>* (?)</sup>	
Identity and Access Management Software, Licensing, Services (Okta IT Products) needed to help ensure use	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🔄 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Broobort	
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Other

- ) Yes
- No
- Unknown

Contract NTE<sup>\*</sup> (?) \$ 263,986.81 Rate(s)/Rate(s) Description Unit(s) Served<sup>\*</sup> 1130 G/L Code(s)<sup>\*</sup> 553002

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

**Rick Hurst** 

Contract Owner\* Mustafa Cochinwala

-----

File Upload (?)

## Evaluation of Current Fiscal Year Performance

Supports our Cyber Security and Data Protections Strategy

```
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?*
```

Page 39 of 892

Renewal Information for I	Next Fiscal Yea	r	
Budget Units and Amoun	ts Charged to e	each Budget Ur	nit
Budget Unit Number* 1130	Amount Charge \$ 290,000.00	d to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*
Provide Rate and Rate Descriptio	ns if applicable $*$ $(?)$		
Project WBS (Work Breakdown S N/A	tructure)* (?)		
Fiscal Year* (?)		Amount* (?)	
2026		\$ 290,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Po	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	es	1	0
Are there any required changes t	o the contract langu	age?* (?)	
Will the scope of the Services cha	ange?*		
Is the payment deadline different	than net (45)?*		
Are there any changes in the Per	formance Targets?*		
Are there any changes to the Sub	mission deadlines f	or notes or support	ing documentation?*
Yes No			
Contract Owner			0
Contract Owner* (?)			
Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approva	al(s)		<u>ی</u>

(

### Approved by

Ricardo Campbell

## Contract Owner Approval

Approved by

Mustafa Cechinnala

## **Contracts Approval**

### Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/23/2025

# HARRIS

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#\* 2024-0927

Contractor Name\* Metropolitan Landscape Management, Inc.

Service Provided \* (?)

Agency Wide Landscaping Services.

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

- SOW-Change Order-Amendment#
- Other

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other HCDE/CP
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

- Yes
- No
- O Unknown

Contract NTE<sup>\* (?)</sup> \$ 245,000.00 Rate(s)/Rate(s) Description Vary. Unit(s) Served<sup>\*</sup> 1899 G/L Code(s)<sup>\*</sup> 569003 Current Fiscal Year Purchase Order Number<sup>\*</sup> CT144378 Contract Requestor<sup>\*</sup> Sarah Harper Contract Owner<sup>\*</sup> Michael Mitchell

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 O No
```

How does this contract support Agency/Unit Strategic priorities?\* landscaping maintenance to keep locations presentable

Renewal Information for	Next Fiscal Yea	r	
Budget Units and Amou	nts Charged to e	each Budget U	nit
Budget Unit Number* 1899	Amount Charge \$ 268,000.00	d to Unit*	Expense/GL Code No.* 569003
Budget Manager* Campbell, Ricardo		Secondary Budg Moynihan, Kelly	et Manager*
Provide Rate and Rate Descript increase due to Main St Campus a \$200,657.00 plus \$67,343.00 cont \$268,000.00	addition - annual cost		
Project WBS (Work Breakdown n/a	Structure) <sup>* (?)</sup>		
Fiscal Year* (?) 2026		<b>Amount*</b> <sup>(?)</sup> \$ 268,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Po	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	jes		0
Are there any required changes	to the contract langu	age?* (?)	
Will the scope of the Services c	hange?*		
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the So Yes  No	Ibmission deadlines f	or notes or suppor	ting documentation?*
File Upload (?) Metropolitan contract pricing shee PROPOSAL- Various locations- La			16.57KB 47.52KB
Contract Owner			

Contract Owner\* (?) Please Select Contract Owner Michael Mitchell

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## Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Michael Mitchell

## **Contracts Approval**

Approve\*

Yes

No, reject entire submission
 Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2022-0428	
Contractor Name* O'Donnell/Snider Construction, LLC	
Service Provided <sup>* (?)</sup>	
Construction for the NeuroPsychiatric Center (NPC) Si PURFY22-02	te Renovation (CSP) Project#
Renewal Term Start Date * 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	0/01/2020
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s) *	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

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Contract NTE\* (?)

\$ 4,953,818.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 900040

Current Fiscal Year Purchase Order Number\* CT144343

Contract Requestor\*

Sarah Harper

Contract Owner\*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

🖲 Yes 🔘 No

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

🖲 Yes 🔘 No

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

🔘 Yes 🍥 No

Please Explain\*

deadline for completion was missed

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

Yes O No

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

Yes O 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

more space to serve our clients Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit

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

Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 900040 \$ 663,735.33 1126 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) per proposal - an extension to extend contract and increase by \$400,000.00 was just taken to the board, amount above is including that increase and includes the balance showing as of 4/25/2025, balance when starting new FY will be different, please double check balance at that time to bring forward only amount of money left Project WBS (Work Breakdown Structure)\* (?) FM21.1126.02 - NPC Renovations Amount\* (?) Fiscal Year\* (?) \$ 663,735.33 2026 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** 

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Contract Owner\* (?)

Please Select Contract Owner

Karen Hurst

## Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

#### Approved by

Karen &. Hurst

**Contracts Approval** 

## Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/29/2025

	ation
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2025	
Contract ID#*	
2023-0793	
Contractor Name*	
Master Pool Foreign & Sign Language Translation Serve	vices
Service Provided * (?)	
Master Pool Contract for Foreign & Sign Language Inte	proretation Services Agency Wide
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Board Approval (Total NTE Amount is \$250,000.00 G	of morey
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> </ul>	
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	Competitive Proposal
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Sole Source
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	<ul> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>

- Yes
- No
- Unknown

Page 51 of 892

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Contract NTE\* (?)

\$ 416,368.00

Rate(s)/Rate(s) Description

Unit(s) Served\* Multiple

G/L Code(s)\* 543018

Current Fiscal Year Purchase Order Number\* CT144122

Contract Requestor\*

Eggla MacKinney

Contract Owner\*

Deauc Dentaen

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 O 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 O No **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?\* (?) Yes O No

(~)

# How does this contract support Agency/Unit Strategic priorities?\* The contract enables The Harris Center to provide interpreters for non-English speaking

consumers. It supports the organization's policy to effectively communicate and share information with individuals and their legally authorized representatives (LARs) in theirpreferred languages.

## Renewal Information for Next Fiscal Year

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
1102	\$ 500.00		543018
Budget Manager* Moynihan, Kelly		Secondary Budge Campbell, Ricardo	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2200	\$ 1,500.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2212	\$ 43,353.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2213	\$ 10,000.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
2214	\$ 30,000.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2215	\$ 115,000.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2250	\$ 500.00		543018
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2299	\$ 2,660.00		543018
Budget Manager* Shelby, Debbie		Secondary Budge Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
2301	\$ 3,500.00		543018
Budget Manager* Smith, Janai		econdary Bu helby, Debbie	dget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
2802	\$ 2,500.00		543018
Budget Manager* Smith, Janai		econdary Bu helby, Debbie	dget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
3350	\$ 42,000.00		5403018
Budget Manager* Degracia, Ericka	S	econdary Bu Cerlegon, Char	dget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
3360	\$ 133,000.00		543018
Budget Manager*		econdary Bu	idget Manager*
Degracia, Ericka		ohnson, Keny	onika
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4150	\$ 2,000.00		543018
Budget Manager <sup>*</sup>		econdary Bu	idget Manager*
Smith, Janai		Shelby, Debbie	:
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4160	\$ 2,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4323	\$ 45,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4325	\$ 8,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	udget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4736	\$ 17,000.00		543018
Budget Manager <sup>*</sup> Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*

Budget Unit Number*	Amount Charged to U	Init*	Expense/GL Code No.*
4780	\$ 2,000.00		543018
Budget Manager* Smith, Janai		ondary Budg Iby, Debbie	get Manager*
Budget Unit Number*	Amount Charged to U	Jnit*	Expense/GL Code No. *
4913	\$ 15,576.00		543018
Budget Manager* Smith, Janai	Secondary Budget Manager* Shelby, Debbie		get Manager*
Budget Unit Number*	Amount Charged to U	Jnit*	Expense/GL Code No.*
6201 Budget Manager* Williams-Wesley, Sheenia	\$ 300.00 543018 Secondary Budget Manager* Reyes, Elizabeth		• -
Budget Unit Number*	Amount Charged to U		Expense/GL Code No.*
6204	\$ 300.00		543018
Budget Manager* Williams-Wesley, Sheenia	Secondary Budget Manager* Reyes, Elizabeth		
Budget Unit Number*	Amount Charged to U	Jnit*	Expense/GL Code No. *
6205	\$ 2,000.00		543018
Budget Manager* Williams-Wesley, Sheenia	Secondary Budget Manager* Reyes, Elizabeth		• •
Budget Unit Number*	Amount Charged to L	Jnit <sup>*</sup>	Expense/GL Code No.*
6302	\$ 1,000.00		543018
Budget Manager* Williams-Wesley, Sheenia	Secondary Budget Manager <sup>*</sup> Reyes, Elizabeth		
Budget Unit Number*	Amount Charged to L	Jnit <sup>*</sup>	Expense/GL Code No.*
6401	\$ 500.00		543018
Budget Manager* Williams-Wesley, Sheenia	Secondary Budget Manager* Reyes, Elizabeth		
Budget Unit Number*	Amount Charged to L	Jnit*	Expense/GL Code No.*
6500	\$ 300.00		543018
Budget Manager* Williams-Wesley, Sheenia	Secondary Budget Manager* Reyes, Elizabeth		
Budget Unit Number*	Amount Charged to L	Jnit*	Expense/GL Code No.*
4161	\$ 3,167.00		543018
Budget Manager*	Secondary Budget Manager*		
Smith, Janai	Shelby, Debbie		

Budget Unit Number* 7001	Amount Charged t \$ 30,000.00	o Unit*	Expense/GL Code No.* 543018
Budget Manager*	\$	Secondary Bu Campbell, Rica	dget Manager* Irdo
Budget Unit Number*	Amount Charged ( \$ 6,000.00	to Unit*	Expense/GL Code No.* 543018
Budget Manager*	Secondary Budget Manager* Campbell, Ricardo		dget Manager*
Budget Unit Number*	Amount Charged 1 \$ 10,000.00	to Unit*	Expense/GL Code No.* 543018
Budget Manager* Oshman, Jodel	:	Secondary Bu Ramirez, Prisci	idget Manager*
Budget Unit Number* 9208	Amount Charged ( \$ 9,000.00	to Unit*	Expense/GL Code No.* 543018
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	idget Manager* illa
Budget Unit Number* 9209	Amount Charged ( \$ 500.00	to Unit*	Expense/GL Code No.* 543018
Budget Manager* Oshman, Jodel	Secondary Budget Manager * Ramirez, Priscilla		
Budget Unit Number* 9210	Amount Charged \$ \$ 500.00	to Unit <sup>*</sup>	Expense/GL Code No.* 543018
Budget Manager* Oshman, Jodel	Secondary Budget Manager* Ramirez, Priscilla		
Budget Unit Number* 9228	Amount Charged ( \$ 500.00	to Unit <sup>*</sup>	Expense/GL Code No.* 543018
Budget Manager* Oshman, Jodel	Secondary Budget Manager* Ramirez, Priscilla		• •
Budget Unit Number* 9247	Amount Charged \$ \$ 500.00	to Unit*	Expense/GL Code No.* 543018
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	idget Manager* illa
Budget Unit Number* 9261	Amount Charged 1 \$ 500.00	to Unit*	Expense/GL Code No.* 543018
Budget Manager* Ramirez, Priscilla		Secondary Bu Puente, Giovar	ndget Manager* nni

Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9263	\$ 2,000.00		543018
Budget Manager*		Secondary Bud	dget Manager*
Oshman, Jodel		Ramirez, Priscil	la
Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9283	\$ 750.00		543018
Budget Manager*		Secondary Bud	daat Managar*
Oshman, Jodel		Ramirez, Priscil	
·		· · · · · · · · · · · · · · · · · · ·	
Budget Unit Number*	Amount Charged	I to Unit*	Expense/GL Code No.*
9403	\$ 2,300.00		543018
Budget Manager*		Secondary Bu	dget Manager*
Ramirez, Priscilla		Puente, Giovan	ni
Budget Unit Number*	Amount Charged	l to Unit <sup>*</sup>	Expense/GL Code No.*
9405	\$ 2,997.00		543018
Budget Manager*		Secondary Bu	dget Manager <sup>*</sup>
Ramirez, Priscilla		Puente, Giovan	•
			Expense/GL Code No.*
Budget Unit Number* 9407	Amount Charged \$ 2,000.00	to Unit	543018
	\$ 2,000.00		
Budget Manager*		-	dget Manager*
Ramirez, Priscilla		Puente, Giovan	ni 
Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9502	\$ 500.00		543018
Budget Manager*		Secondary Bu	dget Manager*
Ramirez, Priscilla		Puente, Giovan	ni
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
9810	\$ 2,500.00		53018
Dudact Manager *			
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Priscil	
			····
Provide Rate and Rate Description	ons if applicable * (?)		
See attached sheet for rates and d			
Project WBS (Work Breakdown \$	Structure)* (?)		
N/A			
Fiscal Year* (?)		Amount <sup>*</sup> (?)	
2026		\$ 554,203.00	
	· · · · · · · · · · · · · · · · · · ·		
Next Fiscal Year Not to Exceed A	mount for Master Poo	led Contracts	
\$554,203.00			
Contract Funding Source *			
General Revenue (GR)			

 $(\land)$ 

 $\bigcirc$ 

Contract Content Chan	

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

Yes O No

#### Please Explain\*

Please correct email for accounts payable to show as:AP@TheHarrisCenter.org Submit Invoices to both: AP and Interpretation Services at: AP@TheHarrisCenter.org & Interpretation.Invoices@TheHarrisCenter.org. Last, if a request for an interpretation service is received with less than 24 hours (not counting weekends or holidays), theunit will be charged full fee

#### 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 (?)

BAFO Pricing Sheet Summary for FY26.xlsx	45.06KB
FY26 PO Interpretation Allocations Revised 5-8-25.xlsx	16.12KB

### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Deauc Dentaen

### Budget Manager Approval(s)

Kelly S. Moynihan

Jodel Oshman

Approved by

Approved by

Approved by

Janai Lymnette Smith

Approved by

Debbie Chambers Shelby

Approved by	Approved by
Ericka Degracia	Sheenia Wittiams-Westey
Approved by	
kevin ilejay	
Contract Owner Approval	<u></u>
Approved by	
Deauc Dentaen	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	
Approved by*	
	Approval Date*
Belinda Stude	5/14/2025

Mental Health and IDD Annual Renewal Evalu	ation
Current Fiscal Year Contract Informat	ion 📀
Current Fiscal Year	
2025	
0	
Contract ID#*	
2022-0594	
Contractor Name*	
Rey de la Reza Architects, Inc. d/b/a RDLR Architect	
Service Provided <sup>* (?)</sup>	
Architectual Programming and Design for the Northea	ast Clinic
Architectual Programming and Design for the Northea	St Ginte.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	Ocean difference of
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

### Please provide the HUB status

WBE - Women owned business.

Contract NTE\* (?) \$ 891.113.12

Rate(s)/Rate(s) Description

as of 5/21/2024 \$891,113.12 is the remaining balance showing on the PO CT#143180

Unit(s) Served\*

G/L Code(s)\* 900040

Current Fiscal Year Purchase Order Number\* CT144208

Contract Requestor\*

Sarah Harper

Contract Owner\*

Karen Hurst

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?\* (?)

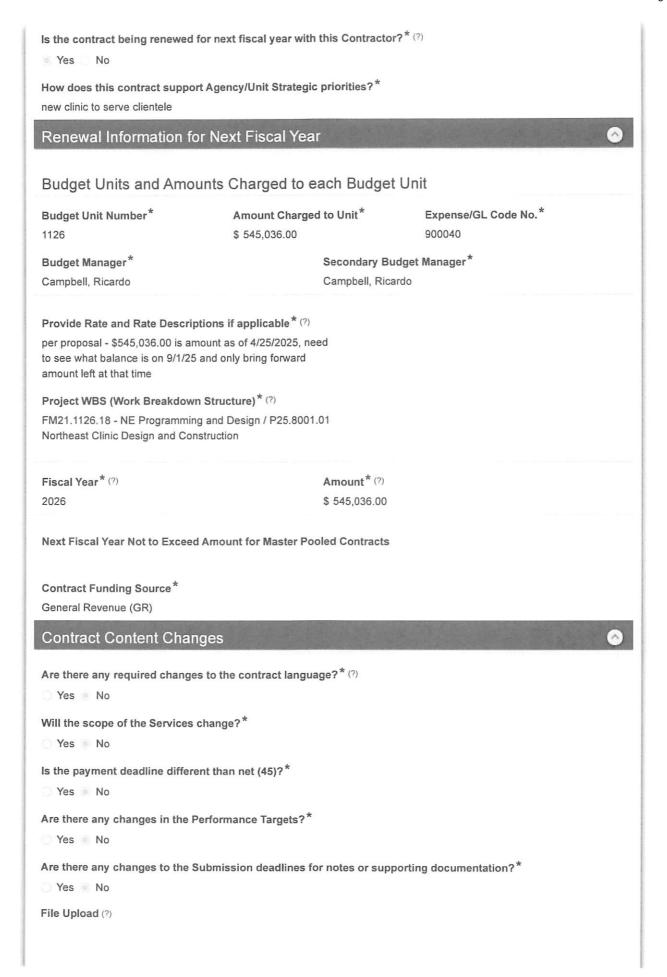
Yes No

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

Yes No

Renewal Determination

1



Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Karen Hurst	
Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	(
Approved by	
Karen E. Hurst	
Marcen O. Hurse	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date <sup>*</sup>
Belinda Stude	4/28/2025

HARRIS CENTER 107	Annual	Renewal	Evaluation

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
6685	
Contractor Name*	
UKG Kronos Systems, LLC	
Service Provided * (?)	
HRMS Software including Time and Attendance.	
	D
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> </ul>	250,000,00)
Board Approval (Total NTE Amount is \$250,000.00 G	
	of more)
Grant Proposal	
Grant Proposal	
Revenue	
<ul><li>Revenue</li><li>SOW-Change Order-Amendment#</li></ul>	
Revenue	
<ul><li>Revenue</li><li>SOW-Change Order-Amendment#</li></ul>	
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> </ul>	Competitive Proposal
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> </ul>	Sole Source
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other OMNIA Partners Cooperative # 18220</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other OMNIA Partners Cooperative # 18220</li> <li>Consultant</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other OMNIA Partners Cooperative # 18220</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> </li> <li>Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul> </li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other OMNIA Partners Cooperative # 18220</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other OMNIA Partners Cooperative # 18220</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 422,626.70

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130,1147

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144156

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O 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 O No

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

Renewal Information for Budget Units and Amo	or Next Fiscal Year unts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 400,000.00	553002
Budget Manager* Campbell, Ricardo	Secondary Br Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Descrip N/A Project WBS (Work Breakdow N/A		
Fiscal Year* (?)	Amount* (?)	
2026	\$ 400,000.00	
General Revenue (GR) Contract Content Char Are there any required change Yes No	nges es to the contract language?* (?)	S
Will the scope of the Services Yes  No	change?*	
Is the payment deadline differ	ent than net (45)?*	
Are there any changes in the F	Performance Targets?*	
Are there any changes to the s	Submission deadlines for notes or sup	pporting documentation?*
File Upload (?)		
Contract Owner		õ
Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Appro	oval(s)	6

~

### Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

## **Contracts Approval**

## Approve\*

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

## Approved by\*

Belinda Stude

Approval Date\* 5/6/2025

## Annual Renewal Evaluation

# HARRIS

## **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2022-0559

#### Contractor Name\*

Ultra Medical Cleaning and Environmental Services, Inc.

#### Service Provided\* (?)

Increase the amount to continue janitorial services to be provided at James Driver Park, 10918 Bentley Street, Houston, Texas 77093. The rate is \$866.00 per month for weekly cleaning services.

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

9/1/2025

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven

Other

#### Consultant

New Contract/Agreement

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

O Yes

O No

Unknown

Contract NTE\* (?)

\$ 965,746.84

Rate(s)/Rate(s) Description 1899 \$877,951.67 569002; 1899 \$87,795.17 569002

Unit(s) Served\* 1899

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144365

Contract Requestor\*

Lisa Cantu-Espinoza

Contract Owner\* Michael Mitchell

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 O No
```

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

Yes O No

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

Yes No

Were reports, billing and/or invoices submitted in a timely manner?  $^{\star\,(?)}$ 

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?\* (?) Yes O No How does this contract support Agency/Unit Strategic priorities?\* Agency wide Janitorial services Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 569002 1899 \$ 1,028,067.07 Secondary Budget Manager\* Budget Manager\* Moynihan, Kelly Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) FY26 Pricing Sheet \$884,838.42 + 10918 Bentley Street \$10,392 + Residential Cleaning \$32,500 + 3809 Main St Kitchen vent hood cleaning \$6,876 Contingency 10% \$93460.65 Total NTE \$1,028,067.07 See attached. Project WBS (Work Breakdown Structure)\* (?) n/a Fiscal Year\* (?) Amount\* (?) \$ 1,028,067.07 2026 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 (?)			
UltraFY26 Price sheet.pdf		146.3KB	
Exhibit_A43809_Main_StProposal_Kitchen-Hood	cleaning f.epdf	409.27KB	
Exhibit_A5Proposal_Harris_CenterResidential_H	lome f.epdf	457.33KB	
Smartpod Cleaning Quote.pdf		176.51KB	
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Michael Mitchell			
Budget Manager Approval(s)			0
Approved by			
Ricardo Campbell			
Contract Owner Approval			
Approved by			
Michael Mitchell			
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
<ul> <li>Return for correction</li> </ul>			
Approved by*			
	Approval Date	ł	
Belinda Stude	4/30/2025		

# Annual Renewal Evaluation

# HARRIS

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 7849

Contractor Name\* Aramark Correctional Service, LLC

Service Provided\* (?)

Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

- SOW-Change Order-Amendment#
- Other

## Procurement Method(s)\*

## Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

## **Contract Description / Type**

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other Harris County #16/0297
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other
- Treffewar of Existing Contract
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- O Yes
- No
- Unknown

\$ 518,304.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 9403

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144058

Contract Requestor\* Priscilla Ramirez

Contract Owner\*

Kim Kornmayer

File Upload (?)

# Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 🔍 No
Were Services delivered as specified in the contract?*
Yes O No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes O No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes O 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 O No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor? ^{\star}\left( ?\right)
Yes O No
How does this contract support Agency/Unit Strategic priorities?*
```

Renewal Information for	or Next Fiscal Year	0		
Budget Units and Amo	unts Charged to each Budge	t Unit		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
9403	\$ 209,651.00	543013		
Budget Manager*	Secondary B	udget Manager*		
Ramirez, Priscilla	Puente, Giova	Inni		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
9261	\$ 139,767.00	543013		
Budget Manager*	Secondary B	udget Manager*		
Ramirez, Priscilla	Puente, Giova	Inni		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
9264	\$ 58,237.00	543013		
Budget Manager*	Secondary B	udget Manager*		
Ramirez, Priscilla	Puente, Giova	Inni		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
9502	\$ 64,060.00	543013		
Budget Manager*	Secondary B	udget Manager*		
Ramirez, Priscilla	Puente, Giova	Inni		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
9405	\$ 46,589.00	543013		
Budget Manager*	Secondary B	udget Manager*		
Ramirez, Priscilla	Puente, Giova	Inni		
Provide Rate and Rate Descriptions if applicable* (?)				
Rates as outlined in current agreement Project WBS (Work Breakdown Structure)* (?) N/A				
Fiscal Year* (?)	Amount* (?)			
2026	\$ 518,304.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source*				
Contract Content Changes				
Are there any required change	Are there any required changes to the contract language?* (?)			
Yes  No	Yes  No			

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Will the scope of the Services change?\*

🔿 Yes 💿 No

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

🔿 Yes 💿 No

Are there any changes in the Performance Targets?\*

🔿 Yes 💿 No

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

🔵 Yes 💿 No

File Upload (?)

# **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M Ramirez

**Contract Owner Approval** 

Approved by

Kim KOPNMAYER

# **Contracts Approval**

Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

# Annual Renewal Evaluation Current Fiscal Year Current Fiscal Year 2025

Contract ID#\* 2025-1009

Contractor Name\* Career and Recovery Resources, Inc.

Service Provided \* (?)

Staffing for Operation Services of Residents at the 3809 Main Street location.

Renewal Term Start Date*	Renewal Term End Date*	
9/1/2025	8/31/2026	

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

## Procurement Method(s)\*

## Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

## Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

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

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

- O Yes
- No
- O Unknown

N

\$ 432,360.00

Rate(s)/Rate(s) Description \$16.25 per hour per staff member

Unit(s) Served\* 9237

G/L Code(s)\* 543053

Current Fiscal Year Purchase Order Number\* CT144749

Contract Requestor\* Priscilla Ramirez

Contract Owner\*

Kim Kornmayer

File Upload (?)

# Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes O 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?\* Nutritious, fresh meals for residents onsite

## **Renewal Information for Next Fiscal Year** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 543013 9243 \$ 51,239,00 Secondary Budget Manager\* Budget Manager\* Puente, Giovanni Ramirez, Priscilla Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 543053 9240 \$ 51,239.00 Secondary Budget Manager\* Budget Manager\* Ramirez, Priscilla Puente, Giovanni Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 9273 \$ 234,845.00 543053 Secondary Budget Manager\* Budget Manager\* Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 9210 543053 \$ 34,159.00 Secondary Budget Manager\* Budget Manager\* Oshman, Jodel Ramirez, Priscilla Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 9405 \$ 34,160,00 543053 Budget Manager\* Secondary Budget Manager\* Ramirez, Priscilla Puente, Giovanni Provide Rate and Rate Descriptions if applicable \* (?) \$16.25 per hour plus 20% supervision fee Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) 2026 \$ 405,642.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* County Contract Content Changes Are there any required changes to the contract language?\* (?) 🔿 Yes 🔍 No

Will the scope of the Services change?*	
🔾 Yes 🍥 No	
Is the payment deadline different than ne	t (45)?*
🔾 Yes 🖲 No	
Are there any changes in the Performanc	e Targets?*
🔿 Yes 🍥 No	
Are there any changes to the Submission O Yes  No	n deadlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Kim Kornmayer	
Budget Manager Approval(s)	
Approved by	Approved by
Priscitta (M Ramirez	Jodel Oshman
Contract Owner Approval	
Approved by	
Kin KOPNMAYER	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	
an and a second s	Approval Date*
Approved by *	
Approved by* Belinda Stude	5/1/2025

HARRIS CENTER for Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2024-0838	
Contractor Name*	
Texas West Oaks Hospital LP d/b/a West Oaks Hospita	a
Service Provided <sup>* (?)</sup>	
Community Inpatient Psychiatric Hospital Beds 12.2	
Renewal Term Start Date*	Renewal Term End Date*
	8/31/2026
9/1/2025	6/3/1/2020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00)	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Other

○ Yes

- ~ ...
- No

Unknown

\$ 5,339,950.00

Rate(s)/Rate(s) Description \$700.00 per bed day 12.2 beds + 8 beds (amendment)

Unit(s) Served\* 9223

G/L Code(s)\* 543044

Current Fiscal Year Purchase Order Number\* CT144442

Contract Requestor\*

Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

# Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? $^{st}$
🔿 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 O No

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

Yes O No

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

Yes O 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 O No
```

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

Yes O No

## **Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}$   $^{(?)}$ 

Yes No

How does this contract support Agency/Unit Strategic priorities?\* Enables the agency to provide additional beds for clients in need.

Renewal Information for	Next Fiscal Year	
Budget Units and Amoun	ts Charged to each Budge	t Unit
Budget Unit Number <sup>*</sup> 9223	Amount Charged to Unit* \$ 5,339,950.00	Expense/GL Code No.* 543044
Budget Manager* Oshman, Jodel	Secondary B Ramirez, Priso	udget Manager* cilla
Provide Rate and Rate Descriptic \$700 per bed day	ons if applicable * (?)	
Project WBS (Work Breakdown S na	tructure) <sup>* (?)</sup>	
<b>Fiscal Year*</b> (?) 2026	<b>Amount*</b> (?) \$ 5,339,950.0	0
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	es	
Are there any required changes t	to the contract language?* (?)	
Will the scope of the Services ch	ange?*	1
Is the payment deadline different	t than net (45)?*	
Are there any changes in the Per Yes  No	formance Targets?*	
Are there any changes to the Sul	bmission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner		
Kim Kornmayer	al(s)	

(~)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kin KOPNMANER

# **Contracts Approval**

## Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/29/2025

CENTER for	Annual Renewal Evaluation	
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# **Current Fiscal Year Contract Information**

**Current Fiscal Year** 2025

Contract ID#\* 6835

8

Contractor Name\*

P - IDD Consumer Services Master Pool

Service Provided \* (?)

P - IDD Consumer Services

Renewal Term Start Date\* 9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

## Procurement Method(s)\*

## Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

## Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification
- Tag-On
- Consumer Driven
- Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- O Yes
- No

Unknown

\$ 2,605,000.00

## Rate(s)/Rate(s) Description

3585 \$ 20,000.00 543008; 3585 \$ 5,000.00 540503; 3585 \$ 5,000.00 543014; 3569 \$ 2,540,000.00 543005; 3568 \$ 5,000.00 543005; 3577 \$ 30,000.00 543010

Unit(s) Served\* 3585, 3569, 3568, 3577

G/L Code(s)\* 543008, 543005, 543014, 543005, 543010

Current Fiscal Year Purchase Order Number\* CT144057

Contract Requestor\* Margo Childs

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

🔿 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

## Renewal Determination

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

Yes O No

A

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array offered to persons service.

# Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to each Budget	: Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 20,000.00	543008
Budget Manager <sup>*</sup>	Secondary Bu	idget Manager*
Degracia, Ericka	Kerlegon, Char	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005
Budget Manager <sup>*</sup>	Secondary Bu	idget Manager*
Degracia, Ericka	Kerlegon, Chai	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1585	\$ 5,000.00	543014
Budget Manager <sup>*</sup>	Secondary Bu	ıdget Manager*
Degracia, Ericka	Kerlegon, Chai	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3569	\$ 2,540,000.00	543005
Budget Manager <sup>*</sup>	Secondary Bu	u <b>dget Manager*</b>
Degracia, Ericka	Kerlegon, Cha	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3568	\$ 5,000.00	543005
Budget Manager <sup>*</sup>	Secondary Bu	udget Manager*
Degracia, Ericka	Kerlegon, Cha	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3577	\$ 30,000.00	543010
Budget Manager*	Secondary Bu	udget Manager*
Degracia, Ericka	Kerlegon, Cha	rles
Provide Rate and Rate Descrip See attachment for rate and rate		
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contra \$2,605,000.00	icts
Contract Funding Source* State	
Contract Content Changes	
Are there any required changes to the contract language?* $^{(?)}$ $\bigcirc$ Yes $\ \label{eq:Yes}$ No	
Will the scope of the Services change?*	
Is the payment deadline different than net (45)?*	
Are there any changes in the Performance Targets?*	
Are there any changes to the Submission deadlines for notes or a	supporting documentation?*
File Upload (?) 20250422_FY26 P-IDD Master Pool Services.pdf Revised FY26 EXHIBITS B.C. and D IDD Master Pool.pdf	39.13KB 182.1KB
Contract Owner	
Contract Owner <sup>*</sup> (?) Please Select Contract Owner Dr. Evanthe Collins	
Budget Manager Approval(s)	
Approved by	
Ericka Degracia	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

# HARRIS CENTER

## **Annual Renewal Evaluation**

## **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2025-1024 Contractor Name\* P-IDD Master Pool for Inspire Program Service Provided \* (?) Master Pool Contract for the Inspire Program. Therapeutic Interventions: occupational/physical/speech, music, sensory integration, art and aquatic; Transportation and Respite Care. Renewal Term End Date\* Renewal Term Start Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

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

O Yes

O No

Unknown

Contract NTE\* (?)

\$ 1,390,140.00

Rate(s)/Rate(s) Description

Rate and rate description: As authorized and up NTE \$5,000 per family

Unit(s) Served\* 3531

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144632

Contract Requestor\* Margo Childs

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

## **Evaluation of Current Fiscal Year Performance**

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

🔿 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?* (?)				
<ul> <li>Yes No</li> <li>How does this contract support Agency/Unit Strategic priorities?*</li> <li>People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array offered to persons service.</li> </ul>				
Renewal Information for N	ext Fiscal Year			
Budget Units and Amounts	Charged to each	Budget Un	it	
Budget Unit Number* 3531	Amount Charged to L \$ 1,390,140.00	Jnit <sup>*</sup>	Expense/GL Code No.* 550000	
Budget Manager <sup>*</sup> Degracia, Ericka		condary Budget legon, Charles	Manager*	
Provide Rate and Rate Descriptions See attachment for rate and rate desc	1071-0711			
Project WBS (Work Breakdown Structure) <sup>* (?)</sup> NA				
Fiscal Year* (?)	Am	iount <sup>*</sup> (?)		
2026	\$ 1,	,390,140.00		
Next Fiscal Year Not to Exceed Ame 1,390,140.00	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 1,390,140.00			
Contract Funding Source <sup>*</sup> Federal Grant				
Contract Content Changes				
Are there any required changes to	the contract language?	* (?)		
🔿 Yes 💿 No				
Will the scope of the Services chan	ıge?*			
Is the payment deadline different than net (45)?*				
Are there any changes in the Perfo	rmance Targets?*			
🔾 Yes 💿 No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				

File Upload (?)	
Exhibit E - Required Federal Clauses.pdf	5.65MB
Exhibit D 2026 Timeframe Requirements.docx	30.07KB
Exhibit A ESGH Respite Care.docx	59.15KB
Exhibit-A1 Physical Therapy-updated.docx	59.09KB
Exhibit-A2 Speech Languagedocx	59.1KB
Exhibit-A3 OT-updated.docx	58.99KB
Exhibit-A4 Aquatic Therapy-updated.docx	58.82KB
Exhibit-A5 ABA Services-updated.docx	59.07KB
Exhibit-A6 Art Therapy-updated.docx	59.11KB
Exhibit-A7 Sensory Therapy-updated.docx	58.92KB
Exhibit-A8 Transportation-updated.docx	59.24KB
Exhibit-A9 Music Therapy-updated.docx	58.76KB

# **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

# Budget Manager Approval(s)

Approved by

Ericka Degracia

# **Contract Owner Approval**

Approved by

Evanthe Collins

# Contracts Approval

# Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025 1

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Current Fiscal Year Contract Information	on	$\odot$
Current Fiscal Year		
2025		
Contract ID#*		
6648		
Contractor Name*		
Master Pool for Youth Empowerment Services (YES Wa	aiver)	
Service Provided <sup>* (?)</sup>		
Master Pool for Community Living Supports & Paraprof Waiver Program).	essional Support Services (YES	
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2	50,000.00)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)*		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> 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)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type	or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	or more)  Competitive Proposal Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	or more)  Competitive Proposal Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more)  Competitive Proposal Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	

- Yes
- No
- Unknown

\$ 350,000.00

### Rate(s)/Rate(s) Description

CLS services are provided at the following rate: \$17.50/15 minutes. Para services are provided at the following rate: \$5/15 minutes. Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED. The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors.

Unit(s) Served\*

4913

G/L Code(s)\* 543064

Current Fiscal Year Purchase Order Number\* CT144169

Contract Requestor\* Stella Olise

Contract Owner\* Tiffanie Williams-Brooks

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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 O 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 3 **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?\* Per the requirements of the contract between HHSC and The Harris Center, the LMHA, is required to develop and maintain an adequate provider network. This includes contracting qualified providers for the full YES Waiver service array, such as Specialized Therapies, Paraprofessional Services, Community Living Supports, and Family Supports. ~ Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 543064 4913 \$ 350,000,00 Secondary Budget Manager\* Budget Manager\* Shelby, Debbie Smith, Janai Provide Rate and Rate Descriptions if applicable \* (?) CLS services are provided at the following rate: \$17.50/15 minutes. Para services are provided at the following rate: \$5/15 minutes. Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED. The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors. Project WBS (Work Breakdown Structure)\* (?) N/A

Fiscal Year <sup>* (?)</sup>	Amount* (?)
2026	\$ 350,000.00
Next Fiscal Year Not to Exceed Amour	It for Master Pooled Contracts
Contract Funding Source* State	
Contract Content Changes	$\mathbf{\hat{\circ}}$
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 Performa	ance Targets?*
Are there any changes to the Submiss	ion deadlines for notes or supporting documentation?*
🔘 Yes 🖲 No	
File Upload (?)	
Contract Owner	े
Contract Owner* (?)	
Please Select Contract Owner	
Tiffanie Williams-Brooks	
Budget Manager Approval(s)	Ö
Approved by	
Janai Lynnette Smith	
Oana Lynnesse Omain	
Contract Owner Approval	۵
Approved by	
Tittouis Uktionni-Bracki, MCLLHC=5	
Contracts Approval	

Page 96 of 892

# Approve\*

Yes
 Yes

- $\bigcirc$  No, reject entire submission
- $\bigcirc$  Return for correction

# Approved by\*

Belinda Stude

Approval Date\* 5/7/2025

failed an interest of

	tion
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2025	
Contract ID#*	
6650	
Contractor Name*	
	-1
Master Pool-Youth Empowerment Services (YES Waive	1)
Service Provided <sup>* (?)</sup>	
Master Pool Contract for Family Supports, Paraprofessi Supported Employment Services	onal Support, Respite Support and
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	T/Software License Agreement
Pooled Contract	Lease Other
Renewal of Existing Contract	

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

- O Yes
- No
- Unknown

\$ 100,000.00

Rate(s)/Rate(s) Description Vary.

Unit(s) Served\* 4913

G/L Code(s)\* 543064

Current Fiscal Year Purchase Order Number\* CT144168

Contract Requestor\* Mohagany Bowser

Contract Owner\* Tiffanie Williams-Brooks

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

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

🔵 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O No

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

Yes O No

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

Yes O No

Yes O No

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

Yes O No

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

Yes No

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

Yes O No

**Renewal Determination** 

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

Yes O No

Deaths an universals of the seath		How does this contract support Agency/Unit Strategic priorities?*				
required to develop and maintain	ract between HHSC and The Harris Cent an adequate provider network. This incl	udes contracting				
	S Waiver service array, such as Specializ munity Living Supports, and Family Supp					
Renewal Information for	or Next Fiscal Year	<u>.</u>				
Budget Units and Amo	unts Charged to each Budge	t Unit				
Budget Unit Number*	Amount Charged to Unit $^{\star}$	Expense/GL Code No.*				
4913	\$ 350,000.00	543064				
Budget Manager*		udget Manager*				
Smith, Janai	Shelby, Debbi	e				
Provide Rate and Rate Descrip	btions if applicable $(?)$					
Family Support Services are pro In-home respite - \$3.75/15 minut						
Out-of-home respite - \$2.46/15 n						
In-home and out-of-home respite provided on a short-term basis b						
need for relief for, the LAR or oth						
YES Waiver participant.						
Project WBS (Work Breakdown	n Structure) <sup>* (?)</sup>					
N/A						
Fiscal Year* (?)	Amount* (?)					
	Amount					
2026	<b>Amount</b> (7) \$ 350,000.00					
Next Fiscal Year Not to Exceed Contract Funding Source*	\$ 350,000.00					
Next Fiscal Year Not to Exceed	\$ 350,000.00					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char	\$ 350,000.00					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char	\$ 350,000.00 d Amount for Master Pooled Contracts					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline different Yes No	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differe Yes No Are there any changes in the F	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differe Yes No Are there any changes in the F Yes No	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*					
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differe Yes No Are there any changes in the F Yes No	\$ 350,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*					

~

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## File Upload (?)

Conti	Street and a lot	A 1000 100	
	A VAL		an
	601		

Contract Owner\* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

# Budget Manager Approval(s)

## Approved by

Janai Lynnette Smith

# **Contract Owner Approval**

Approved by

Stifform Million Strates Mit A. L. C.S

# **Contracts Approval**

## Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

Mental Health and JDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatic	on 🔿
Current Fiscal Year	
2025	
Contract ID#*	
6515	
Contractor Name*	
Master Pool-Youth Empowerment Services (Yes Waiver	r)
Service Provided * (?)	
	No Ves Waiver Brogram: Animal
Master Pooled Contract for Specialized Therapies for th Therapy, Art Therapy, Music Therapy, Nutritional Therap	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
9/1/2025	0/3/12020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other	
-	
Procurement Method(s)*	
Check all that Apply Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Lease
	Other

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

- Yes
- No
- Unknown

Page 102 of 892

Contract NTE\* (?) \$ 350,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 4913

G/L Code(s)\* 543064

Current Fiscal Year Purchase Order Number\* CT144167

Contract Requestor\* Stella Olise

Contract Owner\* Lance Britt

Lance Diff

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?*				
Per the requirements of the contract between HHSC and The Harris Center, the LMHA, is required to develop and maintain an adequate provider network. This includes contracting				
qualified providers for the full YES Waiver service array, such as Specialized Therapies, Paraprofessional Services, Community Living Supports, and Family Supports.				
Renewal Information for N	ext Fiscal Year		$\odot$	
Budget Units and Amounts	S Charged to each Bud	dget Unit		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
4913	\$ 350,000.00	543064		
Budget Manager*		ary Budget Manager*		
Smith, Janai	Shelby, D	Jeddie		
Provide Rate and Rate Descriptions	s if applicable * (?)			
Specialized services are provided at a				
minutes. Services include Animal The Music Therapy, Nutritional Therapy &				
Project WBS (Work Breakdown Str	ucture) <sup>* (?)</sup>			
N/A				
Fiscal Year* (?)	Amount*			
2026	\$ 350,000	0.00		
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contr	racts		
Contract Funding Source*				
State				
Contract Content Changes	S			
Are there any required changes to	the contract language?* (?)			
🔿 Yes 🖲 No				
Will the scope of the Services char	nge?*			
🔿 Yes 💿 No				
Is the payment deadline different th	han net (45)?*			
🔾 Yes 💿 No				
Are there any changes in the Perfo	rmance Targets?*			
🔿 Yes 🖲 No		···· · · · · · · · · · · · · · · · · ·		
Are there any changes to the Subm	nission deadlines for notes or	r supporting documentation?"		
File Upload (?)				
Contract Owner			0	

~

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Contract Owner\* (?)

Please Select Contract Owner

Lance Britt

# Budget Manager Approval(s)

## Approved by

Janai Lynnette Smith

# **Contract Owner Approval**

## Approved by

Lance Britt

**Contracts Approval** 

# Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#*	
2021-0186	
Contractor Name*	
The Council on Recovery	
Service Provided <sup>* (?)</sup>	
The Council will provide engagement, outreach, screenin services to clients of The Harris Center for Mental Health	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$25</li> <li>Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	<ul> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other OSAR Grant Program
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- O Yes
- No
- Unknown

Contract NTE\* (?)

\$ 793,354.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 2234

G/L Code(s)\* 543061

Current Fiscal Year Purchase Order Number\* CT144148

Contract Requestor\* Chekesha Govan

Contract Owner\*

Lance Britt

File Upload (?)

# Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 🔍 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes O 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?\*

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

Renewal Information for Next Fiscal Year

		3		
Budget Units and Amour	nts Charged to each Budge	et Unit		
Budget Unit Number*	Amount Charged to Unit $^{\star}$	Expense/GL Code No.*		
2234	\$ 793,354.00	543061		
Budget Manager*		udget Manager <sup>*</sup>		
Smith, Janai	Shelby, Debbi	ie		
Provide Rate and Rate Description	ons if applicable * (?)			
Project WBS (Work Breakdown S	Structure)* (?)			
Fiscal Year* (?)	Amount <sup>*</sup> (?)			
2026	\$ 793,354.00			
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts			
Contract Funding Source*				
State Grant				
Contract Content Chang	es			
Are there any required changes	to the contract language?* (?)			
Yes No				
Will the scope of the Services cl	nange?*			
⊖ Yes ● No	5800 <b>-</b> 9009			
Is the payment deadline differen	t than net (45)?*			
🔿 Yes 🔍 No				
Are there any changes in the Pe	rformance Targets?*			
🔿 Yes 💿 No				
Are there any changes to the Submission deadlines for notes or supporting documentation? $^{\star}$				
🔿 Yes 🔍 No				
File Upload (?)				
Contract Owner				
Contract Owner* (?)				

Please Select Contract Owner Lance Britt

Budget Manager Approval(s)		0
Approved by		
Janai Lynnette Smith		
Contract Owner Approval		0
Approved by		
Lance Britt		
Contracts Approval		
Approve*		
Yes		
<ul> <li>No, reject entire submission</li> </ul>		
<ul> <li>Return for correction</li> </ul>		
Approved by *		
	Approval Date*	
Belinda Stude	5/5/2025	

# **EXHIBIT R-5**

# JUNE 2025 INTERLOCAL AGREEMENTS

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY INTERLOCALS

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Burke Center	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis intervention Helpline Services to Callers. [Revenue FY26 NTE: \$66,000.00]
2	Burke Center	Assistance with Psychological Testing/Evaluations Services	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement to provide Assistance with Psychological Testing/Evaluations. [FY26 NTE: \$2,500.00].
3	City of Houston	Lease for the Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, Texas.	Renewal	2/5/2025 - 2/1/2026	State Grant	Annual renewal of lease for the Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, Texas. [FY25/26 NTE: \$2,050.80]
4	City of Houston-Department of Health and Human Services	Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas	Renewal	6/2/2025 - 6/1/2026	State	Annual renewal of lease for West End Multi-Service Center Located at 170 Heights Blvd.,Houston, Texas. [FY25/26 NTE: \$2,648.88].
5	City of Houston-Department of Health and Human Services	Lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houston, Texas	Renewal	6/1/2025 - 5/31/2026	State	Annual renewal of lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houston, Texas. [FY25/26 NTE: \$1,289.60].
6	Clear Creek ISD	Care Coordination Agreement	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Care Coordination Agreement for catastrophic mental health emergency services.
7	Community Health Choice, Inc.	Telephonic Crisis Line Services	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal for Telephonic Crisis Line Services to provide MH and IDD resources and support on behalf of Community Health Choice for Harris County Hospital District d/b/a [Revenue FY26 NTE: \$18,000.00].
8	Gulf Bend Center	Crisis Intervention Helpline Services	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis intervention Helpline Services to Callers. [FY26 Revenue NTE: \$66,000.00].
9	Harris County Department of Economic Equality and Opportunity	Inspire Program to Provide Resources and Assistive Technolgy to Families of IDD	Renewal	5/22/2025 - 12/21/2026	Federal Grant	Annual renewal to continue providing benefits to qualifying families to promote community inclusion and prevent institutionalization for the Inspire program. [Revenue FY26 NTE: \$4,323,370.43].
10	Harris County Department of Education	Agency Wide Records Management Services	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement to provide Agency Wide Records Management Services.
11	Harris County Facilities Property Management Department	Lease for Property located at 5518 Jackson Street, Houston, Texas.	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Lease Agreement for Property located at 5518 Jackson Street, Houston, Texas. [FY26 NTE: \$50.00].
12	Harris County Hospital District d/b/a Harris Health	Agency Wide Epic EMR System	Renewal	2/4/2025 - 2/3/2026	General Revenue (GR)	Annual renewal of Agreement for the Epic EMR System. [FY26 NTE: \$2,717,245.00].
13	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital District [FY26 NTE: \$561,324.71].
14	Harris County Hospital District d/b/a Harris Health System	Laboratory Testing Services for COVID- 19	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Agreement to provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers. [FY26 NTE: \$15,000.00].
15	Harris County Hospital District d/b/a Harris Health System	Security, Janitorial and Nutrition Services at the NPC	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Interlocal Agreement for Security, Janitorial and Nutrition Services at the NPC. [FY26 NTE: \$1,019,300.45].
16	Harris County Housing Authority	Housing Vouchers to Consumers with Case Management Housing Services	Renewal	9/1/2025 - 8/31/2026	County	Annual renewal of Interlocal Agreement with Harris County to provide housing vouchers to consumers along with housing services and case management funded through The Ed Emmett Mental Health Diversion Program.

17	Harris County on behalf of Harris County Sheriff's Office	Forensic Single Portal Authority Program and Jail Based Competency Restoration Program	New Contract	6/1/2025 - 9/30/2025	County	New Interlocal Agreement to provide mental health treatment and monitoring to inmates housed in the Harris County Jail who are on the state hospital waiting list for the expansion of the Forensic Single Portal Authority (FSPA) Program and continue the JBCR program. [Revenue FY25/26 NTE: \$1,160,239.87].
18	Harris County Public Health	Mental Health Crisis Stabilization and Residential Inpatient Bed Services	Renewal	5/7/2025 - 5/7/2026	County	Annual renewal to provide Mental Health Crisis Stabilization and Residential Inpatient Bed Services to HCPH. [Revenue FY25/26 NTE: \$217,928.00].
19	Houston Community College System	Lease of Space Located at 3200 Main Street, Houston, Texas	Renewal	2/1/2025 - 1/31/2027	County	Annual funding for lease of space located at 3200 Main Street, Houston, TX. [FY26 NTE: \$322,889.00].
20	Houston Independent School District	Specialty Printing Services for the Harris Center's Print Shop which offers In-House Printing Services	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Specialty Printing Services for the Harris Center's Print Shop offers In-House Printing and Binding Services. [FY26 NTE: \$5,000.00].
21	Houston Police Department-City of Houston	Renewal of Consultation and Service Coordination Services with HPD through the Clinician and Officer Remote Evaluation (CORE) Program	Renewal	4/22/2025 - 4/21/2026	Private Grant	Annual renewal of Agreement between the Harris Center and City of Houston to provide HPD with consultation and service coordination through the Clinician and Officer Remote Evaluation (CORE) Program. [Revenue FY25/26 NTE: \$847,875.00].
22	Lone Star College Police Department	Care Coordination Agreement	New Contract	6/2/2025 - 8/31/2026	General Revenue (GR)	New Care Coordination Interlocal Agreement to confirm a mutual understanding of The Harris Center and Lone Star College Police Department as a referral partner.
23	MHMRA of Brazos Valley	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis intervention Helpline Services to Callers. [Revenue FY26 NTE: \$81,000.00].
24	North Texas Behavioral Health Authority	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis Intervention Helpline Services to Callers. [Revenue FY26 NTE: \$186,000.00].
25	Region 4 Education Service Center (ESC)	Provisional Office for Non-Physician Mental Health Professional (NMHP)	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19. [FY26 NTE: \$7,284.00].
26	Texas Tech University College of Arts & Sciences	Affiliation Agreement for Social Work	New Contract	6/1/2025 - 5/31/2029	General Revenue (GR)	New Affiliation agreement needed to fulfill school requirements of practicum students in Social Work Practicum and create talent pipeline.
27	The University of Texas Health Science at Houston on behalf of its Department of Psychiatry and Behavioral Sciences	Psychiatric Training General Residency Education Services	Renewal	7/1/2025 - 7/31/2026	State	Annual renewal of Agreement to provide Psychiatric Training General Residency Education Services. [FY25/26 NTE: \$121,996.80].
28	University of Houston on behalf of its College of Medicine	Primary Healthcare Services to Patients at 6160 South Loop East for Crisis Services and Agency's Clinics: Northwest, Northeast, Southwest and Southeast.	New Contract	9/1/2025 - 8/31/2026	State Grant	New Agreement (replacement) to provide primary healthcare services to patients at The Respite, Rehabilitation and Re-Entry Center located at 6160 South Loop East, Houston, TX 77087 and the four (4) Behavioral Clinics: NW, NE, SW, and SE. [FY26 NTE: \$875,000.00].
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-					<u></u>	

	tion
Current Fiscal Year Contract Information	חי
Current Fiscal Year	
2025	
Contract ID#*	
7542	
Contractor Name*	
Burke Center	
Service Provided <sup>* (?)</sup>	<u>s</u>
Assistance with Psychological Testing/Evaluations.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
A reads them Submitted For (2)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	50 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
🛃 Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other

### Contract Description / Type

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

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- ) Yes
- No
- Unknown

Contract NTE\* (?) \$ 2,500.00 Rate(s)/Rate(s) Description \$125.00 per assessment with a max. of 10 Unit(s) Served\* 3355 G/L Code(s)\* 543065 Current Fiscal Year Purchase Order Number\* CT144192 Contract Requestor\* Margo Childs Contract Owner\* Dr. Evanthe Collins File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* Yes No Were Services delivered as specified in the contract?\* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes No

**Renewal Determination** 

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

Yes No

How does this contract support A	How does this contract support Agency/Unit Strategic priorities?*				
People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and					
availability or enhance service array	offered to persons ser	vice.			
Renewal Information for I	Next Fiscal Year		0		
Budget Units and Amoun	ts Charged to ea	ach Budget Ur	nit		
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*		
3355	\$ 2,500.00		543065		
Budget Manager*		Secondary Budge	t Manager*		
Degracia, Ericka		Kerlegon, Charles			
Provide Rate and Rate Description See attachment for rate and rate dea	scription				
Project WBS (Work Breakdown St NA	tructure) <sup>* (?)</sup>				
Fiscal Year* (?)		Amount* (?)			
2026		\$ 2,500.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA Contract Funding Source <sup>*</sup> State					
Contract Content Changes					
Are there any required changes to the contract language?* (?)					
Yes No					
Please Explain*					
Update fiscal year FY26, contract cycle - September 01, 2025 to August 31, 2026					
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?*					
File Upload (?)					
ID 7542 Burke Center - FY25 Renew	val Amend. 2 Doc - full	y executed.pdf	557.97KB		

Contract Owner <sup>*</sup> (?) Please Select Contract Owner Dr. Evanthe Collins
Dr. Evanthe Collins
Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by *
Approval Date*
Belinda Stude 4/30/2025

Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
6625	
Contractor Name*	
The Burke Center	
Service Provided * (?)	
Crisis Intervention Helpline Services to Callers	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> </ul>	or more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote     Interlocal	Tag-On Consumer Driven
<ul> <li>Not Applicable (If there are no funds required)</li> </ul>	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?) \$ 66,000.00						
Rate(s)/Rate(s) Description 0						
Unit(s) Served* 7001						
G/L Code(s)* 420015						
Current Fiscal Year Purchase Orde 0	r Number*					
Contract Requestor* Millie Wong						
Contract Owner* Jennifer Battle						
File Upload (?)						
Renewal Determination	Renewal Determination					
Is the contract being renewed for n ◎ Yes ◯ No	Is the contract being renewed for next fiscal year with this Contractor?* (?)					
How does this contract support Ag Providing Crisis Line services	ency/Unit Strategic priorities?*					
	Renewal Information for Next Fiscal Year					
Budget Units and Amounts	s Charged to each Budget L	Jnit				
Budget Unit Number* 7001	Amount Charged to Unit* \$ 66,000.00	Expense/GL Code No.* 420015				
Budget Manager* Ilejay, Kevin	Secondary Budg Campbell, Ricard	- CONTROL CONTROL - CONTROL				
Provide Rate and Rate Descriptions	s if applicable <sup>* (?)</sup>					
Project WBS (Work Breakdown Str	ucture) * (?)					
n/a						
Fiscal Year* (?)	Amount* (?)					
2026	\$ 66,000.00	no na ana ina ina ina mandritra ang biginali kat cas tanya ang magmalang tan ang magmalang tan ang disang disan				
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts						

 $\wedge$ 

(~)

Contract Funding Source\*

State Grant

# **Contract Content Changes**

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

🔘 Yes 🍥 No

Will the scope of the Services change?\*

🔘 Yes 🛞 No

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

```
🔘 Yes 🔘 No
```

Are there any changes in the Performance Targets?\*

```
🔘 Yes 🔘 No
```

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

🔘 Yes 🍥 No

File Upload (?)

# **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

kevin ilejay

Contract Owner Approval

Approved by

Tennifer Battle

# **Contracts Approval**

#### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/24/2025

Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 6186	
Contractor Name* City of Houston	
Service Provided * (?) City of Houston Acres Home Multi Service Center locat Houston, Texas.	ed at 6719 W. Montgomery,
Renewal Term Start Date* 2/5/2025	Renewal Term End Date * 2/1/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Renewal of Existing Contract	<ul> <li>Lease</li> <li>Other</li> </ul>

- O Yes
- No
- Unknown

Contract NTE\* (?)

\$ 2,050.80

Rate(s)/Rate(s) Description

Unit(s) Served\* 0000

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144486

Contract Requestor\*

Chekesha Govan

Contract Owner\*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes No

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

Yes O No

Renewal Determination

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* City of Houston Acres Home Multi Center located at 6719 W. Montgomery, Houston, TX.

Renewal Information for Next Fiscal Year						
Budget Units and Amount	s Charged to each Budg	get Unit				
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*				
2200	\$ 2,050.80	126006				
Budget Manager*	Secondary	Budget Manager*				
Smith, Janai	Shelby, Del	bie				
0.00 Project WBS (Work Breakdown St	Provide Rate and Rate Descriptions if applicable * (?) 0.00 Project WBS (Work Breakdown Structure) * (?)					
0.00						
Fiscal Year* (?)	Amount* (	?)				
2026	\$ 2,050.80					
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contrac	its				
Contract Funding Source * State Grant						
Contract Content Change	S	$\circ$				
Are there any required changes to Yes  No	the contract language?					
Will the scope of the Services char Yes  No	nge?*					
Is the payment deadline different t	han net (45)? <sup>*</sup>					
Are there any changes in the Perfo	ormance Targets?*					
Are there any changes to the Subr	nission deadlines for notes or s	upporting documentation?*				
File Upload (?)						
Contract Owner		0				
Contract Owner* (?)						
Please Select Contract Owner Lance Britt						
The second se						
Budget Manager Approva	(S)					

Approved by	
Contract Owner Approval	$\odot$
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/5/2025

# HARRIS MentalHealth and IDD Annual Renewal Evaluation

**Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 5157 Contractor Name\* City of Houston-Department of Health and Human Services Service Provided\* (?) Property Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas Renewal Term Start Date\* Renewal Term End Date\* 6/1/2026 6/2/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid **Competitive Proposal** Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant **Consumer Driven Contract** New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

- ) Yes
- No
- Unknown

Contract NTE\* (?)

\$ 2,648.88

Rate(s)/Rate(s) Description

Unit(s) Served\* 2200

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144112

Contract Requestor\*

Contract Owner\*

Lance Britt

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?\* Yes No Were Services delivered as specified in the contract?\* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O 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?\* community engagement

Renewal Information for Next Fiscal Year				
Budget Units and Amo	unts Charged to ea	ch Budget Ur	nit	
Budget Unit Number <sup>*</sup> 2200	Amount Charged \$ 2,648.88	to Unit <sup>*</sup>	Expense/GL Code No.* 126006	
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*	
Provide Rate and Rate Descri n/a	ptions if applicable $(?)$			
Project WBS (Work Breakdow n/a	n Structure) <sup>* (?)</sup>			
Fiscal Year* (?)		Amount* (?)		
2026		\$ 2,648.88		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source <sup>*</sup>				
State Contract Content Cha	nges		0	
Are there any required chang	es to the contract languag	<b>je?*</b> (?)		
Will the scope of the Services	Will the scope of the Services change? <sup>★</sup> ○ Yes ● No			
Is the payment deadline different than net (45)?*				
⊖ Yes ⊚ No				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner			0	
Contract Owner* (?)				
Please Select Contract Owner				
Lance Britt				
Budget Manager Approval(s)				

 $\bigcirc$ 

# Approved by

Janai Lynnette Smith

# Contract Owner Approval

Approved by

Lance Britt

# **Contracts Approval**

# Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
5156	
Contractor Name*	
City of Houston-Department of Health and Human Serv	vices
Service Provided * (?)	
Property lease for the Fifth Ward Multi-Service Center I Houston, Texas	located at 4014 Market Street,
Renewal Term Start Date*	Renewal Term End Date*
6/1/2025	5/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	X
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 1,289.60

Rate(s)/Rate(s) Description

Unit(s) Served\* 2200

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144114

Contract Requestor\*

Lance Britt

Contract Owner\*

Lance Britt

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

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

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

Renewal Information for Next Fiscal Year					
Budget Units and Amounts	s Charged to e	each Budget U	nit		
Budget Unit Number* 2200	Amount Charge \$ 1,289.60	d to Unit*	Expense/GL Code No.* 126006		
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	et Manager*		
Provide Rate and Rate Description	s if applicable <sup>* (?)</sup>				
Project WBS (Work Breakdown Str na	ucture) * (?)				
-		* (0)			
Fiscal Year* (?) 2026		Amount <sup>* (?)</sup> \$ 1,289.60			
Next Fiscal Year Not to Exceed Am Contract Funding Source *	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
State					
Contract Content Changes	S				
Are there any required changes to	the contract langu	age?* (?)			
Will the scope of the Services char	nge?*				
Is the payment deadline different than net (45)?* Yes No					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner			0		
Contract Owner* (?)					
Please Select Contract Owner					
Lance Britt					
Budget Manager Approval(s)					

6

# Approved by

Janai Lynnette Smith

# Contract Owner Approval

Approved by

Lance Britt

# **Contracts Approval**

# Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

Mental Heddin and IDD Annual Renewal Evaluation		
Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2025		
Contract ID#*		
7596		
Contractor Name*		
Clear Creek ISD		
Service Provided * (?)		
Care Coordination Agreement for catastrophic mental h	nealth emergency services	
Renewal Term Start Date*	Renewal Term End Date *	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
renin for on-oycle only (i or reference only)		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	or more)	
-		
Procurement Method(s)* Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract		
Renewal of Existing Contract	Other	

- O Yes
- No
- Unknown

Contract NTE\* (?) \$ 0.00 Rate(s)/Rate(s) Description Unit(s) Served\* n/a G/L Code(s)\* n/a Current Fiscal Year Purchase Order Number\* n/a Contract Requestor\* Patricia Singh Contract Owner\* Kim Kornmayer File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🍥 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?)

Yes O No

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

Yes O No

🖲 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?  $^{\boldsymbol{\star}}\left(?\right)$ 

Yes No

How does this contract support Ag	gency/Unit Strategi	c priorities?*	How does this contract support Agency/Unit Strategic priorities?*		
This contract allows the agency to provide services in the community to increase community engagement. The agency also responds in an event of a crisis and are a part of the family reunification plan if there was an active shooting.					
Renewal Information for N	Next Fiscal Yea	1F	0		
Budget Units and Amount	s Charged to e	each Budget L	Jnit		
Budget Unit Number <sup>*</sup> 9208	Amount Charge \$ 0.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 0		
Budget Manager <sup>*</sup> Oshman, Jodel		Secondary Budg Ramirez, Priscilla			
Provide Rate and Rate Descriptior	ns if applicable <sup>*</sup> (?)				
Project WBS (Work Breakdown St na	ructure) <sup>* (?)</sup>				
Fiscal Year <sup>* (?)</sup> 2026		Amount* (?) \$ 0.00			
Next Fiscal Year Not to Exceed An	nount for Master Po	oled 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?*					
Is the payment deadline different than net (45)? <sup>★</sup> ○ Yes ⊚ No					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner			$\overline{\mathbf{O}}$		

 $\bigcirc$ 

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

# Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMANER

**Contracts Approval** 

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/29/2025

Mental Renewal Evaluation	ation		
Current Fiscal Year Contract Information	on		
Current Fiscal Year 2025			
Contract ID#* 7535			
Contractor Name* Community Health Choice, Inc.			
Service Provided * (?) Telephonic Crisis Line Services to provide MH and IDD	resources and support.		
Renewal Term Start Date*     Renewal Term End Date*       9/1/2025     8/31/2026			
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than \$2         Board Approval (Total NTE Amount is \$250,000.00 c         Grant Proposal         Revenue         SOW-Change Order-Amendment#         Other			
Procurement Method(s)* Check all that Apply			
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>		
Contract Description / Type			
Personal/Professional Services	Consultant		
<ul> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	New Contract/Agreement     Amendment to Existing Contract		
<ul> <li>Affiliation or Preceptor</li> </ul>	Amendment to Existing Contract           Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract			
Renewal of Existing Contract	Other		

- Yes
- No

Unknown

Con	tract	NT	Έ*	(?)

\$ 18,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 420015

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Millie Wong

Contract Owner\* Jennifer Battle

File Upload (?)

**Evaluation of Current Fiscal Year Performance** 

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O 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 O No How does this contract support Agency/Unit Strategic priorities?\*

Provides telephonic crisis line services

Renewal Information for	Renewal Information for Next Fiscal Year		
Budget Units and Amour	nts Charged to each Budget	t Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
7001	\$ 18,000.00	420015	
Budget Manager*	Secondary Bu	ıdget Manager*	
llejay, Kevin	Campbell, Rica	ardo	
Provide Rate and Rate Descripti	ons if applicable * (?)		
Project WBS (Work Breakdown S n/a	Structure) * (?)		
Fiscal Year <sup>*</sup> (?)	Amount* (?)		
2026	\$ 18,000.00		
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts		
Contract Funding Source* State Grant			
Contract Content Chang	es	<u></u>	
Are there any required changes	to the contract language?* (?)		
Will the scope of the Services cl	nange?*		
Is the payment deadline differen 🕥 Yes 💿 No	Is the payment deadline different than net (45)? <sup>★</sup> ○ Yes ◎ No		
Are there any changes in the Pe	rformance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		0	
Contract Owner* (?)			
Please Select Contract Owner			
Jennifer Battle			
Budget Manager Approv	al(s)		

Approved by	
kevin ilejay	
Contract Owner Approval	۵
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/21/2025

Mental Health and IDD Annual Renewal Evaluat	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 6627	
Contractor Name* Gulf Bend Center	
Service Provided * (?) Crisis Intervention Helpline Services	
Renewal Term Start Date * 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
Renewal of Existing Contract	Other

- O Yes
- 🔘 No

Unknown

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Contract NTE\* (?)

\$ 66,000.00

#### Rate(s)/Rate(s) Description

(\$5,500.00) for a call volume of 30 I to 500 calls per month. If, volume of call(s) exceed 10% of current contracted range the said volume will be billed at Twelve Dollars (\$12) per call

Unit(s) Served\*

7001

G/L Code(s)\* 420015

Current Fiscal Year Purchase Order Number\*

0

Contract Requestor\* Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

# 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?\*

Providing Crisis Line Services

Renewal Information for Next Fiscal Year

# Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 66,000.00	420015
Budget Manager*	Secondary Budge	t Manager*
llejay, Kevin	Campbell, Ricardo	
Provide Rate and Rate Descriptions (\$5,500.00) for a call volume of 30 I to If, volume of call(s) exceed 10% of curr the said volume will be billed at Twelve Project WBS (Work Breakdown Strue n/a	500 calls per month. ent contracted range Dollars (\$12) per call	
Fiscal Year* (?)	<b>Amount*</b> (?)	
2026	\$ 66,000.00	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\* State Grant **Contract Content Changes** > Are there any required changes to the contract language?\*  $\ensuremath{}^{(?)}$ 🔘 Yes 🔘 No Will the scope of the Services change?\* 🔘 Yes 🍥 No Is the payment deadline different than net (45)?\* 🔘 Yes 🔘 No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* 🔘 Yes 💿 No File Upload (?) **Contract Owner** ~ Contract Owner\* (?) Please Select Contract Owner Jennifer Battle Budget Manager Approval(s)  $\bigcirc$ Approved by kevin ilejay **Contract Owner Approval** ~ Approved by Tennifer Battle **Contracts Approval** Approve\* Yes No, reject entire submission Return for correction

Page 142 of 892

Belin	ida Stude		
		4	

Approval Date\* 4/24/2025

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# HINRRIS Annual Renewal Evaluation

# **Current Fiscal Year Contract Information**

**Current Fiscal Year** 

2025

Contract ID#\*

2024-0871

Contractor Name\*

Harris County Department of Economic Equality and Opportunity

#### Service Provided \* (?)

The purpose of this grant is to provide benefits to qualifying families to promote community inclusion and prevent institutionalization. Participating families are eligible for a maximum \$6,000 in benefits (\$5,000 for assistive technology and disability support services and \$1,000 for respite care). Benefits may not exceed \$6,000 in value and may include the following:

 Purchase or lease of assistive technology, learning materials, or special equipment to improve or facilitate the care.

Renewal Term Start Date\*

5/22/2025

Renewal Term End Date\* 12/21/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

Other

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Thomas Wills

Contract Owner\* Dr. Evanthe Collins

File Upload (?)

## **Renewal Determination**

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

Yes O No

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array offered to persons service.

Renewal Information for Next Fiscal Year

## Budget Units and Amounts Charged to each Budget Unit

ount Charged to Unit*	Expense/GL Code No.*
323,370.43	550000
Secondary Budge	t Manager*
Kerlegon, Charles	
licable* (?)	
	Secondary Budge

See attachment for rate and rate description

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
NA
Contract Funding Source* Federal Grant
Contract Content Changes
Are there any required changes to the contract language?* (?) Yes  No
Will the scope of the Services change?*
Is the payment deadline different than net (45)? <sup>★</sup> ○ Yes ⊚ No
Are there any changes in the Performance Targets?*
Are there any changes to the Submission deadlines for notes or supporting documentation?*
File Upload (?) 0011_1_2024- 0871_HC_24GEN1735_The_Harris_Center_INSPIRE_First_Amendment_v1 2.15MB (fully executed).pdf
Contract Owner
Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins
Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval

Page 146 of 892

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# Approve\*

③ Yes

 $\bigcirc$  No, reject entire submission

 $\bigcirc$  Return for correction

# Approved by\*

Belinda Stude

Approval Date\* 5/22/2025

	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 5080	
Contractor Name* Harris County Department of Education	
Service Provided * (?) Agency Wide Records Management Services (EVERG	REEN)
Renewal Term Start Date * 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	Cher

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

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 19.902.25

Rate(s)/Rate(s) Description

Unit(s) Served\* multiple

G/L Code(s)\* 571002

Current Fiscal Year Purchase Order Number\* CT144161

Contract Requestor\*

Nina Cook

Contract Owner\*

Nina Cook

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O No

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

Yes O 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?\* Agency-wide Records Management & Storage.

#### Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 571002 1101 \$ 1,655.32 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 571002 1128 \$ 1,080.52 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 1119 \$ 2,113.85 571002 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 571002 1105 \$ 12,726.21 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) 2026 \$ 17,575.90 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 Yes  No	Targets?*		
Are there any changes to the Submission of Yes I No	deadlines for notes or su	pporting documentation?	*
File Upload (?)			
HCDE FY26 BUDGET SUMMARY (LATEST)	4-30-2025.xlsx	23.33KB	
Contract Owner			0
Contract Owner* (?)			
Please Select Contract Owner			
Nina Cook			
Budget Manager Approval(s)			٢
Approved by			
Ricardo Campbell			
Contract Owner Approval			0
Approved by			
Mina Cook			
Contracts Approval			
Approve*			
Yes			
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			
Approved by *	Approval Da	*- *	
Belinda Stude	Approval Da 5/15/2025	te	

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
5159	
Contractor Name*	
Harris County Facilities Property Management Departm	nent
Service Provided * (?)	
Lease for Property located at 5518 Jackson Street, Ho	uston, Texas.
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
I lefe medie a Och (Tele INTE Annual is Less the A	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> </ul>	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)  Competitive Proposal Sole Source
Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Interlocal Not Applicable (If there are no funds required)	or more)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	or more)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)

- Yes
- 🔘 No
- Unknown

Page 152 of	892

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Contract NTE\* (?)

\$ 50.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1850

G/L Code(s)\* 555000

Current Fiscal Year Purchase Order Number\* CT144369

Contract Requestor\*

Sarah Harper

Contract Owner\*

Michael Mitchell

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 O 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 O No

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

Yes O No

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

Yes O 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?\* lease for our PEERS location on Jackson St

ŝ

Renewal Information for Next Fiscal Year			
Budget Units and Amo	unts Charged to each Budge	et Unit	
Budget Unit Number* 1850	Amount Charged to Unit* \$ 50.00	Expense/GL Code No.* 555000	
Budget Manager <sup>*</sup> Campbell, Ricardo	<b>Secondary B</b> Moynihan, Ke	Budget Manager* Illy	
Provide Rate and Rate Descriptions if applicable * (?) per lease agreement			
Project WBS (Work Breakdow n/a	n Structure) <sup>* (?)</sup>		
Fiscal Year <sup>* (?)</sup> 2026	<b>Amount*</b> <sup>(?)</sup> \$ 50.00		
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts	3	
Contract Funding Source* General Revenue (GR)			
Contract Content Char	nges es to the contract language?* (?)		
○ Yes   No			
Will the scope of the Services	change?*		
Is the payment deadline different than net (45)? <sup>*</sup>			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		0	
Contract Owner* (?)			
Please Select Contract Owner			
Karen Hurst			
Budget Manager Appro	oval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
Karen E. Hurst	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date *
Belinda Stude	4/29/2025

Annual Renewal Evaluati	ion		
Current Fiscal Year Contract Information	$\mathbf{S}$		
Current Fiscal Year 2025			
Contract ID# <sup>*</sup> 7731			
Contractor Name* Harris County Hospital District d/b/a Harris Health			
Service Provided <sup>* (?)</sup> Epic EMR System			
Renewal Term Start Date* 2/4/2025	Renewal Term End Date <sup>*</sup> 2/3/2026		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other			
Procurement Method(s)*			
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>		
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>		

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 2,327,727.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT144476

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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?  $\ensuremath{^{(?)}}$ 

Yes O 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?\* EPIC

Renewal Information for	or Next Fiscal Year	$\circ$
Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 2,717,245.00	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo	Campbell, Rica	idget Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdow N/A	n Structure) * (?)	
Fiscal Year <sup>* (?)</sup>	Amount* <sup>(?)</sup>	
2026	\$ 2,717,245.00	)
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts	
Contract Funding Source*		
General Revenue (GR) Contract Content Char	nges	0
Are there any required change	es to the contract language?* (?)	
Will the scope of the Services	change?*	
Is the payment deadline differ	ent than net (45)?*	
Are there any changes in the I	Performance Targets?*	
Are there any changes to the s	Submission deadlines for notes or supp	porting documentation?*
File Upload (?)		
Contract Owner		٥
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Appro	oval(s)	0

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Approved	by
----------	----

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinnala

# **Contracts Approval**

#### Approve\*

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

## Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

Mental Health and IDD Annual Renewal Evaluat	ion
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2025	
Contract ID#*	
5593	
Contractor Name*	
Harris County Hospital District d/b/a Harris Health Syster	n
Service Provided * (?)	
Operating Expenses and Maintenance for the NPC share	ad with the Harris County Hospital
District	eu with the frams county hospital
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	noie)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
🔲 BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

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

- O Yes
- No
- Unknown

(~)

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## Contract NTE\* (?)

\$ 515,321.71

#### Rate(s)/Rate(s) Description

9206 \$412,257.37 543040; 9209 \$72,145.04 543040; 9211 \$30,919.30 543040

Unit(s) Served\* 9206; 9209; 9211

G/L Code(s)\* 543040

Current Fiscal Year Purchase Order Number\* CT144287

Contract Requestor\*

Kim Kornmayer

Contract Owner\*

Kim Kornmayer

File Upload (?)

# Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?) 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?* (?) <ul> <li>Yes</li> <li>No</li> </ul>
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes  No

How does this contract support Ag The maintenance contract with Harris locations environmental safety for bo	s Health System wou	ld maintain the units	s at the NPC
Renewal Information for N	lext Fiscal Yea	r	3
Budget Units and Amount	s Charged to e	each Budget U	nit
Budget Unit Number* 9206	Amount Charge \$ 443,446.52	d to Unit*	Expense/GL Code No.* 543040
Budget Manager* Oshman, Jodel		Secondary Budg Ramirez, Priscilla	et Manager*
Budget Unit Number* 9209	Amount Charge \$ 72,972.21	d to Unit*	Expense/GL Code No.* 543040
Budget Manager* Oshman, Jodel		Secondary Budg Ramirez, Priscilla	et Manager*
Budget Unit Number* 9211	Amount Charge \$ 44,905.98	d to Unit*	Expense/GL Code No.* 543040
Budget Manager* Oshman, Jodel		Secondary Budg Ramirez, Priscilla	et Manager*
Provide Rate and Rate Description	if applicable * (?)		
Project WBS (Work Breakdown Sti NA	ructure) * (?)		
Fiscal Year* <sup>(?)</sup> 2026		Amount* (?) \$ 561,324.71	
Next Fiscal Year Not to Exceed Am	iount for Master Po		
Contract Funding Source* General Revenue (GR) Contract Content Change	5		
Are there any required changes to	na an initia di kata da kata da kata di	age?* (?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different t	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		

Are there any changes to the Submission deadlines for notes or supporting documentation?*
💿 Yes 🛞 No
File Upload (?)
Contract Owner
Contract Owner* (?)
Please Select Contract Owner
Kim Kornmayer
Budget Manager Approval(s)
Approved by
Jedel Oshman
Contract Owner Approval
Approved by
Kin KOPNMANEP
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by*
Approval Date*
Belinda Stude 4/29/2025

Annual Renewal Evaluati	
Current Fiscal Year Contract Information	$\mathbf{O}$
Current Fiscal Year	
2025	
Contract ID#*	
7846	
*	
Contractor Name*	
Harris County Hospital District d/b/a Harris Health System	
Service Provided * (?)	
Harris Health will provide molecular COVID-19 testing, lab	poratory testing and access to test
kits for Harris Center consumers.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	000.00)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 or r</li> </ul>	
Grant Proposal	8800014 ·
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	Competitive Brances
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
💹 Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

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

- Yes
- 🔘 No
- Unknown

Contract NTE\* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* Varies

G/L Code(s)\* 580000

Current Fiscal Year Purchase Order Number\* CT144287

Contract Requestor\*

Priscilla Ramirez

Contract Owner\*

Evelyn Locklin

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🕘 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes O 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 O 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 supports testing for COVID-19 and other testing for patient and staff safety.

Renewal Information for	Next Fiscal Yea	r	$\odot$
Budget Units and Amou	nts Charged to e	each Budget U	nit
Budget Unit Number* 9205	Amount Charge \$ 7,500.00	d to Unit*	Expense/GL Code No.* 580000
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	et Manager*
Budget Unit Number* 9209	Amount Charge \$ 7,500.00	d to Unit*	Expense/GL Code No.* 580000
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	et Manager*
Provide Rate and Rate Descripti na			
Project WBS (Work Breakdown na	Structure) <sup>* (?)</sup>		
Fiscal Year* (?) 2026		Amount* (?) \$ 15,000.00	
Next Fiscal Year Not to Exceed A	Amount for Master Po	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	jes		<u></u>
Are there any required changes O Yes  No	to the contract langu	age?* (?)	
Will the scope of the Services cl	hange?*		
Is the payment deadline differen	nt than net (45)?*		
Are there any changes in the Pe Yes	rformance Targets?*		
Are there any changes to the Su	ıbmission deadlines f	or notes or suppor	ting documentation?*
File Upload (?)			
Contract Owner			$\odot$

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Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

# Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMANER

**Contracts Approval** 

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/2/2025

# Annual Renewal Evaluation

Current Fiscal Year Contract Informat	tion
Current Fiscal Year	
2025	
Contract ID#*	
2023-0739	
Contractor Name*	
Harris County Hospital District d/b/a Harris Health Sy	vstem
Service Provided <sup>*</sup> (?)	
Interlocal Agreement combining the current contracts	
Security, Janitorial and Nutrition services at the Neuro Agreement is Contract ID 2020-0033.	oPsychiatic Center. NPC Lease
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
<ul> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Other	
Other Procurement Method(s)*	
Other Procurement Method(s)* Check all that Apply	
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> </ul>	Competitive Proposal
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> </ul>	Sole Source
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
Other  Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
<ul> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>

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

- O Yes
- No

Unknown

Contract NTE\* (?)

\$ 1,026,191.17

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* multiple

Current Fiscal Year Purchase Order Number\* CT144051

Contract Requestor\*

Kim Kornmayer

Contract Owner\* Kim Kornmayer

File Upload (?)

## **Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?  $^{\star}$ 

🔘 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 O No

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

🖲 Yes 🔘 No

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

Yes O 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 security, meals, and housekeeping for the programs at the NPC

location. All services are all client related.

Renewal Information for Next Fiscal Year

# Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
9206	\$ 268,955.98		569002
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
9209	\$ 44,258.58		569002
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
9211	\$ 27,236.06		569002
Budget Manager <sup>*</sup> Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9206	\$ 278,171.80		543013
Budget Manager <sup>*</sup> Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9209	\$ 69,542.95		543013
Budget Manager <sup>*</sup> Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
9206	\$ 261,596.71		583001
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
9209	\$ 43,047.56		583001
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*

Budget Unit Number* 9211	Amount Charge \$ 26,490.81	d to Unit <sup>*</sup>	Expense/GL Code No.* 583001
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str na	ructure) <sup>* (?)</sup>		
Fiscal Year <sup>*</sup> (?) 2026		Amount* (?) \$ 1,019,300.45	
Next Fiscal Year Not to Exceed Am	nount for Master Po	ooled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	S		0
Are there any required changes to ○ Yes   No	the contract langu	age?* (?)	
Will the scope of the Services char Ves  No	nge?*		
Is the payment deadline different t ◯ Yes ◉ No	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subn Yes  No	nission deadlines f	or notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			े
Contract Owner <sup>*</sup> (?) Please Select Contract Owner Kim Kornmayer			
Budget Manager Approval	l(s)		Ô
Approved by			
Todel Oshman			

>

# Contract Owner Approval

Approved by

Kim KOPNMAYER

**Contracts Approval** 

## Approve\*

Yes

No, reject entire submission

Return for correction

# Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

### Starris CENTER or Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informat	ion
Current Fiscal Year Contract mormat	1011
Current Fiscal Year	
2025	
Contract ID#*	
2022-0460	
Contractor Name*	
Harris County Housing Authority	
Service Provided * (?)	
Partners seek to end chronic homelessness in Harris services w/ case management funded through The Ed Program. Harris County will provide housing vouchers ends on Aug. 31, 2026.)	d Emmett Mental Health Diversion
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
reminor on-cycle only (i or relevence only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00) Grant Proposal	
Information Only (Total NTE Amount is Less than S	
<ul> <li>Information Only (Total NTE Amount is Less than S</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than 3</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> </li> <li>Procurement Method(s)*</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul> </li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> </ul>	) or more) Competitive Proposal Sole Source
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> </li> <li>Procurement Method(s)*         <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul> </li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul> </li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul> </li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> </li> <li>Procurement Method(s)*         <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> </li> </ul>	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
<ul> <li>Information Only (Total NTE Amount is Less than S</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than S</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$         <ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul> </li> <li>Other         <ul> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> </li> <li>Contract Description / Type         <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul> </li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than S</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than S</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	D or more)
<ul> <li>Information Only (Total NTE Amount is Less than S</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	D or more)

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

YesNo

Unknown

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\* N/A

G/L Code(s)\* N/A

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Patricia Singh

Contract Owner\* Kim Kornmayer

File Upload (?)

## **Evaluation of Current Fiscal Year Performance**

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? <sup>★</sup> (?) ◎ Yes ◎ No			
How does this contract support Agency/Unit Strategic priorities?*			
Vouchers offer permanent housing options for consumers.			
Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged to Unit*		Expense/GL Code No.*
9403	\$ 0.00		000000
Budget Manager* Ramirez, Priscilla	Secondary Budge Puente, Giovanni		t Manager*
Provide Rate and Rate Descriptions if applicable * (?)			
N/A. MOU only			
Project WBS (Work Breakdown Structure) <sup>* (?)</sup> N/A			
Fiscal Year <sup>* (?)</sup>		Amount* (?)	
2026	\$ 0.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
*			
Contract Funding Source* County			
Contract Content Changes			
Are there any required changes to the contract language?* (?)			
Will the scope of the Services change?*			
Is the payment deadline different than net (45)?*			
○ Yes   No			
Are there any changes in the Performance Targets?*			
🖉 Yes 🍥 No			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
⊘ Yes  No			
File Upload (?)			
Contract Owner			<u>A</u>
- oontract owner			

 $\bigcirc$ 

 $\bigcirc$ 

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

# Budget Manager Approval(s)

Approved by

Priscilla M Ramirez

Contract Owner Approval

Approved by

Kim KOPNMAYER

**Contracts Approval** 

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

Mental Health and IDD		
Contract Section		6
Contractor*		
Harris County on behalf of Harris County Sheriff's Off	fice	
Contract ID #*		
2025-1043		
Presented To*		
Resource Committee		
Sull Board		
Date Presented*		
6/17/2025		
Parties <sup>*</sup> (?)		
The Harris Center for MH and IDD Services and Harr	is County Sheriff Office	
Agenda Item Submitted For: * (?)		
Information Only (Total NTE Amount is Less than	\$250,000.00)	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$250,000.00		
251 22		
Board Approval (Total NTE Amount is \$250,000.00		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*		
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s) * Check all that Apply	D or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	0 or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	O or more) Competitive Proposal Sole Source	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	D or more) Competitive Proposal Sole Source Request for Qualification	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	O or more) Competitive Proposal Sole Source	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Funding Information*</li> <li>New Contract Amendment</li> </ul>	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00)</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Funding Information*</li> <li>New Contract  Amendment</li> </ul>	D or more)	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 9/30/2025	
Board Approval (Total NTE Amount is \$250,000.00) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 6/1/2025	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 9/30/2025	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date * (?) 6/1/2025	D or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 9/30/2025	

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Contract Description / Type * (?)	
Personal/Professional Services Consumer Driven Contract	Consultant
Memorandum of Understanding	New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Descriptio	n of Services Reing Provided * (?)
To provide mental health treatment and monitor Jail who are on the state hospital waiting list.	
Contract Owner*	
Sean McElroy	
Previous History of Contracting with Vendor	/Contractor*
Yes O No O Unknown	
Please add previous contract dates and wha	t services were provided *
Jail services	
Oct 1, 2023 - Sept 30, 2024	
Vendor/Contractor a Historically Underutilize	ed Business (HUB)* (?)
💿 Yes 💿 No 💿 Unknown	
Community Partnership* (?)	
🍥 Yes 🔘 No 🔘 Unknown	
Specify Name*	
Harris County	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	n
Name* Michael Lanham	
Address*	
Street Address	
1200 Baker Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-1206	United States
Phone Number*	
3462861620	
Email*	
micheal.lanham@sheriff.hctx.net	
Budget Section	0

Budget Units and Amounts	s Charged to e	ach Budget Un	it
Budget Unit Number* 6207	Amount Charge \$ 1,160,239.87	d to Unit <sup>*</sup>	Expense/GL Code No.* 540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Reyes, Elizabeth	Manager
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str n/a	ucture) <sup>* (?)</sup>		
Requester Name Williams-Wesley, Sheenia		Submission Date 5/7/2025	
Budget Manager Approval	(s)		$\circ$
Approved by Sheenia Wittiams-Westery		Approval Date 5/7/2025	
Procurement Approval			$\odot$
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<u></u>
Approved by McElrey, Sean		Approval Date 5/8/2025	
Contracts Approval			
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			
Approved by*		A	
Belinda Stude		Approval Date* 5/8/2025	

	ion
Current Fiscal Year Contract Information	
Current Fiscal Year 2025	
Contract ID#* 2023-0817	
Contractor Name <sup>*</sup> Harris County Public Health	
Service Provided <sup>* (?)</sup> Mental Health Crisis Stabilization and Residential Inpatie	nt Bed Services
Renewal Term Start Date* 5/7/2025	Renewal Term End Date <sup>*</sup> 5/7/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

- Yes
- No
- Unknown

Contract NTE* (?)		
\$ 217,928.00		
Rate(s)/Rate(s) Description		
N/A		
Unit(s) Served *		
N/A		
G/L Code(s)*		
N/A		
Current Fiscal Year Purchase Ord	ler Number*	
N/A		
Contract Requestor*		
Patricia Singh		
Contract Owner*		
Kim Kornmayer		
File Upload (?)		
Renewal Determination		$\mathbf{O}$
is the contract being renewed for	next fiscal year with this Contractor?	<b>*</b> (2)
Yes O No	next inscal year with this contractors	
How does this contract support A	annaull Init Stratagia priorition?*	
	ty Public Health Department to serve pa	atients in the
Crisis Stabilization Unit (CSU) and t	he Crisis Residential Units (CRUs) need	
psychiatric treatment.		
Renewal Information for I	Next Fiscal Year	
Budget Units and Amoun	ts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*

Dudger onit Number	Anount Gharged to Onit	Expense ou oue no.	
9282	\$ 217,928.00	403005	
Budget Manager*	Secondary E	udget Manager*	
Oshman, Jodel	Ramirez, Pris	cilla	
Provide Rate and Rate Descri na Project WBS (Work Breakdow na			
Fiscal Year* (?)	Amount* (?)		
2026	\$ 217,928.00		
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts		

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Contract Funding Source\*

County

## Contract Content Changes

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

🔘 Yes 🍥 No

Will the scope of the Services change?\*

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

🔘 Yes 💿 No

Are there any changes in the Performance Targets?\*

🕘 Yes 🍥 No

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

🔵 Yes 💿 No

File Upload (?)

## **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kin KOPNMANEP

Contracts Approval

## Approve\*

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

Page 182 of 892

Approved by\*



Approval Date\* 5/7/2025

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Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 2023-0738	
Contractor Name* Houston Community College System	
Service Provided <sup>*</sup> (?) Lease of Space Located at 3200 Main Street, Houston,	TX (Annual Funding)
Renewal Term Start Date* 2/1/2025	Renewal Term End Date * 1/31/2027
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$23 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Beolog Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	<ul> <li>Lease</li> <li>Other</li> </ul>

- ) Yes
- No
- Unknown

#### Contract NTE\* (?)

\$ 321,689.00

#### Rate(s)/Rate(s) Description

\$22,392.42 per month for rent \$3,415.00 per month for parking \$1,000.00 per month for overtime AC (if needed). September's rent due upon execution.

Unit(s) Served\* 0000

G/L Code(s)\* 126000

Current Fiscal Year Purchase Order Number\* CT144359

Contract Requestor\* Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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How does this contract support Agency/Unit Strategic priorities?\* Expanded office space for staff under the People Domain

Renewal Information for Next Fiscal Year

idget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No. <sup>3</sup>
08	\$ 115,822.00	555000
ndget Manager* hman, Jodel		ondary Budget Manager* irez, Priscilla
dget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No. <sup>*</sup>
48	\$ 104,241.00	555000
<b>dget Manager*</b> hman, Jodel		ondary Budget Manager* irez, Priscilla
dget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No. <sup>3</sup>
5	\$ 48,646.00	555000
dget Manager* mirez, Priscilla		ondary Budget Manager* nan, Jodel
dget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No. <sup>3</sup>
08	\$ 22,200.00	555100
<b>dget Manager*</b> hman, Jodel		ondary Budget Manager* irez, Priscilla
dget Unit Number*	Amount Charged to U	nit* Expense/GL Code No. <sup>3</sup>
18	\$ 15,000.00	555100
dget Manager* hman, Jodel		ondary Budget Manager* irez, Priscilla
dget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No. <sup>3</sup>
45	\$ 3,780.00	555100
dget Manager* mirez, Priscilla		ondary Budget Manager* nan, Jodel
dget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No.
)8	\$ 6,600.00	576000
dget Manager* hman, Jodel		ondary Budget Manager* irez, Priscilla
dget Unit Number*	Amount Charged to U	nit <sup>*</sup> Expense/GL Code No.
8	\$ 6,600.00	576000
udget Manager* shman, Jodel		ondary Budget Manager* irez, Priscilla

Bldg rent at \$23/sf for 11,683 sf, plu parking per month at 37 reserved sj unreserved parking per month at 50	pots, plus, \$35 per ) unreserved spots, plus,
\$13,200 in overtime A/C for 24/7 A/	С.
Project WBS (Work Breakdown S	tructure) * (?)
N/A	
Fiscal Year <sup>*</sup> (?)	Amount* (?)
2026	\$ 322,889.00
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts
Contract Funding Source* County	
Contract Content Change	es
Are there any required changes t	o the contract language?* (?)
🔘 Yes 🖲 No	
Will the scope of the Services cha	ange?*
s the payment deadline different Yes  No	than net (45) r
Are there any changes in the Per	formance Targets?*
🔵 Yes 🍥 No	
Are there any changes to the Sub	omission deadlines for notes or supporting documentation?*
🔵 Yes 🝥 No	
File Upload (?)	
Contract Owner	e e e e e e e e e e e e e e e e e e e
Contract Owner* (?)	
Please Select Contract Owner	
Kim Kommayer Budget Manager Approva	
Budget Manager Approva	ai(S)
Approved by	Approved by
Todel Oshman	Priscilla (M Ramirez

# Approved by

Kim KOPNMANER

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

# 

Mental Health and IDD	
Current Fiscal Year Contract Information	bn
Current Fiscal Year	
2025	
Contract ID#*	
2021-0235	
Contractor Name*	
Houston Independent School District	
Service Provided * (?)	
The Harris Center's Print Shop offers in-house printing organization. For specialty printing services, some of th due to the lack of proper equipment.	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Check all that Apply	Competitive Proposal
Check all that Apply	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application	<ul> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1107

G/L Code(s)\* 596001

Current Fiscal Year Purchase Order Number\* CT144482

Contract Requestor\*

Sarah Harper

Contract Owner\* Karen Hurst

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 O 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 O No

Renewal Determination

Is the contract being renewed for	next fiscal year with this Con	tractor?* (?)	
Wes No How does this contract support Age	nency/Unit Strategic prioritio	s2*	
agency printing needs for items not a		51	
Renewal Information for N	lext Fiscal Year		0
			and a second
Budget Units and Amount	s Charged to each Bu	ıdget Unit	
Budget Unit Number* 1107	Amount Charged to Unit* \$ 5,000.00	Expense/GL Code No.* 596001	
Budget Manager* Moynihan, Kelly		ary Budget Manager* II, Ricardo	
Provide Rate and Rate Description	s if applicable * (?)		
interlocal agreement with HISD, we ju no set amounts to give	3 A		
Project WBS (Work Breakdown Str	ructure) * (?)		
n/a			
Fiscal Year <sup>* (?)</sup>	Amount	t <b>*</b> (?)	
2026	\$ 5,000.	00	
Next Fiscal Year Not to Exceed Am Contract Funding Source*	ount for Master Pooled Cont	tracts	
General Revenue (GR)			
Contract Content Change	S		$\odot$
Are there any required changes to	the contract language?* (?)		
🔘 Yes 🝥 No			
Will the scope of the Services cha	nge?*		
Is the payment deadline different t	han net (45)?*		
🔿 Yes 🔘 No			
Are there any changes in the Perfo	ormance Targets?*		
🔘 Yes 🝥 No			
Are there any changes to the Subr	nission deadlines for notes o	or supporting documentation?*	
🔾 Yes 🖲 No			
File Upload (?)			
Contract Owner			0

E

(~)

Contract Owner\* (?)

Please Select Contract Owner

Karen Hurst

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

#### Approved by

Karen &. Hurst

**Contracts Approval** 

## Approve\*

Yes

No, reject entire submission

Return for correction

## Approved by \*

Belinda Stude

Approval Date\* 4/24/2025

## HARRIS CENTER for Annual Renewal Evaluation

Mental Health and IDD		
Current Fiscal Year Contract Information	on	(
Current Fiscal Year		
2025		
Contract ID#*		
2021-0258		
Contractor Name*		
Houston Police Department-City of Houston		
Service Provided * (?)		
Agreement between the Harris Center (Subrecipient) an with consultation and service coordination through the 0 Evaluation (CORE) Program.		
Renewal Term Start Date *	Renewal Term End Date *	
4/22/2025	4/21/2026	
Term for Off-Cycle Only (For Reference Only)		
Grant Proposal Revenue SOW-Change Order-Amendment#		
Other		
Procurement Method(s) *		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On Consumer Driven	
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
	Amendment to Existing Contract	
Memorandum of Understanding		
<ul> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	Service/Maintenance	
Affiliation or Preceptor	Service/Maintenance	

~

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 847,875.00

Rate(s)/Rate(s) Description Vary.

Unit(s) Served\* N/A

G/L Code(s)\* N/A

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Patricia Singh

Contract Owner\* Kim Kornmayer

File Upload (?)

# **Renewal Determination**

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Expand program availability and services to reach all the city limits.

Renewal,	Information	for Next	Fiscal	Year
----------	-------------	----------	--------	------

Budget Units and Amou	nts Charged to each Budget	Unit
Budget Unit Number* 9269	Amount Charged to Unit* \$ 847,875.00	Expense/GL Code No.* 435063
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisci	dget Manager* Ia
Provide Rate and Rate Descript	ions if applicable * (?)	
Project WBS (Work Breakdown na	Structure) <sup>* (?)</sup>	
Fiscal Year * (?) 2026	<b>Amount*</b> (?) \$ 847,875.00	

~

~

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

#### Contract Funding Source\*

Private Grant

## **Contract Content Changes**

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

🔘 Yes 🍥 No

Will the scope of the Services change?\*

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

🔵 Yes 🍥 No

Are there any changes in the Performance Targets?\*

🔘 Yes 🔘 No

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

🔘 Yes 🍥 No

File Upload (?)

## **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

## Budget Manager Approval(s)

Approved by

Jodel Oshman

# **Contract Owner Approval**

Approved by

Kim KOPNMANER

Contracts Approval

## Approve\*

Yes

- No, reject entire submission
- Return for correction

Page 195 of 892

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		- 191 - 191

Approval Date\* 5/14/2025

Contract Section	
Contractor*	
Lone Star College Police Department	
Contract ID #*	
na	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/17/2025	
Parties* (?)	
Lone Star College Police Department and The Harris (	Center for Mental Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/21/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)

<b>A</b> (2)	1
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement Amendment to Existing Contract
Memorandum of Understanding Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
	Denvises Deine Drevided* (2)
Justification/Purpose of Contract/Description of S	
The care coordination agreement serves to confirm a Center and Lone Star College Police Department as	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Cont	ractor*
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and what serv	vices were provided*
current contract with CIRT	
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)
🔘 Yes 🔘 No 💿 Unknown	
Community Partnership * (?)	
🔘 Yes 🔘 No 💿 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	$\mathbf{\Theta}$
Name*	
Karlye Louritt	
Address*	
Street Address	
20515 Texas 249	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77070-2764	US
Phone Number*	
346-325-9531	
Email*	
Karlye.Louritt@LoneStar.edu	
Budget Section	

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9208	\$ 0.00		0
Budget Manager Oshman, Jodel		Secondary Budget Ramirez, Priscilla	Manager
Provide Rate and Rate Descriptions	; if applicable * (?)		
Project WBS (Work Breakdown Stru na	icture) * (?)		
Requester Name		Submission Date	
Singh, Patricia		5/22/2025	
Budget Manager Approval(	S)		٢
Approved by <i>Todel Oshman</i>		Approval Date 5/22/2025	
Procurement Approval			۵
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			$\bigcirc$
Approved by Kim Kop NMAYEP		Approval Date 5/22/2025	
Contracts Approval			
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			
Approved by *			
Belinda Stude		Approval Date* 5/22/2025	
00011542			

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2022-0438	
Contractor Name* MHMRA of Brazos Valley	
Service Provided <sup>* (?)</sup> Crisis Intervention Helpline Services to Callers	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	<ul> <li>Lease</li> <li>Other</li> </ul>

- O Yes
- 🔘 No
- Unknown

Contract NTE\* (?)

\$ 81,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 7001

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O No

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

Yes No

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

```
Yes O 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 O No

**Renewal Determination** 

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Providing Crisis Line services

Renewal Information for N	lext Fiscal Year	0
Budget Units and Amount	s Charged to each Budget	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 81,000.00	420015
Budget Manager*		idget Manager*
Ilejay, Kevin	Campbell, Rica	100
Provide Rate and Rate Description	s if applicable * (?)	
Project WBS (Work Breakdown Str	ucture) * (?)	
n/a		
Fiscal Year <sup>*</sup> (?)	<b>Amount*</b> (?)	
2026	\$ 81,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	
Contract Funding Source* State Grant		
Contract Content Changes	5	$\odot$
Are there any required changes to Ves  No	the contract language?* (?)	
Will the scope of the Services char	nge?*	
🔘 Yes 🍥 No		
Is the payment deadline different t	han net (45)?*	
Are there any changes in the Perfo	ormance Targets?*	
🔘 Yes 💿 No		
Are there any changes to the Subn Yes  No	nission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		õ
Contract Owner* (?)		
Please Select Contract Owner Jennifer Battle		
Budget Manager Approva	(S)	

Approved by	
kevin ilojay	
Contract Owner Approval	$\sim$
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/24/2025

HARRIS CENTER IN	Annual	Renewal	Evaluation
Mental Health and IDD			

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
7605	
Contractor Name*	
North Texas Behavioral Health Authority	
Service Provided * (?)	
Crisis Intervention Helpline Services to Callers	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> </ul>	250 000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- 🔘 No
- Unknown

Contract NTE* (?) \$ 186,000.00		
Rate(s)/Rate(s) Description		
Unit(s) Served*		
7001		
G/L Code(s)*		
420015		
Current Fiscal Year Purchase	Order Number*	
0		
Contract Requestor*		
Millie Wong		
Contract Owner*		
Jennifer Battle		
File Upload (?)		
Penewal Determinatio	•	
Renewal Determinatio	n	
	n for next fiscal year with this Contractor	<b>?*</b> (?)
		<b>?*</b> (?)
Yes O No		<b>?*</b> (?)
Is the contract being renewed Yes O No	for next fiscal year with this Contractor	<b>?*</b> (?)
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?*	<b>?*</b> (?)
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?*	<b>?*</b> (?)
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information f	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year	
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget	Unit
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number*	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit*	Unit Expense/GL Code No.*
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00	Unit Expense/GL Code No.* 420015
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager*	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00 Secondary Bu	Unit Expense/GL Code No.* 420015 dget Manager*
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number*	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00	Unit Expense/GL Code No.* 420015 dget Manager*
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	Unit Expense/GL Code No.* 420015 dget Manager*
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin Provide Rate and Rate Description	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	Unit Expense/GL Code No.* 420015 dget Manager*
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin Provide Rate and Rate Descrip n/a	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	Unit Expense/GL Code No.* 420015 dget Manager*
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin Provide Rate and Rate Description	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	Unit Expense/GL Code No.* 420015 dget Manager*
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information f Budget Units and Amo Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin Provide Rate and Rate Descrip n/a Project WBS (Work Breakdow	for next fiscal year with this Contractor ort Agency/Unit Strategic priorities?* or Next Fiscal Year ounts Charged to each Budget Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	Unit Expense/GL Code No.* 420015 dget Manager*

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Contract Funding Source\*

State Grant

# **Contract Content Changes**

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

🔘 Yes 🔘 No

Will the scope of the Services change?\*

🔿 Yes 💿 No

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

Are there any changes in the Performance Targets?\*

🔘 Yes 🕘 No

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

🔘 Yes 🍥 No

File Upload (?)

# Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

kevin ilejay

# Contract Owner Approval

Approved by

Tennifer Battle

# **Contracts Approval**

#### Approve\*

Yes

- No, reject entire submission
- Return for correction

## Approved by\*

Belinda Stude

Approval Date\* 4/24/2025

# Mental Henrik Market Annual Renewal Evaluation

Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2025	
Contract ID#*	
7737	
Contractor Name*	
Region 4 Education Service Center (ESC)	
Service Provided <sup>*</sup> (?)	
Interlocal Agreement to provide office for non-physicia employed by The Harris Center and dedicated liaison alignment with HB19.	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Tarm for Off Cuala Only (For Deference Only)	
Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?)	250,000,00)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)  Competitive Proposal Sole Source
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Check all that Apply Request for Proposal Request for Application Request for Application Interlocal	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Check all that Apply Request for Proposal Request for Application Request for Application Interlocal	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	or more)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	or more)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	or more)

O Yes

No

Unknown

Contract NTE\* (?)

\$ 7,284.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 595000

Current Fiscal Year Purchase Order Number\* CT144292

Contract Requestor\* Jennifer Battle

Contract Owner\*

Jennifer Battle

File Upload (?)

#### Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

🔘 Yes 🔘 No

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

🍥 Yes 🔘 No

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

Yes No

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

Yes O 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 O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?* (?) <ul> <li>Yes</li> <li>No</li> </ul>					
How does this contract support Agency/Unit Strategic priorities?*					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 7003	Amount Charged to Unit* \$ 7,284.00	Expense/GL Code No.* 595000			
Budget Manager* Ilejay, Kevin	Secondary Campbell, R	Budget Manager* icardo			
Provide Rate and Rate Description	s if applicable * (?)				
Project WBS (Work Breakdown Str BA	ucture) * (?)				
Fiscal Year <sup>* (?)</sup> 2026	Amount <sup>* (?</sup> \$ 7,284.00				
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contract	S			
Contract Funding Source*					
State Grant Contract Content Changes	S	0			
Are there any required changes to the contract language?* (?)					
Will the scope of the Services char	nge?*				
Is the payment deadline different than net (45)? <sup>★</sup> ○ Yes ◎ No					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner		0			

 $\bigcirc$ 

oontraot onnor	Con	tract	Owner*	(?)
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Please Select Contract Owner

Jennifer Battle

# Budget Manager Approval(s)

Approved by

kevin ilejay

# Contract Owner Approval

## Approved by

Tennifer Battle

Contracts Approval

#### Approve\*

Yes

- No, reject entire submission
- Return for correction

# Approved by \*

Belinda Stude

Approval Date\* 4/23/2025

Contract Section	e e		
Contractor*			
Texas Tech University College of Arts & Sciences			
Contract ID #*			
NA			
Presented To*			
Resource Committee			
Full Board			
Date Presented*			
6/17/2025			
Parties* (?)			
Texas Tech University College of Arts & Sciences & Th	ne Harris Center		
genda Item Submitted For: <sup>* (?)</sup> Information Only (Total NTE Amount is Less than \$250,000.00)			
Board Approval (Total NTE Amount is \$250,000.00			
Grant Proposal   Revenue			
			SOW-Change Order-Amendment#
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	Tag-On		
Interlocal	Consumer Driven		
<ul> <li>Not Applicable (If there are no funds required)</li> </ul>	Other		
Funding Information*			
New Contract Amendment			
Contract Term Start Date * (?)	Contract Term End Date * (?)		
5/1/2025	5/31/2029		
If contract is off-cycle, specify the contract term (?			
Fiscal Year* (?)	Amount* (?)		

Page 211 of 892

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	rvices Being Provided <sup>*</sup> (?)
Affiliation agreement needed to fulfill school requiremen Work Practicum and create talent pipeline.	ts of practicum students in Social
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contra	ctor*
🔘 Yes 🔘 No 🝥 Unknown	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) * (?)
💿 Yes 🔘 No 🝥 Unknown	
Community Partnership* (?)	
🍥 Yes 🔘 No 🔘 Unknown	
Specify Name*	
Texas Tech University College of Arts & Sciences	
Supporting Documentation Upload (?)	
The Harris Center for Mental Health and IDD.docx	84.13KB
SW 6467 Spring 2025 Field II Molina.docx	48.31KB
SW 6464 Fall 2024 Field I Molina.docx	44.36KB
Vendor/Contractor Contact Person	$\odot$
Name*	
1 22.22 4 . 22.2 142	
Veronica Molina	
Address*	
Street Address	
Box 14034	
Address Line 2	
City	State / Province / Region
Lubbock	ТХ
Postal / Zip Code	Country
79409-1034	United States
Phone Number*	

806.742.3831

Email\*

veronimo@ttu.edu

**Budget Section** 

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Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number* 1108	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* NA				
Budget Manager Moynihan, Kelly	Seconda Campbell	ry Budget Manager I, Ricardo				
Provide Rate and Rate Description	s if applicable * (?)					
Project WBS (Work Breakdown Str NA	ructure) <sup>* (?)</sup>					
Requester Name Daswani, Bianca	Submiss 5/1/2025	ion Date				
Budget Manager Approva	l(s)	$\odot$				
Approved by Ricardo Campbell	<b>Approval</b> 5/4/2025	I Date				
Procurement Approval						
File Upload (?)						
Approved by Sign	Approval	I Date				
Contract Owner Approval		$\odot$				
Approved by <i>Minfa Escobar</i>	<b>Approva</b> 5/5/2025	I Date				
Contracts Approval						
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>						
Approved by* <i>Belinda Stude</i>	<b>Approval</b> 5/6/2025	I Date*				

Annual Renewal Evalua	tion				
Current Fiscal Year Contract Informatio	n				
Current Fiscal Year 2025					
Contract ID#* 2023-0735					
Contractor Name* The University of Texas Health Science at Houston on b Psychiatry and Behavioral Sciences	ehalf of its Department of				
Service Provided <sup>*</sup> (?) Psychiatric Training General Residency Education Serv	ices				
Renewal Term Start Date <sup>*</sup> 7/1/2025	Renewal Term End Date <sup>*</sup> 7/31/2026				
Term for Off-Cycle Only (For Reference Only)					
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>				
Contract Description / Type					
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>				
Renewal of Existing Contract					

Yes

- No
- Unknown

Contract NTE\* (?)

\$ 151,479.36

Rate(s)/Rate(s) Description

\$63.45 per hour for 32 hours per week, per resident

Unit(s) Served\* 2208

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144151

Contract Requestor\* Danyalle Evans

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Contract Owner\*

Felecia Garner

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes
No

Were Services delivered as specified in the contract?\*

Yes
No

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

💿 Yes 🔘 No

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

Yes O 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 O 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 O No

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

Renewal Information for N	Renewal Information for Next Fiscal Year						
Budget Units and Amounts	Charged to each Budge	et Unit					
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*					
2208	\$ 121,996.80	540504					
Budget Manager*	Secondary B	udget Manager*					
Smith, Janai	Shelby, Debbi						
	· · · · · · · · · · · · · · · · · · ·						
Provide Rate and Rate Descriptions	s if applicable * (?)						
\$63.54 x 32hr/wk x 5wk/mon x 6 rotati \$63.54 x 32hr/wk x 5wk/mon x 12 rota							
Project WBS (Work Breakdown Stru N/A	ucture)* (?)						
Fiscal Year* (?)	Amount* (?)						
2026	\$ 121,996.80						
Contract Funding Source* State Contract Content Changes Are there any required changes to t Yes No Will the scope of the Services chan	the contract language?* (?)						
<ul> <li>Yes          <ul> <li>No</li> </ul> </li> </ul>							
Is the payment deadline different th Yes  No	an net (45)?*						
Are there any changes in the Perfor	mance Targets?*						
Yes No							
Are there any changes to the Subm	ission deadlines for notes or sup	oporting documentation?*					
File Upload (?)							
Contract Owner		0					
Contract Owner* (?)							
Please Select Contract Owner							
Felecia Garner							
Budget Manager Approval	(s)	0					

(~)

Approved	by
----------	----

Janai Lynnette Smith

# Contract Owner Approval

Approved by

Gelecia Garner, MD

# **Contracts Approval**

### Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/13/2025

Contract Section	
Contractor*	
University of Houston-College of Medicine	
Contract ID #* N/A	
Presented To*	
<ul> <li>Resource Committee</li> <li>Full Board</li> </ul>	
Date Presented *	
6/17/2025	
Parties* (?)	
University of Houston-College of Medicine and The Ha	rris Center for Mental Health and IDD
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	or more)
Procurement Method(s)*	
Check all that Apply Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	Tag-On
<ul> <li>Interiocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Consumer Driven
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Fiscal Year <sup>*</sup> (?)	Amount <sup>* (?)</sup>
2026	\$ 875,000.00

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement Lease
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Other
Justification/Purpose of Contract/Description of	
Continue providing primary care services to patients and Re-Entry Center located at 6160 South Loop Ea main Behavioral Clinics: NW, NE, SW, and SE.	
Contract Owner*	
Lance Britt	
Previous History of Contracting with Vendor/Con	ntractor*
🖲 Yes 🔘 No 🥥 Unknown	
Please add previous contract dates and what se	rvices were provided *
Primary Care services provided over the past 5 year	rs.
Vendor/Contractor a Historically Underutilized B	Business (HUB)* (?)
🔘 Yes 🔘 No 💿 Unknown	
Community Partnership* (?)	
🔘 Yes 🔘 No 🛞 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	G
Name*	
Jeremekia E. Amos	
Address*	
Street Address	
4800 Calhoun Road	
Address Line 2	
City	State / Province / Region
Houston	тх
Postal / Zip Code	Country
77004	US
Phone Number*	
713-743-6256	

jeamos@central.uh.edu

**Budget Section** 

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Budget Units and Amounts Charged to each Budget Unit

	Amount Charged to \$ 266,864.00	Unit"	Expense/GL Code No.* 543011	
Budget Manager Smith, Janai		Secondary Budget Manager Shelby, Debbie		
Budget Unit Number* 2120	Amount Charged to \$ 306,000.00	Unit*	Expense/GL Code No.* 543011	
Budget Manager Smith, Janai		condary Bu elby, Debbie	dget Manager	
Budget Unit Number* 9261	Amount Charged to \$\$ 64,367.00	Unit*	Expense/GL Code No.* 540507	
Budget Manager Ramirez, Priscilla		condary Bu ente, Giovar	idget Manager Ini	
Budget Unit Number* 9264	Amount Charged to \$ 26,820.00	Unit*	Expense/GL Code No.* 540507	
Budget Manager Ramirez, Priscilla		<b>condary Bu</b> ente, Giovar	dget Manager Ini	
Budget Unit Number* 9403	Amount Charged to \$ 96,550.00	Unit <sup>*</sup>	Expense/GL Code No.* 540507	
Budget Manager Ramirez, Priscilla		Secondary Budget Manager Puente, Giovanni		
Budget Unit Number* 9405	Amount Charged to \$ \$ 21,456.00	Unit <sup>*</sup>	Expense/GL Code No.* 540507	
Budget Manager Ramirez, Priscilla		condary Bu ente, Giovar	ndget Manager Inni	
Budget Unit Number* 9502	Amount Charged to \$ 29,501.00	Unit <sup>*</sup>	Expense/GL Code No.* 540507	
Budget Manager Ramirez, Priscilla		condary Bu ente, Giovar	ndget Manager nni	
Provide Rate and Rate Description 6160 NP 1.1FTE 2279.2 service hours total MD 0.1FTE 207.2 service hours total Outpatient NP 1.0FTE 2072 service hours	s yearly \$89 per hr \$202,849 s yearly \$173 per hr \$35,846			

Requester Name	Submission Date
Britt, Lance	5/6/2025
Budget Manager Approval(s)	$\odot$
Approved by	
	Approval Date
Janai Lynnette Smith	5/6/2025
Approved by	
	Approval Date
Priscilla M Ramirez	5/6/2025
Procurement Approval	
File Upload (?)	
Approved by	Approval Date
Sign	Approval Date
Contract Owner Approval	Ö
Approved by	
	Approval Date
Britt, Lance	5/6/2025
Contracts Approval	Constant Report from Capacity Statistics
*	
Approve*	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/7/2025

# **EXHIBIT R-6**

# Pest, Termite & Bed Bug Services RFP

Presented by: Stanley Adams, MBA Chief Financial Officer



# **Request For Proposal – Evaluation Criteria**

Evaluation Category	Relative Weight
Overall Program Concept	30%
Experience and Capacity	25%
Financial Condition	15%
Price	30%
TOTAL	100%



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

Evaluation Team	Vendor #1	Vendor #2	Vendor #3	Vendor #4	
Evaluator 1	100	100 85		69	
Evaluator 2	100	20	20	22	
Evaluator 3	80	65	71	66	
Evaluator 4	100	82	82	88	
Evaluator 5	97	85	77	63	
Average Evaluation Score	95.4	67.4	65.8	61.6	

The total possible score is 100 points.

# **RFP – Pricing**

Items	Vendor #1	Vendor #2	Vendor #3	Vendor #4
FY2026	\$73,666.00	\$103,080.00	\$98,991.00	\$96,168.00
FY2027	\$73,666.00	\$103,080.00	\$98,991.00	\$96,168.00
FY2028	\$83,871.70	\$103,080.00	\$98,991.00	\$96,168.00
FY2029	\$84,271.70	\$103,080.00 \$106,910.28		\$96,168.00
FY2030	\$100,920.65	\$103,080.00	\$111,206.52	\$96,168.00
Total Cost	\$416,396.05	<b>\$480,840.00</b> (Did not quote Quarterly Bed Bug and Termite Services)	<b>\$515,089.80</b> (Price does not include Monthly and Quarterly Bed Bug, and Termite Services because they were priced by square foot)	<b>\$480,840.00</b> (Did not quote Quarterly Bed Bug and Termite Services)

# **Award Recommendation**

Docusign Envelope ID: 144D9855-5E68-4599-BBE6-077DA461A0BE

HARRIS CENTER for Mental Health and IDD

> Award Recommendation Pest, Termites & Bed Bug Services RFP Project# FY25-0006

The Request for Proposal opened for Pest, Termite & Bed Bug Services on Monday, May 5, 2025, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sarah Harper, Facilities Services Project Coordinator, Oscar Garcia, Facilities Operations Manager, Angela White, Facility Services Coordinator, Michael Mitchell, Director Facility Services and Mustafa Cochinwala, Chief Information Officer.

Two hundred and thirty-five (235) vendors were identified in this area of interest by our procurement software, Bonfire. Eighteen (18) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on four (4) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC), and Houston Business Journal.

Received five (5) responses and zero (0) did not participate. Four (4) responses were deemed responsive and evaluated by the project team. One (1) response was disqualified because the vendor did not attend the mandatory site visits.

Recommended Vendor:

ABC Home and Commercial Services

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended ABC Home and Commercial Services be selected because they can perform all required services in the most cost-efficient way and are the only vendor that provides trained dogs for bedbug services.

The initial contract period is anticipated to begin upon award of contract for two (2) base years with three (3) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The total NTE (Not to Exceed) for five (5) years is \$499,675.26 (\$416,396.05 for services and \$83,279.21 for contingency) to be funded annually subject to availability of the budget each year. Forecast for each year is:

FY26: Services \$73,666.00, Contingency \$14,733.20 = \$88,399.20 FY27: Services \$73,666.00, Contingency \$14,733.20 = \$88,399.20 FY28: Services \$83,871.70, Contingency \$16,774.34 = \$100,646.04 FY29: Services \$84,271.70, Contingency \$16,854.34 = \$101,126.04 FY30: Services \$100,920.65, Contingency \$20,184.13 = \$121,104.78 The Funding Source is Unit 1899/569005- Agency Wide Facilities/Pest Control

Submitted By: Joursigned by: James Blunt 6/2/2025 James Blunt, C.P.M. Buyer II Buyer II

Docusign Envelope ID: 144D9855-5E68-4599-BBE6-077DA461A0BE

Recommended By:

Sharon Brauner 6/2/2025

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

Starley Adams 6/2/2025 Starley Adams Chief Financial Officer

June 2025 Board

# **EXHIBIT R-7**

# JUNE 2025 RENEWALS 100k - 250k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
1	VisionLink, Inc.	Software for Tracking of Call Volume for the Crisis Line	\$117,000.00	\$117,000.00	8/1/2025 - 7/31/2026	State Grant	Sole Source	Annual renewal of Software Agreement to manage the tracking of call volume for the Crisis Line.
_	ADMINISTRATION							
2	APi Group Life Safety USA LLC d/b/a Western States Fire Protection Company	Agency Life Safety Systems Inspections and Repairs	\$150,000.00	\$150,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of agreement for Agency Life Safety Systems Inspections and Repairs. Second year renewal option.
3	AT&T Corp	AT&T Ethernet on Demand Services - AT&T Circuits at 14 Agency Locations	\$150,000.00	\$150,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of AT&T Ethernet on Demand Services and AT&T Circuits at 14 Agency locations.
4	CenturyLink Communications d/b/a Lumen Technologies Group	Back-up Data Circuits for EPIC	\$122,500.00	\$120,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Back-up Data Circuits Agreement for EPIC.
5	Clearwater Compliance Holding Company, LLC	Security and Privacy Risk Management Services with vendor Security Management Services	\$150,000.00	\$150,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Security and Privacy Risk Management Software Services.
6	Creative Financial Staffing, LLC	Consulting Services	\$100,000.00	\$100,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Consulting Services Agreement for Grants department.
7	CSI Companies, Inc. d/b/a CSI Professional	Coding Services	\$150,000.00	\$100,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide coding services for Agency's Revenue department for processing claims.
8	CyberOne, LLC	VECTRA Subscription Software	\$111,013.31	\$115,000.00	6/19/2025 - 6/18/2026	General Revenue (GR)	Tag-On DIR-CPO- 4851	Annual renewal of VECTRA Software Subscription to provide a network-based behavioral anomaly detection solution.
9	DataVox, Inc.	Lifesize Audio Conferencing and Cloud Subscription Services	\$108,154.06	\$135,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On TIPS RFP Contract # 230105	Annual renewal of Lifesize Audio Conferencing and Cloud Subscription Services.
10	Eplus Technology Inc.	Cyberint's Al-driven External Risk Management Solution Software	\$98,855.18	\$104,000.00	10/26/2025 - 10/25/2026	General Revenue (GR)	Tag-On TIPS 210305	Annual renewal of security software for Cyberint's Al-driven External Risk Management Solution for collaborative, actionable intelligence against advanced threats.
11	Granite Telecommunications, LLC	POTS and AT&T Bills Transferred to Granite who Manages the Agency's telephone bills.	\$172,000.00	\$132,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of agreement to manage Agency's telephone POTS and AT& T bills.
12	Mobile Communications America (FKA Knight Security)	Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services	\$185,001.00	\$185,001.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.
13	P-Master Pooled Contract for Architectural and Engineering	Master Pooled Contract for Architectural and Engineering	\$175,000.00	\$100,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of Master Pooled Contract for Architectural and Engineering. Final year renewal option.
14	Waste Management of Texas, Inc.	Agency Wide Trash Collection and Dumpster/Removal Services	\$95,000.00	\$100,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Agreement for Agency wide trash collection and dumpster/removal services.
15	Your Part-Time Controller, LLC	Temporary Placement Services for Finance and Grants Department	\$230,000.00	\$150,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of temporary placement services for Finance and Grants department.
		-						
	CPEP/CRISIS SERVICES							

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

CONTRACTOR

16

18

19

20

21

22

PRODUCT/SERVICE DESCRIPTION

FY 2025 NTE

FY 2026 NTE

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

CONTRACT PERIOD

BID/TAG-ON

FUNDING

**JUNE 2025** FISCAL YEAR 2025

COMMENTS

AMOUNT AMOUNT **Baylor College of Medicine** Physical and Medical Examinations \$100,000.00 \$100,000.00 9/1/2025 - 8/31/2026 General Annual renewal of Agreement to provide Physical and Medical Examination Revenue (GR) Evaluations for Crisis Stabilization Unit (CSU) Patients. Department of Family and Community Medicine Food Services for Consumers in the \$180,565.00 \$131,922.00 4/1/2025 - 3/31/2026 General Tag-On TX State Annual renewal of food services agreement for Consumers in the CRU. 17 Labatt Institutional Supply Company CRU Revenue (GR) 300GS1-3118 FORENSICS \$208,000.00 \$208,000.00 9/1/2025 - 8/31/2026 County Annual renewal of agreement to provide Telepsychiatry services to juveniles within Amber Burks, MD d/b/a Texas **Telepsychiatry Services to Juveniles** Harris County's placement facilities. **Telepsychiatry Solutions** INTELLECTUAL DEVELOPMENTAL **DISABILITY SERVICES** MENTAL HEALTH \$184,304.64 \$212,659.20 7/1/2025 - 6/30/2026 State Annual renewal of Agreement for Community Track Rotation for Residents. Baylor College of Medicine -Community Track Rotation for Department of Psychiatry and Residents **Behavioral Sciences** \$129,621.60 7/1/2025 - 6/30/2026 Annual renewal of Agreement for Psychiatric Resident Educational Rotation Services. Baylor College of Medicine Psychiatric Resident Educational \$105,730.56 State Department of Psychiatry and **Rotation Services Behavioral Sciences** \$100,000.00 \$100,000.00 9/1/2025 - 8/31/2026 State Annual renewal of Agreement to provide training and supervision of the MST Team MST Services, LLC, d/b/a MST Professional Services for Training and for juveniles leaving the Juvenile Detention Center. Funding is coming from HHS. Services Supervision of the Multi-System Therapy (MST) Team \$120,000.00 9/1/2025 - 8/31/2026 State Consumer Driven Annual renewal to provide furniture vouchers and delivery services for consumers. The Furniture Bank Furniture Delivery Services \$120,000.00 MENTAL HEALTH SERVICES-ECI

	LEASES			
-				

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2024-0878	
Contractor Name*	
VisionLink, Inc.	
Service Provided * (?)	
Software to manage the tracking of call volume for the	Crisis Line.
Renewal Term Start Date *	Renewal Term End Date*
8/1/2025	7/31/2026
	113112020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 d	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🔄 Tag-On
	<ul> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
Request for Quote	
<ul> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Consumer Driven
<ul> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> </ul>	Consumer Driven
<ul> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	Consumer Driven
<ul> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	<ul> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
<ul> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
<ul> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	<ul> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>

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

- Yes
- No
- O Unknown

Contract NTE\* (?)

\$ 117,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 7001

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT143958

Contract Requestor\*

Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O No

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

Yes O 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?\* Helps with managing call volumes

1

Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*			
7001	\$ 117,000.00	574000			
Budget Manager*	Secondary B	Budget Manager*			
llejay, Kevin	Campbell, Rid	cardo			
Provide Rate and Rate Descriptions if applicable * (?) n/a					
Project WBS (Work Breakdown Str	ructure) * (?)				
n/a					
Fiscal Year* (?)	Amount* (?)				
2025	\$ 117,000.00				
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	3			
Contract Funding Source*					
State Grant	n an				
Contract Content Changes	S	$\circ$			
Are there any required changes to	the contract language?* (?)				
💮 Yes 🖲 No					
Will the scope of the Services change?*					
Yes No					
Is the payment deadline different than net (45)?*					
	Yes No				
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
🔘 Yes 🕘 No					
File Upload (?)					
Contract Owner		0			
Contract Owner* (?)					
Please Select Contract Owner Jennifer Battle					
Budget Manager Approval	(s)				

Page	232	of	892
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roval Date <sup>*</sup>
/2025

# HARRIS Annual Renewal Evaluation

### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2023-0744

Contractor Name\*

APi Group Life Safety USA LLC d/b/a Western States Fire Protection Company

Service Provided \* (?)

Agency Life Safety Systems Inspections and Repairs

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- Yes
- O No
- Unknown

### Contract NTE\* (?)

\$ 150,000.00

#### Rate(s)/Rate(s) Description

FY25 Inspections \$36,793 + Service calls/deficiencies \$113,207 for Total NTE \$150,000

Unit(s) Served\*

1899

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144279

Contract Requestor\*

Lisa Cantu-Espinoza

Contract Owner\*

Karen Hurst

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

 $(\land)$ 

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

Agency Life Safety Systems Inspections and repairs

**Renewal Information for Next Fiscal Year** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 1899 \$ 150,000.00 569010 Secondary Budget Manager\* Budget Manager\* Moynihan, Kelly Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) FY26 Inspections \$38,163.10 + Service calls/deficiencies \$111,836.90 for Total NTE \$150,000 Project WBS (Work Breakdown Structure)\* (?) n/a Amount\* (?) Fiscal Year\* (?) 2025 \$ 150,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* General Revenue (GR) **Contract Content Changes** Are there any required changes to the contract language?\*  $\ensuremath{(?)}$ 🔿 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 (?) RFP-Award\_Recommendation\_Life\_Safety\_Systems\_Inspection\_Services\_RFP\_... 310.6KB August\_Board\_2023.doc.pdf Exhibit A-1 - Proposed Services Scope f.e..pdf 1.35MB 1-Contract Period - 912025 to 8312026 (BT-67KN).xlsx 52.16KB Executive Contract Summary.pdf 301.81KB

Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Michael Mitchell	
Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Statut Campita	
Contract Owner Approval	$\sim$
Approved by	
Michael Mitchell	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date <sup>*</sup>
Belinda Stude	4/30/2025

Annual Renewal Evalua	tion			
Current Fiscal Year Contract Informatio	n			
Current Fiscal Year				
2025				
Contract ID#*				
7611				
Contractor Name* AT&T Corp				
Service Provided <sup>* (?)</sup>				
AT&T Ethernet on Demand Services - Upgrade to AT&T and Renew Pricing Schedule	Circuits at 14 Agency Locations			
Renewal Term Start Date *	Renewal Term End Date*			
9/1/2025	8/31/2026			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)				
Information Only (Total NTE Amount is Less than \$2				
Board Approval (Total NTE Amount is \$250,000.00 or more)				
Grant Proposal				
SOW-Change Order-Amendment#				
Other				
Procurement Method(s)*				
Check all that Apply				
Competitive Bid	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application	Request for Qualification			
Request for Quote	Tag-On			
Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other none			
Contract Description / Type				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	IT/Software License Agreement			
Pooled Contract				
Renewal of Existing Contract	Other			
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)			

- YesNo
- Unknown

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Contract NTE\* (?)

\$ 150,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\*

564004

Current Fiscal Year Purchase Order Number\* CT144140

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?\*

Yes O No

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

Yes O No

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

Yes O 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 O 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?\* N/A

Renewal Information for	Next Fiscal Year	$\mathbf{\hat{\circ}}$			
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 1130	Amount Charged to Unit* \$ 150,000.00	Expense/GL Code No.* 564004			
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo			
Provide Rate and Rate Descriptions if applicable * (?) N/A					
Project WBS (Work Breakdown Structure) * (?) N/A					
Fiscal Year <sup>* (?)</sup>	Amount*				
2026	\$ 150,000	.00			
Next Fiscal Year Not to Exceed A Contract Funding Source*	mount for Master Pooled Contra	icts			
General Revenue (GR)					
Contract Content Chang	es	$\mathbf{\hat{o}}$			
Are there any required changes to the contract language? <sup>★</sup> (?)					
Will the scope of the Services change?*					
Is the payment deadline different than net (45)?*					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner					
Contract Owner* (?)					
Please Select Contract Owner Mustafa Cochinwala					
Budget Manager Approv	al(s)	0			

Approved by	
Ricardo Campbell	
Contract Owner Approval	٥
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/7/2025

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Mental Healthand IDD Annual Renewal Evaluat	ion
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2025	
Contract ID#*	
7802	
Contractor Name*	
CenturyLink Communications d/b/a Lumen Technologies	Group
Service Provided * (?)	
Back-up Data Circuits for EPIC	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
<ul> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
- Other	
Procurement Method(s)*	
Check all that Apply	Oran attitude December 1
Competitive Bid           Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other n/a
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	<ul> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract	E Lease
Renewal of Existing Contract	Other

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

- Yes
- No
- Unknown

>

Contract NTE\* (?)

\$ 122,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144044

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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 O 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 O No

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

Yes O No

Renewal Determination

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

Yes O No

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

Budget Units and Amo	unts Charged to each Budget	t Unit			
Budget Unit Number* 1130	Amount Charged to Unit* \$ 120,000.00	Expense/GL Code No.* 564004			
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	udget Manager <sup>*</sup> ardo			
Provide Rate and Rate Descri N/A	ptions if applicable * (?)				
Project WBS (Work Breakdow N/A	n Structure)* (?)				
Fiscal Year <sup>*</sup> (?)	Amount <sup>* (?)</sup>				
2026	\$ 120,000.00				
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts				
Contract Funding Source*					
General Revenue (GR)					
	nges	<			
Contract Content Char Are there any required change	1ges es to the contract language?* (?)	6			
Contract Content Char Are there any required change Yes No	es to the contract language?* (?)	\$			
Contract Content Char Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?)	\$			
Contract Content Char Are there any required change Yes No Will the scope of the Services	es to the contract language?* <sup>(?)</sup> change?*	\$			
Contract Content Char Are there any required change	es to the contract language?* <sup>(?)</sup> change?*	۵			
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No	es to the contract language?* (?) change?* ent than net (45)?*				
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l	es to the contract language?* (?) change?* ent than net (45)?*				
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l Yes No	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*			
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l Yes No Are there any changes to the s	es to the contract language?* <sup>(?)</sup> change?* ent than net (45)?* Performance Targets?*	porting documentation?*			
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l Yes No Are there any changes to the so Yes No	es to the contract language?* <sup>(?)</sup> change?* ent than net (45)?* Performance Targets?*	porting documentation?*			
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the P Yes No Are there any changes to the P Yes No File Upload (?)	es to the contract language?* <sup>(?)</sup> change?* ent than net (45)?* Performance Targets?*	porting documentation?*			
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l Yes No Are there any changes to the s Yes No File Upload (?) Contract Owner	es to the contract language?* <sup>(?)</sup> change?* ent than net (45)?* Performance Targets?*	porting documentation?*			
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l Yes No	es to the contract language?* <sup>(?)</sup> change?* ent than net (45)?* Performance Targets?*	porting documentation?*			

Approved	by
----------	----

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinnala

# **Contracts Approval**

# Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/7/2025

#### HARRIS CENTER or Annual Renewal Evaluation

### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2024-0899

Contractor Name\* Clearwater Compliance Holding Company LLC

Service Provided \* (?)

Security and Privacy Risk Management Services with vendor Security Management Platform (ClearConfidence Program).

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

Information Only (Total NTE Amount is Less than \$250,000.00)

Board Approval (Total NTE Amount is \$250,000.00 or more)

- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

#### Procurement Method(s)\*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

Personal/Professional Services

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- 🔄 Tag-On
- Consumer Driven
- Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease

Other

>

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 150,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 553003

Current Fiscal Year Purchase Order Number\* CT144098

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

🖲 Yes 🔘 No

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

Yes O No

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

Yes O 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 O No

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

Yes O No

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

Yes O No

Renewal Determination

Is the contract being renewed for no Yes No	ext fiscal year with this Contractor?	* (?)	
Wes No How does this contract support Agency/Unit Strategic priorities?* N/A			
Renewal Information for N	ext Fiscal Year	0	
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1130	Amount Charged to Unit* \$ 150,000.00	Expense/GL Code No.* 553003	
Budget Manager* Campbell, Ricardo	Secondary Bud Campbell, Ricard		
Provide Rate and Rate Descriptions if applicable * (?) N/A			
Project WBS (Work Breakdown Structure) <sup>* (?)</sup> N/A			
Fiscal Year* (?)       Amount* (?)         2026       \$ 150,000.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source*			
General Revenue (GR) Contract Content Changes			
Are there any required changes to the contract language?* (?)			
<ul> <li>✓ Yes <ul> <li>No</li> <li>Yes <ul> <li>No</li> </ul> </li> </ul></li></ul>			
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			

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(~)

Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

# Approved by

Mustafa Cochinwala

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/7/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#* 2023-0816	
Contractor Name* Creative Financial Staffing, LLC	
Service Provided * (?) Grant Accounting consulting detailed review of grants a	nd oversight of grant process.
Renewal Term Start Date* 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

- Yes
- O No
- Unknown

Rate(s)/Rate(s) Description

Unit(s) Served\* 1122

Contract NTE\* (?) \$ 100,000,00

G/L Code(s)\* 540500

Current Fiscal Year Purchase Order Number\* CT144120

Contract Requestor\*

Rachel Beasley

Contract Owner\*

Rachel Beasley

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 O 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 O No

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

Yes O No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?  $^{\boldsymbol{\star}}$  (?)

Yes No

How does this contract support Agency/Unit Strategic priorities?* Grant Accountants are specialized in nature and require a specific skillset. CFS has been able to provide quality individuals to train and ultimately bring on as full time employees. Maintaining this contract ensures the organization is able to submit invoices timely to manage cash flow.		
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.*
1122	\$ 100,000.00	540500
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo
Provide Rate and Rate Descriptions if applicable <sup>*</sup> (?) contracted rates determined by experience Project WBS (Work Breakdown Structure) <sup>*</sup> (?) NA		
Fiscal Year* (?)	Amount*	(2)
2026	\$ 100,000	
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?*		
Is the payment deadline different than net (45)?*		
Are there any changes in the Performance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
File Upload (?)		
Contract Owner		

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 $\bigcirc$ 

Contract Owner\* (?)

Please Select Contract Owner

Rachel Beasley

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

### Approved by

Rachel M. Beasley

**Contracts Approval** 

# Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/8/2025

Mental Health and IDD	tion
Current Fiscal Year Contract Informatic	on
Current Fiscal Year 2025	
Contract ID#* 2024-0970	
Contractor Name* CSI Companies, Inc. d/b/a CSI Professional	
Service Provided * (?) Coding Services	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Lease</li> <li>Other</li> </ul>

- O Yes
- No
- Unknown

>

Contract NTE* (	
	21
	٠,

\$ 150,000.00

Rate(s)/Rate(s) Description Varies

Unit(s) Served\*

G/L Code(s)\* 540500

Current Fiscal Year Purchase Order Number\* Ct144502

Contract Requestor\*

Rachel Beasley

Contract Owner\*

Rachel Beasley

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?  $\ensuremath{^{(?)}}$ 

🖲 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 O No

How does this contract support Agency/Unit Strategic priorities?* Implementation of a coding team leverages expert skills to assist in the training of providers and evaluation of documentation to increase revenue and decrease denials.					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts	Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1134	Amount Charge \$ 150,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 540500		
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*		
Provide Rate and Rate Descriptions if applicable * (?) determined by scope of work					
Project WBS (Work Breakdown Stru NA	ucture) * (?)				
Fiscal Year <sup>*</sup> (?)		Amount <sup>* (?)</sup>			
2026		\$ 100,000.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts					
Contract Funding Source* General Revenue (GR)					
Contract Content Changes					
Are there any required changes to	the contract langu	age?* (?)			
🔘 Yes 🛞 No					
Will the scope of the Services chan	ige?*				
Yes No					
Please Explain*					
A coding manager and one coder have been vetted and will be hired full time in FY26 - this contract will assist with finding additional coders and set up of final processes					
Is the payment deadline different than net (45)?*					
🔘 Yes 🍥 No					
Are there any changes in the Perfo	rmance Targets?*				
🔘 Yes 🛞 No					
Are there any changes to the Subm	nission deadlines f	or notes or support	ing documentation?*		
🔘 Yes 🛞 No					
File Upload (?)					

Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Rachel Beasley		
Budget Manager Approval(s)		
Approved by		
Ricardo Campbell		
Contract Owner Approval		
Approved by		
Rachel M. Beasley		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/8/2025	

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
*	
Contract ID#*	
7145	
Contractor Name*	
CyberOne, LLC	
Service Provided * (?)	
VECTRA Software, is a network-based behavioral anor	haly detection solution
Renewal Term Start Date *	Renewal Term End Date*
6/19/2025	6/18/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)* Check all that Apply	
	Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other DIR-CPO-4851
Contract Description / Type	
Contract Description / Type	Consultant
Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- O Yes
- No
- Unknown

Contract N	ΓE ^	(?)
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\$ 111,013.31

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O 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 O No

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

ï

Renewal Information for Next Fiscal Year			
Budget Units and Amount	s Charged to each l	Budget Unit	
Budget Unit Number* 1130	Amount Charged to Ur \$ 115,000.00		Expense/GL Code No.* 53002
Budget Manager* Campbell, Ricardo		ndary Budget M obell, Ricardo	anager*
Provide Rate and Rate Descriptior N/A	ns if applicable <sup>* (?)</sup>		
Project WBS (Work Breakdown St N/A	ructure) <sup>*</sup> (?)		
Fiscal Year <sup>*</sup> (?) 2026		unt <sup>*</sup> (?) 5,000.00	
Next Fiscal Year Not to Exceed An	nount for Master Pooled Co	ontracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	S		$\odot$
Are there any required changes to Ves  No	the contract language?*	(?)	
Will the scope of the Services cha	nge?*		
Is the payment deadline different t	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			$\odot$
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala Budget Manager Approva	l(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
Mustafa Cechinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	5/7/2025

Mental Health and IDD Annual Renewal Evaluation	on
Current Fiscal Year Contract Information	ि
Current Fiscal Year 2025	
Contract ID#* 7718	
Contractor Name* DataVox, Inc.	
Service Provided <sup>* (?)</sup> Lifesize Audio Conferencing and Cloud Subscription (TIP Contract# 230105.	S). TIPS Tag-On. Tag-on
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than \$250         Board Approval (Total NTE Amount is \$250,000.00 or         Grant Proposal         Revenue         SOW-Change Order-Amendment#         Other	
Procurement Method(s)*	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other TIPS RFP Contract # 230105</li> </ul>
Contract Description / Type Personal/Professional Services	Consultant
<ul> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Cher

- Yes
- No
- Unknown

\$ 108,154.06

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT144095

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔘 Yes 🔘 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes O 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 O 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 O No
How does this contract support Agency/Unit Strategic priorities?*
```

N/A

Renewal Information f	or Next Fiscal Year		
Budget Units and Amo	unts Charged to each Budget	t Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1130	\$ 135,000.00	574000	
Budget Manager*		udget Manager*	
Campbell, Ricardo	Campbell, Rica	ardo	
Provide Rate and Rate Descri N/A	ptions if applicable * (?)		
Project WBS (Work Breakdow N/A	n Structure) <sup>* (?)</sup>		
Fiscal Year* (?)	Amount <sup>* (?)</sup>		
2026	\$ 135,000.00		
	d Amount for Master Pooled Contracts		
Contract Funding Source*			
General Revenue (GR)			
Contract Content Cha	nges	8	
Are there any required chang	es to the contract language?* (?)		
Will the scope of the Services	change?*		
🔘 Yes 🍥 No			
Is the payment deadline differ	ent than net (45)?*		
🔘 Yes 🍥 No			
Are there any changes in the	Performance Targets?*		
🔾 Yes 💿 No			
	Submission deadlines for notes or sup	porting documentation?*	
🔿 Yes 🍥 No			
File Upload (?)			
Contract Owner		$\circ$	
Contract Owner* (?)			
Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Appro	oval(s)	$\mathbf{S}$	

Reards Campbell   Contract Owner Approval   Approved by   Mustafa Cochimvala   Contracts Approval   Approve*   Yes   No, reject entire submission   Return for correction   Approved by*   Belinda Stude	Contract Owner Approval Approved by	
Approved by Mustafa Cochimnala Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by *	Approved by Mustafa Cochinnvala Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by*	
Mustafa Cachimnala Contracts Approval Approve*  Yes No, reject entire submission Return for correction Approved by*	Mustafa Cachinneala Contracts Approval Approve*  Yes No, reject entire submission Return for correction Approved by*	0
Contracts Approval Approve*  Yes No, reject entire submission Return for correction Approved by*	Contracts Approval Approve*  Yes No, reject entire submission Return for correction Approved by *	
Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> <li>Approved by*</li> <li>Approval Date*</li> </ul>	<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> <li>Approved by *</li> <li>Approval Date *</li> </ul>	<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	
Return for correction           Approved by *           Approval Date *	Return for correction Approved by *	
Approved by * Approval Date*	Approved by *	
Approval Date*		
Approval Date*		
Belinda Stude 5/7/2025	Approval Date <sup>*</sup>	
	Belinda Stude 5/7/2025	

HARRIS CENTER of	Annual	Renewal	Evalua	ation	
Mental Health and IDD					

Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2025	
Contract ID#*	
2024-0968	
Contractor Name*	
Eplus Technology Inc.	
Service Provided * (?)	
Cyberint's AI-driven External Risk Management Solution Actionable Intelligence Against Advanced Threats	Will Deliver Collaborative,
Renewal Term Start Date *	Renewal Term End Date *
10/26/2025	10/25/2026
Term for Off Cuelo Only (For Reference Only)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	💹 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other TIPS 210305
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
) Yes	

- No
- Unknown

\$ 98,855.18

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT144436

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

🖲 Yes 🔵 No

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

🖲 Yes 🔘 No

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

🕘 Yes 🔘 No

Were reports, billing and/or invoices submitted in a timely manner?  $\ensuremath{^{(?)}}$ 

💿 Yes 🔘 No

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

Yes O No

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

Yes ONO

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 O No

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

10

Renewal Information for	r Next Fiscal Year	$\sim$		
Budget Units and Amo	unts Charged to each Bu	idget Unit		
Budget Unit Number*	Amount Charged to Unit <sup>*</sup> \$ 104,000.00	Expense/GL Code No.*		
Budget Manager*		ary Budget Manager*		
Campbell, Ricardo		II, Ricardo		
Provide Rate and Rate Descrip	tions if applicable $(?)$			
N/A				
Project WBS (Work Breakdown N/A	n Structure) <sup>* (?)</sup>			
Fiscal Year <sup>* (?)</sup>	Amoun			
2026	\$ 104,0	00.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Con	tracts		
Contract Funding Source*				
General Revenue (GR)				
Contract Content Changes				
Are there any required change O Yes  No	s to the contract language?* (?)			
Will the scope of the Services	ahanga2*			
<ul> <li>Yes          <ul> <li>No</li> </ul> </li> </ul>	change r			
Is the payment deadline differe	ent than net (45)?*			
🔘 Yes 💿 No				
Are there any changes in the F	Performance Targets?*			
○ Yes ● No				
<ul> <li>Yes </li> <li>No</li> </ul>	Submission deadlines for notes o	or supporting documentation?		
File Upload (?)				
Contract Owner				
Contract Owner* (?)				
Please Select Contract Owner Mustafa Cochinwala				
Budget Manager Appro	val(s)			
Budgermanager Appro				

 $\widehat{}$ 

Approved	by
----------	----

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

# **Contracts Approval**

Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

2025 Contract ID#* 6825 Contractor Name* Granite Telecommunications, LLC Service Provided* (?) POTS and AT&T bills transferred to Granite who manages the Renewal Term Start Date* Re	Aganav'a talanhana billa
2025 Contract ID#* 6825 Contractor Name* Granite Telecommunications, LLC Service Provided* (?) POTS and AT&T bills transferred to Granite who manages the Renewal Term Start Date* Re	Aganavia talanhana billa
6825 Contractor Name* Granite Telecommunications, LLC Service Provided* (?) POTS and AT&T bills transferred to Granite who manages the Renewal Term Start Date*	Aganavia talanhana billa
Contractor Name* Granite Telecommunications, LLC Service Provided* (?) POTS and AT&T bills transferred to Granite who manages the Renewal Term Start Date* Re	Aganavia talanhana billa
Granite Telecommunications, LLC Service Provided* (?) POTS and AT&T bills transferred to Granite who manages the Renewal Term Start Date* Re	Aganavia talanhana billa
POTS and AT&T bills transferred to Granite who manages the Renewal Term Start Date*	
Renewal Term Start Date* Re	Agenevia telephone bille
	Agency's telephone bills.
9/1/2025 8/	enewal Term End Date*
	31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250,00	0.00)
Board Approval (Total NTE Amount is \$250,000.00 or mor	e)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other -
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	Service/maintenance
Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	
Vendor/Contractor a Historically Underutilized Business	IT/Software License Agreement
Yes	IT/Software License Agreement Lease Other

- No
- 0 Unknown

\$ 172,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144174

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

```
Have there been any significant performance deficiencies within the current fiscal year?*
 Yes No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes O No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O 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?\* N/A

Budget Units and Amounts Charged to each Budget Unit*       Expense/GL Code No.*         Budget Unit Number*       Amount Charged to Unit*       Expense/GL Code No.*         1171       \$ 132,000.00       564000         Budget Manager*       Secondary Budget Manager*         Campbell, Ricardo       Campbell, Ricardo         Provide Rate and Rate Descriptions if applicable* (?)       N/A
Budget Unit Number*Amount Charged to Unit*Expense/GL Code No.*1171\$ 132,000.00564000Budget Manager*Secondary Budget Manager*Campbell, RicardoCampbell, Ricardo
1171       \$ 132,000.00       564000         Budget Manager*       Secondary Budget Manager*         Campbell, Ricardo       Campbell, Ricardo         Provide Rate and Rate Descriptions if applicable* (?)
Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable* (?)
Project WBS (Work Breakdown Structure) <sup>* (?)</sup> N/A
Fiscal Year* (?) Amount* (?)
2026 \$ 132,000.00
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source <sup>*</sup>
General Revenue (GR)
Contract Content Changes 🔗
Are there any required changes to the contract language?* (?) Yes  No
Will the scope of the Services change? <sup>★</sup> ○ Yes  No
Is the payment deadline different than net (45)?*
Are there any changes in the Performance Targets?*
Are there any changes to the Submission deadlines for notes or supporting documentation?*
File Upload (?)
Contract Owner
Contract Owner* (?)
Please Select Contract Owner Mustafa Cochinwala
Budget Manager Approval(s)

(~)

# Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

# **Contracts Approval**

# Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

# Manual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#\* 2021-0171 Contractor Name\* Mobile Communications America (FKA Knight Security) Service Provided\*(?) Agency-Wide Access Control and Other System Related Services including Pharmacy

Agency-Wide Access Control and Other System Related Services including Pharmac Intrusion Alarm Monitoring Services.

 Renewal Term Start Date\*
 Renewal Term End Date\*

 9/1/2025
 8/31/2026

Term for Off-Cycle Only (For Reference Only)

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

### **Contract Description / Type**

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

- Competitive Proposal Sole Source Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

Other

- O Yes
- No
- Unknown

\$ 185,001.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1817

G/L Code(s)\* 553001

Current Fiscal Year Purchase Order Number\* CT144054

Contract Requestor\* Sarah Harper

Contract Owner\* Todd McCorquodale

File Upload (?)

# Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes O 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 O 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?\* acess controls for agency

Renewal Information for	Next Fiscal Year	0	
Budget Units and Amou	nts Charged to each Budge	t Unit	
Budget Unit Number* 1817	Amount Charged to Unit* \$ 185,001.00	Expense/GL Code No.* 553001	
Budget Manager* Campbell, Ricardo	Secondary Bo Moynihan, Kel	udget Manager* Ily	
Provide Rate and Rate Descript see proposal	ions if applicable <sup>* (?)</sup>		
Project WBS (Work Breakdown n/a	Structure) <sup>*</sup> (?)		
Fiscal Year* (?)	<b>Amount*</b> (?)		
2026	\$ 185,001.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts		
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	jes	6	
Are there any required changes	to the contract language?		
Will the scope of the Services c Yes  No	hange?*		
Is the payment deadline differen	nt than net (45)? <sup>*</sup>		
Are there any changes in the Pe	rformance Targets?*		
Are there any changes to the St	bmission deadlines for notes or sup	porting documentation?*	
File Upload (?)			
Contract Owner		0	
Contract Owner* (?)			
Please Select Contract Owner Michael Mitchell			

# Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Michael Mitchell

# **Contracts Approval**

# Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

Menta Health and IDD Annual Renewal Evaluat	ion
Current Fiscal Year Contract Information	
Current Fiscal Year	
2025	
Contract ID#*	
2022-0309	
Contractor Name*	
Master Pooled Contract for Architectural and Engineering	
Service Provided * (?)	
Master Pooled Contract for Architectural and Engineering	1
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
A roude them Submitted For (2)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250	0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Not Applicable (If there are no funds required)	Consumer Driven Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Precentor	Amendment to Existing Contract           Service/Maintenance
Affiliation or Preceptor BAA/DUA	Service/Maintenance IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- O Yes
- No
- Unknown

\$ 175,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1899

G/L Code(s)\* Varies

Current Fiscal Year Purchase Order Number\* CT144226

Contract Requestor\* Sarah Harper

Contract Owner\*

Karen Hurst

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 O 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 O 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 O No

How does this contract support Agency/Unit Strategic priorities?\* master pool contact for architectural and engineering services

Budget Units and Amou	nts Charged to each Budge	
Budget Unit Number* 1899	Amount Charged to Unit* \$ 100,000.00	Expense/GL Code No.* 569015
Budget Manager* Campbell, Ricardo	Secondary E Moynihan, Kr	Budget Manager* elly
Provide Rate and Rate Descript decreased overall contract amoun diminished need for these types of projects would have their own PO Procession Services Master Pool on individual companies, only the Project WBS (Work Breakdown n/a	It for FY2026 due to f services, and any capital number. NTE for is \$100,000.00, no money POOL contract	
Fiscal Year * (?) 2026	Amount* (?) \$ 100,000.00	
Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes	an a	6
○ Yes ● No Will the scope of the Services of Yes ● No	hange?*	
Is the payment deadline differen ⊙ Yes ⊚ No	nt than net (45)?*	
Are there any changes in the Pe ○ Yes ● No	erformance Targets?*	
Are there any changes to the St	ubmission deadlines for notes or su	pporting documentation?*

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Contract Owner\* (?)

Please Select Contract Owner

Michael Mitchell

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Michael Mitchell

Contraction of the	NAME OF TAXABLE PARTY.	The second second	Contract of the
	tracts	Appr	AVG.
1010181	I I S LUTING	V=101011	101/2511

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

Mental Health and IDD Annual Renewal Evaluation	
Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0455	
2	
Contractor Name*	
Waste Management of Texas, Inc.	
Service Provided * (?)	
Agency wide trash collection and dumpster/removal ser	rvices.
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Term for On-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
SOW-Change Order-Amendment#	
□ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
<ul> <li>Request for Application</li> <li>Request for Quote</li> </ul>	Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other HCDE/CP No. 22/030SG-02
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No

Onknown

## Contract NTE\* (?)

\$ 95,000.00

#### Rate(s)/Rate(s) Description

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.

Unit(s) Served \*

1899

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144201

Contract Requestor\* Sarah Harper

Contract Owner\*

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 O 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 O 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 O No

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

waste removal

Renewal Information for Next Fiscal Year			
	unts Charged to each Budget		
Budget Unit Number* 1899	Amount Charged to Unit* \$ 100,000.00	Expense/GL Code No.* 569006	
Budget Manager* Campbell, Ricardo	Secondary Bu Moynihan, Kelly	dget Manager* y	
Provide Rate and Rate Descri	ptions if applicable * (?)		
increased by \$5,000.00 continge to addition of Main Street campu overages	ency from previous year due		
Project WBS (Work Breakdow n/a	n Structure)* (?)		
Fiscal Year <sup>* (?)</sup>	Amount <sup>* (?)</sup>		
2026	\$ 100,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* General Revenue (GR) Contract Content Changes			
Are there any required changes to the contract language?* (?)			
Will the scope of the Services change? <sup>★</sup> ○ Yes ⊛ No			
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		۵	

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Contract Owner\* (?)

Please Select Contract Owner

Michael Mitchell

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

#### Approved by

Michael Mitchell

**Contracts Approval** 

## Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

	tion
Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
2023-0705	
Contractor Name*	
Your Part-Time Controller, LLC	
Service Provided * (?)	
	Assounting/Fingues department
Temporary consulting engagement and support for the	Accounting/Finance department.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
renin for on-cycle only (i or reference only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
	<ul> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	Sole Source
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Professional/Consulting Service(s)</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type Personal/Professional Services	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Professional/Consulting Service(s)</li> <li>Consultant</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Professional/Consulting Service(s)</li> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Professional/Consulting Service(s)</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Professional/Consulting Service(s)</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

- Yes
- No
- O Unknown

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Contract NTE\* (?) \$ 230,000.00 Rate(s)/Rate(s) Description Vary. Unit(s) Served\* 1122 G/L Code(s)\* 540500 Current Fiscal Year Purchase Order Number\* CT144282 Contract Requestor\* **Rachel Beasley** Contract Owner\* **Rachel Beasley** 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 O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O 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?\*

YPTC provides professional grade accounting personnel to assist with individual projects.

Budget Units and Amo	unts Charged to each Budge	et Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 150,000.00	Expense/GL Code No.* 540500		
Budget Manager* Campbell, Ricardo	Secondary E Campbell, Ri	Budget Manager* cardo		
Provide Rate and Rate Descri contracted rates based on level				
Project WBS (Work Breakdow NA	n Structure) <sup>* (?)</sup>			
Fiscal Year* (?) 2026	<b>Amount*</b> (?) \$ 150,000.00			
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contract	маниялиськи на сласти с салосан на сласти с сласти с сласти с на селото на сласти с на сласти с сласти с на с В		
Contract Funding Source* General Revenue (GR) Contract Content Cha	nges	٥		
Are there any required change Yes  No	es to the contract language?* (?)			
Will the scope of the Services	change?*			
Is the payment deadline differ	ent than net (45)? <sup>*</sup>			
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner		•		
Contract Owner* (?) Please Select Contract Owner Rachel Beasley				

 $\bigcirc$ 

Approved	by
----------	----

Ricardo Campbell

Contract Owner Approval

Approved by

Rachel M. Beasley

**Contracts Approval** 

## Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/8/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year 2025	
Contract ID#* 2024-0902	
Contractor Name* Baylor College of Medicine Department of Family and C	community Medicine
Service Provided * (?) Physical Medical Evaluations for Crisis Stabilization Uni	it (CSU) Patients.
Renewal Term Start Date * 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2:</li> <li>Board Approval (Total NTE Amount is \$250,000.00 o</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	
Other  Procurement Method(s)*  Check all that Apply  Competitive Bid	Competitive Proposal
<ul> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

## Contract NTE\* (?)

\$ 100,000.00

#### Rate(s)/Rate(s) Description

\$8,314.16 per month (\$8,333.33 per month for physical examination, 2-5 estimated physical examinations per day, minus a \$19.17 monthly administration fee to the Harris Center for performing subsequent background checks.

Unit(s) Served\* 9209

G/L Code(s)\*

543011

Current Fiscal Year Purchase Order Number\* CT144564

Contract Requestor\* Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

 $\widehat{}$ 

# 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?* Increase the number of patients receiving primary care at The Harris Center.				
Renewal Information fo	r Next Fiscal Yea	l		
Budget Units and Amou	unts Charged to e	ach Budget	Unit	
Budget Unit Number* 9209	Amount Charged \$ 100,000.00	d to Unit*	Expense/GL Code No.* 543011	
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisc	ıdget Manager* illa	
Provide Rate and Rate Descrip \$8,333.33 per month for Physical Estimated Physical Examinations \$8,314.16 per month (\$8,333.33 examination, 2-5 estimated physi	l Examination, 2-5 ; per day per month for physical	4		
minus a \$19.17 monthly administ Center for performing subsequen	ration fee to the Harris t background checks.			
Project WBS (Work Breakdowr na	) Structure) <sup>* (?)</sup>			
Fiscal Year* (?) 2026		Amount <sup>* (?)</sup> \$ 100,000.00		
Next Fiscal Year Not to Exceed	Amount for Master Po	oled Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Chan	ges			0
Are there any required changes	s to the contract langua	age?* (?)		
Will the scope of the Services of Yes  No	change?*			
Is the payment deadline differe	nt than net (45)?*			
Are there any changes in the P Yes  No	erformance Targets?*			
Are there any changes to the S Yes  No	ubmission deadlines fo	or notes or supp	porting documentation?*	
File Upload (?)				

Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Kim Kornmayer		
Budget Manager Approval(s)		
Approved by		
Todel Oshman		
Contract Owner Approval		٢
Approved by		
Kim KOPNMAYER		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	4/29/2025	

#### 

## **Current Fiscal Year Contract Information**

Current Fiscal Year

2025

Contract ID#\*

Contractor Name\* Labatt Institutional Supply Company

Service Provided<sup>\* (?)</sup> Food Services for Consumers in the CRU

Renewal Term Start Date\*

Renewal Term End Date\* 3/31/2026

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

4/1/2025

- SOW-Change Order-Amendment#
- Other

### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source
- Request for Qualification
- 🔄 Tag-On
- Consumer Driven
- Other

#### Consultant

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

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

- Yes
- No

Unknown

Contract NTE\* (?)

\$ 180,565.00

Rate(s)/Rate(s) Description

Unit(s) Served\* Varies

G/L Code(s)\* 548001

Current Fiscal Year Purchase Order Number\* CT144221

Contract Requestor\*

Kim Kornmayer

Contract Owner\*

Kim Kornmayer

File Upload (?)

# Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes O 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?  $^{\star}$ 

This contract will enable staff to purchase food and food supplies for meals for consumers in the residential programs.

# Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 9210	Amount Charge \$ 60,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 548000
Budget Manager* Oshman, Jodel		Secondary Budget Ramirez, Priscilla	: Manager*
Budget Unit Number* 9810	Amount Charge \$ 51,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 548000
Budget Manager* Oshman, Jodel		Secondary Budget Ramirez, Priscilla	t Manager*
Budget Unit Number* 9407	Amount Charge \$ 20,922.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 548000
Budget Manager* Ramirez, Priscilla		Secondary Budget Puente, Giovanni	t Manager*
Provide Rate and Rate Descriptions	if applicable $(?)$		
Project WBS (Work Breakdown Stru na	cture) * (?)		
Fiscal Year* (?) 2026		Amount <sup>* (?)</sup> \$ 131,922.00	
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?*			
Is the payment deadline different than net (45)?*			
Are there any changes in the Perfor	mance Targets?*		

	deadlines for notes or supporting documentation?*
🗇 Yes 🍥 No	
File Upload (?)	
Contract Owner	
Contract Owner <sup>*</sup> (?)	
Please Select Contract Owner	
Kim Kornmayer	
Budget Manager Approval(s)	
Approved by	Approved by
Jodel Oshman	Priscilla M. Ramirez
Orace Comman	O astala m Diameter
Contract Owner Approval	
Approved by	
Kim KopNMAYER	
Contracts Approval	
Approve*	
• Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date <sup>*</sup>
Belinda Stude	5/2/2025
Delinda Stude	

HARRIS CENTER for Mental Health and JDD	ition
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2025	
Contract ID#*	
2023-0749	
Contractor Name*	
Amber Burks, MD dba Texas Telepsychiatry Solutions	
Service Provided* (?)	
Telepsychiatry services to juveniles within the placement	nt facilities
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	Competitive Proposal
Competitive Bid	Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	🖉 Other -
on a management of the solution of the solutio	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- ) Yes
- O No
- Unknown

Contract NTE\* (?) \$ 208,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 6901

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144180

Contract Requestor\* Sheenia Williams-Wesley

Contract Owner\*

Monalisa Jiles

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

🛛 Yes 🔍 No

Were Services delivered as specified in the contract?\*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ 

Yes No

How does this contract support Agency/Unit Strategic priorities?\* Provides telepsychiatry for at risk juveniles

Renewal Information for Next Fiscal Year				
Budget Units and Amount	ts Charged to e	each Budge	t Unit	
Budget Unit Number* 6901	Amount Charge \$ 208,000.00	d to Unit*	Expense/GL Code No.* 540503	
Budget Manager* Williams-Wesley, Sheenia		Secondary B Reyes, Elizab	udget Manager* eth	
Provide Rate and Rate Description \$200 per hour for a minimum of 20 h				
Project WBS (Work Breakdown St n/a				
Fiscal Year* (?)		Amount* (?)		
2026		\$ 208,000.00		
Next Fiscal Year Not to Exceed Ar	nount for Master Po	oled Contracts		
Contract Funding Source* County				
Contract Content Change	es		the second second second	
Are there any required changes to	o the contract langu	age?* (?)		
Will the scope of the Services cha	ange?*			
Is the payment deadline different than net (45)?*				
Are there any changes in the Perf	ormance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				
Contract Owner* (?)				
Please Select Contract Owner Monalisa Jiles				
		and the state of the		
Budget Manager Approva	ai(S)	and the second		0

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## Approved by

Sheenia Williams-Wester

# Contract Owner Approval

Approved by

Monatisa Tiles

# **Contracts Approval**

## Approve\*

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

# Approved by \*

Belinda Stude

Approval Date\* 4/25/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Informatic	on 📀
Current Fiscal Year	
2025	
Contract ID#*	
2022-0465	
Contractor Name*	
Baylor College of Medicine - Department of Psychiatry	and Behavioral Sciences
Service Provided * (?)	
Community Track Rotation for Residents	
Renewal Term Start Date *	Renewal Term End Date*
7/1/2025	6/30/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application           Request for Quote	Request for Qualification           Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	S Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	<ul> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?) \$ 184,304.64
Rate(s)/Rate(s) Description \$68.16 per hour for 52 hours per week
Unit(s) Served * 2209
G/L Code(s)* 540504
Current Fiscal Year Purchase Order Number* CT144335
Contract Requestor* Danyalle Evans
Contract Owner* Felecia Garner
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule? * (?) Wes
Were reports, billing and/or invoices submitted in a timely manner? <sup>★</sup> (?) ● Yes ● No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $(?)$
Yes ONO
Did Contractor render services consistent with Agency policy and procedures?* $^{(?)}$ $\circledast$ Yes $\bigcirc$ No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor? ★ (?) ● Yes ○ No

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

Renewal Information for I	Next Fiscal Year	
Budget Units and Amoun	ts Charged to each Budg	et Unit
Budget Unit Number* 2209	Amount Charged to Unit* \$ 212,659.20	Expense/GL Code No.* 540504
Budget Manager* Smith, Janai	Secondary Shelby, Deb	Budget Manager* bie
Provide Rate and Rate Descriptio \$68.16 x 52hr/wk x 5 wk/mo x 12 mo Project WBS (Work Breakdown St	o/yr	
N/A		
Fiscal Year <sup>* (?)</sup> 2026	Amount <sup>* (3</sup> \$ 212,659.2	
Next Fiscal Year Not to Exceed Ar		
Contract Funding Source * State Contract Content Change Are there any required changes to Yes No Will the scope of the Services changes to Yes No	o the contract language?* (?) ange?*	6
Is the payment deadline different	than net (45)? ^	
Are there any changes in the Peri Yes  No	formance Targets?*	
Are there any changes to the Sub	omission deadlines for notes or s	upporting documentation?*
File Upload (?)		
Contract Owner		$\odot$
Contract Owner* (?) Please Select Contract Owner		
Felecia Garner		
Budget Manager Approva	al(s)	$\sim$

 $\bigcirc$ 

Ap	proved	by
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Janai Lynnette Smith

# Contract Owner Approval

Approved by

Gelecia Garner, MD

# **Contracts Approval**

## Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/13/2025

	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2023-0736	
Contractor Name*	
Baylor College of Medicine Department of Psychiatry a	nd Behavioral Sciences
Service Provided * (?)	
Psychiatric Resident Educational Rotation Services	
Renewal Term Start Date *	Renewal Term End Date *
7/1/2025	6/30/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 a	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	🕼 Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	Service/Maintenance
	IT/Software License Agreement
Pooled Contract	IT/Software License Agreement Lease

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 105,730.56

Rate(s)/Rate(s) Description \$63.54

Unit(s) Served\* 2208

G/L Code(s)\* 540504

Current Fiscal Year Purchase Order Number\* CT144293

Contract Requestor\*

Danyalle Evans

Contract Owner\*

Felecia Garner

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O No

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

🍥 Yes 🔘 No

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

```
Yes O No
```

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

Yes O No

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

Yes ONO

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

💿 Yes 🔘 No

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

Yes ONO

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?\* GME

Budget Units and Amounts C	harged to each Bud	act Lipit
<b>-</b> · · · · · · · · · · · · · · · · · · ·		geronir
	Mount Charged to Unit* 129,621.60	Expense/GL Code No.* 540504
Budget Manager <sup>*</sup> Smith, Janai	Secondar Shelby, De	y Budget Manager <sup>*</sup> abbie
Provide Rate and Rate Descriptions if a \$63.54 x 20hr/wk x 5wks/mon x 14 rotation \$63.54 x 8hr/wk x 5wks/mon x 16 rotation Project WBS (Work Breakdown Structor N/A	ons Forensic ns Child Fellow	
Fiscal Year* (?) 2026	Amount* \$ 129,621	
Next Fiscal Year Not to Exceed Amoun	$\mathbb{S}^{2}$ . The probability of the state o	
Contract Funding Source* State Contract Content Changes		Ô
Are there any required changes to the Yes  No	contract language?* (?)	
Will the scope of the Services change?	?*	
Is the payment deadline different than Yes  No	net (45)?*	
Are there any changes in the Performa	ince Targets?*	
Are there any changes to the Submiss	ion deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner Felecia Garner Budget Manager Approval(s)		

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Janai Lynnette Smith

# Contract Owner Approval

Approved by

Gelecia Garner, MD

# **Contracts Approval**

## Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/13/2025

Mental Health and IDD	tion
Current Fiscal Year Contract Informatic	on
Current Fiscal Year 2025	
Contract ID#* 2023-0819	
Contractor Name*	
MST Services, LLC, d/b/a MST Services	
Service Provided * (?)	
Increase continuity of services for juveniles leaving the services in the community.	Juvenile Detention Center and MST
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)* Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA     Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	<ul> <li>Lease</li> <li>Other</li> </ul>
Vendor/Contractor a Historically Underutilized Busi	

- Yes
- 🔘 No
- Unknown

## Contract NTE\* (?)

\$ 100,000.00

#### Rate(s)/Rate(s) Description

Funding will be coming from HHSC and is listed on a separate ECS contract. MST services provides oversight for program but is not providing funding.

Unit(s) Served\*

4160

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Mohagany Bowser

#### Contract Owner\*

Tiffanie Williams-Brooks

File Upload (?)

# Evaluation of Current Fiscal Year Performance

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O No

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

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

```
Yes O 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 O No

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

Yes ONO

Renewal Determination

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

Yes O No

How does this contract support Age	ency/Unit Strategic	priorities?*	
The program will add service strategie service array for MH/SUD/IDD. The pr the community via outreach and enga	rogram also increase	es the Harris Center's	
Renewal Information for No			Ô
Budget Units and Amounts	Charged to e	ach Budget Un	it
Budget Unit Number* 4160	Amount Charged \$ 100,000.00	i to Unit*	Expense/GL Code No.* 542000
Budget Manager* Smith, Janai		Secondary Budget Shelby, Debbie	Manager*
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stru 0.00	ucture) <sup>* (?)</sup>		
Fiscal Year* (?)		Amount <sup>* (?)</sup>	
2025		\$ 100,000.00	
Next Fiscal Year Not to Exceed Amo Contract Funding Source*	ount for Master Poo	oled Contracts	
State Contract Content Changes	3		$\mathbf{S}$
Are there any required changes to t	the contract langua	ge?* (?)	
Will the scope of the Services chan	ige?*		
🔘 Yes 🔘 No			
Is the payment deadline different th	nan net (45)? <sup>*</sup>		
Are there any changes in the Perfor	rmance Targets?*		
Are there any changes to the Subm	iission deadlines fo	or notes or supportion	ng documentation?*
File Upload (?)			
Contract Owner			0

С	on	tra	ct	0	wn	e	r*	(?)

Please Select Contract Owner

Tiffanie Williams-Brooks

# Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

# Contract Owner Approval

### Approved by

Station Philling Brechs. Mit. LSPC-S

**Contracts Approval** 

## Approve\*

Yes

- No, reject entire submission
- Return for correction

## Approved by\*

Belinda Stude

Approval Date\* 5/6/2025

# Annual Renewal Evaluation

**OC**ENTER

# **Current Fiscal Year Contract Information**

Current Fiscal Year

Contract ID#\*

2024-0928

Contractor Name\*

The Furniture Bank

## Service Provided \* (?)

Existing Delivery Service contract has reached its 5-year automatic renewal limit, and the delivery rates have increase: 0-19 miles = \$99 20-29 miles = \$129 30-40 miles = \$149 and >40 miles = \$149 + \$5/mile over 40

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven

Other

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 120,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 2200

G/L Code(s)\* 595009

Current Fiscal Year Purchase Order Number\* CT144481

Contract Requestor\*

Lance Britt

Contract Owner\*

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

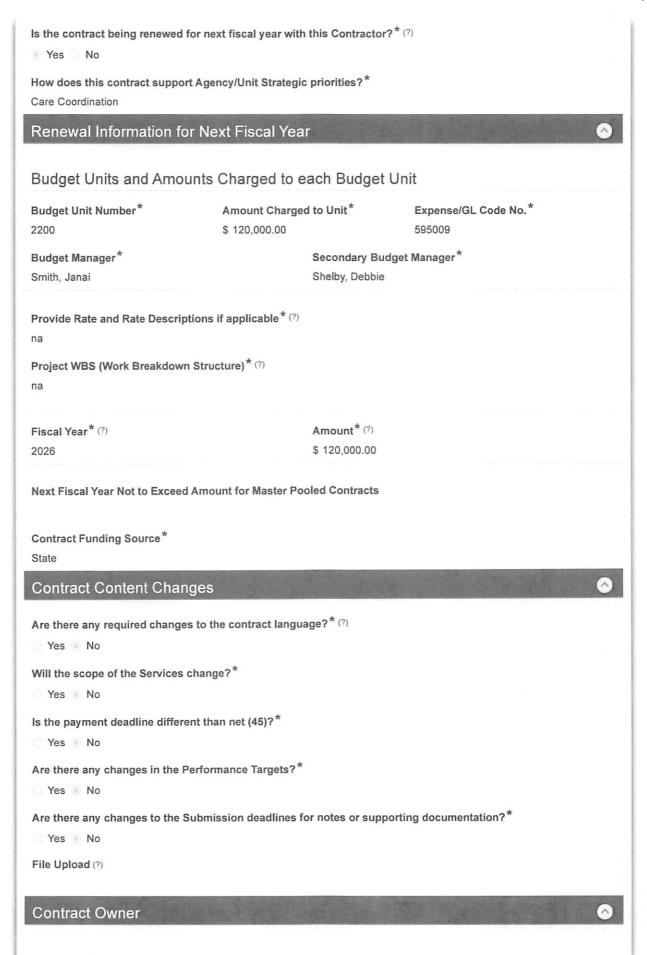
Did Contractor render services consistent with Agency policy and procedures?\* (?)

Yes O No

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

💿 Yes 🔘 No

Renewal Determination



~

Contract Owner\* (?)

Please Select Contract Owner

Lance Britt

# Budget Manager Approval(s)

## Approved by

Janai Lynnette Smith

# Contract Owner Approval

## Approved by

Lance Britt

**Contracts Approval** 

## Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

# **EXHIBIT R-8**

# JUNE 2025 NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD				SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000			JUNE 2025 FISCAL YEAR 2025	
	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
	ACCESS							
	ADMINISTRATION							
1	AAR, Incorporated	Mold Remediation Services for 1215 Dennis Street	\$89,533.00	5/5/2025 - 8/31/2025	General Revenue (GR)	Request for Quote	New Agreement to provide mold remediation services for 1215 Dennis Street damaged in May 2024 derecho.	
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
2	Inda Swanson Ledwig	Counseling Services to Consumers	\$1,080.00	5/28/2025 - 8/31/2025	State	Consumer DrivenService Consultant	New Agreement to provide counseling services to families supporting children with developmental delays/medical conditions.	
3	Millie M. Johnson	Respite and/or Community First Choice (CFC) Personal Assistance/Habilitation Services (PAS/HAB)	\$7,728.00	5/21/2025 - 8/30/2026	State		New Agreement to provide Respite Services to TxHmL Waiver Consumer.	
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

SNAPSHOT SUMMARY

Page 318 of 892

JUNE 2025



Due Diligence Project PUR-FY25-0341 Request for Quotes Mold Remediation Removal & Disposal Items 1215 Dennis St

Purchasing received a request from Facility Services on Monday, April 14, 2025, for Mold Remediation Removal & Disposal Items for 1215 Dennis St

Three (3) vendor quotes were received:

The work will include, but not limited to, the mold remediation scope of work as identified in EFI's Pre-Quote Walkthrough at the facility on February 14, 2025, and EFI's Mold Remediation Protocol dated January 8, 2025.

- 1) AAR Incorporated \$84,533
- 2) Sitek Omni Services \$112,600
- 3) Alpha Demolition & Remediation LLC \$129,316

Facility Services' recommendation is to move forward with AAR due to pricing and prior experience of working with the vendor.

NTE: \$84,533.00 Contingency \$5,000.00 Total NTE: \$89,533.00 Funding Source is Unit 1123 – 900040 Term: Initial Star Date to 8/31/2025

Submitted By: Docusigned by: Jacquelene Hedge

Jacqueline Hedge, BAA Purchasing, Buyer I **Recommended By:** 

DocuSigned by:

Sharon Brauner

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

Stanley Ildams

Stan Adams, MBA Chief Financial Officer

HARRIS CENTER INT	Executive Contract Summary
Mental Health and IDD	

# **Contract Section**

Contractor*	
AAR, Incorporated	
Contract ID #*	
2025-1065	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/17/2025	
Parties* (?)	
AAR Incorporated and The Harris Center	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	300 1.00395888
Revenue	
SOW-Change Order-Amendment#	
Other	
-	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole Source
Request for Application Request for Quote	Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
-	
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/5/2025	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year <sup>* (?)</sup>	Amount* (?)
2025	\$ 89,533.00
Funding Source*	
General Revenue (GR)	

Page 321 of 892

Contract Description / Type * (?) Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>
Justification/Purpose of Contract/Description of Servic mold remediation services for 1215 Dennis Street damage Contract Owner* Karen Hurst	ces Being Provided <sup>*</sup> (?)
Previous History of Contracting with Vendor/Contracto Yes No Unknown Please add previous contract dates and what services	
1/2015 mold remediation and 08/2021 asbestos abatemen Vendor/Contractor a Historically Underutilized Busines Yes No O Unknown	
Community Partnership * (?) Yes  No Unknown	
Supporting Documentation Upload (?) AAR Inc 1215 Dennis.pdf AARMoldRemediation New OfferLetter 03212025.pdf Contractors Original Quotes From EFI Feb 21 2025.pdf New Pricing Calculation Supporting AAR New Offer Letter. W9 AAR Incorporatedpdf AAR FRANCHISE TAX ACCOUNT STATUS.pdf COI AAR Inc exp 03_01_2026.pdf Complete_with_Docusign_Due_Diligence_for_Mold Reme Disposal Item.pdf Project Request Approved 238 - 1215 Dennis St Derecho.t	130.35KB 41.8KB 220.56KB diation Removal & 324.59KB
Vendor/Contractor Contact Person	
AAR, Inc / Michael Mackey	

Address\*
Street Address
6640 Signat Drive
Address Line 2
City State / Province / Region
Houston TX
Postal / Zip Code Country
77041-2724 US

Phone Number* 7134666800			
Email*			
m.mackey@aarinc.net			
Budget Section			$\odot$
Budget Units and Amounts	s Charged to ea	ich Budget Un	it
Budget Unit Number* 1123	Amount Charged \$ 89,533.00	to Unit*	Expense/GL Code No.* 900040
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions see attached proposal	s if applicable $^{\star}$ (?)		
Project WBS (Work Breakdown Str FM25.01.1123 Dennis St Mold Reme	and of the second s		
Requester Name Harper, Sarah		Submission Date 5/5/2025	
Budget Manager Approval		5/5/2025	$\overline{\mathbf{O}}$
Approved by			
Ricardo Campbell		Approval Date 5/5/2025	
Procurement Approval			$\odot$
File Upload (?)			
Approved by			
Sharon Brauner		Approval Date 5/6/2025	
Contract Owner Approval			$\odot$
Approved by			
Karen E. Hurst		Approval Date 5/6/2025	
Contracts Approval			

Page 323 of 892

A	p	pr	0	ve	•*

③ Yes

 $\bigcirc$  No, reject entire submission

 $\bigcirc$  Return for correction

Approved by\*

Belinda Stude

1

Approval Date\* 5/6/2025

Contract Section	
Contractor*	
inda Swanson Ledwig	
Contract ID #*	
2025-1022	
Presented To*	
Resource Committee	
<ul> <li>Full Board</li> </ul>	
Date Presented *	
6/17/2025	
Parties <sup>*</sup> (?)	
Linda Swanson Ledwig and The Harris Center for Men	tal Health and IDD
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	
	or more)
Grant Proposal	or more)
Grant Proposal	or more)
<ul> <li>Grant Proposal</li> <li>Revenue</li> </ul>	or more)
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	or more)
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	or more)
Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	or more)
Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Funding Information*</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Funding Information*</li> <li>New Contract Amendment</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Service Consultant</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Funding Information* <ul> <li>New Contract Amendment</li> </ul>	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Service Consultant
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Funding Information* <ul> <li>New Contract Amendment</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Service Consultant</li> </ul>
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Funding Information* <ul> <li>New Contract Amendment</li> </ul> Contract Term Start Date* (?) 5/28/2025 If contract is off-cycle, specify the contract term (?)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Service Consultant</li> </ul> Contract Term End Date * (?) 8/31/2025
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Service Consultant</li> </ul> Contract Term End Date * (?) 8/31/2025

10 mm 11	
Contract Description / Type* (?)	
Personal/Professional Services	S Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of	Services Being Provided * (?)
Contractor will provide counseling services to familie developmental delays/medical conditions.	
Contract Owner*	
Dr. Evanthe Collins	
Di. Evantile Collins	
Previous History of Contracting with Vendor/Con	stractor*
🗇 Yes 🖲 No 🔿 Unknown	
Vendor/Contractor a Historically Underutilized Bu	usinoss (HUR)* (?)
🔘 Yes 🔘 No 🝥 Unknown	
Community Partnership* (?)	
Yes O No O Unknown	
Specify Name*	
Linda Swanson Ledwig	
Supporting Documentation Upload (?)	
2025-1022 Linda Swanson Ledwig 2025msg	5.51MB
2025-1022 Linda Swanson Ledwig 2025msg	5.51MB
2025-1022 Linda Swanson Ledwig 2025msg Vendor/Contractor Contact Person	5.51MB
	5.51MB
Vendor/Contractor Contact Person	5.51MB
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig	5.51MB
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address*	5.51MB
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address	5.51MB
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street	5.51MB
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2	S
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2	S
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2 City Victoria	State / Province / Region Texas
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
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address * Street Address 1301 Westwood Street Address Line 2 City Victoria Postal / Zip Code 77901 Phone Number*	State / Province / Region Texas Country
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
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address * Street Address 1301 Westwood Street Address Line 2 City Victoria Postal / Zip Code 77901 Phone Number*	State / Province / Region Texas Country
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2 City Victoria Postal / Zip Code 77901 Phone Number* 361-571-2512	State / Province / Region Texas Country
Vendor/Contractor Contact Person Name* Linda Swanson Ledwig Address* Street Address 1301 Westwood Street Address Line 2 City Victoria Postal / Zip Code 77901 Phone Number* 361-571-2512 Email*	State / Province / Region Texas Country

Budget Unit Number*	Amount Charge	d to Unit <sup>*</sup>	Expense/GL Code No.*
3360	\$ 1,080.00		542000
Budget Manager		Secondary Budget	
Degracia, Ericka		Johnson, Kenyonika	
Provide Rate and Rate Descriptions \$90 per hour per client for each couns attachment for additional supporting d	seling session. See		
Project WBS (Work Breakdown Str	ucture) <sup>* (?)</sup>		
NA			
Requester Name		Submission Date	
Childs, Margo		5/1/2025	
Budget Manager Approval	(s)		0
Approved by			
2		Approval Date	
Ericka Degracia		5/2/2025	
Procurement Approval			$\diamond$
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			$\circ$
Approved by			
		Approval Date	
Evanthe Collins		5/5/2025	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
		Approval Date*	
Belinda Stude		5/7/2025	

2

HARRIS CENTER Jour	Executive Contract Summary
Mental Health and IDD	

# Contract Section

Contract Section	
Contractor*	
Millie M Johnson	
Conterest ID #*	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/17/2025	
Parties * (?)	
The Harris Center for Mental Health & IDD and Millie M J	onnson
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$250	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
<b>2 1 1 2 1 1 1 1 1 1 1</b>	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/21/2025	8/30/2026
If contract is off-cycle, specify the contract term (?)	
Contract begin 5/21/2025 thru 8/30/2026	
Fiscal Year* (?)	Amount <sup>*</sup> (?)
2025	\$ 7,728.00
Fiscal Year* (?)	Amount* (?)
2026	
	\$ 30,912.00

Funding Source* State	
<b>0 1 1 1 1 1 1 1 1 1 1</b>	
Contract Description / Type * (?)	
Personal/Professional Services Consumer Driven Contract	Consultant
Consumer Driven Contract	New Contract/Agreement Amendment to Existing Contract
Memorandum of Understanding Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided <sup>*</sup> (?)
To Provide Respite Services to TxHmL Waiver Consume	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes	
	•
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) ^ (?)
🔘 Yes 🔘 No 🍥 Unknown	
Community Partnership * (?)	
🔘 Yes 🝥 No 🔘 Unknown	
Supporting Documentation Upload (?)	
20250521.pdf	118.46KB
Vendor/Contractor Contact Person	0
Vendor/Contractor Contact Person	0
Name* Millie M Johnson	
Name* Millie M Johnson Address*	
Name* Millie M Johnson Address* Street Address	
Name* Millie M Johnson Address*	
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2	State / Province / Region
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street	State / Province / Region TX
Name * Millie M Johnson Address * Street Address 7413 Bigwood Street Address Line 2 City Houston	ТХ
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City	
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City Houston Postal / Zip Code 77016-3803	TX Country
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City Houston Postal / Zip Code 77016-3803 Phone Number*	TX Country
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City Houston Postal / Zip Code 77016-3803	TX Country
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City Houston Postal / Zip Code 77016-3803 Phone Number*	TX Country
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City Houston Postal / Zip Code 77016-3803 Phone Number* 346-350-3828	TX Country
Name* Millie M Johnson Address* Street Address 7413 Bigwood Street Address Line 2 City Houston Postal / Zip Code 77016-3803 Phone Number* 346-350-3828 Email*	TX Country

Budget Unit Number* 3585	Amount Charge \$ 38,912.00	d to Unit*	Expense/GL Code No.* 543005
Budget Manager Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager
Provide Rate and Rate Descriptions \$11.50 Per Hour	s if applicable * (?)		
Project WBS (Work Breakdown Stru N/A	ucture)* (?)		
Requester Name Wells, Rosa		Submission Date 5/21/2025	
Budget Manager Approval	(s)		0
Approved by <i>Ericka Degracia</i>		Approval Date 5/21/2025	
Procurement Approval			$\odot$
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<b>©</b>
Approved by Evanthe Cellins		Approval Date 5/27/2025	
Contracts Approval			
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			
Approved by* <i>Belinda Stude</i>		Approval Date * 5/28/2025	

# **EXHIBIT R-9**

# JUNE 2025 RENEWALS UNDER 100k

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
1	Charity Logic Corporation	Software Subscription Services	\$11,881.69	\$11,881.69	9/1/2025 - 8/31/2026	State Grant	Sole Source	Annual renewal of Software Subscription Services for the Crisis Line.
2	P-Master Pool for MHFA Independent Certified Trainers	Master Pooled Contract for Additional Certified MHFA Trainers Needed for the Community Training Department	\$5,000.00	\$5,000.00	9/1/2025 - 8/31/2026	State Grant	Training Services. Training Services.	Annual renewal of master pooled agreement for additional Certified MHFA Trainers to support the mission and training needs of the Community Training Department.
3	Robert McIntyre	Crisis Line Debriefing Group Facilitation Services	\$6,000.00	\$6,000.00	9/1/2025 - 8/31/2026	State Grant		Annual renewal of Agreement to provide Crisis Line Debriefing Group facilitation services.
4	Vibrant Emotional Health, Inc.	Crisis Intervention Helpline Services for 988 Calls/Network			9/1/2025 - 8/31/2026	State Grant		Annual renewal of Agreement or the Crisis Line to be able to answer 988 calls and be in the 988 Network at no additional cost.
	ADMINISTRATION							
5	Affiliated Telephone, Inc.	Agency-Wide Mitel Telephone Equipment, Maintenance & Support Services	\$85,000.00	\$85,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Agreement for Agency-wide Mitel telephone equipment, maintenance & support services.
6	Ascend HR Corp	Agency-Wide Recruitment Services as- needed for Human Resources	\$75,000.00	\$15,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide Agency-Wide Recruitment Services as- needed for Human Resources.
7	Automated Logic Contracting Services, Inc.	Multi-Facility Building Automation System, Software and Maintenance Services	\$12,000.00	\$42,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Multi-Facility Building Automation System, Software and Maintenance.
8	Beck Institute for Cognitive Behavior Therapy	Training Workshops	\$15,000.00	\$15,000.00	9/1/2025 - 8/31/2026	State Grant		Annual renewal of Agreement to provide CBT Suicide (virtual) prevention training workshops.
9	Behavioral Tech Institute	Consultant Services to Provide Dialectical Behavior Therapy (DBT) Training to Staff	\$25,510.00	\$25,510.00	9/1/2025 - 8/31/2026	State Grant		Annual renewal of Agreement to provide Dialectical Behavior Therapy (DBT) training to staff virtually.
10	BMC Software, Inc	Track-IT Support Software	\$28,834.81	\$32,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Track-It Software for the help desk.
11	Button's Inventory Service, Inc.	Pharmacy Inventory Services	\$90,000.00	\$90,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Pharmacy Inventory Services. First year renewal option.
12	CAVU Service LLC d/b/a Centigrade Service	Medical Refrigeration Equipment Preventive Maintenance and Calibration Services	\$4,101.25	\$4,500.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Agreement for Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy department.
13	Centre Technologies, Inc.	Technical Consultant Services	\$50,000.00	\$50,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On DIR-CPO- 4857	Annual renewal of Agreement to provide Technical Consultant Services for IT.
14	Centre Technologies, Inc.	Hosted BaaS (Backup as a Service) for O365 Platform	\$72,000.00	\$75,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On DIR-4857	Annual renewal of Software Agreement to provide Hosted BaaS (Backupas a Service) for O365 platform, Email, OneDrive, Sharepoint and Teams.
15	Cerner Corporation	Archiving Services for Agency Wide Anasazi Software, Support & Maintenance	\$30,000.00	\$30,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	n/a n/a	Annual renewal of Archiving Services for Agency Wide Anasazi Software, Support & Maintenance.
16	City Fire Protection, LLC	Burglary Alarm Monitoring and Equipment Services	\$18,800.00	\$18,800.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal Agreement for Burglary Alarm Monitoring and Equipment Services.
17	Council for Affordable Quality Healthcare, Inc.	Credentialing Software via Provider Data Portal	\$7,640.00	\$7,700.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Credentialing Software Agreement via Provider Data Portal.
18	CU Solutions Group, Inc. d/b/a HR Performance Solutions	HR Performance Management Software	\$24,000.00	\$24,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Software Agreement to support documentation for employee performance.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
19	Dispensary of Hope	A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5)	\$37,500.00	\$37,500.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Consumer Driven	Annual renewal of Charitable Pharmaceutical Program Agreement to provide access for medications to Qualified Patients free of charge.
20	Don'Angelo and Company, LLC	Executive Coaching Services	\$17,000.00	\$34,000.00	7/1/2025 - 12/31/2025	General Revenue (GR)		Annual renewal of consulting for Executive Coaching Services.
21	Doximity, Inc.	Doximity Dialer Pro Subscription Services (Telehealth Software)	\$16,537.50	\$18,500.00	1/1/2026 - 12/31/2026	General Revenue (GR)	Consumer Driven	Annual renewal of Subscription Services for Telehealth software used to expand video conferencing options from consumer's homes.
22	Ellen B. Kagen	Leadership and Consultant Services for the CEO	\$12,600.00	\$12,600.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Leadership and Consultant Services for the CEO.
23	Emergent Devices, Inc.	Agency Wide Purchases of Narcan	\$20,000.00	\$20,000.00	10/1/2025 - 10/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide Agency Wide Purchases of Narcan.
24	ePlus Technology Inc. (Formerly Future Com, LTD)	Digital Defense Assessments	\$27,540.00	\$30,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On TIPS RFP Contract # 230105	Annual renewal of Digital Defense Assessments software.
25	ePlus Technology, Inc. (formerly Future Com, Ltd.)	Forescout Maintenance & Support Services	\$47,041.82	\$50,000.00	9/26/2025 - 9/25/2026	General Revenue (GR)	Tag-On TIPS RFP Contract # 230105	Annual renewal of Forescout software, maintenance & support.
26	ePlus Technology, Inc. (Future Com)	Maintenance and Support Services for the Gigamon Ethernet	\$31,980.96	\$36,000.00	10/1/2025 - 9/30/2026	General Revenue (GR)	Tag-On TIPS RFP Contract # 230105	Annual renewal of Maintenance and Support Agreement for the Gigamon Ethernet.
27	Escape Velocity Holdings Inc. d/b/a Trace3, LLC	Subscription for Information Security External Attack Surface Management and Issue Tracking as well as Benchmarking (BitSight).	\$32,163.76	\$32,163.76	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On DIR-TSO- 4361	Annual renewal of software subscription for Information Security ExternalAttack Surface Management and Issue Tracking as well as Benchmarking (BitSight).
28	Everbridge, Inc.	Maintenance, Software and Support for Agency's Mass Notification Incident Management Services as well as the Safety Connection Base	\$47,085.80	\$50,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On Harris County	Annual renewal of Software Agreement to provide Agency's Mass Notification Incident Management Services.
29	FMLASource, Inc.	Family and Medical Leave Act (FMLA) Administration and Information Services	\$49,000.00	\$52,000.00	12/1/2025 - 11/30/2026	General Revenue (GR)	RFP through Benefits Broker RFP through Benefits Broker	Annual renewal of Agreement to provide Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.
30	GenSolutions LLC	Generator Maintenance Services	\$40,000.00	\$60,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Agreement for generator maintenance services.
31	Greater Houston Healthconnect	Internet-Based System Secure Electronic Exchange	\$15,500.00	\$16,000.00	3/9/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Master Participation Agreement for Internet-Based system that provides secure electronic exchange of PHI information with other providers.
32	GTY Software Inc. d/b/a Bonfire Interactive Ltd	Procurement Management Platform Services, License and Support	\$37,500.00	\$37,500.00	10/1/2025 - 9/30/2026	State	Tag-On DIR-TSO- 4363	Annual renewal of Software Agreement for Procurement Management Platform Services, License and Support services.
33	Handle With Care Behavior Management System, Inc.	Behavior Management On-Site Training for Staff	\$5,000.00	\$5,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Agreement to provide Behavior management on-site training for the prevention and management of aggressive behavior resulting in instructor certification for selected staff.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
34	Humble Elevator Services, Inc.	Elevator Maintenance and Inspections at 7200 N Loop E, 1215 Dennis Street and 2627 Caroline	\$10,885.84	\$11,885.84	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for elevator maintenance and inspections. [First year renewal option.]
35	Inmar Rx Solutions, Inc.	Consumer Drug Take Back Purchase	\$6,495.00	\$6,495.00	6/5/2025 - 6/4/2026	General Revenue (GR)	Request for Quote	Annual renewal of agreement for Consumer Drug Take Back Purchase.
36	InstaMed Communications, LLC	Agency Wide Payment Processing Setup for EPIC	\$35,000.00	\$36,050.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of Payment Processing Setup Agreement for EPIC.
37	J. Taylor & Associates, LLC d/b/a JTaylor	Consulting Services	\$60,000.00	\$60,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of consulting services to provide analysis and support services in relation to the development of a Physician Compensation Program for the Harris Center.
38	Kelsey-Seybold Clinic	Onsite Mammography and Health Services to Employees		\$3,000.00	5/1/2025 - 4/30/2026	General Revenue (GR)	Vendor Chosen by insurance provider BCBS	Annual renewal of Agreement to provide onsite mammography services to employees and other health services through Kelsey-Seybold Clinic.
39	KP Management, LLC d/b/a USA Decon	Agency-Wide Medical Waste Disposal Services	\$12,410.00	\$1,300.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Agency-Wide Medical Waste Disposal Services. [First year renewal option].
40	Leafhouse Financial Advisors,LLC	Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) Plans	\$46,000.00	\$46,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) plans.
41	Lease Accelerator, Inc. d/b/a EZLease, LLC	Lease Accounting Software	\$7,055.00	\$7,055.00	4/29/2025 - 4/28/2026	General Revenue (GR)	Request for Quote	Annual renewal of agreement to provide Lease Accounting Software needed to aid in compliance with GASB 87 and GASB 96 pertaining to capitalization of right to use assets.
42	M Strategic Partners	Project Management Consultant Services for the Northeast Community Clinic Project	\$116,953.00	\$81,251.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of Project Management Consultant Services for the Northeast Community Clinic Project.
43	Maptician, Inc.	Office Space Allocation and Management Tool Subscription Services	\$5,400.00	\$5,400.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for office space allocation and management tool services.
44	MSX Group, LLC	Proprietary Budgeting Software to Maintain Internal Control of Financial Operations	\$6,126.75	\$6,500.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of proprietary budgeting software to maintain internal control of financial operations.
45	NETSPI, LLC	Network Penetration Testing Services	\$40,000.00	\$45,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Network Penetration Testing Services.
46	Network Sciences, Inc.	Sub-user Software to Access Database for Consumer's Eligibility	\$25,000.00	\$25,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Consumer Driven	Annual renewal of software agreement to access database for consumer's eligibility.
47	NFS Hospitality Corporation, Inc.	Software for Rendezvous Workspace Meeting Room Booking Services	\$11,503.12	\$12,700.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Software Agreement to provide Rendezvous Workspace meeting room booking services.
48	NLUC, PLLC	Workers Compensation Treatment Services Agency Wide	\$5,200.00	\$5,525.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide Workers Compensation Treatment Services. [First year renewal option].
49	Otis Elevator Company	Elevator Maintenance at the 9401 SW Freeway Property Location	\$66,000.00	\$55,000.00	11/1/2025 - 10/31/2026	General Revenue (GR)	By assignment- 9401 SW property acquisition.	Annual renewal of Agreement for elevator maintenance for the 9401 SW Freeway property.
50	Parata Systems, LLC (North East Clinic)	Purchase, License and Support of the Parata Max Robot Equipment at the NE Clinic	\$15,400.00	\$16,940.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of License and Support of the Parata Max Robot Equipment at the NE Clinic.
51	Parata Systems, LLC (South West Clinic)	Purchase, License and Support Services of the Parata Robot Pharmacy Equipment - SW Clinic location.	\$15,400.00	\$16,940.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of License and Support of the Parata Max Robot Equipment at the SE Clinic.
52	Performance Logic, Inc.	Project Management Software to Track Agency Project Performance	\$5,742.00	\$5,220.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Software Agreement to track Agency project performances.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
53	Pinnacle Business Solutions, LLC	Agency Wide Courier Services Mail, Pharmaceutical and Medical Records	\$88,163.15	\$89,926.42	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Courier Services Mail, Pharmaceutical and Medical Records. Final renewal option.
54	Pitney Bowes Global Financial Services LLC	Mail Room Postage Machine Equipment Lease	\$16,006.20	\$25,129.68	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On	Annual funding only for mail room postage machine equipment lease.
55	Pivot Point Consulting, A Vaco Company	Consulting and IT Staffing Services	\$100,000.00	\$1.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of Agreement to provide Services on an as needed basis for EPIC EHR Reporting and Data Extraction.
56	P-Master Pool for Agency Wide Appraisal Services	Agency Wide Property Appraisal and Valuation Services	\$30,000.00	\$30,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of Pooled Agency Wide Property Appraisal and Valuation Services for large and small properties, acquisition, or sales on an as-needed basis.
57	P-Master Pool for Emergency Evacuation Services	Master Pool for Emergency Evacuation Lodging Services	\$46,778.96	\$49,778.96	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of master pool contract for emergency evacuation lodging services.
58	P-Master Pool for Pharmacists and Pharmacy Technicians	Temporary Pharmacists and Pharmacy Technicians	\$48,000.00	\$48,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of master pool agreement for Temporary Pharmacists and Pharmacy Technicians. Second year renewal option.
59	P-Master Pool for Real Estate Surveyor Services	Agency Wide Property Survey Services	\$20,000.00	\$20,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of pooled Agency Wide Property Survey Services for large and small properties, acquisitions, or sales on an as needed basis.
60	RJ Braniff Corporation d/b/a Automated Business Systems	Maintenance Services for Formax fold/insert Machine	\$1,075.00	\$1,075.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of agreement for Maintenance Services for Formax fold/insert Machine in Revenue Management.
61	Salary.com, LLC	License and Support for Compensation Analysis	\$22,000.00	\$25,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of License Agreement for compensation analysis.
62	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy Equipment at the NW Clinic.	\$12,100.00	\$13,310.00	9/1/2025 - 8/31/2026	General Revenue (GR)	none none	Annual renewal of Support & Maintenance Software Agreement for Pharmacy equipment at the NW Clinic.
63	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy Equipment for the SE Clinic.	\$12,100.00	\$13,310.00	9/1/2025 - 8/31/2026	General Revenue (GR)	none none	Annual renewal of Support & Maintenance Software Agreement for pharmacy equipment for the SE Clinic.
64	Skillsoft Corporation	Skillsoft Percipio Software	\$15,189.80	\$16,000.00	9/6/2025 - 9/5/2026	General Revenue (GR)	Tag-On DIR-CPO- 5044	Annual renewal of Skillsoft Percipio Software Agreement.
65	Southeast Texas Regional Advisory Council (SETRAC)	Hospital Healthcare Preparedness Program ("HPP")	\$125.00	\$125.00	7/1/2025 - 6/30/2026	General Revenue (GR)		Annual renewal of Agreement for Hospital Healthcare Preparedness Program ("HPP").
66	Sun Coast Resources	Generator Maintenance Services	\$20,000.00	\$20,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal for Generator Maintenance at the following locations: 3737 Dacoma, 5901 Long Drive and 9401 SW Freeway.
67	Televox, Inc.	Televox Software Subscription Services for Agency Wide Phone Tree	\$75,000.00	\$72,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of Televox Software Subscription Agreement for Agency Wide Phone Tree to utilize AI and interface directly with our EHR System (EPIC).
68	Texas Applications Specialists, Inc.	Prescription Assistance Program ("PAP") Software, Maintenance and Support Services.	\$42,000.00	\$42,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of PAP Software, Maintenance and Support Services.
69	Texas Suicide Prevention Collaborative	Training Services	\$45,000.00	\$25,000.00	9/1/2025 - 8/31/2026	State Grant		Annual renewal of Agreement to provide AS+K and CALM workshop training for workshop leaders.
70	The Healing Species of Texas	Animal Assisted Education Services	\$20,000.00	\$40,000.00	9/1/2025 - 8/31/2026	Private Grant		Annual renewal of agreement to provide Animal Assisted Education Services to consumers,
71	The McMillian Group LLC d/b/a Blue Mesa Group	Executive Coaching for the CMO	\$12,000.00	\$12,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of agreement for Executive Coaching for the CMO.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
72	The Network of Behavioral Health Providers	Lease of 450 Square Feet of Office Space located at 9401 Southwest Freeway, Houston, Texas.		\$5,220.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of lease of 450 square feet of office space located at 9401 Southwest Freeway, 12th Floor, Houston, Texas 77074.
73	Vertiv Corporation	9401 SW Data Center -Liebert UPS Power and Battery Maintenance and Support Services	\$13,140.00	\$32,500.00	6/11/2025 - 6/10/2026	General Revenue (GR)		Annual renewal of Liebert UPS Power and Battery Maintenance and Support Services.
74	VP Imaging, Inc. d/b/a DocuNav Solutions	Laserfiche Licenses, Maintenance & Support Services	\$85,000.00	\$75,000.00	9/21/2025 - 9/20/2026	General Revenue (GR)	Tag-On DIR-CPO- 4449	Annual Renewal of Agreement for Laserfiche licenses, maintenance & support services.
75	WEX Health, Inc. d/b/a WEX	FSA Administration Services Agency Wide	\$35,000.00	\$40,000.00	1/1/2025 - 12/31/2025	General Revenue (GR)		Annual renewal of Agreement to provide FSA Administration Services Agency Wide.
76	WEX Health, Inc. dba WEX	Agency-Wide COBRA Administration Services	\$25,000.00	\$28,000.00	1/1/2025 - 12/31/2025	General Revenue (GR)	Benefits Administration Agreement.	Annual renewal of Agreement to provide COBRA Administration Services.
77	Workleap USA Inc. (fka Pingboard)	Organizational Chart Planning Tool and Directory Services	\$43,000.00	\$50,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	••	Annual renewal of Software Agreement to provide Organizational chart planning tool and directory for the Harris Center.
78	Xerox Business Solutions Southwest	Print Shop Production Copiers (2)	\$23,267.05	\$16,987.05	9/1/2025 - 8/31/2026	General Revenue (GR)	**	Annual renewal of Agency's Print Shop Production (2) Copiers Agreement.
79	CPEP/CRISIS SERVICES 1960 Community Hope Center d/b/a Hope Center Houston	Lease Agreement located at 821 Peakwood Drive, Houston, Texas 77090 (In-Kind Services)			9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Lease Agreement for Agency's PATH Outreach team with office space at in-kind services for providing outreach and engagement services to homeless individuals in the North Houston area.
80	Angelica Padilla d/b/a Lice Care Solutions, LLC	Lice Removal Services for Consumers	\$6,050.00	\$3,300.00	9/1/2025 - 8/31/2026	County	Request for Quote	Annual renewal of Agreement for lice removal services for consumers.
81	Autoclear, LLC	Security X-Ray Screening Equipment and Maintenance Service	\$4,400.00	\$4,900.00	8/18/2025 - 8/17/2026	General Revenue (GR)		Annual renewal of Agreement for Security X-Ray Screening Equipment and Maintenance services for the NPC.
82	Crothall Facilities Management, Inc.	Medical Equipment Maintenance and Support services for NPC.	\$8,859.89	\$8,769.20	1/1/2025 - 12/31/2025	General Revenue (GR)	**	Annual renewal of agreement for medical equipment maintenance and support services.
83	Texas Textiles Services, LTD	Linen and Laundry Services at 6160 S. Loop E. Fwy and Youth Diversion Center at 6500 Chimney Rock	\$58,504.38	\$58,504.38	9/1/2025 - 8/31/2026	County	Request for Quote	Annual renewal of agreement to provide linen and laundry services at 6160 S. Loop E. Fwy and Youth Diversion Center at 6500 Chimney Rock.
84	The Bill Clair Family Mortuary, Inc.	Parking Space Lease Agreement located at 2603 Southmore Street, Houston, Texas.	\$8,640.00	\$8,640.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Parking Space Lease Agreement located at 2603 Southmore Street, Houston, Texas.
	FORENSICS							
85	Lanier Parking Meter Services, LLC D/B/A REEF Park	Month-to-Month Parking Lease for Spaces at 1200 Baker Street, Houston, Texas	\$83,680.00	\$84,000.00	9/1/2025 - 8/31/2026	County		Annual renewal of parking lease for Spaces at 1200 Baker Street, Houston, Texas for Agency's staff.
86	Link Forensic and Clinical Psychology, PLLC	Court-Ordered Competency and Sanity Evaluation Assessments	\$60,000.00	\$60,000.00	9/1/2025 - 8/31/2026	County	Consumer Driven	Annual renewal of agreement to provide Court-Ordered Competency and Sanity Evaluation Assessments.
87	RKG Parking Solutions	Parking Lease for Spaces located at Franklin Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002	\$36,000.00	\$33,000.00	10/1/2025 - 9/30/2026	County		Annual renewal of Parking Lease for spaces located at Franklin Lofts Garage Premier Parking as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
88	Annie Vu	Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)	\$22,580.00	\$22,500.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
89	Armando Cabral	Respite and/or Community First Choice (CFC) Personal Assistance/Habilitation Services (PAS/HAB)	\$24,500.00	\$24,500.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
90	Easter Seals of Greater Houston, Inc.	Day Camp and Respite Services for Consumers	\$11,300.00	\$11,300.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement to provide Day Camp and Respite services to consumers.
91	Elsa Lozana - Tello	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$28,000.00	\$28,000.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
92	Health Street, LLC	CPR Training for all Community First Choice (CFC) and Respite Providers	\$1,000.00	\$1,000.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of agreement to provide CPR training services for all CFC and Respite providers.
93	Josefa Yanez Hernandez	Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$33,568.50	\$32,372.50	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
94	Katia Lemus	Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAD) and Respite	\$27,542.50	\$27,634.50	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
95	Latanya L Mitchell-Sam	Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAD) and/or Respite	\$15,000.00	\$18,000.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
96	Maria Cervantes	Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAD) and Respite	\$32,016.00	\$32,913.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
97	P-IDD Master Pool for Vocational Apprenticeship Hosting	Master Pool for Employment Apprenticeship Program	\$28,800.00	\$28,800.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Consumer Driven	Annual renewal of Master Pool Agreement for the Employment Apprenticeship Program.
98	Pursuit Foundation	Lease of Space for IDD's Rise Program located at the Wellness Building at 4430 Harrisburg Blvd., Suite 110, Houston, TX	\$77,431.06	\$77,431.06	9/1/2025 - 8/31/2026	Federal Grant	Request for Quote	Annual funding for lease of space for IDD's Rise Program.
99	Pursuit Foundation	Lease of Space for the Coffeehouse Program	\$62,248.49	\$77,212.92	9/1/2025 - 8/31/2026	State	Request for Quote	Annual funding for lease of space for the Coffeehouse Program.
100	Sara Russo	Respite and/or Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAD)	\$18,630.00	\$20,000.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for Respite services.
101	Satori Marketing, LLC	Consulting Services	\$30,000.00	\$30,000.00	9/1/2025 - 8/31/2026	Federal Grant	10 No.	Annual renewal of Consultant Agreement to provide public engagement strategy and marketing services for the Harris Center's ABA-SKIP and Inspire Programs.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
102	Shave Dental Houston PLLC, d/b/a Believe Dental	Comprehensive Dental Services for Consumers	\$10,000.00	\$10,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Consumer Driven	Annual renewal of Agreement to provide Comprehensive Dental Services to consumers.
103	The ARC of Harris County	Training/Recreational and Weekend Recreational Services	\$98,700.00	\$98,700.00	9/1/2025 - 8/31/2026	County	Consumer Driven	Annual renewal of Agreement to provide training/recreational linkage to recreational activities for up to 750 Consumers and weekend recreational services for up to 24 Consumers.
104	The ARC of Harris County	Overnight Respite and Day Respite Services	\$61,061.00	\$61,061.00	9/1/2025 - 8/31/2026	County	Consumer Driven	Annual renewal of Agreement for Overnight Respite services for up to ten (10) Consumers and Day Respite services for up to twenty (20) Consumers.
105	The ARC of Harris County	Camp Champion for Consumers, Community Family Task Force and Community Family to Family Services	\$47,000.00	\$47,000.00	9/1/2025 - 8/31/2026	County	Consumer Driven	Annual renewal of Agreement to provide two (2) Camp Champions, Community Family Task Force and Community Family to Family services for Consumers enrolled in the program.
106	The Center For Pursuit d/b/a The Center	Residential Living Services for Consumers	\$35,374.00	\$35,374.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annua renewal of Agreement to provide Residential Living Services for consumers.
	MENTAL HEALTH							
107	BHC Training, LLC	Training for Substance Use Recovery Programs including both Outpatient, Detox and Residential Substance Use Pprograms	\$2,890.00	\$2,890.00	9/1/2025 - 8/31/2026	State		Annual renewal of Training Agreement Substance Use Recovery Programs to include both outpatient, Detox and residential substance use programs as required by HHSC.
108	Family to Family	Educational and Advocacy Training Services	\$6,000.00	\$6,000.00	9/1/2025 - 8/31/2026	Federal Grant	Consumer Driven	Annual renewal of Agreement to provide educational and advocacy training services to clients, families, and other community organizations.
109	NAMI Greater Houston	Education and Support Classes to Families of Consumers	\$41,100.00	\$41,100.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of agreement to provide Peer to Peer education and support classes related to families and individuals diagnosed to support best practices in the recovery process.
110	Prosumers	Consultation and Training Services	\$18,000.00	\$18,000.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County.
111	Xferall, LLC	Patient Transfer Services Project using Patient Transfer App			9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of MOU for Patient transfer service project using patient transfer app to match patients with facilities and treatment.
-	MENTAL HEALTH SERVICES-ECI							
-	LEASES							
112	NAMI Greater Houston	Lease Agreement (In-Kind Space)			9/1/2025 - 8/31/2026	Private Pay Source		Annual renewal of Lease Agreement to provide in-kind space to NAMI in exchange for educational and support services to consumers and their families.
113	The ARC of Greater Houston	Lease of Space located at 9401 SW Freeway, Houston, Texas			9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of lease of in-kind space in exchange for special education advocacy support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.
-								
				1			1	1

Annual Renewal Evalua	
Current Fiscal Year Contract Information	วท
Current Fiscal Year	
2025	
Contract ID#*	
2022-0516	
Contractor Name*	
Charity Logic Corporation	
Service Provided * (?)	
the subscription service iCarol from this vendor	
the subscription service icarol from this vehaor	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
🔄 Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

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

- Yes
- 🔘 No
- Unknown

Contract NTE\* (?)

\$ 11,881.69

Rate(s)/Rate(s) Description

Unit(s) Served\* 7001

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT144123

Contract Requestor\*

Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O 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?\* Assists in documentation of crisis line services

Renewal Information for N	Renewal Information for Next Fiscal Year						
Budget Units and Amounts	s Charged to each Budget l	Jnit					
Budget Unit Number* 7001	Amount Charged to Unit* \$ 11,881.69	Expense/GL Code No.* 574000					
Budget Manager* Ilejay, Kevin	Secondary Budg Campbell, Ricard	5					
Provide Rate and Rate Descriptions	s if applicable <sup>* (?)</sup>						
Project WBS (Work Breakdown Stru n/a	ucture) * (?)						
Fiscal Year <sup>*</sup> (?)	Amount <sup>* (?)</sup>						
2026	\$ 11,881.69						
Contract Funding Source* State Grant Contract Content Changes		8					
Are there any required changes to Yes  No	the contract language? (7)						
Will the scope of the Services chan	nge?*						
Is the payment deadline different th	han net (45)?*						
Are there any changes in the Perfo	ormance Targets?*						
Are there any changes to the Subm Yes  No	nission deadlines for notes or suppo	rting documentation?*					
File Upload (?)							
Contract Owner		0					
Contract Owner* (?)							
Please Select Contract Owner Jennifer Battle							
Budget Manager Approval	(S)	<b>O</b>					

Approved by	
kevin ilejay	
Contract Owner Approval	्र
Approved by	
Jennifer Battle	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date *
Belinda Stude	4/24/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#*	
7407	
Contractor Name*	
P-MHFA Independent Certified Trainers	
Service Provided <sup>*</sup> (?)	
Master Pooled Contract for additional Certified MHFA T	reiners to support the mission and
training needs of the Community Training Department.	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> </ul>	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Training Services.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

MHFA Instructors are reimbursed at \$300.00 per completed course.

Unit(s) Served\*

G/L Code(s)\* 543058

Current Fiscal Year Purchase Order Number\* CT144076

Contract Requestor\*

Carrol Prasad

Contract Owner\*

Jennifer Battle

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

~

How does this contract support Agency/Unit Strategic priorities?\* MHFA is part of our training provided to stakeholders in the community.

Renewal Information for Next Fiscal Year

Budget Units and Amounts	Charged to ea	ach Budget Un	it	
Budget Unit Number* 7010	Amount Charged \$ 5,000.00	to Unit <sup>*</sup>	Expense/GL Code No.* 543058	
Budget Manager* Ilejay, Kevin		Secondary Budget Campbell, Ricardo	Manager*	
Provide Rate and Rate Descriptions \$300 per training	; if applicable* (?)			
Project WBS (Work Breakdown Stru n/a	ucture) * (?)			
Fiscal Year* (?)		Amount <sup>* (?)</sup>		
2026		\$ 5,000.00		
Next Fiscal Year Not to Exceed Amo Yes	ount for Master Pool	led Contracts		
Contract Funding Source* State Grant				
Contract Content Changes	- Alerta			$\bigcirc$
Are there any required changes to t	he contract languag	ge?* (?)		
Will the scope of the Services chang	ge?*			
Is the payment deadline different than net (45)?*				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				0
Contract Owner* (?)				Alter Constant of State

Please Select Contract Owner Jennifer Battle

Budget Manager Approval(s)	
Approved by	
kevin ilejay	
Contract Owner Approval	
Approved by	
Jennifer Battle	
Contracts Approval	
Approve*	
• Yes	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	4/24/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatic	on 📀
Current Fiscal Year	
2025	
*	
Contract ID#*	
2022-0580	
Contractor Name*	
Robert McIntyre	
Service Provided * (?)	
Crisis Line Debriefing Group facilitation	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Lease Other
Renewal of Existing Contract	<b>O</b> (III)

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

- O Yes
- O No
- Unknown

\$ 6,000,00 Rate(s)/Rate(s) Description \$100 per hour debriefing Unit(s) Served\* 7001 G/L Code(s)\* 549005 Current Fiscal Year Purchase Order Number\* CT144376 Contract Requestor\* Janice Cote Contract Owner\* Jennifer Battle File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* 🛛 Yes 🔍 No Were Services delivered as specified in the contract?\*

Yes No

Contract NTE\* (?)

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 O 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?\* It helps support Crisis Line staff.

Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 7001	Amount Charged t \$ 6,000.00	to Unit*	Expense/GL Code No.* 549005		
Budget Manager* Ilejay, Kevin		Secondary Budget Campbell, Ricardo	Manager*		
Provide Rate and Rate Descript \$100 per 1 hr debriefing group.	tions if applicable $(?)$				
Project WBS (Work Breakdown n/a	Structure)* (?)				
Fiscal Year* (?) 2026		Amount <sup>* (?)</sup> \$ 6,000.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts					
Contract Funding Source* State Grant					
Contract Content Chan	ges		0		
Are there any required changes	s to the contract languag	<b>je?*</b> (?)			
Will the scope of the Services of Yes  No	change?*				
Is the payment deadline different than net (45)?*					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner			•		
Contract Owner* (?)					
Please Select Contract Owner Jennifer Battle					
Budget Manager Approval(s)					

### Approved by

kevin ilejay

# Contract Owner Approval

Approved by

Jennifer Battle

# **Contracts Approval**

# Approve\*

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

## Approved by\*

Belinda Stude

Approval Date\* 4/21/2025

Annual Renewal Evaluat	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#* 2024-0912	
Contractor Name* Vibrant Emotional Health, Inc.	
Service Provided * (?) This Agreement is for the Crisis Line to be able to answe Network.	er 988 calls and be in the 988
Renewal Term Start Date * 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

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

- Yes
- No
- Unknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 7001
G/L Code(s)* n/a
Current Fiscal Year Purchase Order Number <sup>*</sup> 0
Contract Requestor* Janice Cote
Contract Owner* Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract? <sup>★</sup> ● Yes ○ No
Did Contractor perform duties in a manner consistent with standards of the profession? $^{\star}$ $_{\odot}$ Yes $_{\odot}$ No
Did Contractor adhere to the contracted schedule? * (?) Image: Second
<ul> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?)</li> <li>● Yes ○ No</li> </ul>
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes O No
Did Contractor render services consistent with Agency policy and procedures?* (?) Set  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? <sup>*</sup> (?)

How does this contract support Agency/Unit Strategic priorities?* It helps get people connected with MH services and provide crisis support to our community.					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 7001	Imber* Amount Charged to Unit \$ 0.00		Expense/GL Code No.* n/a		
Budget Manager* Ilejay, Kevin	Secondary Budg Campbell, Ricard		t Manager*		
Provide Rate and Rate Descriptions	s if applicable $(?)$				
Project WBS (Work Breakdown Str n/a	ucture) <sup>*</sup> (?)				
Fiscal Year* (?) 2026		Amount <sup>*</sup> (?) \$ 0.00			
Next Fiscal Year Not to Exceed Am	ount for Master Po	ooled Contracts			
Contract Funding Source * State Grant					
Contract Content Changes	8		$\mathbf{O}$		
Are there any required changes to Ves  No	the contract langu	age?* (?)			
Will the scope of the Services change?*					
<ul> <li>Set in No</li> <li>Is the payment deadline different than net (45)?*</li> <li>○ Yes </li> <li>○ No</li> </ul>					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner			$\odot$		

Please Select Contract Owner Jennifer Battle

Contract Owner\* (?)

Approved by		
kevin ilejay		
Contract Owner Approval		Ć
Approved by		
Jennifer Battle		
Contracts Approval		
+		
Approve*		
Approve ^ ) Yes		
Yes		
Yes No, reject entire submission	E.	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	Approval Date*	

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
5722	
Contractor Name*	
Affiliated Telephone, Inc.	
Service Provided * (?)	
Agency-wide Mitel telephone equipment, maintenance	& support services
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Consumer Driven	
Not Applicable (If there are no funds required)	Other n/a
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract  Reported of Evisting Contract	
Renewal of Existing Contract	Other

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

- O Yes
- No
- O Unknown

Contract NTE\* (?) \$ 85,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 564003

Current Fiscal Year Purchase Order Number\* CT144045

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes O No

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

🖲 Yes 🔘 No

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

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Yes O No
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Were reports, billing and/or invoices submitted in a timely manner?  $\ensuremath{^{(?)}}$ 

🛞 Yes 🔘 No

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

Yes O No

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

Yes No

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

Yes O No

Renewal Determination

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

Yes O No

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

Renewal Information for Next Fiscal Year Sudget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged to Unit* \$ 85,000.00	Expense/GL Code No.* 564003			
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo				
Provide Rate and Rate Descriptions if applicable * (?)					
Project WBS (Work Breakdown N/A	n Structure) <sup>* (?)</sup>				
<b>Fiscal Year*</b> (?) 2026	Amount <sup>*</sup> (?) \$ 85,000.00				
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts				
Contract Funding Source* General Revenue (GR)					
Contract Content Char Are there any required change Yes No	s to the contract language?* (?)				
Will the scope of the Services	change?*				
Is the payment deadline different than net (45)?*					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner					
Contract Owner* (?) Please Select Contract Owner					
Mustafa Cochinwala					
Budget Manager Appro	oval(s)	$\mathbf{S}$			

Ricardo Campbell		
Contract Owner Approval		0
Approved by		
Mustafa Cochinwala		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/7/2025	

HARRIS CENTER for Mental Health and IDD	Annual Renewal Evaluation	
Current Fie	and Vacr Contract Information	
Current Fisc	cal Year Contract Information	
Current Fiscal \	/ear	
2025		
Contract ID#*		
2021-0209		

Contractor Name\*

Ascend HR Corp

9/1/2025

Service Provided\* (?)

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

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- **Competitive Proposal** Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1108

G/L Code(s)\* 592000

Current Fiscal Year Purchase Order Number\* CT144072

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* We've utilized this contract to assist in recruiting for executive level positions, ensuring that we recruit and hire top talent. **Renewal Information for Next Fiscal Year** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 15,000.00 592000 1108 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Moynihan, Kelly Provide Rate and Rate Descriptions if applicable \* (?) NA Project WBS (Work Breakdown Structure)\* (?) NA Amount\* (?) Fiscal Year\* (?) 2026 \$ 15,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 15000 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	
Ketty E. Moynihan	
Contract Owner Approval	
Approved by	
Ninfa Escobar	
Ninfa Escobar	
<i>Minfa Escobar</i> Contracts Approval	
<i>Minfa Escobar</i> Contracts Approval Approve*	
<i>Minfa Escobat</i> Contracts Approval Approve* • Yes	
<i>Minfa Escobat</i> <b>Contracts Approval</b> <b>Approve*</b> • Yes • No, reject entire submission • Return for correction	
<i>Minfa Escobat</i> Contracts Approval Approve* Yes No, reject entire submission	Approval Date *

## Annual Renewal Evaluation

## HARRIS

## **Current Fiscal Year Contract Information**

Current Fiscal Year

2025

Contract ID#\* 2021-0124

Contractor Name\* Automated Logic Contracting Services, Inc.

Service Provided \* (?)

Multi-Facility Building Automation System, Software and Maintenance.

 Renewal Term Start Date\*
 Renewal Term End Date\*

 9/1/2025
 8/31/2026

0/31/2020

Term for Off-Cycle Only (For Reference Only)

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

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

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other
- Renewal of Existing Contract
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- O Yes
- No
- Unknown

Contract NTE\* (?)

\$ 12,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 551003

Current Fiscal Year Purchase Order Number\* CT144056

Contract Requestor\*

Sarah Harper

Contract Owner\*

Todd McCorquodale

File Upload (?)

ł

## Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?) <ul> <li>Yes</li> <li>No</li> </ul>
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 O No
Maintained legally required standards for certification, licensure, and/or training?* (?) <ul> <li>Yes</li> <li>No</li> </ul>
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?\* software and equipment for cooling/heating for agency

Renewal Information for Next Fiscal Year				
Budget Units and Amour	nts Charged to each Budg	et Unit		
Budget Unit Number* 1124	Amount Charged to Unit <sup>*</sup> \$ 12,000.00	Expense/GL Code No.* 551003		
Budget Manager* Campbell, Ricardo	Secondary Moynihan, F	Budget Manager* Kelly		
Budget Unit Number* 1899	Amount Charged to Unit* \$ 30,000.00	Expense/GL Code No.* 569020		
Budget Manager* Campbell, Ricardo	Secondary Moynihan, F	Budget Manager* Kelly		
Provide Rate and Rate Description pricing for the software to 1124, and maintenance that needs to be done	d pricing for 1899 for any			
Project WBS (Work Breakdown S n/a	Structure)* (?)			
Fiscal Year <sup>* (?)</sup> 2026	<b>Amount</b> * (3 \$ 42,000.00			
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contrac	ts		
Contract Funding Source*				
General Revenue (GR)				
Contract Content Changes				
Are there any required changes	to the contract language?* (?)			
Will the scope of the Services ch	2002*			
<ul> <li>Yes ● No</li> </ul>	ange:			
Is the payment deadline different than net (45)?*				
🔿 Yes 💿 No				
Are there any changes in the Performance Targets?*				
Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?"				
File Upload (?)				
Contract Owner	and the second second			

Contract Owner

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Contract Owner\* (?)

Please Select Contract Owner

Michael Mitchell

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

# **Contract Owner Approval**

### Approved by

Michael Mitchell

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

#### 

## **Current Fiscal Year Contract Information**

Current Fiscal Year

2025

Contract ID#\* 2022-0345

Contractor Name\* Beck Institute for Cognitive Behavior Therapy

Service Provided \* (?)

Beck Institute will provide CBT Suicide (virtual) prevention training workshops.

Renewal Term Start Date*	Renewal Term End Date*	
9/1/2025	8/31/2026	

Term for Off-Cycle Only (For Reference Only)

### Agenda Item Submitted For: (?)

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other Training Services.

#### Consultant

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

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

- Yes
- No
- Unknown

### Contract NTE\* (?)

\$ 15,000.00

#### Rate(s)/Rate(s) Description

\$15,000.00: Beck institute will provide at least four (4) threehour virtual CBT suicide prevention training workshops for a maximum of fifty (50) participants/audience members.

Unit(s) Served\*

1182

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\* CT144060

Contract Requestor\* Tiffany Bittner

Contract Owner\*

Trudy Leidich

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

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

Required training per grant

Trudy Leidich

Renewal Information for Next Fiscal Year				
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1182	Amount Charge \$ 15,000.00	d to Unit*	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo		Secondary Bud Campbell, Ricar		
Provide Rate and Rate Descriptions if applicable * (?) Same as previous				
Project WBS (Work Breakdown St Same as previous	ructure) <sup>* (?)</sup>			
Fiscal Year* (?)		Amount <sup>* (?)</sup>		
2026		\$ 15,000.00		
Next Fiscal Year Not to Exceed An	nount for Master Po	ooled Contracts		
Contract Funding Source* State Grant				
Contract Content Change	S		8	
Are there any required changes to	the contract langu	age?* (?)		
🔿 Yes 💿 No				
Will the scope of the Services change?*				
Is the payment deadline different than net (45)? <sup>*</sup> ○ Yes ● No				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				
Contract Owner* (?) Please Select Contract Owner				

Budget Manager Approval(s)	0
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Frudy Leidich	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/1/2025

Current Fiscal Year         2025         Contract D#*         2023-077         Contractor Name*         Behavioral Tech Institute         Service Provided * (?)         Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually.         Renewal Term Start Date*         9/1/2025       8/31/2026         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)*         Consulting Bid       Competitive Proposal         Request for Application       Request for Qualification         Request for Oucle       Tag-On         Intertocal       Consulter Driven         Not Applicable (If there are no funds required)       Other         Personal/Professional Services       Consultant         Onsumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Proled Contract       ServiceMaintenance         Proled Contract </th <th>Mental Health and IDD</th> <th>tion</th>	Mental Health and IDD	tion		
Contract ID#*         2025         Contract ID#*         2023-0707         Contractor Name*         Behavioral Tech Institute         Service Provided*(?)         Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually.         Renewal Term Start Date*       Renewal Term End Date*         9/1/2025       8/31/2026         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         \$20WChange Order-Amendment#         Other         Procurement Method(s)*         Consplitive Bid       Competitive Proposal         Request for Proposal       Sole Source         Request for Proposal       Sole Source <th>Current Fiscal Year Contract Informatic</th> <th>n</th>	Current Fiscal Year Contract Informatic	n		
Contract ID#* 2023-0707 Contractor Name* Behavioral Tech Institute Behavioral Tech Institute Service Provided*(?) Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually. Renewal Term Start Date* Renewal Term Start Date* Renewal Term End Date* 9/1/2025 8/31/2026 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 Grant Proposal Grant Proposal Grant Proposal Grant Proposal Request for Application Request for Proposal Request for Proposal Request for Proposal Request for Application Re	Current Fiscal Year			
2023-0707 Contractor Name * Behavioral Tech Institute Service Provided * (?) Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually. Renewal Term Start Date * Renewal Term Start Date * (Name and the Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S250,000.00 or more) Board Approval (Total NTE Amount is S250,000.00 or more) Board Approval (Total NT	2025			
Contractor Name*         Behavioral Tech Institute         Service Provided * (?)         Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually.         Renewal Term Start Date*       Renewal Term End Date*         9/1/2025       8/31/2026         Term for Off-Cycle Only (For Reference Only)         Agenda Item Submitted For: (?)	Contract ID#*			
Behavioral Tech Institute   Service Provided * (?)   Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually.   Renewal Term Start Date * Renewal Term End Date *   9/1/2025 8/31/2026   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 S250,000.00)   Grant Proposal   Revenue   SOW-Change Order-Amendment#   Other   Procurement Method(s)*   Competitive Bid   Request for Proposal	2023-0707			
Service Provided* (*) Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually. Renewal Term Start Date* Prilippin Renewal Term End Date* 9/1/2025 8/31/2026 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) Board Appr	Contractor Name*			
Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually.         Renewal Term Start Date*       Renewal Term End Date*         9/1/2025       8/31/2026         Term for Off-Cycle Only (For Reference Only)       Requeat Term Start Date *         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         Grant Proposal       -         Revenue       -         SOW-Change Order-Amendment#       -         Other       -         Procurement Method(s)*       -         Check all that Apply       -         Competitive Bid       -         Request for Proposal       -         Request for Quote       -         Request for Quote       -         Request for Quote       -         Not Applicable (If there are no funds required)       Other         Consumer Driven       -         Not Applicable (If there are no funds required)       Other         Personal/Professional Services       -         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       -       Service/Maintenance         BAA/DUA       - </td <td>Behavioral Tech Institute</td> <td></td>	Behavioral Tech Institute			
Renewal Term Start Date*       Renewal Term End Date*         9/1/2025       8/31/2026         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)*         Request for Proposal         Request for Application         Nat Applicable (If there are no funds required)         Other         Personal/Professional Services         Consumer Driven Contract         Nat Applicable (If there standing         Amendment to Existing Contract         Remover Driven Contract         Remover Driven Contract         Service/Maintenance         BAA/DUA       IT/Software License Agreement	Service Provided <sup>*</sup> (?)			
9/1/2025 8/31/2026 Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00	Consultant shall provide Dialectical Behavior Therapy (I	DBT) training to staff virtually.		
9/1/2025 8/31/2026 Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00 or more) Baard Approval (Total NTE Amount is \$250,000.00 or more) Carant Proposal Carant Proposal Corant Proposal Competitive Bid Competitive Proposal Competitive Bid Competitive	Renewal Term Start Date*	Renewal Term End Date *		
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         Grant Proposal         Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid       Competitive Proposal         Request for Proposal       Sole Source         Request for Application       Request for Qualification         Request for Quote       Tag-On         Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         BAA/DUA       IT/Software License Agreement				
Information Only (Total NTE Amount is Less than \$250,000.00)   Board Approval (Total NTE Amount is \$250,000.00 or more)   Grant Proposal   Revenue   SOW-Change Order-Amendment#   Other   Procurement Method(s)*   Check all that Apply   Competitive Bid   Competitive Bid   Sole Source   Request for Proposal   Sequest for Application   Request for Qualification   Request fo				
Check all that Apply         Competitive Bid       Competitive Proposal         Request for Proposal       Sole Source         Request for Application       Request for Qualification         Request for Quote       Tag-On         Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement	<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>			
Check all that Apply         Competitive Bid       Competitive Proposal         Request for Proposal       Sole Source         Request for Application       Request for Qualification         Request for Quote       Tag-On         Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement	Procurement Method(s)*			
Request for Proposal       Sole Source         Request for Application       Request for Qualification         Request for Quote       Tag-On         Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement				
Request for Application       Request for Qualification         Request for Quote       Tag-On         Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Contract Description / Type       Other         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement	Competitive Bid	Competitive Proposal		
Request for Quote       Tag-On         Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Contract Description / Type         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement	The second			
Interlocal       Consumer Driven         Not Applicable (If there are no funds required)       Other         Contract Description / Type       Other         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement				
Not Applicable (If there are no funds required)       Other         Contract Description / Type         Personal/Professional Services       Consultant         Consumer Driven Contract       New Contract/Agreement         Memorandum of Understanding       Amendment to Existing Contract         Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement				
<ul> <li>Personal/Professional Services</li> <li>Consultant</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>IT/Software License Agreement</li> </ul>				
<ul> <li>Personal/Professional Services</li> <li>Consultant</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>IT/Software License Agreement</li> </ul>	Contract Description / Type			
Consumer Driven ContractNew Contract/AgreementMemorandum of UnderstandingAmendment to Existing ContractAffiliation or PreceptorService/MaintenanceBAA/DUAIT/Software License Agreement		Consultant		
Affiliation or Preceptor       Service/Maintenance         BAA/DUA       IT/Software License Agreement		New Contract/Agreement		
BAA/DUA     IT/Software License Agreement	Memorandum of Understanding	Amendment to Existing Contract		
	Affiliation or Preceptor	Service/Maintenance		
Pooled Contract				
Renewal of Existing Contract				

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

- O Yes
- O No
- Unknown

>

Contract NTE\* (?)

\$ 25,510.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144300

Contract Requestor\*

Tiffany Bittner

Contract Owner\*

Trudy Leidich

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 O No

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

Yes O No

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

```
🕘 Yes 🔘 No
```

Were reports, billing and/or invoices submitted in a timely manner?  $\ensuremath{^{(?)}}$ 

🍥 Yes 🔘 No

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

Yes O No

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

Yes O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ 

Yes O No

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

Training required for Zero Suicide grant

Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1182	Amount Charged to Unit* \$ 25,510.00	Expense/GL Code No.* 542000	
Budget Manager*		Budget Manager*	
Campbell, Ricardo	Campbell, R		
Provide Rate and Rate Description At this time, we are to assume they a however this could change Project WBS (Work Breakdown Str NA	re same as previous		
Fiscal Year* (?)	Amount* (?		
2026	\$ 25,510.00		
Contract Funding Source* State Grant Contract Content Change	S	õ	
Are there any required changes to Yes  No	the contract language?* $(?)$		
Will the scope of the Services char Yes   No	nge?*		
Is the payment deadline different than net (45)? <sup>★</sup> ○ Yes ● No			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		٢	
Contract Owner* (?) Please Select Contract Owner			
Trudy Leidich			
Budget Manager Approva	l(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	6
Approved by	
Gertrude Leidich	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	Approval Date <sup>*</sup>
Return for correction	Approval Date* 4/24/2025

## Annual Renewal Evaluation

## **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 6132

Contractor Name\* BMC Software, Inc

Service Provided\* (?) Track-IT Support Software

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal
   Sole Source
   Request for Qualification
   Tag-On
   Consumer Driven
   Other IT
  - Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

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

- O Yes
- No

Unknown

~

Contract NTE\* (?)

\$ 28,834.81

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144077

Contract Requestor\*

Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

## **Evaluation of Current Fiscal Year Performance**

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

Yes No

Were Services delivered as specified in the contract?\*

🔍 Yes 🕥 No

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

Yes No

Did Contractor adhere to the contracted schedule?\*  $\ensuremath{(?)}$ 

Yes No

Were reports, billing and/or invoices submitted in a timely manner?\*  $\ensuremath{^{(?)}}$ 

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 O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ 

Yes No

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

Renewal Information fo	r Next Fiscal Year	
Budget Units and Amou	ints Charged to each Budge	et Unit
Budget Unit Number* 1130	Amount Charged to Unit <sup>*</sup> \$ 32,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo	
Provide Rate and Rate Descript N/A	tions if applicable <sup>*</sup> (?)	
Project WBS (Work Breakdown N/A	Structure) * (?)	
Fiscal Year* (?)	Amount <sup>*</sup> (?)	
2026	\$ 32,000.00	
Next Fiscal Year Not to Exceed Contract Funding Source*	Amount for Master Pooled Contract	S
General Revenue (GR)		
Contract Content Chan	ges	
Are there any required changes	s to the contract language?* (?)	
Will the scope of the Services of Yes  No	change?*	
Is the payment deadline differe	nt than net (45)?*	
🔿 Yes 🔍 No		
Are there any changes in the P	erformance Targets?*	
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
Yes No		
Contract Owner		<u>ی</u>
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		

Budget Manager Approval(s)

~

Approved by

Ricardo Campbell

# **Contract Owner Approval**

Approved by

Mustafa Cochinnala

# **Contracts Approval**

## Approve\*

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

## Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

Mental Health and IDD	uation
Current Fiscal Year Contract Informa	tion
Current Fiscal Year	
2025	
Contract ID#*	
2024-0906	
2024-0906	
Contractor Name*	
Button's Inventory Service, Inc.	
Service Provided * (?)	
Pharmacy Inventory Servies	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$250,000.0 Grant Proposal Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement

Lease

Other

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

- O Yes
- O No
- Unknown

Pooled Contract

Renewal of Existing Contract

Contract NTE\* (?)

\$ 90,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1135

G/L Code(s)\* 543067

Current Fiscal Year Purchase Order Number\* CT144247

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 O No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes O No
Did Contractor adhere to the contracted schedule?* (?)
Yes O No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes O 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 O No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes O No
How does this contract support Agency/Unit Strategic priorities?*
```

Texas State Board of Pharmacy requirement

Renewal Information for Next Fiscal Year			
Budget Units and Amo	unts Charged to each Bu	dget Unit	
Budget Unit Number* 1135	Amount Charged to Unit <sup>1</sup> \$ 90,000.00	Expense/GL Code No.* 543067	
Budget Manager* Campbell, Ricardo		<b>ary Budget Manager<sup>*</sup></b> II, Ricardo	
Provide Rate and Rate Descriptions if applicable * (?)			
Project WBS (Work Breakdow n/a	n Structure) <sup>* (?)</sup>		
Fiscal Year* (?)	Amoun	* (?)	
2026	\$ 90,00	0.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled Con	racts	
Contract Funding Source* General Revenue (GR)			
Contract Content Char	nges		
Are there any required change	es to the contract language?* $(?)$		
Will the scope of the Services ○ Yes ◎ No	change?*		
Is the payment deadline different than net (45)?*			
Are there any changes in the	Performance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
Yes No			
Contract Owner		0	
Contract Owner* (?) Please Select Contract Owner			
Please Select Contract Owner Holly Cumbie			
Budget Manager Appr	oval(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\* 4/29/2025



Due Diligence Project PUR-FY25-0338 Request for Quotes AED Monitoring Services

Purchasing received a request from Risk Management on Thursday, April 3, 2025, for AED Monitoring Services.

Three (3) vendor quotes were received:

1) AED123, LLC:

Buy Board Contract #704-23 Silver AED Support Plan in the amount of \$13,728.00 (paid annually) Add Pediatric Pads in the amount of \$1,716.00 (paid annually) This price will include all pads and battery replacements. Total: \$15,444.00 (annually) Grand Total NTE \$46,332.00 for three (3) years.

2) Thompson Safety:

AED Lease: Monthly Service Agreement for new AED's Includes: HeartSine Samaritan Package w/Extended Warranty. 3-year subscription to AED Program Management AED Rx and Medical Direction. Monthly On-Site Smartcode Inspections (w/First Aid Service) Free Replacement Pads and Batteries. \$119.99/Per month. Total for 36/months \$4,319.64 Onsite AED Recertification Service in the amount of \$3,800.00 HeartSine Samaritan Pediatric Pak in the amount of \$7,020.00 HeartSine Samaritan Adult Pak in the amount of \$21,888.00 Grand Total NTE: \$32,708.00 for three (3) years.

3) TWS Total Workplace Safety:

350P Adult Electrode Pads + Battery Pack in the amount of \$22,656.00 350P Pediatric Electrode Pads + Battery Pack in the amount of \$7,254.00 AED Medical Direction 3 Year in the amount of \$19,200.00 Annual Inspection of AED in the amount of \$5,700.00 Grand Total NTE: \$54,810.00 for Three (3) years.

Risk Management did not select Thompson Safety because the AED Lease and their recommendation is to move forward with AED123, for the AED Monitoring Services.

Total NTE: \$46,332.00 Funding Source is Unit 1117 – 595000 Term: Three (3) years from Initial Star Date. Submitted By:

Sharon Braunes

Sharon Brauner, C.P.M, A.P.P Purchasing Manager **Recommended By:** 

-DocuSigned by: Mna Cook

Nina Cook, MBA, CTCM, CTCD Director of Purchasing

Stanley adams

Stanley Adams, MBA Chief Financial Officer

Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0391	
Contractor Name*	
CAVU Service LLC d/b/a Centigrade Service	
Service Provided <sup>* (?)</sup>	
Medical Refrigeration Equipment Preventive Maintenan	ice and Calibration Services for the
Pharmacy Department.	te and Galibration dervices for the
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
	50,000.00)
Information Only (Total NTE Amount is Less than \$2	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> </ul>	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
<ul> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 4,101.25

Rate(s)/Rate(s) Description

Unit(s) Served\* 1135

G/L Code(s)\* 553001

Current Fiscal Year Purchase Order Number\* CT144053

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? $^{st}$
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes O No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes O No
Did Contractor adhere to the contracted schedule?* (?)
Yes O No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes O 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 O 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 O No
How does this contract support Agency/Unit Strategic priorities?*
Innovation

~

Renewal Information for	or Next Fiscal Year	0
Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number* 1135	Amount Charged to Unit* \$ 4,500.00	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo	Secondary But Campbell, Rica	<b>dget Manager*</b> rdo
Provide Rate and Rate Descrip n/a	tions if applicable <sup>* (?)</sup>	
Project WBS (Work Breakdowr n/a	n Structure) <sup>* (?)</sup>	
Fiscal Year* (?)	<b>Amount*</b> (?)	
2026	\$ 4,500.00	
Contract Funding Source* General Revenue (GR) Contract Content Chan	ges	<b>•</b>
Are there any required change Yes  No	s to the contract language?* (?)	
Will the scope of the Services	change?*	
<ul> <li>Yes          No     </li> <li>Is the payment deadline difference</li> </ul>	ent than net (45)?*	
○ Yes ● No		
Are there any changes in the F	Performance Targets?*	
Are there any changes to the S	Submission deadlines for notes or supp	oorting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner <sup>*</sup> (?)		
Please Select Contract Owner Holly Cumbie		
Budget Manager Appro	oval(s)	<u>()</u>

(~)

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\* 4/30/2025

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
7773	
Contractor Name*	
Centre Technologies, Inc.	
Service Provided * (?)	
Technical Consultant Services (DIR Tag-on)	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal	or more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application     Provide the Output	Request for Qualification
Request for Quote           Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other DIR-CPO-4857
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Affiliation or Preceptor           BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
2005	

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 50,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144116

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🍥 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O 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 ONO 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?\* N/A

Renewal Information for	Next Fiscal Year	
Budget Units and Amou	nts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 50,000.00	542000
Budget Manager*		udget Manager <sup>*</sup>
Campbell, Ricardo	Campbell, Ric	ardo
Provide Rate and Rate Descript	ions if applicable * (?)	
Project WBS (Work Breakdown N/A	Structure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 50,000.00	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chang	jes	$\circ$
Are there any required changes	to the contract language?* $^{(?)}$	
○ Yes ● No Will the scope of the Services c	hongo2*	
<ul> <li>Yes          No</li> </ul>	nange ?	
Is the payment deadline differen	nt than net (45)? <sup>*</sup>	
🔘 Yes 💿 No		
Are there any changes in the Pe	erformance Targets?*	
🔘 Yes 🔘 No		
	ubmission deadlines for notes or sup	oporting documentation?*
🔘 Yes 🖲 No		
File Upload (?)		407.34KB
DIR-CPO-4857 Contract.pdf		407.34ND
Contract Owner		$\mathbf{\Theta}$
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approv	val(s)	$\diamond$

Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Mustafa Cochinwata	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/22/2025

# Great Renewal Evaluation

## **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2024-0904

Contractor Name\* Centre Technologies Inc.

Service Provided \* (?)

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

### Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

Information Only (Total NTE Amount is Less than \$250,000.00)

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

## Procurement Method(s)\*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

## Contract Description / Type

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

Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- 💹 Tag-On
- Consumer Driven
- Other DIR-4857

Consultant

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

Other

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

O Yes

No

Unknown

Contract NTE\* (?)

\$ 72,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT144097

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?\* (?) Yes O No How does this contract support Agency/Unit Strategic priorities?\* N/A Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 574000 1130 \$ 75,000.00 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) 2026 \$ 75,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* General Revenue (GR) **Contract Content Changes** Are there any required changes to the contract language?\* (?) 🔘 Yes 🔘 No Will the scope of the Services change?\* 🔘 Yes 🍥 No Is the payment deadline different than net (45)?\* 🔘 Yes 🔘 No Are there any changes in the Performance Targets?\* 🔘 Yes 🔘 No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** ~

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Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

## Approved by

Mustafa Cochinwala

**Contracts Approval** 

## Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/7/2025

Mental Health and IDD	Annual Renewal Evaluation
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Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
5007	
5007	
Contractor Name*	
Cerner Corporation	
Service Provided * (?)	
Archiving Services for Agency Wide Anasazi Software,	Support & Maintenance.
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> </ul>	
	Si more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other n/a
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)

- Yes
- No
- Unknown

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Contract NTE\* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144048

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes O 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 O No

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

Renewal Information for	or Next Fiscal Year	$\odot$
Budget Units and Amo	unts Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit <sup>*</sup> \$ 30,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Be Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Descrip	tions if applicable* (?)	
Project WBS (Work Breakdown N/A	n Structure) * (?)	
Fiscal Year <sup>* (?)</sup>	Amount <sup>*</sup> (?)	
2026	\$ 30,000.00	
	Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Chan	iges	0
Are there any required change O Yes  No	s to the contract language? * (?)	
Will the scope of the Services	change?*	
Is the payment deadline differe	ent than net (45)?*	
Are there any changes in the F O Yes  No	Performance Targets?*	
Are there any changes to the S	Submission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		े
Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Appro	oval(s)	<u></u>

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## Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

# Contracts Approval

## Approve\*

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

## Approved by\*

Belinda Stude

Approval Date\* 5/7/2025

Current Fiscal Year Contract Informatic	m	
Current Fiscal Year		
2025		
Contract ID#*		
2024-0888		
Contractor Name*		
City Fire Protection, LLC		
Service Provided <sup>*</sup> (?)		
City Fire Protection LLC will install and monitor Harris C	enter locations intrusion alarms.	
Renewal Term Start Date *	Renewal Term End Date *	
9/1/2025	8/31/2026	
	0.0112020	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
	50,000.00)	
Information Only (Total NTE Amount is Less than \$2		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> </ul>		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	r more)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	r more)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	r more) Competitive Proposal Sole Source	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	r more) Competitive Proposal Sole Source	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	r more) Competitive Proposal Sole Source Request for Qualification Tag-On	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	r more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	r more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	ar more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	ar more)  ar more)  Competitive Proposal  Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	ar more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	

vend or/ a Historic usines (1 "

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 18,800.00

Rate(s)/Rate(s) Description

Unit(s) Served\* multiple

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144317

Contract Requestor\* Darryl Coleman

Contract Owner\*

Darryl Coleman

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 O No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O 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 O No How does this contract support Agency/Unit Strategic priorities?\*

Protection of agency staff, consumers and properties.

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# Renewal Information for Next Fiscal Year

Budget Unit Number* 1806	Amount Charged to \$ 2,350.00	o Unit <sup>*</sup>	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo	s	Secondary Budge Aoynihan, Kelly	
Budget Unit Number* 1809	Amount Charged to \$ 2,350.00	o Unit*	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo		Secondary Budge Aoynihan, Kelly	et Manager*
Budget Unit Number* 1808	Amount Charged to \$ 2,350.00	o Unit <sup>*</sup>	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo		Secondary Budge Aoynihan, Kelly	et Manager <sup>*</sup>
Budget Unit Number* 1858	Amount Charged to \$ 4,700.00	o Unit*	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo		Secondary Budge Aoynihan, Kelly	et Manager*
Budget Unit Number* 1888	Amount Charged to \$ 2,350.00	o Unit <sup>*</sup>	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo		Secondary Budgo Aoynihan, Kelly	et Manager*
Budget Unit Number* 1850	Amount Charged t \$ 2,350.00	o Unit*	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo		Secondary Budg Moynihan, Kelly	et Manager*
Budget Unit Number* 1849	Amount Charged t \$ 2,350.00	to Unit*	Expense/GL Code No.* 569010
Budget Manager* Campbell, Ricardo		Secondary Budg Moynihan, Kelly	et Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdow N/A	n Structure) <sup>*</sup> (?)		
Fiscal Year* (?)		Amount* (?)	

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Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 18800.00 Contract Funding Source\* General Revenue (GR) Contract Content Changes Are there any required changes to the contract language?\* (?) 🔘 Yes 🔘 No Will the scope of the Services change?\* 🔘 Yes 🔘 No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** Contract Owner\* (?) Please Select Contract Owner Darryl Coleman

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Darry CA. Coleman

# Contracts Approval

## Approve\*

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

Page 404 of 892

Approved by\* *Belinda Stude* 

Approval Date\* 5/13/2025

Mented Health and JDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2024-0840	
Contractor Name*	
Council for Affordable Quality Healthcare, Inc.	
c=1 91	
Service Provided <sup>* (?)</sup>	
CAQH will provide Credentialing Software via a Provide duplicative paperwork for organizations that may requir claims administration, credentialing, directory services,	re provider profile information for
Renewal Term Start Date*	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Bourgeup</li> </ul>	
Revenue	
<ul> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven Other
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 7,640.00

Rate(s)/Rate(s) Description PROVIEW \$3000 annual fee. \$5.28 (500) per provider billed annually.

Unit(s) Served\*

G/L Code(s)\* 553002, 553003

Current Fiscal Year Purchase Order Number\* CT143

Contract Requestor\* Anthony Jones

Contract Owner\* Mustafa Cochinwala

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

🔿 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes O 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 O 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?\*  $\ensuremath{^{(?)}}$ 

Yes No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for <ul> <li>Yes</li> <li>No</li> </ul>	next fiscal year with this Contrac	tor?* (?)
How does this contract support A 6. Innovation 6.1 Enhance financial outreach and		
Renewal Information for N	Next Fiscal Year	
Budget Units and Amount	ts Charged to each Budg	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 7,700.00	553002
Budget Manager* Campbell, Ricardo	Secondary Campbell, R	Budget Manager* icardo
Provide Rate and Rate Description Subscription, Maintenance and supp \$7,700.00 annually. Project WBS (Work Breakdown St N/A	port for 500 providers @	
Fiscal Year <sup>* (?)</sup> 2025	<b>Amount*</b> (? \$ 7,700.00	
Next Fiscal Year Not to Exceed Ar 8600	nount for Master Pooled Contract	s
Contract Funding Source* General Revenue (GR)		
Contract Content Change	es	Ô
Are there any required changes to	o the contract language?* (?)	
Will the scope of the Services cha	ange?*	
Yes No		
Is the payment deadline different	than net (45)?*	
🔿 Yes 🔘 No		
Are there any changes in the Peri Yes  No	formance Targets?*	
Are there any changes to the Sub	mission deadlines for notes or s	upporting documentation?*

File Upload (?) 2024-0840 - CAQH - Credentialing SDA 5.6.24 CLEA 2024-0840 - CAQH - Exhibit A - Miscellaneous Provis f.epdf 2024-0840 - CAQH - HarrisCenter CAQH ProView Im TJ1 f.ePDF 2024-0840 - CAQH - MSA 5.6.24 rn reviewv12024 CLEAN f.epdf	plementation Form v2	501.56КВ 365.28КВ 572.85КВ 563.88КВ
Contract Owner		0
Contract Owner <sup>*</sup> (?) Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Approval(s)		
Approved by		
Ricardo Campbell		
Contract Owner Approval		
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>		
Approved by *	Approval Date*	
Belinda Stude	4/21/2025	

Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
7160	
Contractor Name*	
CU Solutions Group, Inc. d/b/a HR Performance Solution	ons
Service Provided <sup>* (?)</sup>	
	umontotion for amployee
HR Performance Management software to support doc performance	umentation for employee
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Other	
Procurement Method(s)*	
Procurement Method(s) * Check all that Apply	
<ul> <li>Souther</li> <li>State 30</li> </ul>	Competitive Proposal
Check all that Apply	Competitive Proposal Sole Source
Check all that Apply Competitive Bid	
Check all that Apply Competitive Bid Request for Proposal	Sole Source
Check all that Apply Competitive Bid Request for Proposal Request for Application	Sole Source Request for Qualification
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Sole Source Request for Qualification Tag-On Consumer Driven
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Sole Source Request for Qualification Tag-On Consumer Driven
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	Sole Source Request for Qualification Tag-On Consumer Driven Other -
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	Sole Source Request for Qualification Tag-On Consumer Driven Other -
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other -</li> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Sole Source Request for Qualification Tag-On Consumer Driven Other - Consultant New Contract/Agreement Amendment to Existing Contract
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other -</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

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

- Yes
- No
- Unknown

Renewal Information for Next Fiscal Year			
Budget Units and Amo	ounts Charged to each Bud	get Unit	
Budget Unit Number* 1130	Amount Charged to Unit* \$ 24,000.00	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo		
Provide Rate and Rate Descr	iptions if applicable* (?)		
Project WBS (Work Breakdov N/A	vn Structure) <sup>*</sup> (?)		
4			
Fiscal Year* (?)	Amount*		
2026	\$ 24,000.0	0	
Next Fiscal Year Not to Excee	ed Amount for Master Pooled Contra	cts	
Contract Funding Source* General Revenue (GR)			
Contract Content Cha	nges	0	
	nges les to the contract language?* (?)		
Are there any required chang	es to the contract language?* (?)		
Are there any required chang Yes No Will the scope of the Services	es to the contract language?* (?) s change?*		
Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline diffe	tes to the contract language?* (?) s change?* rent than net (45)?*		
Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the Yes No	tes to the contract language?* (?) s change?* rent than net (45)?*	supporting documentation?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the Yes No Are there any changes to the	les to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	supporting documentation?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the Yes No Are there any changes to the Yes No	les to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	supporting documentation?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	les to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	supporting documentation?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?) Contract Owner	les to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	supporting documentation?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?) Contract Owner* (?)	les to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	supporting documentation?*	

Approved by

Ricardo Campbell

# **Contract Owner Approval**

Approved by

Mustafa Cochinnala

# Contracts Approval

## Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

# Starris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informat	ion
Current Fiscal Year	
2025	
Contract ID#*	
7166	
7100	
Contractor Name*	
Dispensary of Hope	
Service Provided * (?)	
A Charitable Pharmaceutical Program that facilitates I	agistics to provide access to
medications to Qualified Patients free of charge. DOH	
(pharmaceutical) Products to Agency Access Sites, cu	
	940 - 11 JAN
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than s Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than 5 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than 5 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more) <ul> <li>Competitive Proposal</li> <li>Sole Source</li> </ul>
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	l or more)  Competitive Proposal Sole Source Request for Qualification
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	l or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	l or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Check all that Apply Request for Proposal Request for Application Request for Quote Interlocal	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	l or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	l or more)  Or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than S         Board Approval (Total NTE Amount is \$250,000.00)         Grant Proposal         Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid         Request for Proposal         Request for Application         Request for Quote         Interlocal         Not Applicable (If there are no funds required)         Contract Description / Type         Personal/Professional Services         Consumer Driven Contract	l or more)  Or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than S Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	l or more)
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than S         Board Approval (Total NTE Amount is \$250,000.00)         Grant Proposal         Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid         Request for Proposal         Request for Application         Request for Quote         Interlocal         Not Applicable (If there are no funds required)         Contract Description / Type         Personal/Professional Services         Consumer Driven Contract         Memorandum of Understanding         Affiliation or Preceptor	l or more)

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

O Yes

No No

Unknown

Contract NTE\* (?)

\$ 37,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144132

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 O No

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

Yes O No

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

```
Yes O 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 O 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? <sup>★ (?)</sup> ⊚ Yes ◯ No			
How does this contract support Agency/Unit Strategic priorities?*			
Decrease medication cost for behavior health and primary health.         Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1135	Amount Charged to Unit* \$ 37,500.00	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo		Budget Manager*	
Provide Rate and Rate Description			
n/a Project WBS (Work Breakdown S	**************************************		
n/a			
Fiscal Year* (?) 2026	<b>Amount*</b> <sup>(?</sup> \$ 37,500.00		
Next Fiscal fear Not to Exceed A	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?* (?)			
<ul> <li>○ Yes ● No</li> <li>Will the scope of the Services change?*</li> </ul>			
○ Yes ● No Is the payment deadline different than net (45)?*			
🔘 Yes 🍥 No			
Are there any changes in the Performance Targets? *			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			

 $\bigcirc$ 

oontraot owner	Con	tract	Owner*	(?)
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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\* 4/29/2025

# RRIS Annual Renewal Evaluation

## **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\*

Contractor Name\* Don'Angelo and Company, LLC

Service Provided \* (?) Executive Coaching Servcices.

Renewal Term Start Date\*

7/1/2025

Renewal Term End Date\* 12/31/2025

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

## Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

## Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification
- request for qualificat
- Tag-On
- Consumer Driven
- Other Consultant Agreement
  - Consultant New Contract/Agreement
  - Amendment to Existing Contract
  - Service/Maintenance
  - IT/Software License Agreement
  - Lease
- Other

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 17,000.00

Rate(s)/Rate(s) Description

\$8,500.00 partial payment and \$8,500.00 final payment for six-month program.

Unit(s) Served\*

1110

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144581

Contract Requestor\* Christan Bailey

Contract Owner\*

Kendra Thomas

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

Yes No

 $\land$ 

How does this contract support Agency/Unit Strategic priorities?  $^{\ast}$ 

Consulting Agreement for Legal Counsel for Leadership Coaching

Renewal Information for Next Fiscal Year

Budget Units and Amounts	Charged to each Budge	et Unit
Budget Unit Number* 1110	Amount Charged to Unit <sup>*</sup> \$ 34,000.00	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Ric	udget Manager* cardo
Provide Rate and Rate Descriptions This contract will be from July 1,2025 \$34,000.00		
Project WBS (Work Breakdown Str N/A	ucture)* (?)	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 34,000.00	
Next Fiscal Year Not to Exceed Ame N/A Contract Funding Source* General Revenue (GR) Contract Content Changes		5
Are there any required changes to	the contract language?* (?)	
Will the scope of the Services chan	ıge?*	
Is the payment deadline different th Yes  No	nan net (45)?*	
Are there any changes in the Perfo	rmance Targets?*	
Are there any changes to the Subm	iission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		0

Contract Owner\* (?) Please Select Contract Owner Kendra Thomas

Budget Manager Approval(s)	$\circ$
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Kendra Thomas	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date <sup>*</sup>
Belinda Stude	5/5/2025

## **Annual Renewal Evaluation** HARRIS **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 7805 Contractor Name\* Doximity, Inc. Service Provided \* (?) Doximity Dialer Pro Subscription Services (Telehealth software used to expand video conferencing options from patients' homes) Renewal Term Start Date\* Renewal Term End Date\* 12/31/2026 1/1/2026 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply **Competitive Proposal** Competitive Bid Sole Source Request for Proposal Request for Qualification **Request for Application** Tag-On Request for Quote Interlocal Consumer Driven Other Not Applicable (If there are no funds required) **Contract Description / Type** Personal/Professional Services Consultant **Consumer Driven Contract** New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease

Other

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

- Yes
- No
- Unknown

Renewal of Existing Contract

Contract NTE\* (?)

\$ 16,537.50

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144555

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

## **Renewal Determination**

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

Yes No

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

Renewal Information for Next Fiscal Year			
Budget Units and Amou	nts Charged to each Budget	Unit	
Budget Unit Number* 1130	Amount Charged to Unit <sup>*</sup> \$ 18,500.00	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	ndget Manager* ardo	
Provide Rate and Rate Descript N/A	ions if applicable $*$ $(?)$		
Project WBS (Work Breakdown N/A	Structure) <sup>* (?)</sup>		
Fiscal Year* (?)	Amount <sup>* (?)</sup>		
2026	\$ 18,500.00		
Contract Funding Source* General Revenue (GR)	Amount for Master Pooled Contracts		
Are there any required changes Yes No Will the scope of the Services of	to the contract language?* (?)		
🔾 Yes 🖲 No			
Is the payment deadline differe	nt than net (45)?*		
Are there any changes in the Pe	erformance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		0	
Contract Owner* (?)			
Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Appro	val(s)	0	

(~)

# Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

# **Contracts Approval**

## Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 7842	
Contractor Name* Ellen B. Kagen	
Service Provided * (?) Leadership and Consultant Services for the CEO	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement Lease
Renewal of Existing Contract	Other

- Yes
- 🔘 No
- Unknown

Please provide the HUB status MWBE - Minority or Women owned business enterprise.

Contract NTE\* (?)

\$ 12,600.00

Rate(s)/Rate(s) Description \$375.00 per hour for 33.6 hours

Unit(s) Served\*

G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144141

Contract Requestor\* Veronica Franco

Contract Owner\* Wayne Young

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 O No

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

Yes O 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 O No

How does this contract support Agency/Unit Strategic priorities?\* unit 1011

Renewal Information for	or Next Fiscal Year	0	
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1101	Amount Charged to Unit* \$ 12,600.00	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo	
Provide Rate and Rate Descrip \$375.00 per hour for 33.6 hours			
Project WBS (Work Breakdow n/a	n Structure)* (?)		
Fiscal Year* (?) 2026	Amount* \$ 12,600.0		
	÷ 12,000		
Contract Funding Source* General Revenue (GR) Contract Content Changes			
Are there any required change Yes  No	es to the contract language?* (?)		
Will the scope of the Services	change?*		
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		$\mathbf{\hat{\circ}}$	

Please Select Contract Owner Wayne Young

Budget Manager Approval(s)	3
Approved by	
Ricardo Campbell	
Contract Owner Approval	٢
Approved by	
43	x
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date *
Belinda Stude	4/23/2025

Mental Health and IDD	tion	
Current Fiscal Year Contract Informatic	n	
Current Fiscal Year		
2025		
Contract ID#*		
2023-0767		
2023-0767		
Contractor Name*		
Emergent Devices, Inc.		
Service Provided * (?)		
Agency Wide Purchase of Narcan		
Renewal Term Start Date*	D	
	Renewal Term End Date* 10/31/2026	
10/1/2025	10/31/2028	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2	50,000.00)	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	

Other

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

Contract NTE<sup>\*</sup> (?) \$ 20,000.00 Rate(s)/Rate(s) Description N/A Unit(s) Served<sup>\*</sup> 1136 G/L Code(s)<sup>\*</sup> 547001 Current Fiscal Year Purchase Order Number<sup>\*</sup> CT144127 Contract Requestor<sup>\*</sup> Teri Garland Contract Owner<sup>\*</sup> Holly Cumbie

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Were Services delivered as specified in the contract?\*

Yes No

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

Yes No

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

```
Yes No
```

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

Yes No

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

Yes No

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

Yes No

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

```
Yes O No
```

**Renewal Determination** 

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Increases services for substance abuse disorders

Renewal Information for Next Fiscal Year				
Budget Units and Amount	s Charged to each Budge	et Unit		
Budget Unit Number* 1136	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 547001		
Budget Manager* Smith, Janai	Secondary B Shelby, Debb	Budget Manager* ie		
Provide Rate and Rate Description	s if applicable <sup>* (?)</sup>			
Project WBS (Work Breakdown Str n/a	ructure) <sup>*</sup> (?)			
Fiscal Year* (?)	<b>Amount*</b> (?)			
2026	\$ 20,000.00			
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	5		
Contract Funding Source* General Revenue (GR)				
Contract Content Change	S	<u></u>		
Are there any required changes to Yes  No	the contract language?* (?)			
Will the scope of the Services char Yes  No	Will the scope of the Services change?*			
Is the payment deadline different than net (45)?*				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				
Contract Owner* (?)				
Please Select Contract Owner Holly Cumbie				
Budget Manager Approva	l(s)			

~

# Approved by

Janai Lynnette Smith

# Contract Owner Approval

Approved by

Holly Cumbie

# **Contracts Approval**

# Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/24/2025

Mental Healthand IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatic	on 📀
Current Fiscal Year 2025	
Contract ID#* 5324	
Contractor Name* ePlus Technology Inc. (Formerly Future Com, LTD)	
Service Provided <sup>*</sup> (?) Digital Defense Assessments (TIPS Tag On)	
Renewal Term Start Date <sup>*</sup> 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other n/a</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 27,540.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144102

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O No

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

Yes O 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 O No

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

Renewal Information for Next Fiscal Year				
Budget Units and Amoun	its Charged to each Budge	ət Unit		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
1130	\$ 30,000.00	553002		
Budget Manager*		Budget Manager*		
Campbell, Ricardo	Campbell, Rid	cardo		
Provide Rate and Rate Description	ons if applicable <sup>* (?)</sup>			
Project WBS (Work Breakdown S N/A	itructure) <sup>* (?)</sup>			
Fiscal Year* (?)	Amount* (?)			
2026	\$ 30,000.00			
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	5		
Contract Funding Source*				
General Revenue (GR)				
	Contract Content Changes			
Are there any required changes t	o the contract language?* (?)			
Will the scope of the Services ch	ange?*			
🔘 Yes 🝥 No				
Is the payment deadline different	than net (45)?*			
🔿 Yes 🝥 No				
Are there any changes in the Per	formance Targets?*			
🔘 Yes 🍥 No	🔘 Yes 🍥 No			
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
alicent ()				
Contract Owner		0		
Contract Owner* (?)				
Please Select Contract Owner Mustafa Cochinwala				
Budget Manager Approva	al(s)	$\odot$		

Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Mustafa Cechinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/6/2025

	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID# <sup>*</sup> 6670	
Contractor Name* ePlus Technology, Inc. (formerly Future Com, Ltd.)	
Service Provided <sup>*</sup> (?) Forescout maintenance & support. Tag-on to DIR Tag or	ı.
Renewal Term Start Date * 9/26/2025	Renewal Term End Date <sup>*</sup> 9/25/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$25</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other TIPS RFP Contract # 230105</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	<ul> <li>Conter</li> </ul>

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 47,041.82

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144064

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

💿 Yes 🔘 No

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

🍥 Yes 🔘 No

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

```
🕘 Yes 🔘 No
```

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

Yes O No

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

Yes O No

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?\* N/A

Renewal Information for Next Fiscal Year			
Budget Units and Amo	unts Charged to each Budge	et Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1130	\$ 50,000.00	553001	
Budget Manager*		Budget Manager*	
Campbell, Ricardo	Campbell, Rid	cardo	
Provide Rate and Rate Descrip N/A	otions if applicable * (?)		
Project WBS (Work Breakdow	n Structure) * (?)		
N/A			
Fiscal Year <sup>* (?)</sup>	Amount* (?)		
2026	\$ 50,000.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts	;	
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?*			
File Upload (?)			
Contract Owner		٥	
Contract Owner* (?)			
Please Select Contract Owner Mustafa Cochinwala			
	MA		
Budget Manager Appro	oval(s)	$\diamond$	

Approved by	
Ricardo Campbell	
Contract Owner Approval	े
Approved by	
Mustafa Cochinnvala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/6/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 7016	
Contractor Name* ePlus Technology Inc (Future Com)	
Service Provided <sup>* (?)</sup> Maintenance and Support for the Gigamon Ethernet	
Renewal Term Start Date <sup>*</sup> 10/1/2025	Renewal Term End Date <sup>*</sup> 9/30/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other TIPS RFP Contract # 230105</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 31,980.96

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 553001

Current Fiscal Year Purchase Order Number\* CT144117

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Were Services delivered as specified in the contract?\*

🕘 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?  $^{\star}\left( ?\right)$ 

Yes O 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?\* N/A

Renewal Information for N	lext Fiscal Year	$\mathbf{S}$
Budget Units and Amount	s Charged to each Budg	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 36,000.00	553001
Budget Manager*	2	Budget Manager*
Campbell, Ricardo	Campbell, R	ICardo
Provide Rate and Rate Description	is if applicable $*$ (?)	
Project WBS (Work Breakdown Str N/A	ructure) * (?)	
Fiscal Year <sup>*</sup> (?)	Amount* (?	
2026	\$ 36,000.00	
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contrac	s
Contract Funding Source*		
General Revenue (GR)		
Contract Content Change	S	$\circ$
Are there any required changes to Yes  No	the contract language?* (?)	
Will the scope of the Services cha	nge?*	
🔾 Yes 🍥 No		
Is the payment deadline different t	han net (45)?*	
🔘 Yes 🖲 No		
Are there any changes in the Perfo	ormance Targets?*	
🔿 Yes 💿 No		
Are there any changes to the Subr O Yes  No	nission deadlines for notes or su	ipporting documentation? ^
File Upload (?)		
Contract Owner		$\mathbf{\hat{\circ}}$
Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Approva	l(S)	0

Approved by	٧	1
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Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinnala

# **Contracts Approval**

# Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/7/2025

# Mental Health and IDD Annual Renewal Evaluation

Current Fiscal Year Contract Information	n
Current Fiscal Year	
2025	
Contract ID#*	
2024-0925	
Contractor Name*	
Escape Velocity Holdings Inc. d/b/a Trace3, LLC	
Service Provided <sup>* (?)</sup>	
: Subscription for	
Information Security External	
Attack Surface Management and	
Issue Tracking as well as	
Benchmarking (BitSight). DIR-TSO-4361 Tag-on	
Dire-130-4301 Tag-01	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than \$2         Board Approval (Total NTE Amount is \$250,000.00 of         Grant Proposal         Revenue         SOW-Change Order-Amendment#         Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other DIR-TSO-4361
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

O Yes

- No
- Unknown

Contract NTE\* (?)

\$ 32,163.76

### Rate(s)/Rate(s) Description

Three-year purchase commitment paid annually. (9/1/2024 - 8/31/2027) RATE: Year 1 - \$32,163.76; Year 2 and 3 cost of \$32,163.76 due on anniversary of year 2 and 3 respectively. Three Year Total Cost - \$96,491.28

Unit(s) Served\*

1130

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\*

CT144455

Contract Requestor\*

Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes No

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

Yes No

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

```
Yes O 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 O No

	or next fiscal year with this Contracto	
low does this contract support	Agency/Unit Strategic priorities?*	
	New Presel Marca	
Renewal Information for	Next Fiscal Year	C
Budget Units and Amou	nts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
130	\$ 32,163.76	574000
Budget Manager*		udget Manager*
Campbell, Ricardo	Campbell, Rica	ardo
Provide Rate and Rate Descripti	ons if applicable * (?)	
N/A		
	Structure)* (?)	
	Structurey	
N/A	Amount <sup>* (?)</sup>	
Project WBS (Work Breakdown N/A Fiscal Year <sup>*</sup> (?) 2026 Next Fiscal Year Not to Exceed <i>J</i>		
N/A Fiscal Year <sup>*</sup> (?) 2026 Next Fiscal Year Not to Exceed A Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Chang	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts	
N/A Fiscal Year <sup>* (?)</sup> 2026 Next Fiscal Year Not to Exceed A Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Changes Are there any required changes	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts	
WA Fiscal Year <sup>*</sup> (?) 2026 Next Fiscal Year Not to Exceed A Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Change Are there any required changes Yes () No Will the scope of the Services cl	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts JCS to the contract language? <sup>*</sup> (?)	
WA Fiscal Year* (?) 2026 Next Fiscal Year Not to Exceed A Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes Yes No Will the scope of the Services cl Yes No	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts Jes to the contract language? <sup>*</sup> (?) hange? <sup>*</sup>	
N/A Fiscal Year* (?) 2026 Next Fiscal Year Not to Exceed A Contract Funding Source* General Revenue (GR) Contract Content Changes Yes No No Will the scope of the Services cl Yes No S the payment deadline different	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts Jes to the contract language? <sup>*</sup> (?) hange? <sup>*</sup>	
WA Fiscal Year* (?) 2026 Next Fiscal Year Not to Exceed A Contract Funding Source* General Revenue (GR) Contract Content Changes Yes No Vill the scope of the Services cl Yes No s the payment deadline different Yes No	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts Jes to the contract language? <sup>*</sup> (?) hange? <sup>*</sup> t than net (45)? <sup>*</sup>	
N/A Fiscal Year <sup>*</sup> (?) 2026	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts Jes to the contract language? <sup>*</sup> (?) hange? <sup>*</sup> t than net (45)? <sup>*</sup>	
N/A Fiscal Year* (?) 2026 Next Fiscal Year Not to Exceed A Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes Yes No No Nill the scope of the Services cl Yes No s the payment deadline different Yes No Are there any changes in the Pe Yes No	Amount <sup>*</sup> (?) \$ 32,163.76 Amount for Master Pooled Contracts Jes to the contract language? <sup>*</sup> (?) hange? <sup>*</sup> t than net (45)? <sup>*</sup>	porting documentation?*

Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approval(s)		$\bigcirc$
Approved by		
Ricardo Campbell		
Contract Owner Approval		٢
Approved by		
Mustafa Cechinwala		
Contracts Approval		
Approve*		
) Yes		
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>		
Approved by *		
	Approval Date*	
Belinda Stude	5/7/2025	

Starris Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Informatic	on Õ
Current Fiscal Year	
2025	
Contract ID#*	
7807	
Contractor Name*	
Everbridge, Inc.	
Service Provided * (?)	
Everbridge provides the Agency's Mass Notification Inc	ident Management Service as well
as the Safety Connection Base Service.	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c	
🗐 Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote           Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other Harris County
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	

- YesNo
- Unknown

~

Contract NTE\* (?)

\$ 47,085.80

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O No

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

Yes O No

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

Yes ONO

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?<sup>\*</sup> (?)

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?\* N/A

Renewal Information for	Next Fiscal Year	$\mathbf{\Theta}$
Budget Units and Amoun	ts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 50,000.00	553002
Budget Manager*		Budget Manager <sup>*</sup>
Campbell, Ricardo	Campbell, Ri	cardo
Provide Rate and Rate Descriptio	ns if applicable * (?)	
Project WBS (Work Breakdown S N/A	tructure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount <sup>* (?)</sup>	
2026	\$ 50,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	S
Contract Funding Source*		
General Revenue (GR)		
Contract Content Change	es	$\bigcirc$
Are there any required changes t	o the contract language?* (?)	
🔘 Yes 🍥 No		
Will the scope of the Services cha	ange?*	
Is the payment deadline different	than net (45)?*	
🔘 Yes 🍥 No		
Are there any changes in the Per	formance Targets?*	
🔘 Yes 🛞 No		
Are there any changes to the Sub	omission deadlines for notes or su	pporting documentation?*
🔘 Yes 🔳 No		
File Upload (?)		
Contract Owner		Ô
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approva	al(s)	$\mathbf{\Theta}$

Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Mustafa Cechinxata	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/6/2025

	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0449	
Contractor Name*	
FMLASource, Inc.	
Service Provided * (?)	
Agreement to provide Family and Medical Leave Act (F Information Services for The Harris Center.	MLA) Administration and
Renewal Term Start Date*	Renewal Term End Date *
12/1/2025	11/30/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	250,000.00)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)*	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 a</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 a</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other RFP through Benefits Broker Consultant
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)

- Yes
- No
- Unknown

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### Contract NTE\* (?)

\$ 49,000.00

#### Rate(s)/Rate(s) Description

Annual (on-cycle) funding. \$1.41 per employee per month (PEPM) for approx. 2,512 Employees.

Unit(s) Served\*

1108

G/L Code(s)\* 543039

Current Fiscal Year Purchase Order Number\* CT144220

Contract Requestor\*

Kip Baughman

Contract Owner\*

Kip Baughman

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 O 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 O No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O No **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?  $^{*}$  (?) Yes O No

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How does this contract support Agency/Unit Strategic priorities?  $^{\star}$ 

FMLA admin for compliance with Family Medical Leave Act compliance

# Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 52,000.00	543039
Budget Manager*	Secondary Bu	dget Manager <sup>*</sup>
Moynihan, Kelly	Campbell, Rica	rdo
Provide Rate and Rate Descri	otions if applicable * (?)	
NA		
Project WBS (Work Breakdow	n Structure) <sup>* (?)</sup>	
NA		
Fiscal Year* (?)	Amount* (?)	
2026	\$ 52,000.00	
Contract Funding Source* General Revenue (GR)		
Contract Content Chai		
Are there any required change Yes No	es to the contract language? <sup>* (?)</sup>	
Will the scope of the Services	change?*	
🔘 Yes 🖲 No		
Is the payment deadline differ	ent than net (45)?*	
🔘 Yes 🍥 No		
Are there any changes in the	Performance Targets?*	
🔾 Yes 🖲 No		
	Submission deadlines for notes or sup	porting documentation?*
Yes No		
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		

Kip Baughman

Budget Manager Approval(s)	0
Approved by	
Ricardo Campbell	
Contract Owner Approval	$\mathbf{r}$
Approved by	
Кір ВАЛЕНМАН	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/8/2025

# HARRIS A

### **Annual Renewal Evaluation**

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2024-0844

Contractor Name\* GenSolutions LLC

Service Provided \* (?) Generator Maintenance Services

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

### **Contract Description / Type**

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

Sole Source Request for Qualification

**Competitive Proposal** 

- Tag-On
- Consumer Driven
- Other .
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- O Yes
- No

Unknown

Contract NTE\* (?)

\$ 40,000.00

Rate(s)/Rate(s) Description

generator maintenance now including the residential houses

Unit(s) Served\* 1899

G/L Code(s)\* 557000

Current Fiscal Year Purchase Order Number\* CT144302

Contract Requestor\* Sarah Harper

Contract Owner\*

Michael Mitchell

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract? <sup>★</sup> Image: Yes ○ No
Did Contractor perform duties in a manner consistent with standards of the profession? * $\odot$ Yes $\bigcirc$ 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? <sup>* (?)</sup>
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?\* maintenance on emergency generators

Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1899	Amount Charge \$ 60,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 557000
Budget Manager* Campbell, Ricardo		Secondary Budge Moynihan, Kelly	et Manager*
Provide Rate and Rate Descriptions if applicable <sup>*</sup> <sup>(?)</sup> cost for maintenance on our generators at major clinics, 6160 S Loop East and adding 3809 Main St Project WBS (Work Breakdown Structure) <sup>*</sup> <sup>(?)</sup>			
n/a			
Fiscal Year* (?) 2026		Amount* (?) \$ 60,000.00	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes to the contract language?* (?) Yes No Will the scope of the Services change?* Yes No Please Explain* need to make sure locations services include 6160 S Loop			
East (should have been added in 2025) and now adding 3809 Main Street - Main Street Campus for 2026			
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?* <ul> <li>Yes</li> <li>No</li> </ul>			
File Upload (?)			
Contract Owner			

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Contract Owner\* (?)

Please Select Contract Owner

Michael Mitchell

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

# **Contract Owner Approval**

### Approved by

Michael Mitchell

**Contracts Approval** 

# Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

# Mental Health and IDD Annual Renewal Evaluation

Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2025	
Contract ID#*	
2020-0015	
Contractor Name*	
Greater Houston Healthconnect	
Service Provided * (?)	
Master Participation Agreement. Internet-Based system exchange of PHI information with other providers.	n that provides secure electronic
Renewal Term Start Date*	Renewal Term End Date*
3/9/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other None
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 15,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* PO CT144283

Contract Requestor\* Shawnti Boswell

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

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

Renewal Information for	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Bud	get Unit
Budget Unit Number* 1130	Amount Charged to Unit <sup>*</sup> \$ 16,000.00	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo	Secondar Campbell,	<b>y Budget Manager*</b> Ricardo
Provide Rate and Rate Descrip	ptions if applicable $(?)$	
Project WBS (Work Breakdow N/A	n Structure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount*	(?)
2025	\$ 16,000.0	0
Contract Funding Source*	d Amount for Master Pooled Contra	CIS
Contract Content Char Are there any required change	nges es to the contract language?* (?)	$\circ$
<ul> <li>Yes  ■ No</li> <li>Will the scope of the Services</li> </ul>	change?*	
	-	
Will the scope of the Services Yes No Is the payment deadline differ	ent than net (45)?*	
Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l Yes No	ent than net (45)?*	supporting documentation?*
Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	ent than net (45)?* Performance Targets?*	supporting documentation?*
Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the D Yes No Are there any changes to the S Yes No File Upload (?) Contract Owner	ent than net (45)?* Performance Targets?*	supporting documentation?*
Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the Yes No File Upload (?) Contract Owner* (?)	ent than net (45)?* Performance Targets?*	supporting documentation?*
Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the D Yes No Are there any changes to the S Yes No File Upload (?) Contract Owner	ent than net (45)?* Performance Targets?*	supporting documentation?*

(~)

### Approved by

Ricardo Campbell

## Contract Owner Approval

Approved by

Mustafa Cochinnala

## **Contracts Approval**

## Approve\*

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

## Approved by \*

Belinda Stude

Approval Date\* 5/5/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Information	m
Current Fiscal Year 2025	
Contract ID#* 2022-0419	
Contractor Name * GTY Software Inc. dba Bonfire Interactive Ltd	
Service Provided <sup>* (?)</sup> Procurement Management Platform Service License an	d Support.
Renewal Term Start Date * 10/1/2025	Renewal Term End Date <sup>*</sup> 9/30/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than \$2         Board Approval (Total NTE Amount is \$250,000.00 c         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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other DIR-TSO-4363</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Baalad Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	<ul> <li>Lease</li> <li>Other</li> </ul>

- Yes
- No
- Unknown

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Contract NTE\* (?)

\$ 37,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 551002

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Nina Cook

Contract Owner\*

Nina Cook

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🕥 Yes 🍥 No

Were Services delivered as specified in the contract?\*

🖲 Yes 🔘 No

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

🖲 Yes 🔘 No

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

🖲 Yes 🔵 No

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

🕘 Yes 🔘 No

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

Yes O 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?  $^{\star}$   $^{(?)}$ 

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Procurement Management Platform License and Support.

£.

Renewal Information fo	r Next Fiscal Year	$\odot$
Budget Units and Amou	unts Charged to each Budget	Unit
Budget Unit Number* 1128	Amount Charged to Unit* \$ 17,500.00	Expense/GL Code No.* 551002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager <sup>*</sup> rdo
Budget Unit Number* 1128	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager <sup>*</sup> rdo
Provide Rate and Rate Descrip N/A	tions if applicable * (?)	
Project WBS (Work Breakdowr N/A	n Structure) <sup>* (?)</sup>	
Fiscal Year* (?) 2026	Amount* (?) \$ 37,500.00	-
	Amount for Master Pooled Contracts	
N/A Contract Funding Source*		
State Contract Content Chan	iges	े
	s to the contract language?* (?)	
<ul> <li>○ Yes ● No</li> <li>Will the scope of the Services</li> </ul>	change?*	
🔵 Yes 🖲 No		
Is the payment deadline differe	ent than net (45)?"	
Are there any changes in the F	Performance Targets?*	
Are there any changes to the S	Submission deadlines for notes or supp	porting documentation?*
File Upload (?)	- Harris Center - 1yr 2025 Renewal.pdf	60.72KB
Contract Owner		<u>&gt;</u>

Contract Owner\* (?)

Please Select Contract Owner

Nina Cook

## Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

#### Approved by

Mina Cook

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/15/2025

### Annual Renewal Evaluation

**HARRE** CENTER

### **Current Fiscal Year Contract Information**

Current Fiscal Year

Contract ID#\* 2023-0780

Contractor Name\*

Handle With Care Behavior Management System, Inc.

Service Provided \* (?)

Behavior management on-site training for the prevention and management of aggressive behavior resulting in instructor certification for selected staff. Behavior management training is required according to the Texas Administrative Code.

Renewal Term Start Date\*

Renewal Term End Date\*

8/31/2026

9/1/2025

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other Behavior Management Training Agreement.

#### Consultant

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

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Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown Contract NTE\* (?) \$ 5,000,00 Rate(s)/Rate(s) Description Vary. Unit(s) Served\* 1975 G/L Code(s)\* 549005 Current Fiscal Year Purchase Order Number\* CT144184 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 O No

**Renewal Determination** 

Is the contract being renewed for Yes	next fiscal year with this Contrac	tor?* (?)
How does this contract support A The renewal of this contract ensures techniques, to maintain safety while	s that our direct care staff are trained	l in de-escalation
Renewal Information for I	Next Fiscal Year	
Budget Units and Amoun	ts Charged to each Budg	et Unit
Budget Unit Number* 1975	Amount Charged to Unit* \$ 5,000.00	Expense/GL Code No.* 549005
Budget Manager* Campbell, Ricardo	Secondary Campbell, R	Budget Manager * icardo
Provide Rate and Rate Description	ns if applicable * (?)	
Project WBS (Work Breakdown St NA	tructure)* (?)	
<b>Fiscal Year*</b> (?) 2026	<b>Amount*</b> (?) \$ 5,000.00	
Next Fiscal Year Not to Exceed Ar 5000	nount for Master Pooled Contract	s
Contract Funding Source*		
General Revenue (GR)		
Contract Content Change	2S	Ô
Are there any required changes to Yes I No	o the contract language?* (?)	
Will the scope of the Services cha	ange?*	
○ Yes ● No		
Is the payment deadline different	than net (45)?*	
🔿 Yes 🖲 No		
Are there any changes in the Perf O Yes  No	ormance Targets? *	
Are there any changes to the Sub	mission deadlines for notes or su	pporting documentation?*
🔿 Yes 🖲 No		
File Upload (?)		
Contract Owner	A COLORADOR - CANADA	<u> </u>

(

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Contract Owner\* (?)

Please Select Contract Owner

Ninfa Escobar

## Budget Manager Approval(s)

Approved by

Ricardo Campbell

## Contract Owner Approval

Approved by

Minfa Escobar

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
  - Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/5/2025

## **Annual Renewal Evaluation** HARRIS **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2024-0908 Contractor Name\* Humble Elevator Services, Inc. Service Provided\* (?) Elevator Maintenance and Inspections at 7200 N Loop E, 1215 Dennis St and 2627 Caroline Renewal Term Start Date\* Renewal Term End Date\* 9/1/2025 8/31/2026 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?)

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- ) Yes
- No
- Unknown

Contract NTE\* (?)

\$ 10,885.84

Rate(s)/Rate(s) Description

Unit(s) Served\* 1899

G/L Code(s)\* 569009

Current Fiscal Year Purchase Order Number\* CT144303

Contract Requestor\*

Lisa Cantu-Espinoza

Contract Owner\* Michael Mitchell

File Upload (?)

## Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract? <sup>★</sup> ● Yes ○ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Yes
Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?) Yes No
<ul> <li>Tes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes No</li> </ul>
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
How does this contract support Agency/Unit Strategic priorities?*

Elevator services for 2627 Caroline, 1215 Dennis St and 7200 N Loop E

Renewal Information for	r Next Fiscal Year	
Budget Units and Amo	unts Charged to each Bu	udget Unit
Budget Unit Number* 1899	Amount Charged to Unit \$ 11,885.84	* Expense/GL Code No.* 569009
Budget Manager* Campbell, Ricardo		ary Budget Manager * II, Ricardo
Provide Rate and Rate Descrip See attached. \$6,885.84 for mor inspections and \$5,000 for service	thly service and annual	
Project WBS (Work Breakdown n/a	n Structure) <sup>* (?)</sup>	
Fiscal Year <sup>* (?)</sup> 2026	Amoun \$ 11,88	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Con	tracts
Contract Funding Source* General Revenue (GR)		
Contract Content Char	iges	
Are there any required change	s to the contract language?* (?)	
Will the scope of the Services	change?*	
Is the payment deadline difference of the second seco	ent than net (45)?*	
Are there any changes in the P	Performance Targets?*	
Are there any changes to the S	Submission deadlines for notes	or supporting documentation?*
File Upload (?) Pricing Sheet (BT-67LQ) (1).xlsx		37.86KB
Contract Owner		
Contract Owner <sup>* (?)</sup> Please Select Contract Owner Karen Hurst		
Budget Manager Appro	oval(s)	

 $(\land)$ 

## Approved by

Ricardo Campbell

## Contract Owner Approval

Approved by

Michael Mitchell

## **Contracts Approval**

### Approve\*

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

## Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

#### HARRIS CENTER for Mental Health and IDD

### Annual Renewal Evaluation

### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2021-0087

Contractor Name\*

Service Provided<sup>\*</sup> <sup>(?)</sup> Third Party Rx Reconciliation and Analytical Services

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease
- Other

- Yes
- No
- Unknown

Page 477 of 892

Contract NTE\* (?) \$ 40,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1135

G/L Code(s)\* 595014

Current Fiscal Year Purchase Order Number\* CT144062

Contract Requestor\*

Holly Cumbie

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?*
```

Expanding access to care and services

Renewal Information fo	r Next Fiscal Year	
Budget Units and Amou	unts Charged to each Budget	Unit
Budget Unit Number* 1135	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 595014
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	<b>dget Manager*</b> Irdo
Provide Rate and Rate Descrip n/a	tions if applicable <sup>*</sup> (?)	
Project WBS (Work Breakdowr n/a	a Structure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 0.00	
Contract Funding Source* General Revenue (GR) Contract Content Chan	ges	S
Are there any required change	s to the contract language?* (?)	
Will the scope of the Services	change?*	
Is the payment deadline differe	ent than net (45)?*	
Are there any changes in the P Yes I No	erformance Targets?*	
Are there any changes to the S	ubmission deadlines for notes or supp	porting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner Holly Cumbie		
Budget Manager Appro	oval(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\* 5/1/2025

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2021-0067	
Contractor Name* InstaMed Communications, LLC	
Service Provided* (?) Payment processing setup for EPIC and throughout Ag	jency.
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 d</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Resumpt for Qualification</li> </ul>
<ul> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
<ul> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

- O Yes
- No
- Unknown

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Contract NTE\* (?) \$ 35,000.00

Unit(s) Served\*

G/L Code(s)\* 574000

1130

Rate(s)/Rate(s) Description

Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?  $^{\star}$ 

🔘 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 O No

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

```
🖲 Yes 🔘 No
```

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

Yes O No

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

Yes O No

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

Yes O No

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

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}$   $^{(?)}$ 

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* N/A ~

Renewal Information fo	r Next Fiscal Year	$\mathbf{S}$
Budget Units and Amou	ints Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 36,050.00	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo	Secondary Br Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Descript	tions if applicable * (?)	
Project WBS (Work Breakdown N/A	Structure)* (?)	
Fiscal Year <sup>*</sup> (?)	Amount <sup>*</sup> (?)	
2026	\$ 36,050.00	
Contract Content Chan Are there any required changes Yes No Will the scope of the Services of Yes No	s to the contract language?* (?)	
Is the payment deadline differe	nt than net (45)?*	
Are there any changes in the P O Yes  No	erformance Targets?*	
Are there any changes to the S <ul> <li>Yes <ul> <li>No</li> </ul> </li> </ul>	ubmission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		े
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Appro	val(s)	$\circ$

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Approved	by
----------	----

Ricardo Campbell

## Contract Owner Approval

Approved by

Mustafa Cochinnala

## **Contracts Approval**

### Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 5/6/2025

Current Fiscal Year Contract Informatic	n	
Current Fiscal Year		
2025		
Contract ID#*		
2024-0969		
Contractor Name*		
I. Taylor & Associates, LLC d/b/a JTaylor		
Service Provided <sup>*</sup> (?)		
Consulting Services as Consultant provides analysis an	d support services in relation to the	
development of a Physician Compensation Program for		
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2025	8/31/2026	
ferm for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> </ul>		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> </ul>		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s) * Check all that Apply	or more)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	or more)  Competitive Proposal  Sole Source	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	or more) Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	or more)  Competitive Proposal Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement	
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	

- ) Yes
- 🔘 No
- Unknown

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Contract	NTE*	(?)

\$ 60,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1108

G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144504

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 O 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 O No

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

Yes O 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 O No

How does this contract support Agency/Unit Strategic priorities?* This contract provides analysis and support services in relation to the development of a Physician Compensation Program for the Harris Center, which ensures that we have the resources to support our compensation philosophy.				
Renewal Information for I	Next Fiscal Yea	r		
Budget Units and Amoun	ts Charged to e	each Budget	Unit	
Budget Unit Number* 1108	Amount Charge \$ 60,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 542000	
Budget Manager* Moynihan, Kelly		Secondary Bu Campbell, Rica	dget Manager <sup>*</sup> rdo	
Provide Rate and Rate Description	ns if applicable * (?)			
Project WBS (Work Breakdown St NA	tructure) <sup>* (?)</sup>			
Fiscal Year <sup>*</sup> (?) 2026		Amount <sup>* (?)</sup> \$ 60,000.00		
Next Fiscal Year Not to Exceed Ar 60000	nount for Master Po	oled Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Change	S			
Are there any required changes to Ves  No	o the contract langu	age?* (?)		
Will the scope of the Services cha	ange?*			
Is the payment deadline different	than net (45)?*			
Are there any changes in the Performance Targets? <sup>★</sup> ○ Yes  ◎ No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				٢

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Contract Owner\* (?)

Please Select Contract Owner

Ninfa Escobar

## Budget Manager Approval(s)

Approved by

Kelly S. Moynihan

Contract Owner Approval

#### Approved by

Minfa Escobar

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

## Approved by\*

Belinda Stude

Approval Date\* 5/22/2025

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2024-0865	
Contractor Name*	
Kelsey-Seybold Clinic	
Service Provided * (?)	
To offer onsite mammography services to employees a nealth services through Kelsey-Seybold Clinic.	nd other
Renewal Term Start Date *	Renewal Term End Date *
5/1/2025	4/30/2026
ferm for Off-Cycle Only (For Reference Only)	
genda Item Submitted For: (?)	
	250.000.00)
Information Only (Total NTE Amount is Less than \$2	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> </ul>	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)  Competitive Proposal Sole Source
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal SOW-Change Order-Amendment# Other Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	or more) Competitive Proposal Sole Source Request for Qualification
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal 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)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other vendor chosen by insurance provider
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Other Concurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other vendor chosen by insurance provider
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Other Concurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)

Yes

- No
- Unknown

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#### Contract NTE\* (?)

\$ 0.00

#### Rate(s)/Rate(s) Description

Charges are paid through BCBS

Unit(s) Served\* 1108

G/L Code(s)\* 595000

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Ninfa Escobar

Contract Owner\*

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 O No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O 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 O No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O No Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?\* (?)

Yes O No

How does this contract support Agency/Unit Strategic priorities?* This contract supports THC strategic priorities by promoting employee well-being through convenient access to preventative care services, supporting early detection and fostering a healthier, more engaged workforce.				
Renewal Information for Ne	ext Fiscal Year	$\mathbf{S}$		
Budget Units and Amounts	Charged to each Budge	et Unit		
Budget Unit Number* 1108	Amount Charged to Unit* \$ 3,000.00	Expense/GL Code No.* 595000		
Budget Manager* Moynihan, Kelly	Secondary E Campbell, Ri	Budget Manager* cardo		
Provide Rate and Rate Descriptions	if applicable * (?)			
Project WBS (Work Breakdown Stru	ucture) <sup>* (?)</sup>			
Should the Company need to cancel of the Company shall notify Kelsey-Seyb business days in advance of the scheo event the Company fails to notice Kels cancellation/rescheduling within the re the Company shall pay Kelsey-Seybol payment equal to \$1,000.00 per full da Mobile Health Services contracted and (four (4) hours).	old at least ten (10) duled date. In the sey-Seybold of the equired timeline, then d a cancellation ay (eight (8) hours) of			
Fiscal Year <sup>*</sup> (?) 2025	Amount <sup>* (?)</sup> \$ 3,000.00			
Next Fiscal Year Not to Exceed Amo	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source* General Revenue (GR)		τ.		
Contract Content Changes		Ô		
Are there any required changes to t	he contract language?* (?)			
Will the scope of the Services change?*				
Is the payment deadline different th	an net (45)?*			
Are there any changes in the Perfor	mance Targets?*			
Are there any changes to the Subm	ission deadlines for notes or su	pporting documentation?*		

File Upload (?	')
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Contract Owner*(?) Please Select Contract Owner Kip Baughman Budget Manager Approval(s) Approved by Kally & Meynithan Contract Owner Approval Approved by ' /ip &AuGHMAN
Kip Baughman   Budget Manager Approval(s)   Approved by   Kuy S. Maynitian   Contract Owner Approval   Approved by
Budget Manager Approval(s)   Approved by   Kelly S. Magnithan   Contract Owner Approval<
Approved by          Kelly & Magnithan         Contract Owner Approval         Approved by
Ketty S. Maynithan         Contract Owner Approval         Approved by
Contract Owner Approval
Contract Owner Approval
Approved by
Kin BAUGHMAN
1 # Franking
Contracts Approval
Approve*
Yes
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>
Approved by *
Approval Date*
Belinda Stude 5/6/2025

	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2024-0884	
Contractor Name* KP Management, LLC d/b/a USA Decon	
Service Provided <sup>*</sup> (?) Agency-wide Medical Waste Disposal Services.	
Renewal Term Start Date * 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	Cher

- O Yes
- No
- Unknown

~

Contract NTE* (?)
-------------------

\$ 12,410.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1153

G/L Code(s)\* 543026

543026

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Stacy Vincent

Contract Owner\*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O No

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

🛞 Yes 🔘 No

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

Yes O No

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

Yes O 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 O No

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

Yes ONO

Renewal Determination

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Agency-wide Medical Waste Disposal Services.

Renewal Information for Next Fiscal Year			
Budget Units and Amounts	Charged to e	each Budget Ur	nit
Budget Unit Number* 6302	Amount Charge \$ 800.00	d to Unit*	Expense/GL Code No.* 543026
Budget Manager* Williams-Wesley, Sheenia		Secondary Budge Reyes, Elizabeth	t Manager*
Budget Unit Number* 6500	Amount Charge \$ 500.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 543026
Budget Manager* Williams-Wesley, Sheenia		Secondary Budge Reyes, Elizabeth	t Manager*
Provide Rate and Rate Descriptions if applicable * (?) na			
Project WBS (Work Breakdown Stru na			
Fiscal Year <sup>*</sup> (?) 2026		Amount <sup>* (?)</sup> \$ 1,300.00	
Next Fiscal Year Not to Exceed Amo 1,300.00	ount for Master Po	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Changes	5		0
Are there any required changes to the contract language?* (?)			
Will the scope of the Services chan	ige?*		
Is the payment deadline different th ○ Yes ⊚ No	nan net (45)?*		
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			$\odot$

 $(\land)$ 

 $\bigcirc$ 

Contract Owner\* (?)

Please Select Contract Owner

Kia Walker

## Budget Manager Approval(s)

Approved by

Sheenia Williams-Westey

Contract Owner Approval

#### Approved by

Kia Denae Walker

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/28/2025

Mental Health and IDD Annual Renewal Evaluat	ion	
Current Field Veer Centrest Information		
Current Fiscal Year Contract Information		
Current Fiscal Year 2025		
Contract ID#*		
7419		
Contractor Name*		
Leafhouse Financial Advisors,LLC		
Service Provided* (?)		
Non-Erisa Investment Fiduciary Services for 457(b), 401 services such as investment selection and monitoring, in fiduciary governance.		
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment#		
Other		
Procurement Method(s) *		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote Interlocal	<ul> <li>Tag-On</li> <li>Consumer Driven</li> </ul>	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract Renewal of Existing Contract	Cher	
Minister and Ling Contract		

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

O Yes

No

Unknown

Contract NTE\* (?)

\$ 46,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 543068

Current Fiscal Year Purchase Order Number\* CT144227

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 O No

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

Yes O 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 O No

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

Yes O 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?*			
supports the administration and over	sight of the retirement	plans		
Renewal Information for N	lext Fiscal Year		<b>O</b>	
Budget Units and Amount	Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*	
1108	\$ 46,000.00		543068	
Budget Manager*		Secondary Budget	Manager*	
Moynihan, Kelly		Campbell, Ricardo		
Provide Rate and Rate Description	ns if applicable * (?)			
Project WBS (Work Breakdown St	ructure) * (?)			
NA				
Fiscal Year* (?)		Amount <sup>*</sup> (?)		
2026		\$ 46,000.00		
Next Fiscal Year Not to Exceed An NA	nount for Master Poo	led Contracts		
Contract Funding Source*				
General Revenue (GR)				
Contract Content Change	S		$\odot$	
Are there any required changes to	the contract language	ge?* <sup>(?)</sup>		
🔘 Yes 🛞 No				
Will the scope of the Services cha	nge?*			
🔘 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? $^{\star}$				
O Yes lo No				
File Upload (?)				
Contract Owner				

Contract Owner\* (?)

Please Select Contract Owner

Kip Baughman

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Kip BAUGHMAN

**Contracts Approval** 

Approve\*

Yes

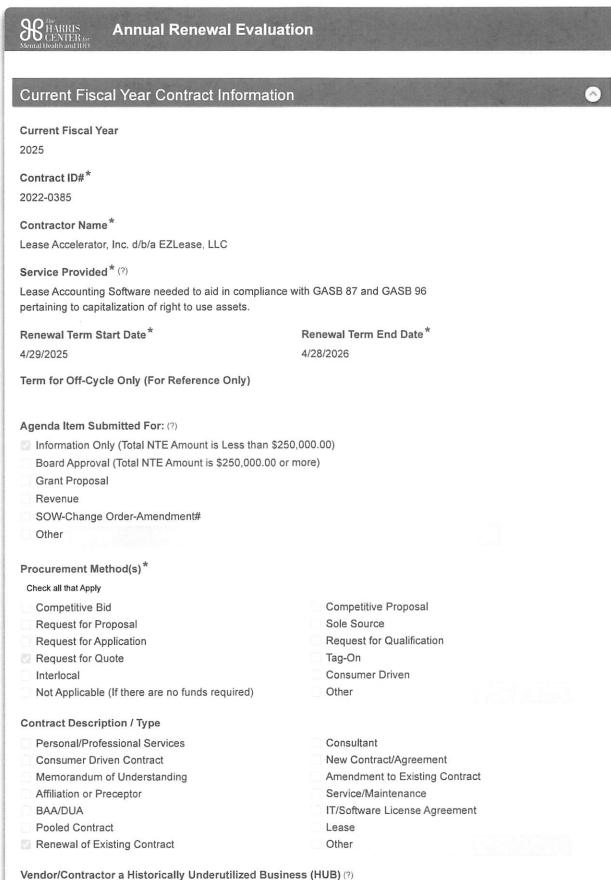
No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/8/2025



- Yes
- No
- Unknown

~

Contract NTE\* (?)

\$ 7,055.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 551002

Current Fiscal Year Purchase Order Number\* CT143740

Contract Requestor\*

Stanley Adams

Contract Owner\*

Stanley Adams

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?\* (?)

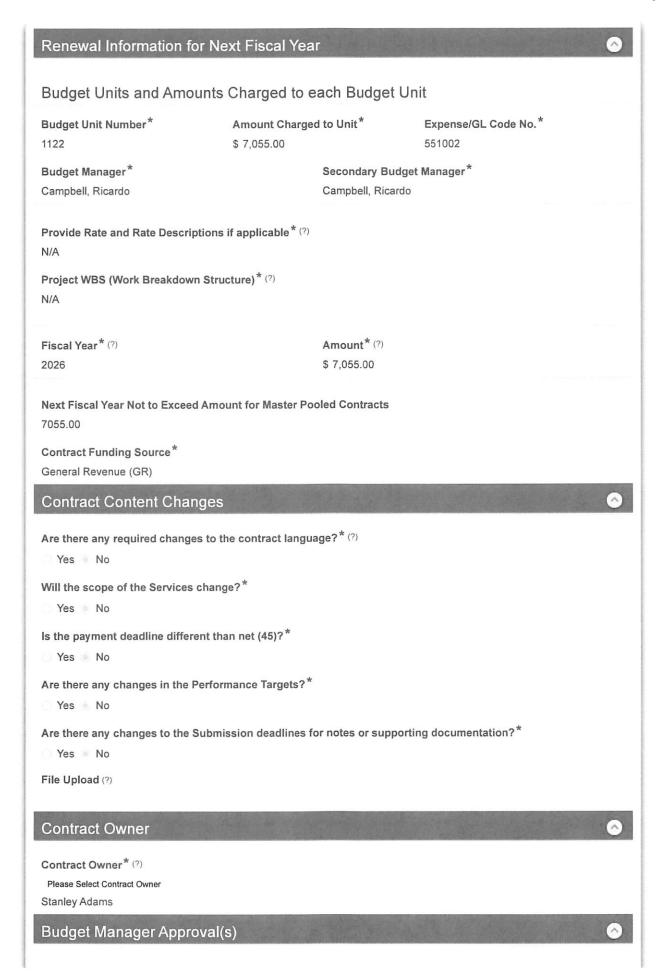
Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ 

Yes No

How does this contract support Agency/Unit Strategic priorities?\* Lease Accounting Software needed to support GASB 87 and GASB 96.



~

#### Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Stanley Adams

**Contracts Approval** 

### Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/25/2025

#### **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2021-0194 Contractor Name\* M Strategic Partners Service Provided \* (?) Project Management Consultant Services for the Northeast Community Clinic Project. Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant **Consumer Driven Contract** New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 116,953.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1126

G/L Code(s)\* 900040

Current Fiscal Year Purchase Order Number\* CT144063

Contract Requestor\*

Sarah Harper

Contract Owner\*

Todd McCorquodale

File Upload (?)

#### Evaluation of Current Fiscal Year Performance

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

How does this contract support Agency/Unit Strategic priorities?\* new clinic to better serve our clientele

Renewal Information for	r Next Fiscal Year		
Budget Units and Amo	unts Charged to each Budge	et Unit	
Budget Unit Number* 1126	Amount Charged to Unit* \$ 81,251.11	Expense/GL Code No.* 900040	
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Rid	Budget Manager*	
Provide Rate and Rate Descriptions if applicable * (?) per proposal - balance current as of 4/25/2025, will need to be verified on 9/1/2025 to ONLY bring forward the remaining balance at that time Project WBS (Work Breakdown Structure) * (?) FM21.1126.18 - NE Programming and Design / BP25.8001.01 NE Clinic Design and Construction			
Fiscal Year* (?)	Amount* (?)		
2026	\$ 81,251.00		
Contract Funding Source* General Revenue (GR) Contract Content Changes			
Are there any required change	s to the contract language?* (?)		
Will the scope of the Services	change?*		
<ul> <li>Yes ■ No</li> <li>Is the payment deadline different than net (45)?*</li> <li>Yes ■ No</li> </ul>			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		0	
Contract Owner* (?)			

Please Select Contract Owner Karen Hurst

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
Karen E. Hurst	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/28/2025

Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2023-0656	
Contractor Name* Maptician, Inc.	
Service Provided * (?) Office Space Allocation and Management Tool	
Renewal Term Start Date * 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Not Applicable (If there are no funds required)	- Other
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Realed Contract	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract Renewal of Existing Contract	Lease Other

- Yes
- O No
- Unknown

~

Contract NTE\* (?)

\$ 5,400.00

Rate(s)/Rate(s) Description

Flat rate of \$5,400.00 for maintenance and support

Unit(s) Served\* 1124

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144074

Contract Requestor\*

Karen Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O 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 O 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 O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?  $^{\boldsymbol{\star}\,(?)}$ 

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* maintains a seating database and square footage information for 9401 location

Renewal Information for Next Fiscal Year			
Budget Units and Amou	ints Charged to each Bud	get Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1124	\$ 5,400.00	553002	
Budget Manager*		y Budget Manager*	
Campbell, Ricardo	Moynihan,	r elly	
Provide Rate and Rate Descript per original quote	tions if applicable* (?)		
Project WBS (Work Breakdown	Structure)* (?)		
n/a			
Fiscal Year <sup>*</sup> (?)	Amount*	(?)	
2026	\$ 5,400.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contra	cts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Chan	ges	$\odot$	
Are there any required changes	s to the contract language?* (?)		
Will the scope of the Services of	change?*		
🔾 Yes 💿 No			
Is the payment deadline differe	nt than net (45)? <sup>*</sup>		
🔾 Yes 🔘 No			
Are there any changes in the P	erformance Targets?*		
○ Yes ● No Are there any changes to the Submission deadlines for notes or supporting documentation?*			
<ul> <li>Yes          <ul> <li>No</li> </ul> </li> </ul>	ubmission deadlines for notes of	supporting documentation?	
File Upload (?)			
Contract Owner		$\odot$	
Contract Owner* (?)			
Please Select Contract Owner Karen Hurst			
Budget Manager Appro	val(s)	$\diamond$	

~

Approved	by
----------	----

Ricardo Campbell

# Contract Owner Approval

Approved by

Karen &. Hurst

## **Contracts Approval**

#### Approve\*

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

### Approved by\*

Belinda Stude

Approval Date\* 5/13/2025

Annual Renewal Evalua	tion	
Current Fiscal Year Contract Information	m	
Current Fiscal Year 2025		
Contract ID#* 7414		
Contractor Name* MSX Group, LLC		
Service Provided* (?) Proprietary budgeting software to maintain internal cont	rol of Financial operations.	
Renewal Term Start Date*     Renewal Term End Date*       9/1/2025     8/31/2026		
Term for Off-Cycle Only (For Reference Only)		
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>		
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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>	
Contract Description / Type		
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Realed Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>	
Pooled Contract Renewal of Existing Contract	Cher	

- Yes
- 🔘 No
- Unknown

Contract NTE\* (?)

\$ 6,126.75

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144096

Contract Requestor\* Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes O 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 O No

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

Renewal Information for	Next Fiscal Year	$\circ$	
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1122	Amount Charged to Unit* \$ 6,500.00	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* rdo	
Provide Rate and Rate Descriptic	ons if applicable <sup>*</sup> (?)		
Project WBS (Work Breakdown S N/A	tructure) <sup>*</sup> (?)		
Fiscal Year <sup>* (?)</sup> 2026	Amount* (?) \$ 6,500.00		
Next Fiscal Year Not to Exceed A	mount 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 ch	ange?*		
<ul> <li>Yes ● No</li> <li>Is the payment deadline different than net (45)?*</li> <li>Yes ● No</li> </ul>			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		۵	
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala Budget Manager Approva			

 $(\land)$ 

Approved	by
----------	----

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinnala

## **Contracts Approval**

#### Approve\*

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

#### Approved by\*

Belinda Stude

Approval Date\* 5/6/2025

### RRIS Annual Renewal Evaluation

#### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\*

Contractor Name\*

Service Provided<sup>\* (?)</sup> Network Penetration Testing Services

Renewal Term Start Date\* 9/1/2025 Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

- Yes
- No
  - Unknown

Unit(s) Served\* 1130

Contract NTE\* (?) \$ 40,000.00

Rate(s)/Rate(s) Description

G/L Code(s)\* 553003

Current Fiscal Year Purchase Order Number\* CT144142

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

### Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
        No
Yes
Did Contractor adhere to the contracted schedule?* (?)
Yes No
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?\* N/A

Renewal Information for	or Next Fiscal Year	0
Budget Units and Amo	unts Charged to each Budge	et Unit
Budget Unit Number* 1130	Amount Charged to Unit <sup>*</sup> \$ 45,000.00	Expense/GL Code No.* 553003
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Ric	udget Manager* cardo
Provide Rate and Rate Descrip	otions if applicable <sup>* (?)</sup>	
Project WBS (Work Breakdow N/A	n Structure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 45,000.00	
2020	¢ 10,000.00	
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts	5
Contract Funding Source*		
General Revenue (GR)		
Contract Content Char	nges	
Are there any required change Yes 💿 No	es to the contract language?* (?)	
Will the scope of the Services	change?*	
🔿 Yes 💿 No		
Is the payment deadline differ	ent than net (45)?*	
🔿 Yes 🍥 No		
Are there any changes in the I	Performance Targets?*	
Yes 🖲 No		
Are there any changes to the s	Submission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
and the second se		

1

(1)

#### Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

## **Contracts Approval**

## Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/2/2025

0

Mental Health and IDD	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID# <sup>*</sup> 6833	
Contractor Name* Network Sciences, Inc.	
Service Provided * (?) Sub-user software agreement to access database for ca	onsumer's eligibility
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Contract Description / Type Personal/Professional Services	Consultant

- 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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 2200

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144403

Contract Requestor\*

Chekesha Govan

Contract Owner\*

Lance Britt

File Upload (?)

### Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) • Yes
Were reports, billing and/or invoices submitted in a timely manner?* (?) <ul> <li>Yes</li> <li>No</li> </ul>
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
<ul> <li>Yes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes No</li> </ul>
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?
How does this contract support Agency/Unit Strategic priorities?*

Sub-User software to access database for consumer's eligibility

Renewal Information for	or Next Fiscal Year				
Budget Units and Amo	unts Charged to e	ach Budget Ur	nit		
Budget Unit Number* 2200	Amount Charged \$ 25,000.00	to Unit*	Expense/GL Code No.* 553002		
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*		
Provide Rate and Rate Descrip	tions if applicable* (?)				
Project WBS (Work Breakdown 0.00	n Structure) <sup>* (?)</sup>				
Fiscal Year* (?)		Amount* (?)			
2026		\$ 25,000.00			
Next Fiscal Year Not to Exceed	I Amount for Master Poo	led Contracts			
Contract Funding Source* General Revenue (GR)					
Contract Content Chan	ges		Ó		
Are there any required change Yes 💿 No	s to the contract langua	ge?* (?)			
Will the scope of the Services	change?*				
Is the payment deadline difference Yes  No	ent than net (45)?*				
Are there any changes in the F Yes No	Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner			0		
Contract Owner* (?)			0		
			0		

 $(\land)$ 

#### Approved by

Janai Lymnette Smith

## Contract Owner Approval

Approved by

Lance Britt

# **Contracts Approval**

### Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/5/2025

Mental Health and IDD Annual Renewal Evaluat	ion
Current Fiscal Year Contract Information	6
Current Fiscal Year 2025	
Contract ID# <sup>*</sup> 6665	
Contractor Name* NFS Hospitality Corporation, Inc.	
Service Provided <sup>*</sup> (?) Rendezvous Workspace meeting room booking software	
Renewal Term Start Date <sup>*</sup> 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s) * Check all that Apply	
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other .
Contract Description / Type	

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

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

- Yes
- No
  - Unknown

Contract NTE\* (?) \$ 11,503.12

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 574000

Current Fiscal Year Purchase Order Number\* CT144277

Contract Requestor\* Shawnti Boswell

Contract Owner\* Mustafa Cochinwala

File Upload (?)

N/A

## Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?* Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Ves No
Were reports, billing and/or invoices submitted in a timely manner?* (?) <ul> <li>Yes</li> <li>No</li> </ul>
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?) Yes No
<ul> <li>Yes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes No</li> </ul>
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
How does this contract support Agency/Unit Strategic priorities?*

Renewal Information for	Next Fiscal Year	$\sim$
Budget Units and Amou	nts Charged to each Budget	Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 12,700.00	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo	Secondary Bud Campbell, Ricar	
Provide Rate and Rate Descripti	ions if applicable * (?)	
Project WBS (Work Breakdown N/A	Structure)* (?)	
Fiscal Year* (?) 2026	<b>Amount*</b> (?) \$ 12,700.00	
Next Fiscal Year Not to Exceed /	Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	jes	<u></u>
Are there any required changes	to the contract language? * $(?)$	
Will the scope of the Services of Yes No	hange?*	
Is the payment deadline differen		
	It than net (45)?	
Are there any changes in the Peresean No		
Are there any changes in the Pe Yes No		orting documentation?*
Are there any changes in the Pe Yes No Are there any changes to the Su	erformance Targets?*	orting documentation?*
Are there any changes in the Pe Yes No Are there any changes to the Su Yes No	erformance Targets?*	orting documentation?*
Are there any changes in the Per Yes No Are there any changes to the Su Yes No File Upload (?)	erformance Targets?*	orting documentation?*
Are there any changes in the Per Yes No Are there any changes to the Su Yes No File Upload (?) Contract Owner* (?)	erformance Targets?*	orting documentation?*

#### Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

## **Contracts Approval**

### Approve\*

- Yes
- No, reject entire submission Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

# HARRIS Annual Renewal Evaluation

### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2024-0891

Contractor Name\* NLUC, PLLC

Service Provided<sup>\* (?)</sup> Workers Compensation Treatment Services.

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
  - Unknown

Contract NTE\* (?)

\$ 5,200.00

Rate(s)/Rate(s) Description \$80.00 Drug/Alcohol screens \$70.00 X-ray services.

Unit(s) Served\* 1117, 3412

G/L Code(s)\* 543024, 550000

Current Fiscal Year Purchase Order Number\* CT144218

Contract Requestor\* Christan Bailey

Contract Owner\*

Eunice Davis

File Upload (?)

#### Evaluation of Current Fiscal Year Performance

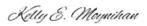
```
Have there been any significant performance deficiencies within the current fiscal year?*
   Yes No
Were Services delivered as specified in the contract?*
Yes
         No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes
         No
Did Contractor adhere 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?* (?)
          No
Yes
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?*
```

Supports health and safety of all agency employees.

Renewal Information for N	Next Fiscal Yea	ır	
Budget Units and Amoun	ts Charged to e	each Budget U	nit
Budget Unit Number* 1117	Amount Charge \$ 5,525.00	d to Unit*	Expense/GL Code No.* 543024
Budget Manager* Moynihan, Kelly		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Description Initial Rate for Drug/Alcohol Screens		72.	
Project WBS (Work Breakdown St NVA	ructure)* (?)		
Fiscal Year* (?) 2026		Amount <sup>* (?)</sup> \$ 5,525.00	
Next Fiscal Year Not to Exceed Ar \$5,525.00 Contract Funding Source*	nount for Master Po		
General Revenue (GR) Contract Content Change	es		0
Are there any required changes to	o the contract langu	age?* (?)	
Will the scope of the Services cha	ange?*		
Is the payment deadline different Yes No	than net (45)?*		
Are there any changes in the Perf	ormance Targets?*		
Are there any changes to the Sub Yes No	mission deadlines f	or notes or suppor	ting documentation?*
File Upload (?) Pricing Sheet 2026.xlsx			37.81KB
Contract Owner			0
Contract Owner* (?)			
Please Select Contract Owner Eunice Davis			
Budget Manager Approva	al(s)		•

 $(\land)$ 

Approved by



# Contract Owner Approval

Approved by

Eunice Davis

## **Contracts Approval**

### Approve\*

Yes

No, reject entire submission Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

# Renewal Evaluation

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 6093

Contractor Name\* Otis Elevator Company

Service Provided\* (?) Elevator Maintenance for 9401 SW Freeway property.

Renewal Term Start Date\*

11/1/2025

Renewal Term End Date\* 10/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Contract Description / Type
- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other By assignment-9401 SW property acquisition.
  - Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
  - Unknown

Contract NTE\* (?) \$ 66,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1817

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144411

Contract Requestor\*

Lisa Cantu-Espinoza

Contract Owner\* Michael Mitchell

File Upload (?)

# Evaluation of Current Fiscal Year Performance

Elevator service maintenance for 9401 Southwest Freeway

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?*
```

Renewal Information for	Renewal Information for Next Fiscal Year		
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1899	Amount Charged to Unit* \$ 66,000.00	Expense/GL Code No.* 569009	
Budget Manager* Campbell, Ricardo	Secondary B Moynihan, Kel	udget Manager* Ily	
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdow n/a	n Structure) <sup>* (?)</sup>		
Fiscal Year <sup>*</sup> (?) 2026	<b>Amount*</b> (?) \$ 55,000.00		
Fiscal Year <sup>* (?)</sup> 2027	<b>Amount*</b> <sup>(?)</sup> \$ 11,000.00		
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts		
Contract Funding Source* General Revenue (GR)			
Contract Content Changes			
Are there any required change Yes () No	es to the contract language?* $(?)$		
Will the scope of the Services	change?*		
🗘 Yes 💿 No	*		
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		Ô	
Contract Owner* (?)			

Please Select Contract Owner Michael Mitchell

Budget Manager Approval(s)	<u></u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Michael Mitchell	
Contracts Approval	
Approve*	
· Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/1/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Informatic	on
Current Fiscal Year 2025	
Contract ID#* 7123	
Contractor Name* Parata Systems, LLC (North East Clinic)	
Service Provided <sup>* (?)</sup> Emergency replacement for Parata Max Robot at the N	E Clinic
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Lease</li> <li>Other</li> </ul>

- Yes
- No
- O Unknown

Contract	NT	Ε*	(?)

\$ 15,400.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1135

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144181

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

How does this contract support Agency/Unit Strategic priorities?\* Patient safety, pharmacy efficiency

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	\$ 16,940.00	553002	
Budget Manager*		Budget Manager*	
Campbell, Ricardo	Campbell, R	ICardo	
Provide Rate and Rate Descr n/a	ptions if applicable $(?)$		
Project WBS (Work Breakdow	vn Structure)* (?)		
n/a			
Fiscal Year <sup>*</sup> (?)	Amount* (?		
2026	\$ 16,940.00		
Next Fiscal Year Not to Excee	ed Amount for Master Pooled Contract	'S	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Cha	nges	$\odot$	
Are there any required chang	es to the contract language?* (?)		
Will the scope of the Service	s change?*		
🔾 Yes 🛞 No			
Is the payment deadline diffe	rent than net (45)?*		
🔾 Yes 🍥 No	*		
Are there any changes in the Ves  No	Performance largets?"		
Are there any changes to the	Submission deadlines for notes or su	upporting documentation?*	
🔾 Yes 🖲 No			
File Upload (?)			
Contract Owner		0	
Contract Owner* (?)			
Please Select Contract Owner Holly Cumbie			
Budget Manager Appr	oval(s)	$\mathbf{\hat{o}}$	

Approved by	
Ricardo Campbell	
Contract Owner Approval	ि
Approved by	
Hotty Cumbie	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	
Approved by *	
Belinda Stude	Approval Date* 4/24/2025

	ition	
Current Fiscal Year Contract Informatio	n	6
		and a state of the
Current Fiscal Year 2025		
Contract ID#* 5185		
Contractor Name <sup>*</sup> Parata Systems, LLC (South West Clinic)		
Service Provided * (?)		
Purchase, License and Support Contract Supplement o Equipment - SW Clinic location	of the Parata Robot Pharmacy	
Renewal Term Start Date*	Renewal Term End Date *	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2		
Board Approval (Total NTE Amount is \$250,000.00 c	or more)	
Grant Proposal Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other .	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 15,400.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1135

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144650

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?  $^{\star}$   $^{(?)}$ 

Yes No

How does this contract support Agency/Unit Strategic priorities?\* Patient safety, pharmacy efficiency

Renewal Information for	Next Fiscal Yea	r	0
Budget Units and Amour	its Charged to e	ach Budget U	nit
Budget Unit Number <sup>*</sup> 1135	Amount Charge \$ 16,940.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Descriptio	ons if applicable $(?)$		
Project WBS (Work Breakdown S n/a	Structure)* (?)		
Fiscal Year* (?)		Amount* (?)	
2026		\$ 16,940.00	
Next Fiscal Year Not to Exceed A	mount for Master Po	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	es		$\odot$
Are there any required changes t	to the contract langua	age?* (?)	
Will the scope of the Services ch	ange?*		
Is the payment deadline different	t than net (45)?*		
🔿 Yes 💿 No			
Are there any changes in the Per	formance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation? $^{st}$			
) Yes () No File Upload (?)			
Contract Owner			0
Contract Owner* (?)			
Please Select Contract Owner			
Holly Cumbie			
Budget Manager Approv	al(s)		0

(~)

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\* 4/24/2025

### Annual Renewal Evaluation

# HARRIS

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\*

6638

9/1/2025

Contractor Name\* Performance Logic, Inc

Service Provided \* (?)

Project Management Software to Track Agency Project Performance

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
- Other -
  - Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
  - Unknown

The unit cost of each license is \$522.00 Unit(s) Served\* varies G/L Code(s)\* 553002 Current Fiscal Year Purchase Order Number\* CT144443 Contract Requestor\* Maria Richardson Contract Owner\* Keena Pace 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?  $^{\star\,(?)}$ 

Yes No

Contract NTE\* (?)

Rate(s)/Rate(s) Description

\$ 5,742.00

How does this contract support Agency/Unit Strategic priorities?\* This contract provides project management software for the units listed.

Renewal Information for Next Fiscal Year				
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charge \$ 522.00		Expense/GL Code No.* 553002	
Budget Manager* Moynihan, Kelly		Secondary Budge Campbell, Ricardo		
Budget Unit Number* 1130	Amount Charge \$ 522.00	ed to Unit*	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo		
Budget Unit Number* 1128	Amount Charge \$ 4,176.00	ed to Unit*	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo		Secondary Budgo Campbell, Ricardo	and a construct of the set the sector	
Provide Rate and Rate Descriptions if applicable * (?) \$522.00 Per licensed user				
Project WBS (Work Breakdown S N/A	tructure) <sup>* (?)</sup>			
Fiscal Year* (?) 2026		<b>Amount*</b> <sup>(?)</sup> \$ 5,220.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 5220.00				
Contract Funding Source*				
General Revenue (GR) Contract Content Changes				
Are there any required changes to Yes No	o the contract langu	age?* (?)		
Will the scope of the Services change?*				
Yes 💿 No				
Is the payment deadline different than net (45)?* Yes  No				
Are there any changes in the Performance Targets?*				
Are there any changes to the Sub	mission deadlines f	for notes or suppor	ting documentation?*	

.

File	Up	load	(?)
------	----	------	-----

Contract Owner	0
Contract Owner <sup>* (?)</sup> Please Select Contract Owner Mustafa Cochinwala	
Budget Manager Approval(s)	$\circ$
Approved by	Approved by
Ketty E. Moynihan	Ricardo Campbell
Contract Owner Approval	$\circ$
Approved by	
Contracts Approval	
Approve* Yes No, reject entire submission Return for correction	
Approved by *	
Belinda Stude	Approval Date* 5/1/2025

HARRIS CENTER for Mental Health and IDD	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#* 2021-0183	
Contractor Name* Pinnacle Business Solutions, LLC	
Service Provided <sup>* (?)</sup> Courier Services Mail, Pharmaceutical and Medical Reco	ords
Renewal Term Start Date * 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
<ul> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	Amendment to Existing Contract Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

 $\wedge$ 

Contract NTE\* (?)

\$88,163.15

Rate(s)/Rate(s) Description

Unit(s) Served\* 1107

G/L Code(s)\* 577000

Current Fiscal Year Purchase Order Number\* CT144047

Contract Requestor\*

Sarah Harper

Contract Owner\*

Nicole Lievsay

File Upload (?)

**Evaluation of Current Fiscal Year Performance** 

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

Were Services delivered as specified in the contract?\*

🖲 Yes 🔘 No

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

Yes O No

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

```
Yes O No
```

Were reports, billing and/or invoices submitted in a timely manner?  $\ensuremath{^{(?)}}$ 

Yes O No

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

Yes O No

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

Yes O No

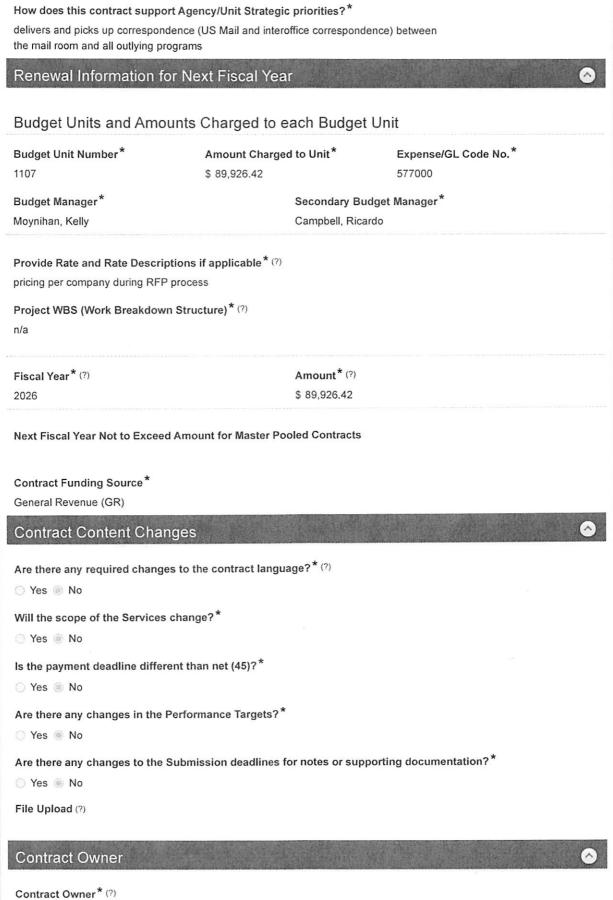
Maintained legally required standards for certification, licensure, and/or training?\* (?)

🖲 Yes 🔘 No

Renewal Determination

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

Yes O No



Please Select Contract Owner Karen Hurst

Budget Manager Approval(s)	े
Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
Karen E. Hurst	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	4/24/2025

# Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2025

Contract ID#\* 2024-0957

Contractor Name\* Pitney Bowes Global Financial Services LLC

#### Service Provided\* (?)

Replace current postage machine with an updated model. Current machine is in constant repair and will not last the length of the current term of the lease.

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

9/1/2025

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 16,006.20

Rate(s)/Rate(s) Description

Unit(s) Served\* 1107

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

0

Contract Requestor\*

Sarah Harper

Contract Owner\* Mustafa Cochinwala

File Upload (?)

# Evaluation of Current Fiscal Year Performance

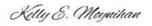
```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes No
Were Services delivered as specified in the contract?*
• Yes
         No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* \ensuremath{^{(?)}}
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 O 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?\* ensures mail goes out in a timely manner

	for Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budget	Unit
Budget Unit Number* 1107	Amount Charged to Unit* \$ 25,129.68	Expense/GL Code No.* 577000
Budget Manager* Moynihan, Kelly	Secondary Bu Campbell, Rica	<b>dget Manager*</b> Irdo
Provide Rate and Rate Descri quarterly lease amount for post		
Project WBS (Work Breakdov n/a	vn Structure) <sup>*</sup> (?)	с. С
Fiscal Year* (?)	<b>Amount*</b> (?)	
2026	\$ 25,129.68	
General Revenue (GR) Contract Content Cha	inges	0
	nges	
Are there any required chang	ges to the contract language?* (?)	
Will the scope of the Services	s change?*	
	s change:	
🔾 Yes 🔍 No	s change :	
Is the payment deadline diffe		
Is the payment deadline diffe	erent than net (45)?*	
Is the payment deadline diffe	erent than net (45)?*	
Is the payment deadline difference of the second se	erent than net (45)?*	porting documentation?*
Is the payment deadline difference of the second se	erent than net (45)?* Performance Targets?*	porting documentation?*
Is the payment deadline difference of the payment deadline difference of the second se	erent than net (45)?* Performance Targets?*	porting documentation?*
Is the payment deadline difference of the second se	erent than net (45)?* Performance Targets?*	porting documentation?*
Is the payment deadline difference of the payment d	erent than net (45)?* Performance Targets?*	porting documentation?*
Is the payment deadline difference of the payment d	erent than net (45)?* Performance Targets?*	porting documentation?*

 $(\land)$ 

Approved by



# **Contract Owner Approval**

Approved by

Karen E. Hurst

# **Contracts Approval**

# Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/1/2025

# **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2021-0145 Contractor Name\* Pivot Point Consulting, A Vaco Company Service Provided \* (?) Consulting and IT Staffing Services. Pivot Point Consulting will provide Services on an as needed basis for EPIC EHR Reporting and Data Extraction. Renewal Term End Date\* Renewal Term Start Date\* 9/1/2025 8/31/2026 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?)

Information Only (Total NTE Amount is Less than \$250,000.00)

Board Approval (Total NTE Amount is \$250,000.00 or more)

Grant Proposal

Revenue

SOW-Change Order-Amendment#

Other

#### Procurement Method(s)\*

#### Check all that Apply

Competitive Bid

- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

Personal/Professional Services

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

- Competitive Proposal Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

- Yes
- No
- Unknown

Rate(s)/Rate(s) Description Rates up to \$160.00 per hour Unit(s) Served\* 1147 G/L Code(s)\* 900060 Current Fiscal Year Purchase Order Number\* CT144185 Contract Requestor\* **Rick Hurst** Contract Owner\* Mustafa Cochinwala File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* Yes No Were Services delivered as specified in the contract?\* Yes No

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

Yes No

Contract NTE\* (?) \$ 100.000.00

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

Yes No

Were reports, billing and/or invoices submitted in a timely manner?\*  $\ensuremath{^{(?)}}$ 

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?\* EPIC Forms - turning paper to digital

Renewal Information for I	Next Fiscal Year	0
Budget Units and Amoun	ts Charged to each Bud	lget Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 1.00	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo	Seconda Campbell	ry Budget Manager * Ricardo
Provide Rate and Rate Descriptio	ns if applicable <sup>* (?)</sup>	
Project WBS (Work Breakdown S N/A	tructure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount	(?)
2026	\$ 1.00	
Next Fiscal Year Not to Exceed An Contract Funding Source <sup>*</sup>	mount for Master Pooled Contr	acts
General Revenue (GR)		
Contract Content Change	es	0
Are there any required changes to Yes No	o the contract language?* <sup>(?)</sup>	
Will the scope of the Services cha	ange?*	
Yes 🔍 No		
Is the payment deadline different	than net (45)?*	
Are there any changes in the Per	formance Targets?*	
) Yes () No	C C	
Are there any changes to the Sub	omission deadlines for notes o	supporting documentation?*
Yes No		
File Upload (?)		
Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approva	al(s)	<u> </u>

 $\bigcirc$ 

# Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinwala

# **Contracts Approval**

#### Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

# Mental Health and IDD Annual Renewal Evaluation

Current Fiscal Year Contract Informatic	bn
Current Fiscal Year	
2025	
Contract ID#*	
2022-0404	
Contractor Name*	
Master Pool Agency Wide Appraisal Services	
Service Provided <sup>* (?)</sup>	
To Provide Agency Wide Property Appraisal and Valuat Properties, Acquisition, or Sales on an as-needed basis	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 o	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease

- Yes
- No
- Unknown

Contract NTE<sup>\*</sup> (?) \$ 30,000.00 Rate(s)/Rate(s) Description Unit(s) Served<sup>\*</sup> 1899 G/L Code(s)<sup>\*</sup> 557001 Current Fiscal Year Purchase Order Number<sup>\*</sup> CT144275 Contract Requestor<sup>\*</sup>

Sarah Harper

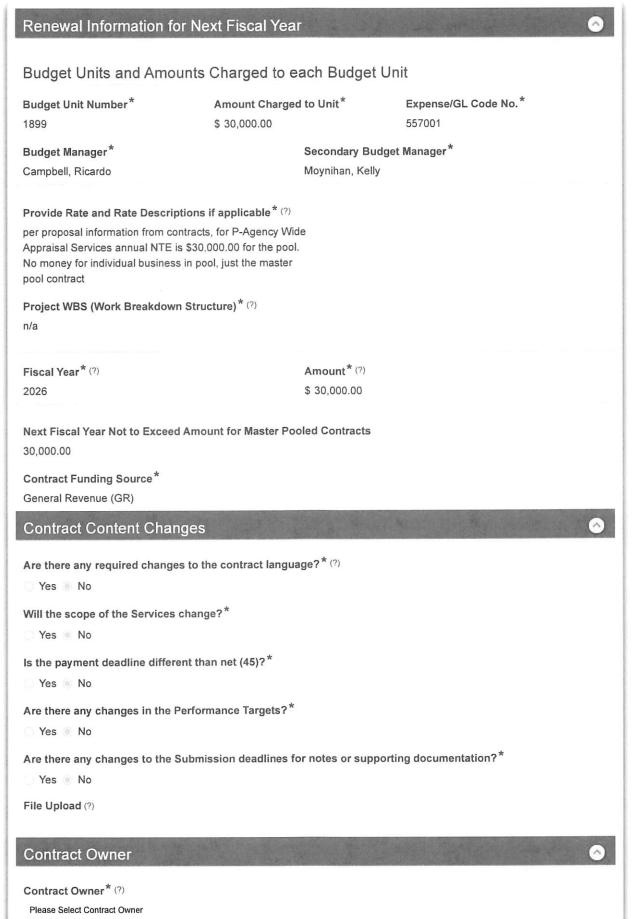
Contract Owner\* Michael Mitchell

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?*
```

provide agency wide property appraisal and valuation services



Michael Mitchell

Budget Manager Approval(s)	<u></u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	<u></u>
Approved by	
Michael Mitchell	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/1/2025

#### 

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2021-0215

Contractor Name\* Master Pool for Emergency Evacuation Services

Service Provided<sup>\* (?)</sup> Emergency Evacuation Lodging Services.

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 46,778.96

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served\* 3390, 9210, 9247, 9261, 9264, 9403, 9407, 9810

G/L Code(s)\* 595031

Current Fiscal Year Purchase Order Number\* CT144284

Contract Requestor\* Darryl Coleman

Contract Owner\* Mustafa Cochinwala

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
🔹 Yes 💿 No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes No
                                                                                                         ~
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor? ^{\star}\left( ?\right)
```

Yes No

~

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

In emergencies where consumers must be housed outside this geographical area, the contract allows for them to be moved to a safe place.

# **Renewal Information for Next Fiscal Year**

		ich Budget	
idget Unit Number*	Amount Charged	to Unit <sup>*</sup>	Expense/GL Code No.*
90	\$ 5,847.37		595031
u <b>dget Manager*</b>		Secondary Bu	ıdget Manager <sup>*</sup>
egracia, Ericka		Kerlegon, Cha	rles
udget Unit Number*	Amount Charged	to Unit <sup>*</sup>	Expense/GL Code No.*
10	\$ 5,847.37		595031
u <b>dget Manager*</b>		Secondary Bu	ıdget Manager*
shman, Jodel		Ramirez, Prisc	illa
udget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
47	\$ 5,847.37		595031
u <b>dget Manager<sup>*</sup></b>		Secondary Bu	ıdget Manager <sup>*</sup>
shman, Jodel		Ramirez, Prisc	illa
u <b>dget Unit Number*</b>	Amount Charged	to Unit*	Expense/GL Code No.*
61	\$ 5,847.37		595031
udget Manager <sup>*</sup>		Secondary Bu	idget Manager*
amirez, Priscilla		Puente, Giova	nni
udget Unit Number*	Amount Charged	to Unit <sup>*</sup>	Expense/GL Code No.*
64	\$ 5,847.37		595031
udget Manager *		Secondary Bu	idget Manager*
amirez, Priscilla		Puente, Giova	nni
udget Unit Number*	Amount Charged	to Unit <sup>*</sup>	Expense/GL Code No.*
03	\$ 5,847.37		595031
udget Manager <sup>*</sup>		Secondary Bu	ıdget Manager <sup>*</sup>
amirez, Priscilla		Puente, Giova	nni
u <b>dget Unit Number*</b>	Amount Charged	to Unit <sup>*</sup>	Expense/GL Code No.*
07	\$ 5,847.37		595031
udget Manager*		Secondary Bu	idget Manager*
amirez, Priscilla		Puente, Giova	nni
udget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
10	\$ 5,847.37		595031
i <b>dget Manager*</b>		Secondary Bu	idget Manager*
shman, Jodel		Ramirez, Prisc	illa

,

Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) \$ 49,778.96 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* General Revenue (GR) **Contract Content Changes** Are there any required changes to the contract language?\* (?) Yes No Will the scope of the Services change?\* Yes No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** Contract Owner\* (?) Please Select Contract Owner Mustafa Cochinwala Budget Manager Approval(s) Approved by Approved by Jodel Oshman Ericka Degracia Approved by Priscilla M Ramitez **Contract Owner Approval** 

### Page 568 of 892

### Approved by

Mustafa Cochinwala

### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 5/1/2025

### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2023-0824 Contractor Name\* P-Pharmacists and Pharmacy Technicians Service Provided \* (?) Temporary Pharmacists and Pharmacy Technicians Renewal Term End Date\* Renewal Term Start Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification **Request for Application** Request for Quote Tag-On **Consumer** Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services

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

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

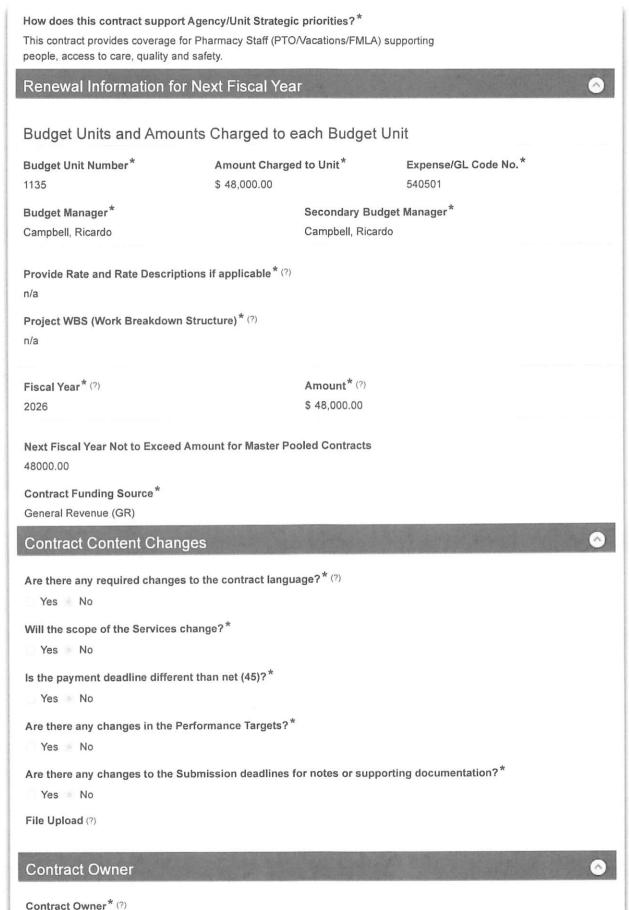
Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 48,000.00 Rate(s)/Rate(s) Description Unit(s) Served\* 1135 G/L Code(s)\* 540501 Current Fiscal Year Purchase Order Number\* CT144650 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?  $^{\star}$   $^{(?)}$ Yes No



Please Select Contract Owner Holly Cumbie

Budget Manager Approval(s)	0
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Hotty Cumbie	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/24/2025

Mental Health and IDD Annual Renewal Evaluat	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2025	
Contract ID#*	
2022-0395	
Contractor Name*	
Master Pool Real Estate Surveyor Services	
Service Provided * (?)	
To provide Agency Wide Property Survey Services for la Acquisitions, or Sales on an as needed basis.	rge and small Properties,
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or Board Approval)	r more)
Grant Proposal	
Revenue	
<ul> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply	5
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🔲 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busir	ness (HUB) (?)

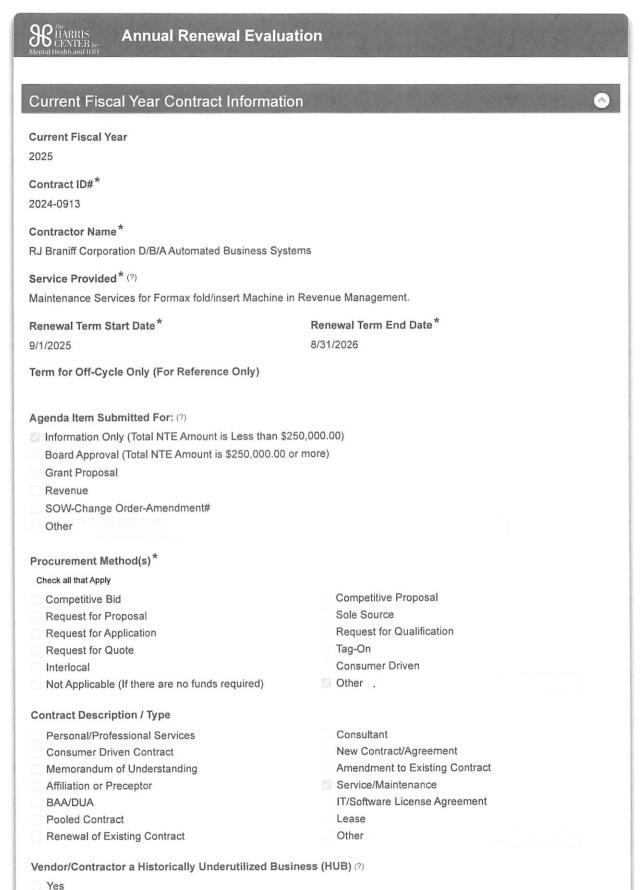
- Yes
- 🔘 No
- Unknown

Contract NTE\* (?) \$ 20,000.00 Rate(s)/Rate(s) Description Unit(s) Served\* 1899 G/L Code(s)\* 557001 Current Fiscal Year Purchase Order Number\* CT144276 Contract Requestor\* Sarah Harper Contract Owner\* Michael Mitchell 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 O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O No Did Contractor render services consistent with Agency policy and procedures?  $^{\star}\left( ?\right)$ 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 O No

How does this contract support Agency/Unit Strategic priorities?\* survey services for large and small properties, acquisitions or sales

Renewal Information for I	Next Fiscal Year	
Budget Units and Amount	ts Charged to each Bu	dget Unit
Budget Unit Number* 1899	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 557001
Budget Manager*	Second	ary Budget Manager*
Campbell, Ricardo	Moyniha	n, Kelly
Provide Rate and Rate Description see proposal information with Contra		
Project WBS (Work Breakdown St n/a	ructure)* (?)	
Fiscal Year * (?)	Amount	
2026	\$ 20,000	
Next Fiscal Year Not to Exceed An 20000.00	nount for Master Pooled Cont	racts
Contract Funding Source*		
General Revenue (GR) Contract Content Change	żs	
Are there any required changes to		
) Yes 🖲 No		
Will the scope of the Services cha	nge?*	
Is the payment deadline different	than net (45)?*	
<ul> <li>Yes <ul> <li>No</li> <li>Are there any changes in the Perf</li> <li>In the Perf</li> <l< td=""><td>ormance Targets?*</td><td></td></l<></ul></li></ul>	ormance Targets?*	
Yes No		
Are there any changes to the Sub O Yes  No	mission deadlines for notes o	or supporting documentation?*
File Upload (?)		
Contract Owner		ि
Contract Owner* (?)		
Please Select Contract Owner Michael Mitchell		
Budget Manager Approva	ıl(s)	0

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
Michael Mitchell	
Contracts Approval	
Approve*	
Yes.	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/1/2025



- Yes
- No
- Unknown

Contract NTE<sup>\* (?)</sup> \$ 1,075.00 Rate(s)/Rate(s) Description 0 Unit(s) Served<sup>\*</sup> 1107 G/L Code(s)<sup>\*</sup> 553001 Current Fiscal Year Purchase Order Number<sup>\*</sup> CT144121 Contract Requestor<sup>\*</sup> Sarah Harper Contract Owner<sup>\*</sup> Karen Hurst

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Were Services delivered as specified in the contract?\*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?\*  $\ensuremath{^{(?)}}$ 

Yes No

How does this contract support Agency/Unit Strategic priorities?\* maintenance agreement for machinery in print shop/mail room area

~

Renewal Information for	or Next Fiscal Year		0
Budget Units and Amo	unts Charged to ea	ach Budget L	Jnit
Budget Unit Number* 1107	Amount Charged \$ 1,075.00	to Unit <sup>*</sup>	Expense/GL Code No.* 553001
Budget Manager* Moynihan, Kelly		Secondary Budg Campbell, Ricard	_
Provide Rate and Rate Descrip annual maintenance agreement			
Project WBS (Work Breakdowr n/a	n Structure) <sup>* (?)</sup>		
Fiscal Year* (?) 2026		<b>Amount*</b> <sup>(?)</sup> \$ 1,075.00	
Next Fiscal Year Not to Exceed	Amount for Master Pool	led Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chan	ges		0
Are there any required change	s to the contract languag	ge?* (?)	
Will the scope of the Services	change?*		
Is the payment deadline differe	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S	Submission deadlines fo	r notes or suppo	rting documentation?*
File Upload (?)			
Contract Owner			0
Contract Owner <sup>*</sup> (?) Please Select Contract Owner			
Karen Hurst			
Budget Manager Appro	oval(s)		

A

### Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Karen E. Hurst

## **Contracts Approval**

### Approve\*

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

### Approved by\*

Belinda Stude

Approval Date\* 4/25/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatic	m
Current Fiscal Year 2025	
Contract ID#* 5653	
Contractor Name* Salary.com, LLC	
Service Provided <sup>*</sup> (?) License Agreement for compensation analysis.	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Software License Agreement/Contract</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

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

O Yes

No

Unknown

5

Contract NTE\* (?)

\$ 22,000.00

Rate(s)/Rate(s) Description

Companalyst Market Data Software: \$9,500.00 Companalyst Plus + Job Architect Software Add-Ons: \$10,000.00

Unit(s) Served\*

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\* CT144281

Contract Requestor\*

Kip Baughman

Contract Owner\*

Kip Baughman

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 O No

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

Yes O No

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

```
Yes O No
```

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

Yes O No

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

Yes O 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 O No

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

Compensation Analysis

Kip Baughman

ERI

Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 553002 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 Not to Exceed Amount for Master Pooled Contracts NA Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes to the contract language?*(?) Yes No Is the payment deadline different than net (45)?* Yas No Is the payment deadline different than net (45)?* Yas No Are there any changes in the Performance Targets?* Yas No Are there any changes to the Submission deadlines for notes or supporting documentation?* Yas No File Upload (?) Contract Content Changes Contract Source So	Renewal Information for N	ext Fiscal Year		Ô
1108     \$ 25,000.00     553002       Budget Manager*     Secondary Budget Manager*       Moynihan, Kelly     Campbell, Ricardo       Provide Rate and Rate Descriptions if applicable* (?)     NA       Project WBS (Work Breakdown Structure)* (?)     NA       Project WBS (Work Breakdown Structure)* (?)     Amount* (?)       2026     \$ 25,000.00       Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts     NA       Contract Funding Source*     Secondary Budget Manager?* (?)       General Revenue (GR)     Image: Point Content Changes       X     Contract Content Changes       Mult the scope of the Services change?* (?)     Yes No       Mill the scope of the Services change?*     Yes No       Mill the scope of the Services change?*     Yes No       Are there any changes in the Performance Targets?*     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       Are there any changes to the Submission deadlines for notes or supporting documentation?*       Yes No	Budget Units and Amounts	Charged to ea	ich Budget Un	it
Moynihan, Kelly       Campbell, Ricardo         Provide Rate and Rate Descriptions if applicable*(?)       NA         Project WBS (Work Breakdown Structure)*(?)       NA         Fiscal Year*(?)       Amount*(?)         2026       \$ 25,000.00         Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts         NA         Contract Funding Source*         General Revenue (GR)         Contract Content Changes         Are there any required changes to the contract language?* (?)         Yes         Yes         No         Will the scope of the Services change?*         Yes       No         St 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         Are there any changes to the Submission deadlines for notes or supporting documentation?*         Yes       No		17.	to Unit*	Provide Contract Contraction C
NA Project WBS (Work Breakdown Structure)* (?) NA  Fiscal Year* (?) Amount* (?) 2026 \$ 25,000,00  Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA Contract Funding Source* General Revenue (GR)  Contract Content Changes  Are there any required changes to the contract language?* (?) Yes No  Are there any required changes in the Performance Targets?* 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 (?)				Manager*
NA Fiscal Year* (?) 2026 S 25,000.00  Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA Contract Funding Source* General Revenue (GR) Contract Content Changes 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 (?)		; if applicable $*$ (?)		,
2026 \$ 25,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA 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 (?)	to be denote that the second department of	ucture) * (?)		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA 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 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 (?)	Fiscal Year* (?)		Amount <sup>*</sup> (?)	
NA 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 (?)	2026		\$ 25,000.00	a na fan ta sta na an
<ul> <li>Yes No</li> <li>Is the payment deadline different than net (45)?*</li> <li>Yes No</li> <li>Are there any changes in the Performance Targets?*</li> <li>Yes No</li> <li>Are there any changes to the Submission deadlines for notes or supporting documentation?*</li> <li>Yes No</li> <li>File Upload (?)</li> </ul>	NA Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes to the Yes (a) No	s the contract languag		
<ul> <li>Yes No</li> <li>Are there any changes in the Performance Targets?*</li> <li>Yes No</li> <li>Are there any changes to the Submission deadlines for notes or supporting documentation?*</li> <li>Yes No</li> <li>File Upload (?)</li> </ul>	entre de la seconomia de	1961		
<ul> <li>Yes No</li> <li>Are there any changes to the Submission deadlines for notes or supporting documentation?*</li> <li>Yes No</li> <li>File Upload (?)</li> </ul>		nan net (45)?*		
○ Yes So No File Upload (?)	, .	rmance Targets?*		
•		nission deadlines for	r notes or supporti	ng documentation?*
Contract Owner	File Upload (?)			
Contract Owner* (?) Please Select Contract Owner	Contract Owner <sup>* (?)</sup>			

Budget Manager Approval(s)	$\diamond$
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Kip BAUGHMAN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/8/2025

HARRIS HARRIS Mental Health and IDD	Annual Renewal Evaluation	
Current Fisc	al Year Contract Information	
Current Fiscal Ye	ear	
Contract ID#* 5031		
Contractor Name	e*	

ScriptPro USA, Inc.

Service Provided \* (?)

Support & Maintenance for Pharmacy equipment at the NW Clinic.

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

- SOW-Change Order-Amendment#
- Other

### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- **Request for Application**
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other none
- Consultant
- New Contract/Agreement

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

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

Rate(s)/Rate(s) Description Unit(s) Served\* 1135 G/L Code(s)\* 553001 Current Fiscal Year Purchase Order Number\* CT144046 Contract Requestor\* Holly Cumbie 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?\*  $\ensuremath{^{(?)}}$ 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

Contract NTE\* (?) \$ 12,100.00

How does this contract support Agency/Unit Strategic priorities?\* Patient safety, pharmacy efficiency

Renewal Information	for Next Fiscal Yea	r	
Budget Units and Am	ounts Charged to e	each Budget U	nit
Budget Unit Number* 1135	Amount Charge \$ 13,310.00	d to Unit*	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Desc n/a	riptions if applicable * $(?)$		
Project WBS (Work Breakdo n/a	own Structure) <sup>*</sup> (?)		
Fiscal Year* (?)		Amount* (?)	
2026		\$ 13,310.00	
Next Fiscal Year Not to Exce Contract Funding Source* General Revenue (GR)	eed Amount for Master Po	oled Contracts	
Contract Content Cha		age?* (?)	
🔿 Yes 🍥 No			
○ Yes ● No Will the scope of the Service	es change?*		
<ul> <li>Yes <ul> <li>No</li> <li>Will the scope of the Service</li> <li>Yes <ul> <li>No</li> </ul> </li> <li>Is the payment deadline difference</li> </ul></li></ul>	es change?* Ferent than net (45)?*		
<ul> <li>Yes No</li> <li>Will the scope of the Service</li> <li>Yes No</li> <li>Is the payment deadline diff</li> <li>Yes No</li> <li>Are there any changes in the</li> </ul>	es change?* Ferent than net (45)?* e Performance Targets?*	or notes or suppor	ting documentation?*
<ul> <li>Yes No</li> <li>Will the scope of the Service</li> <li>Yes No</li> <li>Is the payment deadline diff</li> <li>Yes No</li> <li>Are there any changes in the</li> <li>Yes No</li> <li>Are there any changes to the</li> </ul>	es change?* Ferent than net (45)?* e Performance Targets?*	or notes or suppor	ting documentation?*
<ul> <li>Yes No</li> <li>Will the scope of the Service</li> <li>Yes No</li> <li>Is the payment deadline diff</li> <li>Yes No</li> <li>Are there any changes in the</li> <li>Yes No</li> <li>Are there any changes to the</li> <li>Yes No</li> </ul>	es change?* Ferent than net (45)?* e Performance Targets?*	or notes or suppor	ting documentation?*
<ul> <li>Yes No</li> <li>Will the scope of the Service</li> <li>Yes No</li> <li>Is the payment deadline diff</li> <li>Yes No</li> <li>Are there any changes in the</li> <li>Yes No</li> <li>Are there any changes to the</li> <li>Yes No</li> <li>File Upload (?)</li> </ul>	es change?* Ferent than net (45)?* e Performance Targets?*	or notes or suppor	ting documentation?*
<ul> <li>Yes No</li> <li>Will the scope of the Service</li> <li>Yes No</li> <li>Is the payment deadline difference</li> <li>Yes No</li> <li>Are there any changes in the</li> <li>Yes No</li> <li>Are there any changes to the</li> <li>Yes No</li> <li>File Upload (?)</li> </ul>	es change?* Ferent than net (45)?* e Performance Targets?*	or notes or suppor	ting documentation?*

 $\bigcirc$ 

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\* 4/29/2025

Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
5032	
Contractor Name*	
ScriptPro USA, Inc.	
Service Provided * (?)	
Support & Maintenance for pharmacy equipment for th	e SE Clinic.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other none
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	

- No
- O Unknown

Contract NTE\* (?)

\$ 12,100.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1135

G/L Code(s)\* 553001

Current Fiscal Year Purchase Order Number\* CT144050

Contract Requestor\*

Holly Cumbie

Contract Owner\*

Holly Cumbie

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

Patient safety, pharmacy efficiency

Renewal Information for	Next Fiscal Year	<b>O</b>
Budget Units and Amou	nts Charged to each Budge	Unit
Budget Unit Number* 1135	Amount Charged to Unit* \$ 13,310.00	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	idget Manager* ardo
Provide Rate and Rate Descript	ions if applicable * (?)	
Project WBS (Work Breakdown n/a	Structure)* (?)	
Fiscal Year* (?)	Amount <sup>* (?)</sup>	
2026	\$ 13,310.00	
Contract Funding Source*	Amount for Master Pooled Contracts	
General Revenue (GR)		
Contract Content Chang	jes	Ô
Are there any required changes	to the contract language?* $^{(?)}$	
Will the scope of the Services c	hange?*	
Is the payment deadline different Yes I No	nt than net (45)?*	
Are there any changes in the Pe	erformance Targets?*	
Are there any changes to the Se	ubmission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner Contract Owner* (?)		0
Contract Owner* (?) Please Select Contract Owner		0
Contract Owner* (?)		

(~)

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\* 4/29/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 2022-0510	
Contractor Name* Skillsoft Corporation	
Service Provided <sup>*</sup> (?) Skillsoft Percipio Software.	
Renewal Term Start Date* 9/6/2025	Renewal Term End Date <sup>*</sup> 9/5/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2) Board Approval (Total NTE Amount is \$250,000.00 o 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Cher

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

- O Yes
- No
- Onknown

Contract NTE\* (?)

\$ 15,189.80

Rate(s)/Rate(s) Description

Unit(s) Served\* 1130

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144109

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔵 Yes 💿 No

Were Services delivered as specified in the contract?\*

🖲 Yes 🔘 No

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

🖲 Yes 🔘 No

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

```
🕘 Yes 🔘 No
```

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

Yes No

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

Yes No

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

Yes O No

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

Yes O No

Renewal Determination

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

🕥 Yes 🍥 No

Please Explain\* No longer needed..

How does this contract support Agency/Unit N/A	Strategic priorities?*
Budget Manager Approval(s)	Ô
Approved by	
Ricardo Campbell	
Contract Owner Approval	$\mathbf{S}$
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date *
Belinda Stude	5/8/2025

Annual Renewal Evalua	ition
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 7326	
Contractor Name* Southeast Texas Regional Advisory Council (SETRAC)	
Service Provided <sup>*</sup> (?) Hospital Healthcare Preparedness Program ("HPP")	
Renewal Term Start Date* 7/1/2025	Renewal Term End Date <sup>*</sup> 6/30/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	Consultant New Contract/Agreement
<ul> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	C Lease

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

- Yes
- No
- Unknown

Contract NTE* (?) \$ 125.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1190
G/L Code(s)* 595000
Current Fiscal Year Purchase Order Number <sup>*</sup> CT143198
Contract Requestor* Darryl Coleman
Contract Owner* Kendra Thomas
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
<ul> <li>Yes          No     </li> <li>Were Services delivered as specified in the contract?<sup>★</sup></li> </ul>
<ul> <li>Yes ● No</li> <li>Were Services delivered as specified in the contract?*</li> <li>● Yes ○ No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> </ul>
<ul> <li>Yes No</li> <li>Were Services delivered as specified in the contract?*</li> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> </ul>
<ul> <li>Yes No</li> <li>Were Services delivered as specified in the contract?*</li> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>Yes No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>Yes No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> </ul>
<ul> <li>Yes No</li> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes No</li> </ul> </li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> <li>Yes No</li> </ul> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?)</li> <li>Yes No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the</li>

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?  $^{\boldsymbol{\star}\,(?)}$ 

Yes O No

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How does this contract support The contractor provides support a events and disasters.	• • •		emergency
Renewal Information for	Next Fiscal Year	r	0
Budget Units and Amou	nts Charged to e	ach Budget Ur	iit
Budget Unit Number*	Amount Charged	and the product the state of t	Expense/GL Code No.*
1190	\$ 125.00		595000
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	t Manager*
Provide Rate and Rate Descript N/A	ions if applicable * $(?)$		
Project WBS (Work Breakdown	Structure)* (?)		
N/A	•		
Fiscal Year* (?)		Amount <sup>* (?)</sup>	
2026		\$ 125.00	
Next Fiscal Year Not to Exceed	Amount for Master Poo	oled Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Chang			<b>9</b>
Are there any required changes	to the contract langua	age?* (?)	
Will the scope of the Services c	hange?*		
🔾 Yes 🖲 No			
Is the payment deadline differen	nt than net (45)?*		
Are there any changes in the Pe	erformance Targets?*		
⊖ Yes ⊚ No			
Are there any changes to the Su	ubmission deadlines fo	or notes or supporti	ng documentation?*
○ Yes ● No File Upload (?)			
Contract Owner			0
Contract Owner* (?)			

Please Select Contract Owner Mustafa Cochinwala

Approved by	Budget Manager Approval(s)	0
Contract Owner Approval Approved by  Mustafa Coottinnata  Contracts Approval  Approve*  Yes No, reject entire submission Return for correction  Approved by*  Approval Date*	Approved by	
Approved by Mustafa Cechumvala Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Ricardo Campbell	
Mustafa Cechimicala   Contracts Approval   Approve*   Yes   No, reject entire submission   Return for correction   Approved by*   Approval Date*	Contract Owner Approval	6
Contracts Approval Approve*  Yes No, reject entire submission Return for correction Approved by*	Approved by	
Approve*  Ves No, reject entire submission Return for correction  Approved by*  Approval Date*	Mustafa Cochinwala	
Approve*  Ves No, reject entire submission Return for correction  Approved by*  Approval Date*		
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by * Approval Date *	Contracts Approval	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> <li>Approved by *</li> <li>Approval Date *</li> </ul>	Approve*	
Return for correction           Approved by*           Approval Date*	Yes	
Approved by* Approval Date*		
Approval Date*	<ul> <li>Return for correction</li> </ul>	
	Approved by *	
Relieda Canda Alazione		Approval Date *
Deumaa Duae 4/23/2025	Belinda Stude	4/23/2025
		1202020

### **Annual Renewal Evaluation** HARRIS **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 6475 Contractor Name\* Sun Coast Resources Service Provided\* (?) Generator Maintenance at the following locations: 3737 Dacoma, 5901 Long Drive and 9401 SW Freeway Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply **Competitive Proposal** Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote **Consumer Driven** Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Pooled Contract Lease Other Renewal of Existing Contract

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

- Yes
- No
  - Unknown

Contract NTE\* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 1899

G/L Code(s)\* 569022

Current Fiscal Year Purchase Order Number\* CT144298

Contract Requestor\* Sarah Harper

Contract Owner\* Michael Mitchell

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 O 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?\* fuel for emergency generators at major clinics and 6160

Budget Units and Amo	ounts Charged to each Budget	Unit
Budget Unit Number* 1899	Amount Charged to Unit <sup>*</sup> \$ 20,000.00	Expense/GL Code No.* 569022
Budget Manager*		dget Manager*
Campbell, Ricardo	Moynihan, Kell	y
Provide Rate and Rate Descri	ptions if applicable * (?)	
price of fuel for generators, this		
need to add fuel either during a outage, cost varies - this amoun		
have money added if/as needed		
Project WBS (Work Breakdow	n Structure)* (?)	
n/a		
Fiscal Year <sup>* (?)</sup>	Amount <sup>*</sup> (?)	
	\$ 20,000.00	
2026 Next Fiscal Year Not to Excee Contract Funding Source <sup>*</sup> General Revenue (GR)	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Chai	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Chai	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Chai Are there any required chang	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Char Are there any required chang Yes () No	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Char Are there any required chang Yes No Will the scope of the Services	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S	d Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?* Loop East location is	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v	d Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?* Loop East location is where service is provided	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v Is the payment deadline differ	d Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?* Loop East location is where service is provided	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v	d Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?* Loop East location is where service is provided	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v Is the payment deadline differ	d Amount for Master Pooled Contracts nges es to the contract language?* (?) a change?* Loop East location is where service is provided rent than net (45)?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v Is the payment deadline differ Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) a change?* Loop East location is where service is provided rent than net (45)?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v Is the payment deadline differ Yes No Are there any changes in the Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) a change?* Loop East location is where service is provided rent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Please Explain* need to make sure that 6160 S included in the list of locations v Is the payment deadline differ Yes No Are there any changes in the Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?* Loop East location is where service is provided rent than net (45)?* Performance Targets?*	porting documentation?*

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Contract Owner\* (?)

Please Select Contract Owner

Michael Mitchell

### Budget Manager Approval(s)

Approved by

Ricardo Campbell

## Contract Owner Approval

Approved by

Michael Mitchell

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

# State CENTER in Annual Renewal Evaluation

Mental Health and IDD	And the second	
Current Fiscal Year Contract Informatic	on 🔿	
Current Fiscal Year		
2025		
Contract ID#*		
7451		
Contractor Name*		
Televox, Inc. (Intrado Interactive Services)		
Service Provided * (?)		
Televox Software Subscription Services, an omnichann		
software (client notifications via text, phone, email or liv	e chats) with the ability to utilize Al	
and interface directly with our EHR System (EPIC).		
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2025	8/31/2026	
Term for Off Quele Only (Fer Deferred Only)		
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2	50,000.00)	
Board Approval (Total NTE Amount is \$250,000.00 or more)		
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
	Consultant	
Personal/Professional Services Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract		
Renewal of Existing Contract	Other	

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

- O Yes
- No
- Unknown

Contract NTE\* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144104

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

# **Evaluation of Current Fiscal Year Performance**

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

🖲 Yes 🔘 No

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

🌒 Yes 🔘 No

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

💿 Yes 🔘 No

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

🍥 Yes 🔘 No

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

Yes O No

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

Yes No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?* (?)				
How does this contract support Ag	How does this contract support Agency/Unit Strategic priorities?*			
Renewal Information for N	Renewal Information for Next Fiscal Year			
Budget Units and Amounts	s Charged to e	each Budget Ur	nit	
Budget Unit Number* 1130	Amount Charge \$ 72,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 574000	
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*	
Provide Rate and Rate Descriptions	s if applicable * (?)			
N/A Project WBS (Work Breakdown Structure) <sup>* (?)</sup> N/A				
<b>Fiscal Year*</b> (?) 2026		Amount <sup>* (?)</sup> \$ 72,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source*				
General Revenue (GR) Contract Content Changes				
Are there any required changes to the contract language?* (?)				
Will the scope of the Services change?*				
Is the payment deadline different than net (45)?*				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				

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Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

## Approved by

Mustafa Cochinnala

**Contracts Approval** 

# Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/6/2025

# Mental Health and IDD Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
2024-0892	
Contractor Name*	
Texas Applications Specialists, Inc	
Service Provided * (?)	
Prescription Assistance Program ("PAP") Software, Mai Support Services.	ntenance and
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	<ul> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
Not Applicable (If there are no funds required)	Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

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Contract NTE\* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 553002

Current Fiscal Year Purchase Order Number\* CT144103

Contract Requestor\*

Holly Cumbie

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 O 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 O No

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

Yes ONO

Renewal Determination

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

Yes O No

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

# Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1135	Amount Charger \$ 24,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*
Budget Unit Number* 1112	Amount Charge \$ 12,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 553002
Budget Manager* Smith, Janai		Secondary Budget Shelby, Debbie	: Manager*
Budget Unit Number* 2299	Amount Charger \$ 6,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 553002
Budget Manager* Shelby, Debbie		Secondary Budget Hooper Jr., Michael	
Provide Rate and Rate Descriptions if applicable * (?) n/a Project WBS (Work Breakdown Structure) * (?) n/a			
Fiscal Year * (?) 2026		Amount* (?) \$ 42,000.00	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source* General Revenue (GR)			
Contract Content Changes			
Are there any required changes to the contract language?* (?)			
Will the scope of the Services change?*			
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			

File Upload (	?)
---------------	----

Contract Owner	0
Contract Owner <sup>*</sup> (?)	
Please Select Contract Owner Holly Cumbie	
Budget Manager Approval(s)	
Approved by	Approved by
Ricardo Campbell	Janai Lynnette Smith
Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	0
Approved by	
Hotty Cumbie	
Contracts Approval	
Approve*	
Yes No, reject entire submission	
Return for correction	
Approved by *	
Belinda Stude	Approval Date* 5/14/2025
Wanna Vanao	01772020

# **Annual Renewal Evaluation** HARRIS **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2023-0610 Contractor Name\* Texas Suicide Prevention Collaborative Service Provided\* (?) Zero Suicide Prevention Team will host AS+K and CALM Workshop Training for workshop leaders Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00)

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

### Procurement Method(s)\*

- Check all that Apply
- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification
- Tag-On
- Consumer Driven
- Other .

Consultant New Contract/Agreement Amendment to Existing Contract

- Service/Maintenance
- IT/Software License Agreement
- Lease Other

- O Yes
- No
- Unknown

Current course rate: \$22,500 for ASK and CALM Unit(s) Served\* 1182 G/L Code(s)\* 542000 Current Fiscal Year Purchase Order Number\* CT144196 Contract Requestor\* Tiffany Bittner Contract Owner\* Trudy Leidich 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?\* Required training per grant

Contract NTE\* (?) \$ 45,000.00

Rate(s)/Rate(s) Description

Renewal Information fo	r Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1182	Amount Charged to Unit* \$ 25,000.00	Expense/GL Code No.* 542000		
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	ndget Manager* ardo		
Provide Rate and Rate Descriptions if applicable <sup>*</sup> (?) Courses currently 22,500/course. Contracting for one course instead of 2. Requesting slight increase to cover any increase in cost. Will provide either AS+K or CALM in FY26 if needed.				
Project WBS (Work Breakdowr Same as previously	n Structure) <sup>*</sup> (?)			
Fiscal Year <sup>* (?)</sup> 2026	<b>Amount*</b> <sup>(?)</sup> \$ 25,000.00			
Next Fiscal Year Not to Exceed	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source* State Grant Contract Content Changes				
Are there any required changes to the contract language?* (?)				
🕐 Yes 💿 No				
Will the scope of the Services change?*				
Is the payment deadline different than net (45)?*				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner		0		
Contract Owner* (?)				

Please Select Contract Owner Trudy Leidich

Budget Manager Approval(s)	○
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Trudy Leidich	
Contracts Approval	
Approve*	
• Yes	
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	
Approved by*	
	Approval Date*
Belinda Stude	5/1/2025

Mental Health and IDD Annual Renewal Evaluation	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2023-0691	
Contractor Name* The Healing Species of Texas	
Service Provided <sup>* (?)</sup> Animal Assisted Education Services.	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Preceptor	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- Yes
- No
- O Unknown

Contract NTE\* (?) \$ 20,000.00 Rate(s)/Rate(s) Description Unit(s) Served\* G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144308

Contract Requestor\*

Tiffany Bittner

1179

Contract Owner\*

Trudy Leidich

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 O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O 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 O No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes O No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O No **Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}$  (?)

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* The PAWS program supports client satisfaction, employee wellness and offering alternative modalities of care for those we serve Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 542000 1192 \$ 20,000.00 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Campbell, Ricardo Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 542000 1179 \$ 20,000.00 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Moynihan, Kelly Provide Rate and Rate Descriptions if applicable \* (?) \$5.000/session \$625/stand alone session 6 free stand alone sessions per current contract Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) 2026 \$ 40,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* Private Grant **Contract Content Changes** Are there any required changes to the contract language?\* (?) Yes O No Please Explain\* change in overall amount of contract 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	$\mathbf{O}$
Contract Owner* (?)	
Please Select Contract Owner	
Trudy Leidich	
Budget Manager Approval(s)	
Budger Manager Approval(s)	
Approved by	Approved by
2 . 2	00
Ricardo Campbell	Ricardo Campbell
Contract Owner Approval	<u>ی</u>
Approved by	
Gertrude Leidich	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	4/24/2025

# S Annual Renewal Evaluation

**HARRIS** CENTER

# Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#\* 2021-0195

Contractor Name\* The McMillian Group LLC d/b/a Blue Mesa Group

Service Provided \* (?) Executive Coaching for the CMO.

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

Information Only (Total NTE Amount is Less than \$250,000.00)

Board Approval (Total NTE Amount is \$250,000.00 or more)

- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

## Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
- Unknown

Contract NTE\* (?) Rate(s)/Rate(s) Description Unit(s) Served\* Current Fiscal Year Purchase Order Number\* Contract Requestor\*

Contract Owner\*

Luming Li

Lesley Conger

\$ 12,000.00

1101

G/L Code(s)\* 542000

CT144055

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

Executive Coaching for Dr. Luming not limited to: a. Leadership in CMO role b. Managing direct reports and ide c. Navigating complexity and leadi d. Interacting with the CEO, peers, stakeholders e. Building relationships and under f. Identifying CMO priorities and se Renewal Information for	ng change direct reports, Board of Trustees, and i rstanding interpersonal/organizational d tting measurable, strategic goals for sta	nternal/external ynamics hff/	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1101	\$ 12,000.00	542000	
Budget Manager*	Secondary Bu	udget Manager*	
Campbell, Ricardo	Campbell, Rica	ardo	
Provide Rate and Rate Descriptions if applicable <sup>*</sup> (?) n/a Project WBS (Work Breakdown Structure) <sup>*</sup> (?) n/a			
Fiscal Year* (?)	<b>Amount*</b> (?)		
2025	\$ 12,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source <sup>*</sup> General Revenue (GR)			
Contract Content Chang	jes		
Are there any required changes to the contract language?* (?) Yes No Will the scope of the Services change?*			
⊖ Yes ● No			
	Is the payment deadline different than net (45)?*		
Yes No	*		
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			

File Up	load (?)
---------	----------

Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Luming Li		
Budget Manager Approval(s)		0
Approved by		
Ricardo Campbell		
Staaraa Campora		
Contract Owner Approval		0
Approved by		
Dr. Luming Li		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	4/23/2025	

Mental Health and IDD	ion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#* 7595	
Contractor Name*	
The Network of Behavioral Health Providers	
Service Provided * (?)	
Lease of 450 square feet of office space located at 9401 Houston, Texas 77074.	Southwest Freeway, 12th Floor,
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)

- O Yes
- No
- Unknown

~

Contrac	t N1	ГΕ*	(?

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Ernest Savoy

Contract Owner\*

Ernest Savoy

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 ONO

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

```
Yes No
```

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

Yes O No

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

Yes O No

Yes O 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 O No

How does this contract support Agency/Unit Strategic priorities?*			
Goal 5: Initiative 5.2 Expand The Harris Center's partnerships with local law enforcement and mental/behavioral health providers to include training on the identification,			
engagement, and referral resources for persons with intellectual and developmental disabilities (IDD) and/or autism spectrum disorders (ASD).			
Renewal Information for N	ext Fiscal Yea	ar	<b>O</b>
	ala di kacina manadina di dala di kacina		
Budget Units and Amounts	s Charged to e	each Budget Ur	nit
Budget Unit Number*	Amount Charge	ed to Unit <sup>*</sup>	Expense/GL Code No.*
1177	\$ 522.00		553002
Budget Manager* Moynihan, Kelly		Secondary Budge Campbell, Ricardo	t Manager "
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str	ucture)* (?)		
N/A			
Fiscal Year <sup>*</sup> (?)		Amount* (?)	
2026		\$ 5,220.00	
Next Fiscal Year Not to Exceed Am	ount for Master Po	ooled 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?*			
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?*		
<ul> <li>Yes </li> <li>No</li> </ul>	lission deadlines i	or notes or support	ng documentation?
File Upload (?)			
Contract Owner			

С	ont	tract	Owner*	(?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)	<u>َ</u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	Ô
Approved by	
5	
Contracts Approval	
Approve*	Υ.
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/8/2025

#### HARRIS CENTER for Mental Health and IDD

# Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#\*

Contractor Name\*

Vertiv Corporation

## Service Provided\* (?)

: Liebert UPS Power and Battery Maintenance and Support Services at 9401 SW location.

#### Renewal Term Start Date\*

6/11/2025

## Renewal Term End Date\* 6/10/2026

Term for Off-Cycle Only (For Reference Only)

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

Information Only (Total NTE Amount is Less than \$250,000.00)

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

## Procurement Method(s)\*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other n/a
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 13,140.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 553001

Current Fiscal Year Purchase Order Number\* CT144479

Contract Requestor\* Rick Hurst

Contract Owner\* Mustafa Cochinwala

File Upload (?)

## Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🍥 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?* (?) O No			
How does this contract support Agency/Unit Strategic priorities?*			
N/A			
Renewal Information for No	ext Fiscal Year	Ô	
Budget Units and Amounts	Charged to each Budg	et Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1130	\$ 32,500.00	553001	
Budget Manager*	Secondary Campbell, R	Budget Manager*	
Campbell, Ricardo	Campbell, N		
Provide Rate and Rate Descriptions	; if applicable * (?)		
Annual Maintenance - \$15,000 Battery Replacement - \$17,500			
Project WBS (Work Breakdown Stru	ıcture)* (?)		
N/A			
Fiscal Year* (?)	Amount* (?	)	
2026	\$ 32,500.00		
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 t	he contract language?* (?)		
Will the scope of the Services chan	ao2*		
<ul> <li>Yes          <ul> <li>No</li> </ul> </li> </ul>	96 :		
Is the payment deadline different th	an net (45)?*		
○ Yes   No			
Are there any changes in the Perfor	mance Targets?*		
🔿 Yes 🍥 No			
Are there any changes to the Subm	ission deadlines for notes or su	pporting documentation?*	
🔾 Yes 💿 No	🔾 Yes 💿 No		
File Upload (?)			
Contract Owner			

(~)

 $\bigcirc$ 

Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

# Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

## Approved by

Mustafa Cochinwala

**Contracts Approval** 

## Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/6/2025

Mental Health and IDD	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID# <sup>*</sup> 7765	
Contractor Name* VP Imaging, Inc. dba DocuNav Solutions	
Service Provided <sup>*</sup> (?)	
Laserfiche licenses, maintenance & support (Dir-CPO-44	449)
Renewal Term Start Date *	Renewal Term End Date*
9/21/2025	9/20/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	· more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	Competitive Democel
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	I Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
	C.M.G.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease

Other

Renewal of Existing Contract

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

Contract NTE\* (?) \$ 85,000.00 Rate(s)/Rate(s) Description Unit(s) Served\* 1130 G/L Code(s)\* 553002 Current Fiscal Year Purchase Order Number\* CT144259 Contract Requestor\* Rick Hurst Contract Owner\*

Mustafa Cochinwala

File Upload (?)

N/A

# 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
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?*
```

Renewal Information for	or Next Fiscal Year	0	
Budget Units and Amo	unts Charged to each Budget	Unit	
Budget Unit Number* 1130	Amount Charged to Unit* \$ 75,000.00	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	<b>dget Manager*</b> rdo	
Provide Rate and Rate Descri	ptions if applicable <sup>*</sup> (?)		
Project WBS (Work Breakdow N/A	n Structure)* (?)		
Fiscal Year* (?)	<b>Amount*</b> (?)		
2026	\$ 75,000.00		
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts		
Contract Funding Source* General Revenue (GR)			
	ndes	A	1
Contract Content Char	nges es to the contract language?* (?)	۵	)
Contract Content Char Are there any required change	es to the contract language?* (?)	٢	
Contract Content Char Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?) change?*		
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) • change?* rent than net (45)?*		
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) • change?* rent than net (45)?*	porting documentation?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	es to the contract language?* (?) c change?* rent than net (45)?* Performance Targets?*	Porting documentation?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	es to the contract language?* (?) c change?* rent than net (45)?* Performance Targets?*	•orting documentation?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?) Contract Owner* (?)	es to the contract language?* (?) c change?* rent than net (45)?* Performance Targets?*	•orting documentation?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) c change?* rent than net (45)?* Performance Targets?*	•orting documentation?*	

 $(\land)$ 

# Approved by

Ricardo Campbell

# Contract Owner Approval

Approved by

Mustafa Cochinnala

# **Contracts Approval**

## Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 4/23/2025

Mental Health and IDD Annual Renewal Evaluat	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 5749	
Contractor Name* WEX Health, Inc. dba WEX	
Service Provided* (?) FSA Administration Services Agency Wide.	
Renewal Term Start Date * 1/1/2025	Renewal Term End Date* 12/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Benefits Administration Agreement.</li> </ul>
Contract Description / Type	Benefits Administration Agreement.
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

- O Yes
- No
- O Unknown

~

Contract NTE\* (?)

\$ 35,000.00

Rate(s)/Rate(s) Description

N/A ((off-cycle contract with on-cycle annual funding).

Unit(s) Served\* 1108

G/L Code(s)\*

543039

Current Fiscal Year Purchase Order Number\* CT144177

Contract Requestor\*

Kip Baughman

Contract Owner\*

Kip Baughman

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?\* <sup>(7)</sup>

Yes O 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 O No

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

Yes O 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?  $^{\star}\left( ?\right)$ 

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* FSA administration is a required component of benefits administration

Renewal Information for Next Fiscal Year		
Budget Units and Amoun	ts Charged to each Budg	et Unit
Budget Unit Number* 1108	Amount Charged to Unit* \$ 40,000.00	Expense/GL Code No.* 543039
Budget Manager*	Secondary	Budget Manager*
Moynihan, Kelly	Campbell, R	icardo
Provide Rate and Rate Descriptio	ns if applicable * (?)	
Project WBS (Work Breakdown St NA	tructure)* (?)	
Fiscal Year* (?)	Amount <sup>*</sup> (?)	
2026	\$ 40,000.00	
Next Fiscal Year Not to Exceed Ar	nount for Master Pooled Contract	s
Contract Funding Source* General Revenue (GR) Contract Content Change	es	۵
Are there any required changes to Yes  No	o the contract language?* (?)	
Will the scope of the Services cha	ange?*	
Is the payment deadline different	than net (45)?*	
Are there any changes in the Peri Yes  No	formance Targets?*	
Are there any changes to the Sub	omission deadlines for notes or su	upporting documentation?*
File Upload (?)		
Contract Owner		٥
Contract Owner* (?)		
Please Select Contract Owner Kip Baughman		
Budget Manager Approva	al(s)	$\odot$

Approved by	
Ricardo Campbell	
Contract Owner Approval	ि
Approved by	
Кір ВАЛЕНМАН	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date *
Belinda Stude	5/8/2025

Annual Renewal Evalua	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#* 5748	
Contractor Name* WEX Health, Inc. dba WEX	
Service Provided <sup>*</sup> (?) Agency-wide COBRA Administration Services.	
Renewal Term Start Date* 1/1/2025	Renewal Term End Date <sup>*</sup> 12/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2: Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply	
Check all that Apply Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other Benefits Administration Agreement.</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> <li>Other</li> </ul>

- O Yes
- No
- Unknown

Contract NTE\* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description

N/A (off-cycle contract with on-cycle annual funding).

Unit(s) Served\* 1108

G/L Code(s)\*

543039

Current Fiscal Year Purchase Order Number\* CT144175

Contract Requestor\*

Kip Baughman

Contract Owner\*

Kip Baughman

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 O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O No Did Contractor render services consistent with Agency policy and procedures? (?)Yes O No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O No 3 **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?\* (?) Yes O No How does this contract support Agency/Unit Strategic priorities?\*

COBRA admin compliance with COBRA legislation

Renewal Information for	Next Fiscal Year		$\odot$
Budget Units and Amour	nts Charged to each	Budget Uni	it
Budget Unit Number*	Amount Charged to U \$ 28,000.00	nit*	Expense/GL Code No.* 543039
Budget Manager*		ondary Budget	
Moynihan, Kelly		npbell, Ricardo	<b>-</b>
Provide Rate and Rate Description	ons if applicable $*$ (?)		
NA	* (2)		
Project WBS (Work Breakdown S NA	Structure) ()		
Fiscal Year <sup>* (?)</sup>	Amo	ount <sup>*</sup> (?)	
2026	\$ 28	,000.00	na sen television par ser con con construction enclosed enclosed and an antimatical second second second second
Next Fiscal Year Not to Exceed A	mount for Master Pooled C	Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Chang	es		$\mathbf{O}$
Are there any required changes	to the contract language?*	(?)	
🔿 Yes 🖲 No			
Will the scope of the Services ch	lange (		
Is the payment deadline differen	t than net (45)?*		
🔘 Yes 💿 No			
Are there any changes in the Per O Yes  No	rformance Targets?*		
Are there any changes to the Su	bmission deadlines for not	es or supportin	a documentation?*
<ul> <li>Yes </li> <li>No</li> </ul>			
File Upload (?)			
Contract Owner			<u></u>
Contract Owner* (?)			
Please Select Contract Owner Kip Baughman			
Budget Manager Approv	al(s)		0

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\sim$
Approved by	
Kip BAUGHMAN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	5/8/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 7323	
Contractor Name* Workleap USA Inc. (fka Pingboard)	
Service Provided <sup>*</sup> (?) Organizational chart planning tool and directory selecte	d by The Harris Center.
Renewal Term Start Date* 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	50 000 00)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Software Agreement Consultant
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Software Agreement Consultant New Contract/Agreement
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Software Agreement New Contract/Agreement Amendment to Existing Contract
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Software Agreement Other Software Agreement Amendment to Existing Contract Service/Maintenance
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more)  Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Software Agreement New Contract/Agreement Amendment to Existing Contract

- Yes
- No
- Unknown

-			*	101
Contra	ct	NT	Ε	(?)

\$ 43,000.00

Rate(s)/Rate(s) Description Vary.

Unit(s) Served\* 1108

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144160

Contract Requestor\*

Kip Baughman

Contract Owner\*

Kip Baughman

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?<sup>\*</sup> (?)

Yes O No

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

Yes O No

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

Yes O No

Renewal Determination

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* on-line directory and org chart

Renewal Information for Next Fiscal Year			
Budget Units and Amoun	ts Charged to each	Budget Unit	
Budget Unit Number*	Amount Charged to U	nit* E	xpense/GL Code No.*
1108	\$ 50,000.00	5	53002
Budget Manager*		ondary Budget M	anager*
Moynihan, Kelly	Cam	pbell, Ricardo	
Provide Rate and Rate Descriptio	ns if applicable <sup>*</sup> (?)		
Project WBS (Work Breakdown S NA	tructure) * (?)		
Fiscal Year <sup>* (?)</sup>	Amo	unt <sup>* (?)</sup>	
2026	\$ 50	,000.00	
Next Fiscal Year Not to Exceed An NA Contract Funding Source * General Revenue (GR)	nount for Master Pooled C	ontracts	
Contract Content Change	es		$\overline{\mathbf{O}}$
Are there any required changes to	o the contract language?*	(?)	
🔘 Yes 🍥 No			
Will the scope of the Services cha	ange?*		
Is the payment deadline different	than net (45)?*		
🔘 Yes 🍥 No			
Are there any changes in the Perf Yes  No	formance Targets?*		
Are there any changes to the Sub	mission deadlines for note	es or supporting	documentation?*
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Kip Baughman			
Budget Manager Approva	al(s)		$\diamond$

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
Кір ВАЛЕНМАН	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date *
Belinda Stude	5/8/2025

	tion	
Current Fiscal Year Contract Informatio	n	0
Current Fiscal Year 2025		
Contract ID#* 2021-0236		
Contractor Name <sup>*</sup> Xerox Business Solutions Southwest		
Service Provided <sup>* (?)</sup> Print Shop Production Copiers (2)		
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other .	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	

- O Yes
- No
- O Unknown

Contract NTE\* (?)

\$ 23,267.05

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144049

Contract Requestor\* Rick Hurst

Contract Owner\*

Nicole Lievsay

File Upload (?)

N/A

## 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?\*

Renewal Information for Next Fiscal Year		
Budget Units and Amoun	its Charged to each Budge	et Unit
Budget Unit Number* 1107	Amount Charged to Unit* \$ 16,987.05	Expense/GL Code No.* 552002
Budget Manager* Moynihan, Kelly	Secondary B Campbell, Rid	udget Manager* cardo
Provide Rate and Rate Description	ons if applicable <sup>* (?)</sup>	
Project WBS (Work Breakdown S N/A	Structure)* (?)	
Fiscal Year* (?)	<b>Amount*</b> (?)	
2026	\$ 16,987.05	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	5
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	es	$\diamond$
Are there any required changes t	to the contract language?* $(?)$	
Will the scope of the Services ch	ande2*	
	ange:	
Is the payment deadline different		
	t than net (45)?*	
<ul> <li>Yes ● No</li> <li>Are there any changes in the Per</li> <li>Yes ● No</li> </ul>	t than net (45)?*	oporting documentation?*
<ul> <li>Yes ● No</li> <li>Are there any changes in the Per</li> <li>Yes ● No</li> <li>Are there any changes to the Sul</li> </ul>	t than net (45)?* formance Targets?*	oporting documentation?*
<ul> <li>Yes No</li> <li>Are there any changes in the Per</li> <li>Yes No</li> <li>Are there any changes to the Sul</li> <li>Yes No</li> </ul>	t than net (45)?* formance Targets?*	oporting documentation?*
Yes No Are there any changes in the Per Yes No Are there any changes to the Sul Yes No File Upload (?)	t than net (45)?* formance Targets?*	oporting documentation?*
<ul> <li>Yes No</li> <li>Are there any changes in the Perevention of the Sub Yes No</li> <li>Are there any changes to the Sub Yes No</li> <li>File Upload (?)</li> <li>Contract Owner* (?)</li> <li>Please Select Contract Owner</li> </ul>	t than net (45)?* formance Targets?*	oporting documentation?*
<ul> <li>Yes No</li> <li>Are there any changes in the Per</li> <li>Yes No</li> <li>Are there any changes to the Sul</li> <li>Yes No</li> <li>File Upload (?)</li> <li>Contract Owner* (?)</li> </ul>	t than net (45)?* formance Targets?* bmission deadlines for notes or su	oporting documentation?*

6

## Approved by

Ricardo Campbell

## Contract Owner Approval

Approved by

Mustafa Cochinnala

## **Contracts Approval**

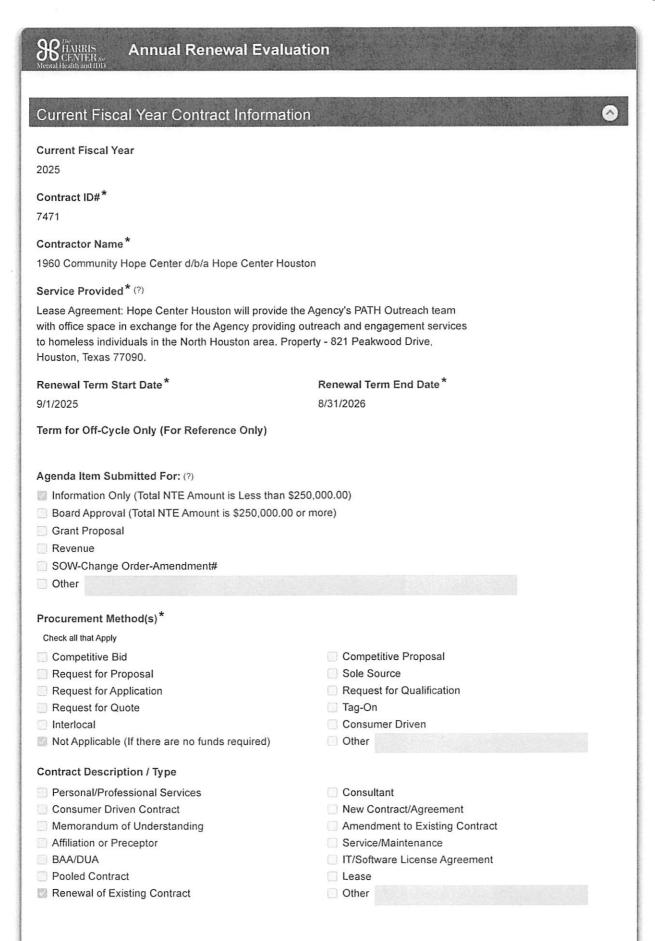
#### Approve\*

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

### Approved by\*

Belinda Stude

Approval Date\* 4/23/2025



~

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 2250

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Kim Kornmayer

Contract Owner\* Kim Kornmayer

File Upload (?)

#### **Evaluation of Current Fiscal Year Performance**

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

🔘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes No

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

🖲 Yes 🔘 No

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

🔘 Yes 🔘 No

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

Yes O 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 O No

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

Yes O 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 will allow the PATH Outreach team to provide outreach and engagement services to homeless individuals in the North Houston area.		
Renewal Information for	Next Fiscal Year	$\mathbf{S}$
Budget Units and Amou	nts Charged to each Budge	t Unit
Budget Unit Number* 2250	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 0
Budget Manager* Oshman, Jodel	Secondary B Ramirez, Pris	udget Manager* cilla
Provide Rate and Rate Descripti	ons if applicable * (?)	
Project WBS (Work Breakdown na	Structure) <sup>* (?)</sup>	
Fiscal Year* (?) 2026	Amount* (?) \$ 0.00	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Changes		
Are there any required changes O Yes  No	to the contract language?* (?)	
Will the scope of the Services cl ○ Yes ● No	hange?*	
Is the payment deadline different than net (45)?*		
Are there any changes in the Performance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
File Upload (?)		
Contract Owner		

 $\bigcirc$ 

6

Contract	Owner*	(?)
----------	--------	-----

Please Select Contract Owner

Kim Kornmayer

## Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMANER

**Contracts Approval** 

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/29/2025

Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
<b>Contract ID#*</b> 2021-0078	
Contractor Name* Angelica Padilla d/b/a Lice Care Solutions, LLC	
Service Provided <sup>*</sup> (?) Lice Removal Services for Consumers.	
Renewal Term Start Date * 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than \$2         Board Approval (Total NTE Amount is \$250,000.00 c         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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	C Lease

- Yes
- No
- Unknown

~

Contract NTE\* (?)

\$ 6,050.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 9403; 9501; 9502; 9405; 9261

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144153

Contract Requestor\*

Kim Kornmayer

Contract Owner\*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Were Services delivered as specified in the contract?\*

Yes O No

🔘 Yes 💿 No

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

Yes O No

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

```
Yes O No
```

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

💿 Yes 🔘 No

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

Yes No

Yes O 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 O No

How does this contract support Agency/Unit Strategic priorities?\* Lice control helps with the hygienic needs of residential consumers to ensure there are no outbreaks. Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 543053 9403 \$ 1,200.00 Secondary Budget Manager\* Budget Manager\* Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 1,200.00 543053 9261 Secondary Budget Manager\* Budget Manager\* Puente, Giovanni Ramirez, Priscilla Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 543053 \$ 300.00 9502 Secondary Budget Manager\* Budget Manager\* Ramirez, Priscilla Puente, Giovanni Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 543053 9405 \$ 600.00 Budget Manager\* Secondary Budget Manager\* Ramirez, Priscilla Puente, Giovanni Provide Rate and Rate Descriptions if applicable \* (?) Based on current contract Project WBS (Work Breakdown Structure)\* (?) n/a Fiscal Year\* (?) Amount\* (?) 2026 \$ 3,300.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* County Contract Content Changes Are there any required changes to the contract language?\* (?) 🔘 Yes 🔘 No Will the scope of the Services change?\*

🔘 Yes 🔘 No

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

🔘 Yes 🍥 No

Are there any changes in the Performance Targets?\*

Yes O No

Please Explain\*

Only requesting to decrease NTE based on reduced usage.

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

🔘 Yes 🍥 No

File Upload (?)

**Contract Owner** 

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M Ramirez

**Contract Owner Approval** 

Approved by

Kim KOPNMANEP

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

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21	HARRIS CENTER
611	CENTED
	<b>UBATER</b>

#### **Annual Renewal Evaluation**

# **Current Fiscal Year Contract Information**

**Current Fiscal Year** 2025

Contract ID#\* 2023-0811

Contractor Name\* Autoclear, LLC

Service Provided \* (?)

Security X-Ray Screening Equipment Order and Maintenance Service.

Renewal Term Start Date\*

Renewal Term End Date\* 8/17/2026

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

8/18/2025

- SOW-Change Order-Amendment#
- Other

#### Procurement Method(s)\*

#### Check all that Apply

Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Maintenance Agreement: Security Inspection Equipment.

#### 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

- Yes
- No
  - Unknown

Rate(s)/Rate(s) Description \$4,000.00: Autoclear 6040 Machine - Platinum Plan. Unit(s) Served\* 9206 G/L Code(s)\* 553001 Current Fiscal Year Purchase Order Number\* CT144241 Contract Requestor\* Patricia Singh Contract Owner\* Kim Kornmayer File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* Yes No Were Services delivered as specified in the contract?\* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes No **Renewal Determination** ~

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star\,(?)}$ 

Yes No

Contract NTE\* (?)

\$ 4,400.00

How does this contract suppor The security x-ray screening equi continues safety for both consum	pment and maintenance		are needed for		
Renewal Information fo	r Next Fiscal Year		0		
Budget Units and Amou	unts Charged to ea	ach Budget	Unit		
Budget Unit Number* 9206	Amount Charged \$ 4,900.00	to Unit <sup>*</sup>	Expense/GL Code No.* 553001		
Budget Manager <sup>*</sup> Oshman, Jodel		Secondary Bud Ramirez, Priscill			
Provide Rate and Rate Descrip	tions if applicable * $(?)$				
Project WBS (Work Breakdown na	a Structure) <sup>* (?)</sup>				
Fiscal Year <sup>* (?)</sup> 2026		Amount <sup>* (?)</sup> \$ 4,900.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* General Revenue (GR)					
Contract Content Chan	ges		$\diamond$		
Are there any required changes	s to the contract langua	ge?* (?)			
Will the scope of the Services change?*					
Is the payment deadline different than net (45)?*					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner			0		

Contract Owner\* (?) Please Select Contract Owner Kim Kornmayer

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## Budget Manager Approval(s)

Approved by

Jodel Oshman

**Contract Owner Approval** 

Approved by

Kim KOPNMANER

# Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/29/2025

# Brannis Annual Renewal Evaluation

#### **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 6678 Contractor Name\* Crothall Facilities Management, Inc. Service Provided\* (?) Medical equipment maintenance and support services for NPC. Renewal Term Start Date\* Renewal Term End Date\* 1/1/2025 12/31/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply **Competitive Proposal** Competitive Bid Request for Proposal Sole Source Request for Application Request for Qualification Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Equipment Maintenance Service Agreement. Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
  - Unknown

\$ 8,859.89

Rate(s)/Rate(s) Description

Annual contract price \$7,617.53. Off cycle contract with on cycle annual funding.

Unit(s) Served\* 9206, 9209, 9403...

G/L Code(s)\* 553001

Current Fiscal Year Purchase Order Number\* CT144311

Contract Requestor\* Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ 

Yes No

 $( \uparrow )$ 

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## How does this contract support Agency/Unit Strategic priorities? $^{\ast}$

Medical equipment maintenance and support services for patient care at multiple locations.

Renewal Information for Next Fiscal Year

Budget Units and Amou	ints Charged to e	ach Budget	Unit
Budget Unit Number*	Amount Charged	I to Unit <sup>*</sup>	Expense/GL Code No.*
9206	\$ 2,950.00		553001
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisci	Ila
Budget Unit Number*	Amount Chargeo	to Unit*	Expense/GL Code No.*
9209	\$ 2,950.00		553001
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisci	Ila
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
9210	\$ 325.00		553001
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisci	illa
Budget Unit Number*	Amount Charged	to Unit <sup>*</sup>	Expense/GL Code No.*
9810	\$ 325.00		553001
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisc	illa
Budget Unit Number*	Amount Charged	d to Unit*	Expense/GL Code No.*
9405	\$ 1,640.00		553001
Budget Manager*		Secondary Bu	dget Manager*
Ramirez, Priscilla		Puente, Giovar	mi
Budget Unit Number*	Amount Charged	d to Unit*	Expense/GL Code No.*
6500	\$ 579.20		553001
Budget Manager*		Secondary Bu	dget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabe	th
Provide Rate and Rate Descrip	tions if applicable $(?)$		
Project WBS (Work Breakdown na	Structure) * (?)		
Fiscal Year* (?)		Amount* (?)	
2026		\$ 8,769.20	
Next Fiscal Year Not to Exceed	Amount for Master Poo	oled Contracts	

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(1)

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

Approved by

Jodel Oshman

Priscilla M Ramirez

Approved by

Sheenia Williams-Wester

### **Contract Owner Approval**

Approved by

Kim KOPNMAYER

## **Contracts Approval**

#### Approve\*

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

Approved by \*

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Belinda Stude

Approval Date\* 5/5/2025

	ation
Current Fiscal Year Contract Informati	
Current Fiscal fear Contract Informati	011
Current Fiscal Year	
2025	
Contract ID#*	
2023-0730	
Contractor Name*	
Texas Textiles Services, LTD	
Service Provided * (?)	
Linen and laundry services at 6160 S. Loop E. Fwy an	d Youth Diversion Center at 6500
Chimney Rock	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$	
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- O No
- Unknown

Contract NTE\* (?) \$ 58,504,38

Rate(s)/Rate(s) Description

Unit(s) Served\* Varies

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT143415

Contract Requestor\*

Priscilla Ramirez

Contract Owner\*

Kim Kornmayer

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

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

Maintain clean linens and laundry is an integral part of hygiene within the residential programs.

## Renewal Information for Next Fiscal Year

	or Next Fiscal Year		
Budget Units and Amo	unts Charged to each Budge	t Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
6500	\$ 11,843.38	543032	
Budget Manager*	Secondary Bu	udget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabe	eth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
9403	\$ 18,874.00	543032	
Budget Manager*	Secondary Bu	udget Manager*	
Ramirez, Priscilla	Puente, Giova	nni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
9261	\$ 12,583.00	543032	
Budget Manager*	Secondary Bu	udget Manager*	
Ramirez, Priscilla	Puente, Giova	nni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
9264	\$ 5,243.00	543032	
Budget Manager*	Secondary Bu	udget Manager*	
Ramirez, Priscilla	Puente, Giova	nni	
Budget Unit Number*	Amount Charged to Unit <sup>*</sup>	Expense/GL Code No.*	
9502	\$ 5,767.00	543032	
Budget Manager*	Secondary Be	udget Manager*	
Ramirez, Priscilla	Puente, Giova	nni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
9405	\$ 4,194.00	543032	
Budget Manager*	Secondary Bo	udget Manager*	
Ramirez, Priscilla	Puente, Giova	nni	
Provide Rate and Rate Descrip Rates as outlined in contract	tions if applicable * (?)		
Project WBS (Work Breakdowr n/a	n Structure) * (?)		
Fiscal Year* (?)	<b>Amount*</b> (?)		
2026	\$ 58,504,38	\$ 58,504.38	

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Contract Funding Source\*

County

### **Contract Content Changes**

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

Yes No

Will the scope of the Services change?\*

Yes 💿 No

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

🔿 Yes 🔍 No

Are there any changes in the Performance Targets?\*

🛛 Yes 🔍 No

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

Yes 🔍 No

File Upload (?)

#### **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

#### Budget Manager Approval(s)

Approved by

Approved by

```
Sheenia Williams Wester
```

Priscilla M. Ramirez

## Contract Owner Approval

Approved by

Kim KOPNMANEP

## **Contracts Approval**

#### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 5/1/2025

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Current Fiscal Year Contract Information	on 🔗					
Current Fiscal Year						
2025						
Contract ID#*						
	Contract ID#*					
6541						
Contractor Name*						
The Bill Clair Family Mortuary, Inc.						
Service Provided <sup>* (?)</sup>						
Parking Space Lease Agreement. Spaces located at 26 Texas.	303 Southmore Street, Houston,					
Renewal Term Start Date*	Renewal Term End Date*					
9/1/2025	8/31/2026					
Term for Off-Cycle Only (For Reference Only)						
Term for On-Cycle Only (For Reference Only)						
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other						
Procurement Method(s)*						
Check all that Apply						
Competitive Bid	Competitive Proposal					
Request for Proposal	Sole Source					
Request for Application	Request for Qualification					
Request for Quote	Tag-On					
Interlocal	Consumer Driven					
Not Applicable (If there are no funds required)	Other .					
Contract Description / Type						
Personal/Professional Services	Consultant					
Consumer Driven Contract	New Contract/Agreement					
Memorandum of Understanding	Amendment to Existing Contract					
Affiliation or Preceptor	Service/Maintenance					
BAA/DUA	IT/Software License Agreement					
Pooled Contract	Lease					
Renewal of Existing Contract	Other					

- O Yes
- No
- O Unknown

Contract NTE\* (?)

\$ 8,640.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 9810

G/L Code(s)\* 555000

Current Fiscal Year Purchase Order Number\* CT144105

Contract Requestor\*

Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

#### **Evaluation of Current Fiscal Year Performance**

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes O 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 O 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?\* Additional parking spaces needed for staff that work at the Southmore location due to the limited parking on site. **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.\* 9810 \$ 8,640.00 555100 Secondary Budget Manager\* Budget Manager\* Ramirez, Priscilla Oshman, Jodel Provide Rate and Rate Descriptions if applicable \* (?) 12 spaces @ \$ 50 each \$600; \$1,440 for additional spaces if needed Project WBS (Work Breakdown Structure)\* (?) na Fiscal Year\* (?) Amount\* (?) \$ 8,640.00 2026 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** 

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Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

# Budget Manager Approval(s)

Approved by

Jodel Oshman

### **Contract Owner Approval**

Approved by

Kim KOPNMANER

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/29/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Informatic	on
Current Fiscal Year 2025	
Contract ID#* 7717	
Contractor Name* Lanier Parking Meter Services, LLC D/B/A REEF Park	
Service Provided <sup>*</sup> (?) Month-to-Month Parking Lease for Spaces at 1200 Bak	er Street.
Renewal Term Start Date * 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other none</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 83,680.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 6202

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144081

Contract Requestor\*

Sheenia Williams-Wesley

Contract Owner\*

Sean McElroy

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* Provides employees with secure parking at work location

Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number* 6202	Amount Charged to Unit* \$ 81,480.00	Expense/GL Code No.* 544005
Budget Manager* Williams-Wesley, Sheenia	Secondary Bu Jiles, Monalisa	dget Manager*
Budget Unit Number* 1131	Amount Charged to Unit* \$ 2,520.00	Expense/GL Code No.* 544005
Budget Manager* Smith, Janai	Secondary Bu Shelby, Debbie	dget Manager*
Provide Rate and Rate Descrip \$70 per parking space each day 97 spaces for unit 6202 3 spaces for unit 1131 Project WBS (Work Breakdown n/a		
Fiscal Year <sup>* (?)</sup> 2026 Next Fiscal Year Not to Exceed	Amount * (?) \$ 84,000.00 d Amount for Master Pooled Contracts	
2026 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Char	\$ 84,000.00 d Amount for Master Pooled Contracts	
2026 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Char Are there any required change	\$ 84,000.00	
2026 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Char Are there any required change Yes No Will the scope of the Services	\$ 84,000.00 d Amount for Master Pooled Contracts NGES es to the contract language?* (?)	
2026 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Char Are there any required change O Yes O No	\$ 84,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
2026 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the F	\$ 84,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	
2026 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differe Yes No Are there any changes in the F Yes No	\$ 84,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*

Contract Owner* (?)	
Please Select Contract Owner	
Sean McElroy	
Budget Manager Approval(s)	ि
Approved by	Approved by
Sheenia Wittiams-Westey	Janai Lynnette Smith
Contract Owner Approval	٢
Approved by	
Sean McEtray	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/22/2025

### **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2024-0934 Contractor Name\* Link Forensic and Clinical Psychology, PLLC Service Provided \* (?) Provides Court-Ordered Competency and Sanity Evaluation Assessments Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid **Competitive Proposal** Sole Source Request for Proposal Request for Application Request for Qualification Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other **Contract Description / Type** Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease

Other

Renewal of Existing Contract

- ) Yes
- No
- Unknown

Contract NTE\* (?)

\$ 60,000.00

#### Rate(s)/Rate(s) Description

Competency Evaluation \$1,500.00 Per Sanity Evaluation; \$2,500.00 Per Competency and Sanity Evaluation on\$200.00 Per Hour/Court testimony and consultation with attorneys (when subpoenaed to discuss the case) up to 3 hours.\$200.00 Per Hour/Court appearance to include not actual time testifying (waiting in court) up to 3 hours. same defendant; \$250.00 Per Sanity Defendant that refuses an Evaluation

Unit(s) Served\*

G/L Code(s)\* 54003

Current Fiscal Year Purchase Order Number\* CT144351

Contract Requestor\* Sheenia Williams-Wesley

Contract Owner\* Sean McElroy

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			<u></u>
Is the contract being renewed for next fiscal year with this Contractor?* (?)			
How does this contract support Ag Provides court order assessments to care			e appropriate
Renewal Information for N	ext Fiscal Year		
Budget Units and Amounts	s Charged to each E	Budget Un	iit
Budget Unit Number* 6205	Amount Charged to Un \$ 60,000.00	it*	Expense/GL Code No.* 540003
Budget Manager* Williams-Wesley, Sheenia		ndary Budget s, Elizabeth	t Manager*
Provide Rate and Rate Description Competency Evaluation \$1,000.00 Two evaluations on same defendant \$ \$200.00 Per Hour/Court appearance time testifying (waiting in court) up to Per Hour/Court testimony and consul (when subpoenaed to discuss the cas Project WBS (Work Breakdown Str	\$1,500 for the 2 evals to include not actual 3 hours; and \$200.00 tation with attorneys se) up to 3 hours		
n/a			
<b>Fiscal Year</b> * (?) 2026		unt <sup>*</sup> (?) 000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Co	ontracts	
Contract Funding Source* County			
Contract Content Changes	S		
Are there any required changes to Yes  No	the contract language?* (	?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different to Yes I No	han net (45)? <sup>*</sup>		
Are there any changes in the Perfo	ormance Targets?*		

Are there any changes to the Submission Yes No	deadlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Sean McElroy	
Budget Manager Approval(s)	
Approved by	
Sheenia Wittiams Westey	
Contract Owner Approval	<u>o</u>
Approved by	
Sean McEtroy	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	*
Belinda Stude	Approval Date* 4/25/2025
aranaa Maac	412312023

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2021-0133	
Contractor Name*	
RKG Parking Solutions	
Service Provided * (?)	
Parking Lease for spaces located at Franklin Lofts Gara Street, Houston Texas 77002 as needed for TRIAD, RE located at the Juvenile Detention Center downtown.	
Renewal Term Start Date*	Renewal Term End Date *
10/1/2025	9/30/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> </ul>	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> </ul>
Request for Application	Request for Qualification
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other none
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	🖉 Lease
Renewal of Existing Contract	Other

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

- Yes
- No

Unknown

Contract NTE\* (?) \$ 36,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 6701

G/L Code(s)\* 544005

Current Fiscal Year Purchase Order Number\* CT144082

Contract Requestor\* Sheenia Williams-Wesley

Contract Owner\* Monalisa Jiles

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

🔵 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes No

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

Yes O No

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

🖲 Yes 🔘 No

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

```
Yes O No
```

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

Yes O No

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

Yes O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? <sup>* (?)</sup>				
How does this contract support Agency/Unit Strategic priorities?* Provides staff access to facility to provide services to at-risk youth				
Renewal Information for N	Renewal Information for Next Fiscal Year			
Budget Units and Amounts	s Charged to e	each Budget Ur	nit	
Budget Unit Number* 6701	Amount Charge \$ 36,000.00	ed to Unit*	Expense/GL Code No.* 544005	
Budget Manager* Williams-Wesley, Sheenia		Secondary Budge Reyes, Elizabeth	t Manager*	
Provide Rate and Rate Descriptions 150 per space per month for 20 parking				
Project WBS (Work Breakdown Strunder) n/a	ucture) <sup>* (?)</sup>			
<b>Fiscal Year*</b> (?) 2026		<b>Amount*</b> <sup>(?)</sup> \$ 33,000.00		
Fiscal Year <sup>*</sup> (?) 2027		Amount <sup>* (?)</sup> \$ 3,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source* County				
Contract Content Changes	5		Ô	
Are there any required changes to	the contract langu	age?* (?)		
Will the scope of the Services chan	ige?*			
Is the payment deadline different th ○ Yes ⊚ No	nan net (45)?*			
Are there any changes in the Perfo	rmance Targets?*			
Are there any changes to the Subm	nission deadlines f	or notes or supporti	ng documentation?*	
File Upload (?)				

Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner		
Monalisa Jiles		
Budget Manager Approval(s)		
Approved by		
Sheenia Wittiams-Westey		
Contract Owner Approval		$\bigcirc$
Approved by		
Mona Lisa Tites		
Contracts Approval		
Approve*		
Yes		
<ul> <li>No, reject entire submission</li> </ul>		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/22/2025	

### Annual Renewal Evaluation

## HARRIS

### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2022-0520

#### Contractor Name\*

Annie Vu

Service Provided \* (?)

Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

9/1/2025

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On
- Consumer Driven Other

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

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 22,580.00

Rate(s)/Rate(s) Description 543005 \$7,500.00; 543009 \$15,080.00

Unit(s) Served\* 3585

G/L Code(s)\* 543005; 543009

Current Fiscal Year Purchase Order Number\* CT144164

Contract Requestor\* Samor Sherrod-Haynes

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

### **Evaluation of Current Fiscal Year Performance**

```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* \ensuremath{^{(?)}}
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?\* The contract provides Respite and (CFC) Community First services to an Individual enrolled in the TxHmL Program 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.\* \$ 22,500.00 543005-543009 3585 Budget Manager\* Secondary Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) \$ 22,500.00 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A Contract Funding Source\* State **Contract Content Changes** Are there any required changes to the contract language?\* (?) 🔿 Yes 🔍 No Will the scope of the Services change?\* 🔿 Yes 🔍 No Is the payment deadline different than net (45)?\* 🔿 Yes 💿 No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* 🔿 Yes 💿 No File Upload (?) **Contract Owner** 

Contract Owner<sup>\*</sup> (?) Please Select Contract Owner Dr. Evanthe Collins

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<u>^</u>

Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction

Approved by  $^{\star}$ 

Belinda Stude

Approval Date\* 4/30/2025

#### 

#### **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2022-0530 Contractor Name\* Armando Cabral Service Provided\* (?) Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

- Yes
- O No
- Unknown

Contract NTE\* (?)

\$ 24,500.00

Rate(s)/Rate(s) Description 543005 \$ 15,000.00; 543009\$ 9,500.00

Unit(s) Served\* 3585

G/L Code(s)\* 543005; 543009

Current Fiscal Year Purchase Order Number\* CT144170

Contract Requestor\* Samor Sherrod-Haynes

Contract Owner\* Dr. Evanthe Collins

\_\_\_\_\_

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes No

How does this contract support Agency/Unit Strategic priorities?\* This contract provides ongoing Respite and CFC services to an Individual enrolled in the TxHmL program Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 3585 \$ 24,000.00 543005-543009 Budget Manager\* Secondary Budget Manager\* Kerlegon, Charles Degracia, Ericka Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) 2026 \$ 24,500.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A Contract Funding Source\* State Contract Content Changes Are there any required changes to the contract language?\* (?) Yes No Will the scope of the Services change?\* 🔿 Yes 💿 No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* 🔿 Yes 🔍 No File Upload (?) **Contract Owner** Contract Owner\* (?)

Please Select Contract Owner Dr. Evanthe Collins

Budget Manager Approval(s)	$\circ$
Approved by	
Ericka Degracia	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	4/30/2025
	3

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Mental Health and IDD Annual Renewal Evaluation	ition
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2023-0722	
Contractor Name* Easter Seals of Greater Houston, Inc.	
Service Provided <sup>*</sup> (?) Provide Day Camp and Respite	
Renewal Term Start Date * 9/1/2025	Renewal Term End Date <sup>*</sup> 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
Memorandum of Understanding	Amendment to Existing Contract     Service/Maintenance
Affiliation or Preceptor BAA/DUA BAA/DUA	Service/Maintenance IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?) \$ 11,300.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3519
G/L Code(s)* 543000
Current Fiscal Year Purchase Order Number* CT144173
Contract Requestor* Margo Childs
Contract Owner* Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $(?)$
Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?) Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination

🕘 Yes 🔘 No

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How does this contract support Ag	How does this contract support Agency/Unit Strategic priorities?*				
People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD					
site expansions indicated) and #2) Add service strategies that enhance service array offered to persons service.					
Renewal Information for N	Renewal Information for Next Fiscal Year				
		<b>U</b>			
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*			
3519	\$ 11,300.00	543000			
Budget Manager*	Secondary Budget Manager*				
Degracia, Ericka	Kerlegon, Ch	arles			
Provide Rate and Rate Descriptions if applicable * (?)					
See attachment for rate and rate description					
Project WBS (Work Breakdown Structure) * (?)					
NA					
Fiscal Year* (?)	Amount <sup>*</sup> (?)				
2026	\$ 11,300.00				
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA					
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)? <sup>*</sup>					
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 (?)		46.31KB			
ESGH FY26.pdf		40.3 IND			
Contract Owner 🔗					

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins	
Budget Manager Approval(s)	$\odot$
Approved by	
Ericka Degracia	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/30/2025

### **Annual Renewal Evaluation**

# **Current Fiscal Year Contract Information Current Fiscal Year**

2025

Contract ID#\* 2022-0524

Contractor Name\*

Elsa Lozana - Tello

Service Provided \* (?)

Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

9/1/2025

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- **Competitive Proposal** Sole Source Request for Qualification Tag-On Consumer Driven
- Other
- Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

Contract NTE\* (?)

\$ 28,000.00

Rate(s)/Rate(s) Description 11.50 per hour. 543009 \$19,000.00; 543005 \$ 9,000.00

Unit(s) Served\* 3585

G/L Code(s)\* 543009; 543005

Current Fiscal Year Purchase Order Number\* CT144344

Contract Requestor\* Samor Sherrod-Haynes

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

### Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes O 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 O No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O 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?\* The contract will provide Respite and Community First choice services (CFC- PAS/HAB) to a TxHmL Wavier Individual. Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 543005-543009 \$ 22,500.00 3585 Secondary Budget Manager\* Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) \$ 28,000.00 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A Contract Funding Source\* State **Contract Content Changes** Are there any required changes to the contract language?\* (?) Yes No Will the scope of the Services change?\* 🔿 Yes 🔍 No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** Contract Owner\* (?)

Please Select Contract Owner Dr. Evanthe Collins

Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by *
Approval Date*
Belinda Stude 4/30/2025

## HARRIS Annual Renewal Evaluation

### Mental Health and IDD

# Current Fiscal Year Contract Information

Current Fiscal Year

Contract ID#\* 2024-0962

Contractor Name\* Health Street, LLC

Service Provided \* (?)

Per regulatory requirements, all respite and CFC providers must be certified.

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

- SOW-Change Order-Amendment#
- Other

#### Procurement Method(s)\*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On
- Consumer Driven
  - Other
  - Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- Yes
- No
- Unknown

Rate(s)/Rate(s) Description Unit(s) Served\* Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Thomas Wills

Contract Owner\*

Contract NTE\* (?)

\$ 1,000.00

3585

G/L Code(s)\* 543066

CT144582

Dr. Evanthe Collins

File Upload (?)

### **Evaluation of Current Fiscal Year Performance**

```
Have there been any significant performance deficiencies within the current fiscal year?*
  Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* \ensuremath{^{(?)}}
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 allows caregivers to obtain the training needed to provide CFC/Respite services to consumers. Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 543066 3585 \$ 1,000.00 Secondary Budget Manager\* Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) NA Project WBS (Work Breakdown Structure)\* (?) NA Amount\* (?) Fiscal Year\* (?) \$ 1,000.00 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA 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<sup>\*</sup> (?) Please Select Contract Owner Dr. Evanthe Collins

Budget Manager Approval(s)	Ô
Approved by	
Ericka Degracia	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/5/2025

Mental Health and IDD Annual Renewal Evaluat	ion	
Current Fiscal Year Contract Information	$\mathbf{S}$	
Current Fiscal Year 2025		
Contract ID#*		
2022-0439		
Contractor Name*		
Josefa Yanez Hernandez		
Service Provided * (?) Community First Choice (CFC) - Personal Assistance Ser Respite	vices/Habilitation (PAS/HAB) and	
Renewal Term Start Date *	Renewal Term End Date *	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
<ul> <li>Information Only (Total NTE Amount is Less than \$250</li> <li>Board Approval (Total NTE Amount is \$250,000.00 or</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>		
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source	
Request for Application           Request for Quote	Request for Qualification           Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
<ul> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>	
Pooled Contract		
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Business (HUB) (?)		

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 33,568.50 Rate(s)/Rate(s) Description 11.50 per hourly rate for CFC and Respite Services Unit(s) Served\* 3585 G/L Code(s)\* Varies Current Fiscal Year Purchase Order Number\* CT144139 Contract Requestor\* Alicia Wilson Contract Owner\* Dr. Evanthe Collins File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O No Did Contractor render services consistent with Agency policy and procedures?\* (?) Yes O No Maintained legally required standards for certification, licensure, and/or training?\* (?) Yes O No ~ **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}$   $^{(?)}$ Yes No

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

Renewal Information for	Next Fiscal Year		0
Budget Units and Amour	nts Charged to ea	ach Budget U	Init
Budget Unit Number* 3585	Amount Charged \$ 8,452.50	to Unit <sup>*</sup>	Expense/GL Code No.* 543005
Budget Manager* Degracia, Ericka		Secondary Budg Kerlegon, Charles	22 B
Budget Unit Number* 3585	Amount Charged \$ 23,920.00	to Unit <sup>*</sup>	Expense/GL Code No.* 543009
Budget Manager <sup>*</sup> Degracia, Ericka		Secondary Budg Kerlegon, Charles	
Provide Rate and Rate Descripti 11.50 per hourly rate for CFC and Project WBS (Work Breakdown S N/A	Respite Services		
Fiscal Year <sup>*</sup> (?) 2026		Amount <sup>* (?)</sup> \$ 32,372.50	
Next Fiscal Year Not to Exceed A Contract Funding Source* State Contract Content Change Are there any required changes Yes No Will the scope of the Services ch Yes No	JeS to the contract languag hange?*		
Is the payment deadline differen ○ Yes ◎ No			
Are there any changes in the Pe Yes No	rformance Targets?*		
Are there any changes to the Su	bmission deadlines fo	r notes or suppor	rting documentation?*
File Upload (?)			
Contract Owner			٢

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Contract Owner* (?	Con	tract	Owner*	(?)
--------------------	-----	-------	--------	-----

Please Select Contract Owner

Dr. Evanthe Collins

# Budget Manager Approval(s)

Approved by

Ericka Degracia

Contract Owner Approval

## Approved by

Evanthe Collins

**Contracts Approval** 

# Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

# ARRIS Annual Renewal Evaluation

# HARRIS

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2022-0441

Contractor Name\*

Katia Lemus

9/1/2025

Service Provided \* (?)

Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAD) and Respite

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

Other

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
  - Other

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

- Yes
- No
- Unknown

Contract NTE\* (?) \$ 27,542.50 Rate(s)/Rate(s) Description Unit(s) Served\* G/L Code(s)\* Current Fiscal Year Purchase Order Number\* CT144144 Contract Requestor\* Alicia Wilson Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

3585

varies

# **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?* \ensuremath{^{(?)}}
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? ^{\star}\left( ?\right)
Yes No
```

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

Renewal Information f	or Next Fiscal Year	○
Budget Units and Amo	ounts Charged to each E	Budget Unit
Budget Unit Number* 3585	Amount Charged to Uni \$ 9,096.50	it* Expense/GL Code No.* 543005
<b>Budget Manager<sup>*</sup></b> Degracia, Ericka		ndary Budget Manager* Ion, Charles
Budget Unit Number* 3585	Amount Charged to Uni \$ 18,538.00	it* Expense/GL Code No.* 543009
Budget Manager* Degracia, Ericka		ndary Budget Manager* Jon, Charles
Provide Rate and Rate Descri 11.50 per hourly rate for CFC an Project WBS (Work Breakdow N/A	nd Respite Services	~
<b>Fiscal Year*</b> (?) 2026	<b>Amou</b> \$ 27,6	nt <sup>* (?)</sup> 334.50
Next Fiscal Year Not to Excee	d Amount for Master Pooled Co	ntracts
Contract Funding Source*		
Contract Content Cha	nges	<u></u>
Are there any required chang	es to the contract language? <sup>* (7</sup>	?)
Will the scope of the Services	change?*	
Is the payment deadline differ	rent than net (45)? <sup>*</sup>	
Are there any changes in the Yes No	Performance Targets?*	
Are there any changes to the Yes  No	Submission deadlines for notes	s or supporting documentation?*
File Upload (?)		
Contract Owner		O

 $\wedge$ 

~

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

# Budget Manager Approval(s)

Approved by

Ericka Degracia

# **Contract Owner Approval**

Approved by

Evanthe Collins

**Contracts Approval** 

# Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

4

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Information	on 🔗
Current Fiscal Year 2025	
Contract ID#*	
2024-0984	
Contractor Name*	
Latanya L Mitchell-Sam	
Service Provided * (?)	
Respite and/or Community First Choice Personal Assistance/Habilitation	on services (CFC PAS/HAB)
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) <sup>*</sup>	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- ) Yes
- No
- Unknown

Contract NTE\* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 3585

G/L Code(s)\* 543005

Current Fiscal Year Purchase Order Number\* CT144583

Contract Requestor\*

Rosa Wells

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

How does this contract support Agency/Unit Strategic priorities?\* This contract will provide emergency respite and/or Community First Choice services (CFC PAS/HAB to Individuals enrolled in the TxHmL program **Renewal Information for Next Fiscal Year** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 3585 \$ 18,000.00 543005 Budget Manager\* Secondary Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) \$ 18,000.00 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A Contract Funding Source\* State **Contract Content Changes** Are there any required changes to the contract language?\* (?) 🔿 Yes 💿 No Will the scope of the Services change?\* Yes No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** Contract Owner\* (?)

Please Select Contract Owner Dr. Evanthe Collins

Budget Manager Approval(s)	$\sim$
Approved by	
Ericka Degracia	
Contract Owner Approval	0
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	4/30/2025

	ition
Current Fiscal Year Contract Informatio	on 📀
Current Fiscal Year 2025	
Contract ID#*	
2022-0442	
Contractor Name*	
Maria Cervantes	
Service Provided * (?)	
The provider will provide mental health and IDD Respite Personal Assistance/Habilitation services (CFC PAS/BA	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> </ul>	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🔄 Tag-On
Interlocal	Consumer Driven
	Consumer Driven Other
Interlocal	
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> </ul>	Other
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> </ul>	Other Consultant
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	<ul> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	<ul> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> <li>Contract Description / Type</li> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	<ul> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

- Yes
- 🔘 No
- Unknown

Contract NTE\* (?) \$ 32,016.00 Rate(s)/Rate(s) Description 11.50 per hourly rate for CFC and Respite Services Unit(s) Served\* 3585 G/L Code(s)\* varies Current Fiscal Year Purchase Order Number\* CT144228 Contract Requestor\* Alicia Wilson Contract Owner\* Dr. Evanthe Collins File Upload (?) Evaluation of Current Fiscal Year Performance ~ Have there been any significant performance deficiencies within the current fiscal year?\* 🔘 Yes 🔘 No Were Services delivered as specified in the contract?\* Yes O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O 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  $(\land)$ **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ Yes No

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

Renewal Information f	or Next Fiscal Year		٢
Budget Units and Amo	unts Charged to each	Budget Unit	
Budget Unit Number* 3585	Amount Charged to U \$ 9,591.00	nit* Expense/GL Code No.* 543005	
Budget Manager <sup>*</sup> Degracia, Ericka		ondary Budget Manager* egon, Charles	
Budget Unit Number* 3585	Amount Charged to U \$ 23,322.00	nit* Expense/GL Code No.* 543009	
Budget Manager* Degracia, Ericka		ondary Budget Manager* egon, Charles	
Provide Rate and Rate Descri 11.50 per hourly rate for CFC ar Project WBS (Work Breakdow N/A	d Respite Services		
Fiscal Year* (?) 2025		punt* (?) ,913.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled C	contracts	
Contract Funding Source*			
State Contract Content Cha	nges		0
Are there any required change	es to the contract language?*	(?)	
Will the scope of the Services	change?*		
Is the payment deadline differ	rent than net (45)?*		
Are there any changes in the Yes  No	Performance Targets?*		
Are there any changes to the Yes No File Upload (?)	Submission deadlines for not	es or supporting documentation?*	
Contract Owner			

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Dr. Evanthe Collins		
Budget Manager Approval(s)		0
Approved by		
Ericka Degracia		
Contract Owner Approval		
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
<ul> <li>Return for correction</li> </ul>		
Approved by *		
	Approval Date *	
Belinda Stude	4/30/2025	

## 

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2023-0708

Contractor Name\* P-IDD Master Pool for Vocational Apprenticeship Hosting

Service Provided<sup>\*</sup> (?) Employment Apprenticeship Program

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

- SOW-Change Order-Amendment#
- Other

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

## Contract Description / Type

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

- Competitive Proposal Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

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

- ) Yes
- No
- Unknown

Contract NTE\* (?)

\$ 28,800.00

Rate(s)/Rate(s) Description 10.00 per hour

Unit(s) Served\*

G/L Code(s)\* 540508

Current Fiscal Year Purchase Order Number\* CT144231

Contract Requestor\* Samor Sherrod-Haynes

Contract Owner\* Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

How does this contract support Agency/Unit Strategic priorities? <sup>*</sup> Contract supports the vocational development training for IDD clients gaining competitive, integrated employment			
Renewal Information for Next Fiscal Year			
Budget Units and Am	ounts Charged to each Bud	dget Unit	
Budget Unit Number* 3390	Amount Charged to Unit <sup>*</sup> \$ 28,800.00	Expense/GL Code No.* 540508	
Budget Manager* Degracia, Ericka	Seconda Kerlegon,	ry Budget Manager <sup>*</sup> Charles	
Provide Rate and Rate Descr Apprentice Salaries. Such sala be allocated for up to a maximu apprentices, who may work up of paid apprenticeship, not to e hours per week per apprentice \$10 per hour Project WBS (Work Breakdow n/a	ries are to um of 12 to 20 weeks xceed 12 at a rate of		
Fiscal Year <sup>* (?)</sup> 2026 Next Fiscal Year Not to Excer	Amount <sup>*</sup> \$ 28,800. ed Amount for Master Pooled Contr	00	
Contract Funding Source* General Revenue (GR) Contract Content Cha	inges	Ø	
Yes No Will the scope of the Service Yes No Is the payment deadline diffe Yes No Are there any changes in the Yes No	Performance Targets?*		
Are there any changes to the Yes No File Upload (?)	Submission deadlines for notes or	supporting documentation? ^	

Contract Owner	0
Contract Owner* (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	
Approved by	
Ericka Degracia	
Contract Owner Approval	0
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	4/30/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Informatic	on
Select Header For This Contract* Intellectual Developmental Disability Services	
Current Fiscal Year 2025	
Contract ID#* 2024-0893	
Contractor Name* Pursuit Foundation	
Renewal Term Start Date 9/1/2025	Renewal Term End Date 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services     Consumer Driven Contract	Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
<ul> <li>Affiliation or Preceptor</li> </ul>	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?) \$ 77,431.06
Rate(s)/Rate(s) Description 5,530.79
Unit(s) Served * 0000
G/L Code(s)* 126006
Current Fiscal Year Purchase Order Number* CT144328
Contract Requestor* Margo Childs
Contract Owner* Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*

Yes O No

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

Yes No

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

```
Yes No
```

Yes O No

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

Yes O No

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

Yes No

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

Yes O No

**Renewal Determination** 

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}$   $^{(?)}$ 

Yes No

>

How does this contract support Agency/Unit Strategic priorities?*			
People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array			
offered to persons service.			
Renewal Information for N	lext Fiscal Yea	r	
Budget Units and Amounts	s Charged to e	ach Budget Un	)it
Budget Unit Number*	Amount Charged to Unit * Expense/GL Code No.*		
3530	\$ 77,431.06 555000		
Budget Manager*	Secondary Budget Manager*		
Degracia, Ericka	and and an entropy of the state of the	Kerlegon, Charles	
Provide Rate and Rate Description	s if applicable (?)		
See attachment for rate and rate desc	cription		
Project WBS (Work Breakdown Str	ructure) (?)		
NA			
Fiscal Year* (?)		Amount* (?)	
2026		\$ 77,431.06	
Next Fiscal Year Not to Exceed Am NA	ount for Master Poo	oled Contracts	
Contract Funding Source*			
Federal Grant			
Contract Content Changes			
Are there any required changes to the contract language?* (?)			
🔘 Yes 💿 No			
Will the scope of the Services change?*			
🛇 Yes 🍥 No			
Is the payment deadline different th O Yes  No	han net (45)?*		
Are there any changes in the Performance Targets?*			
🔾 Yes 🖲 No			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			ng documentation?*
File Upload (?)			
Center for Pursuit ID 2022-0566 - (Fu	Illy Executed).pdf		931.41KB
Contract Owner			

Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)		<u></u>
Approved by		
Ericka Degracia		
Contract Owner Approval		
Approved by		
Evanthe Collins		
Contracts Approval		٢
Approved by		
	Approval Date	
Belinda Stude	5/1/2025	

ion
1 <b>O</b>
Renewal Term End Date* 8/31/2026
0,000.00) more)
<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

- Yes
- No
- O Unknown

>

Contract NTE\* (?)

\$ 62,248.49

Rate(s)/Rate(s) Description

Rate: 7-36 months=Base Rent: \$5,975.21 + \$2,755.20 per month

Unit(s) Served\*

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144642

Contract Requestor\*

Margo Childs

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

🔵 Yes 🔘 No

Were Services delivered as specified in the contract?\*

Yes O 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 O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}\left( ?\right)$ 

Yes O No

How does this contract support Agency/Unit Strategic priorities?*				
People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across				
	the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array			
offered to persons service.				
Renewal Information for N	lext Fiscal Year	S		
Budget Units and Amounts	s Charged to each Budg	get Unit		
Budget Unit Number*	Amount Charged to Unit <sup>*</sup> Expense/GL Code No. <sup>*</sup>			
3636	\$ 77,212.92 126006			
Budget Manager*	Secondary	/ Budget Manager <sup>*</sup>		
Degracia, Ericka	Kerlegon, C			
Provide Rate and Rate Description	s if applicable * (?)			
See attachment for rate and rate des				
Project WBS (Work Breakdown Str	(?)			
NA	ucture, w			
Fiscal Year <sup>*</sup> (?)	Amount* (	(3)		
2026	\$ 77,212.92			
2020	Ψ 11,212.0			
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contrac	cts		
NA				
Contract Funding Source*				
State				
Contract Content Change	S	$\mathbf{\hat{\circ}}$		
Are there any required changes to	the contract language?* (?)			
○ Yes   No				
Will the scope of the Services char				
<ul> <li>Yes          <ul> <li>No</li> </ul> </li> </ul>	nger			
Is the payment deadline different t	han net (45)? *			
🔘 Yes 🍥 No				
Are there any changes in the Perfo	ormance Targets?*			
🔘 Yes 🍥 No				
Are there any changes to the Subn	nission deadlines for notes or s	supporting documentation?*		
<ul> <li>⊘ Yes          No     </li> </ul>				
File Upload (?)				
Pursuit Foundation-Harris Center Lea	ase Agreement - Coffee House (M	VCG		
10_18_2024)(1488035.1).docx		451.69KB		
2024-0856 Pursuit Foundation-THC I	Lease Agreement - Coffee House	(Fully		
Executed).pdf		1.13MB		

Contract Owner
Contract Owner* (?)
Please Select Contract Owner
Dr. Evanthe Collins
Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by *
Approval Date*
Belinda Stude 5/22/2025

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# RRIS Annual Renewal Evaluation

HARRIS

# **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2024-0958

Contractor Name\* Sara Russo

Service Provided\* (?)

**Respite Services** 

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

Sole Source Request for Qualification Tag-On

**Competitive Proposal** 

- Consumer Driven
- Other

## Consultant

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

- Yes
- No
- Unknown

Contract NTE<sup>\*</sup> (?) \$ 18,630.00 Rate(s)/Rate(s) Description \$11.50 per hour Unit(s) Served<sup>\*</sup> 3585 G/L Code(s)<sup>\*</sup> 543005 Current Fiscal Year Purchase Order Number<sup>\*</sup> CT144477 Contract Requestor<sup>\*</sup>

Rosa Wells Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

How does this contract support Agency/Unit Strategic priorities?\* This Contract will provide ongoing respite services to a Texas Home Living Individual.

Renewal Information fo	r Next Fiscal Year		
Budget Units and Amou	unts Charged to eac	ch Budget Un	it
Budget Unit Number* 3585	Amount Charged to \$ 20,000.00	o Unit <sup>*</sup>	Expense/GL Code No.* 543005
Budget Manager <sup>*</sup> Degracia, Ericka		econdary Budget erlegon, Charles	Manager*
Provide Rate and Rate Descrip \$11.50 per hour	tions if applicable $(?)$		
Project WBS (Work Breakdowr n/a	Structure) <sup>* (?)</sup>		
Fiscal Year* (?)	۵	.mount* (?)	
2026		20,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Poole	d Contracts	
Contract Funding Source* State			
Contract Content Chan	ges		○
Are there any required change	s to the contract language	<b>??*</b> (?)	
Will the scope of the Services	change?*		
Is the payment deadline differe	ent than net (45)?*		
Are there any changes in the P	erformance Targets?*		
Are there any changes to the S	Submission deadlines for r	notes or supportir	ng documentation?*
File Upload (?)			
Contract Owner			0
Contract Owner* (?)			
Please Select Contract Owner Dr. Evanthe Collins			
Budget Manager Appro	oval(s)		0

(~)

Approved by



# Contract Owner Approval

Approved by

Evanthe Collins

# **Contracts Approval**

# Approve\*

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

# Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2024-0976	
Contractor Name*	
Satori Marketing, LLC	
Service Provided * (?)	
Public engagement strategy and marketing services for Inspire Programs.	r the Harris Center's ABA-SKIP and
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid Request for Proposal	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> </ul>
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)

- Yes
- 🔘 No
- Unknown

## Please provide the HUB status

WBE - Women owned business.

Contract NTE\* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

FY25 NTE: \$30,000.00; FY26 NTE: \$10,000.00; Total NTE for two (2) years: \$40,000.00.

Unit(s) Served\* 3530, 3531

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144619

Contract Requestor\*

Margo Childs

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

🕘 Yes 🍥 No

Were Services delivered as specified in the contract?\*

Yes O No

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

🔘 Yes 🔘 No

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

Yes O No

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

Yes O 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 O No

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

Yes O No

**Renewal Determination** 

~

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

#### Yes O No

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and availability or enhance service array offered to persons service.

**Renewal Information for Next Fiscal Year** 

Budget Units and Amounts	Charged to ea	ach Budget Uni	t
Budget Unit Number* 3530	Amount Charged \$ 20,000.00	to Unit*	Expense/GL Code No.* 595007
Budget Manager* Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager*
Budget Unit Number* 3531	Amount Charged \$ 10,000.00	to Unit <sup>*</sup>	Expense/GL Code No.* 595000
Budget Manager*		Secondary Budget	Manager*
Degracia, Ericka	Kerlegon, Charles		
Provide Rate and Rate Descriptions i See attachment for rate and rate descri Project WBS (Work Breakdown Struc NA	ption.		
Fiscal Year <sup>* (?)</sup>		Amount* (?)	n panga ang kang pang pang pang pang pang pang pang p
2026		\$ 30,000.00	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

Federal Grant

# **Contract Content Changes**

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

🔘 Yes 🍥 No

Will the scope of the Services change?\*

🔘 Yes 🛞 No

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

🔘 Yes 🍥 No

Are there any changes in the Performance Targets?\*

🔘 Yes 🍥 No

Are there any changes to the Submission deadlines for notes or supporting documentation?*
File Upload (?) FW RE, FY26 New Contract - Satori Marketing and The Harris Center.msg 14.88MB
Contract Owner
Contract Owner* (?) Please Select Contract Owner
Dr. Evanthe Collins
Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
<ul> <li>Yes</li> <li>No, reject entire submission</li> </ul>
Return for correction
Approved by*
Approval Date* Belinda Stude 5/1/2025

# Annual Renewal Evaluation Marking Annual Renewal Evaluation Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#\* 2024-0885

Contractor Name\* Shave Dental Houston PLLC, d/b/a Believe Dental

Service Provided\* (?)

Comprehensive Dental Services

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

- SOW-Change Order-Amendment#
- Other

#### Procurement Method(s)\*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal Sole Source Request for Qualification
- request for guarmeation
- Tag-On
- Consumer Driven
- Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

- Yes
- No
- Unknown

## Contract NTE\* (?)

\$ 10,000.00

#### Rate(s)/Rate(s) Description

Contractor will provide services to a minimum of 10 and maximum of 12 clients annually.

Unit(s) Served\* 3609

G/L Code(s)\* 543011

Current Fiscal Year Purchase Order Number\* CT143995

Contract Requestor\* Samor Sherrod-Haynes

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

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

Yes No

(^)

How does this contract support Agency/Unit Strategic priorities?  $^{\ast}$ 

Contractor will supply dental services for ICF residents.

Contractor will supply dental services for for residents.					
Renewal Information for Next Fiscal Year					
Budget Units and Amou	nts Charged to eac	ch Budget Un	it		
Budget Unit Number* 3609	Amount Charged t \$ 10,000.00	o Unit*	Expense/GL Code No.* 543011		
Budget Manager* Degracia, Ericka	Secondary Budget Manager* Kerlegon, Charles				
Provide Rate and Rate Descripti	ons if applicable <sup>* (?)</sup>				
Project WBS (Work Breakdown n/a	Structure)* (?)				
Fiscal Year* (?) 2026		mount* (?) 5 10,000.00			
Next Fiscal Year Not to Exceed	Amount for Master Poole	d Contracts			
Contract Funding Source* General Revenue (GR)					
Contract Content Changes					
Are there any required changes Yes  No	to the contract language	e <b>?*</b> (?)			
Will the scope of the Services change?*					
Is the payment deadline differer	nt than net (45)?*				
Are there any changes in the Performance Targets?*					
Are there any changes to the Su	ubmission deadlines for	notes or supporti	ng documentation?*		
File Upload (?)					
Contract Owner					
Contract Owner* (?)					

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)		0
Approved by		
Ericka Degracia		
Contract Owner Approval		0
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
<ul> <li>No, reject entire submission</li> </ul>		
<ul> <li>Return for correction</li> </ul>		
Approved by *		
	Approval Date*	
Belinda Stude	4/30/2025	

### **Annual Renewal Evaluation** HARRIS **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2023-0732 Contractor Name\* The ARC of Harris County Service Provided \* (?) Training/Recreational services: Provide linkage to recreational activities for up to 750 persons at \$5,833.34 x 12 months. Weekend Recreational: Provide specialized recreational activities at THC location for individuals who have not yet transitioned to community inclusionary activities (24 consumers x \$6.30). Renewal Term End Date\* Renewal Term Start Date\* 9/1/2025 8/31/2026 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other **Contract Description / Type** Personal/Professional Services Consultant **Consumer Driven Contract** New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement **Pooled Contract** Lease Renewal of Existing Contract Other

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 98,700.00

#### Rate(s)/Rate(s) Description

Training/Recreational Services 3528 \$70,000.00; Weekend Recreational Services 3382 \$28,700.00

Unit(s) Served\*

3528; 3382

G/L Code(s)\* 543000

Current Fiscal Year Purchase Order Number\* CT144159

Contract Requestor\* Margo Childs

Contract Owner\*

File Upload (?)

### **Evaluation of Current Fiscal Year Performance**

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

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

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?  $^{\star\,(?)}$ 

Yes No

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and availability or enhance service array offered to persons service.

### Renewal Information for Next Fiscal Year

# Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 3528	Amount Charged to Unit* \$ 70,000.00		Expense/GL Code No.* 543000		
Budget Manager* Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager*		
Budget Unit Number* 3382	Amount Charge \$ 28,700.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 543000		
Budget Manager* Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager*		
Provide Rate and Rate Descriptions See attachment for rate and rate descr					
Project WBS (Work Breakdown Stru NA	cture) <sup>* (?)</sup>				
Fiscal Year* (?) 2026		<b>Amount*</b> <sup>(?)</sup> \$ 98,700.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts					
Contract Funding Source* County					
Contract Content Changes					
Are there any required changes to the contract language?* (?) Yes  No					
Will the scope of the Services change?*					
Is the payment deadline different than net (45)?*					
Are there any changes in the Perform	mance Targets?*				

Are there any changes to the Submission d Yes No	eadlines for notes or supporting documentation?*
File Upload (?)	
ARC FY26 3528 3382.pdf	104.82KB
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	
Approved by	
Ericka Degracia	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/30/2025

### **Annual Renewal Evaluation** HARRIS **Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2023-0733 Contractor Name\* The ARC of Harris County Service Provided\* (?) Overnight respite: \$6.30 hourly. Contractor will provide overnight respite services for up to ten (10) consumers per weekend. Day Respite: Contractor will provide out of home respite services for up to 20 consumers (20 clients x 24 days x \$8.32/hourly x 5.5 hrs.) Renewal Term End Date\* Renewal Term Start Date\* 9/1/2025 8/31/2026 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid **Competitive Proposal** Request for Proposal Sole Source **Request for Application** Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven

Not Applicable (If there are no funds required)

#### Contract Description / Type

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

Other

Consultant

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 61,061.00

#### Rate(s)/Rate(s) Description

Overnight respite 3383 \$39,165.00; Day respite 3479 \$21,896.00

Unit(s) Served\* 3383; 3479

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\* CT144149

Contract Requestor\* Margo Childs

Contract Owner\* Dr. Evanthe Collins

File Upload (?)

### **Evaluation of Current Fiscal Year Performance**

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

🛛 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes O 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** 

Yes No How does this contract support Agency/Unit Strategic priorities?\* People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and availability or enhance service array offered to persons service. Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* \$ 39,165.00 543000 3383 Budget Manager\* Secondary Budget Manager\* Degracia, Ericka Kerlegon, Charles Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 543000 3479 \$ 21,896.00 Secondary Budget Manager\* Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) See attachment for rate and rate description. Project WBS (Work Breakdown Structure)\* (?) NA Amount\* (?) Fiscal Year\* (?) 2026 \$ 61,061.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA Contract Funding Source\* County **Contract Content Changes** Are there any required changes to the contract language?\* (?) 🛛 Yes 🔍 No Will the scope of the Services change?\* 🔿 Yes 🔍 No Is the payment deadline different than net (45)?\* 🔿 Yes 🔍 No Are there any changes in the Performance Targets?\* 🔿 Yes 💿 No

Are there any changes to the Submission dea Yes  No	dlines for notes or supporting documentation?*
File Upload (?)	
ARC FY26 3383 3479.pdf	111.09KB
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	6
Approved by	
Ericka Degracia	
Contract Owner Approval	0
Approved by	
Evanthe Collins	
Ovanche Cours	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/30/2025

### Annual Renewal Evaluation

# HARRIS

### **Current Fiscal Year Contract Information**

Current Fiscal Year 2025

Contract ID#\* 2023-0734

Contractor Name\* The ARC of Harris County

Service Provided\* (?)

Camp Champions: Provide for coordination and implementation in conjunction with URRHA schedule. Plan two (2) sessions x 40 consumers/sessions \$187.50/consumer.

Community Family to Family services: Coordinate and implement the Family-to-Family Network resources providing two (2) per month. 240 consumers x \$83.33 per consumer.

Community Family Task Force. Community Education.

Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

Information Only (Total NTE Amount is Less than \$250,000.00)

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 47,000.00

Rate(s)/Rate(s) Description 3380 \$ 15,000.00; 3381 \$ 20,000.00; 3384 \$ 12,000.00

Unit(s) Served\* 3380; 3381; 3384

G/L Code(s)\* 543000

Current Fiscal Year Purchase Order Number\* CT144383

Contract Requestor\* Margo Childs

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

### **Evaluation of Current Fiscal Year Performance**

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

Yes No

Were Services delivered as specified in the contract?\*

```
Yes No
```

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

**Renewal Determination** 

~

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

Yes No

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and availability or enhance service array offered to persons service.

### Renewal Information for Next Fiscal Year

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

Budget Unit Number* 3380	Amount Charged \$ 15,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 543000	
Budget Manager* Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager*	
Budget Unit Number* 3381	Amount Charged \$ 20,000.00	d to Unit*	Expense/GL Code No.* 543000	
Budget Manager* Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager*	
Budget Unit Number* 3384	Amount Charged \$ 12,000.00	d to Unit*	Expense/GL Code No.* 543000	
Budget Manager* Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager*	
Provide Rate and Rate Descriptions if applicable <sup>* (?)</sup> See attachment for rate and rate description.				
Project WBS (Work Breakdown Strue NA	cture)* (?)			
Fiscal Year* (?) 2026		<b>Amount*</b> (?) \$ 47,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source* County				
Contract Content Changes				
Are there any required changes to the contract language?* (?)				
Will the scope of the Services change?*				

Is the payment deadline different than net (45)?*				
⊖ Yes   No				
Are there any changes in the Performance Target	57			
Are there any changes to the Submission deadlin	es for notes or supporting documentation?*			
⊖ Yes ● No				
File Upload (?)				
ARC FY26 3380 3381 3384.pdf	146.03KB			
Contract Owner	0			
Contract Owner <sup>* (?)</sup>				
Please Select Contract Owner				
Dr. Evanthe Collins				
Budget Manager Approval(s)	<u></u>			
Approved by				
Ericka Degracia				
Contract Owner Approval	<u>O</u>			
Approved by				
Evanthe Collins				
Contracts Approval				
Approve*				
Yes				
No, reject entire submission				
Return for correction				
Approved by *				
Belinda Stude	Approval Date*			
Delinda Stude	4/30/2025			
l				

Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2023-0728	
Contractor Name* The Center For Pursuit d/b/a The Center	
Service Provided <sup>* (?)</sup> Contractor will provide Residential Living Services (RO	32)
Renewal Term Start Date * 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)         Information Only (Total NTE Amount is Less than \$2         Board Approval (Total NTE Amount is \$250,000.00         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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> <li>Pooled Contract</li> </ul>	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease
Renewal of Existing Contract	Other

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

- ) Yes
- O No
- Unknown

\$ 35,374.00

Rate(s)/Rate(s) Description 96.91 per day per authorized consumer.

Unit(s) Served\* 3570

G/L Code(s)\* 543004

Current Fiscal Year Purchase Order Number\* CT144209

Contract Requestor\* Margo Childs

· ·

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

### Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes O 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
```

6

How does this contract support Agency/Unit Strategic priorities?\* People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and availability or enhance service array offered to persons service. **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.\* 543004 3570 \$ 35,374.00 Budget Manager\* Secondary Budget Manager\* Kerlegon, Charles Degracia, Ericka Provide Rate and Rate Descriptions if applicable \* (?) See attachment for rate and rate description Project WBS (Work Breakdown Structure)\* (?) NA Fiscal Year\* (?) Amount\* (?) \$ 35,374.00 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA 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 (?) The Center Residential FY 26 Exhibit A.pdf 46.77KB

**Contract Owner** 

~

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Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

### Budget Manager Approval(s)

Approved by

Ericka Degracia

### **Contract Owner Approval**

#### Approved by

Evanthe Collins

**Contracts Approval** 

### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

## HARRIS **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2024-0827 Contractor Name\* BHC Training. LLC Service Provided \* (?) Training for HHSC for Substance Use Recovery Programs to include both outpatient, Detox and residential substance use programs. Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply **Competitive Proposal** Competitive Bid

- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Request for Qualification
- Tag-On

Sole Source

- Consumer Driven
- Other

Consultant

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

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

- Yes
- No
- Unknown

Page 767 of 892

```
Contract NTE* (?)
```

\$ 2,890.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 2200

G/L Code(s)\* 549005

Current Fiscal Year Purchase Order Number\*

Contract Requestor\* Byanca Hernandez

Contract Owner\*

Lance Britt

File Upload (?)

### Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes O 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?  
^{\star} ^{(?)}
Yes No
```

How does this contract support Agency/Unit Strategic priorities?\* Training required per SA contract

Renewal Information for N	lext Fiscal Year	$\circ$		
Budget Units and Amount	s Charged to each Budget	Unit		
Budget Unit Number* 2200	Amount Charged to Unit* \$ 2,890.00	Expense/GL Code No.* 549005		
Budget Manager* Smith, Janai	Secondary Bu Shelby, Debbie	dget Manager*		
Provide Rate and Rate Descriptior	is if applicable $(?)$			
Project WBS (Work Breakdown St n/a	ructure) <sup>* (?)</sup>			
Fiscal Year* (?)	Amount* (?)			
2026	\$ 2,890.00			
Next Fiscal Year Not to Exceed An	nount for Master Pooled Contracts			
Contract Funding Source* State				
Contract Content Changes				
Are there any required changes to Yes  No	• the contract language? <sup>* (?)</sup>			
Will the scope of the Services change?*				
Is the payment deadline different than net (45)?*				
Are there any changes in the Performance Targets?*				
Are there any changes to the Sub Yes I No	mission deadlines for notes or supp	porting documentation?*		
File Upload (?)				
Contract Owner		0		
Contract Owner* (?)				
Please Select Contract Owner Lance Britt				
Budget Manager Approva	ıl(s)	Ô		

 $\bigcirc$ 

### Approved by

Janai Lynnette Smith

# Contract Owner Approval

Approved by

Lance Britt

### **Contracts Approval**

### Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/5/2025

# HARRIS **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2025 Contract ID#\* 2022-0471 Contractor Name\*

Family to Family Service Provided \* (?)

Educational and Advocacy Training Services

#### Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- **Competitive Proposal**
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- Lease

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

- Yes
- No
- Unknown

- IT/Software License Agreement
- Other

Unit(s) Served\* 4780

Contract NTE\* (?)

Rate(s)/Rate(s) Description

\$ 6,000.00

G/L Code(s)\* 542000

Current Fiscal Year Purchase Order Number\* CT144552

Contract Requestor\* Mohagany Bowser

Contract Owner\* Tiffanie Williams-Brooks

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

How does this contract support Agency/Unit Strategic priorities?\* Family-to Family will provide monthly educational and advocacy training to clients, families, and other community organizations. ~ **Renewal Information for Next Fiscal Year** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 6,000.00 542000 4780 Secondary Budget Manager\* Budget Manager\* Shelby, Debbie Smith, Janai Provide Rate and Rate Descriptions if applicable \* (?) 0.00 Project WBS (Work Breakdown Structure)\* (?) 0.00 Fiscal Year\* (?) Amount\* (?) 2025 \$ 6.000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* Federal Grant **Contract Content Changes** Are there any required changes to the contract language?\*  $\ensuremath{}^{(?)}$ Yes No Will the scope of the Services change?\* Yes No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** 

Contract Owner\* (?) Please Select Contract Owner Tiffanie Williams-Brooks

~

~

Budget	t Manage	r Appr	oval(s)
Eddge	e noneannea g e		

Approved by

Janai Lynnette Smith

**Contract Owner Approval** 

Approved by

Wittener Williams Brooks, Met. L. C.S.

### **Contracts Approval**

### Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

### Current Fiscal Year

2025

Contract ID#\* 2022-0532

Contractor Name\*

NAMI Greater Houston

### Service Provided \* (?)

Peer to Peer facilitated, psycho-education courses related to individuals diagnosed to support best practices in the recovery process.

#### Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

- Check all that Apply
- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- Yes
- No
- Unknown
- 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

- Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
  - Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

(

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

# Renewal Information for Next Fiscal Year

Budget Units and Amounts	s Charged to e	each Budget Ui	nit
Budget Unit Number* 2200	Amount Charge \$ 11,100.00	ed to Unit*	Expense/GL Code No.* 542000
Budget Manager <sup>*</sup> Smith, Janai		Secondary Budge Shelby, Debbie	et Manager*
Budget Unit Number* 9261	Amount Charge \$ 8,090.00	ed to Unit*	Expense/GL Code No.* 542000
Budget Manager * Ramirez, Priscilla		Secondary Budge Puente, Giovanni	et Manager*
Budget Unit Number* 9264	Amount Charge \$ 3,371.00	ed to Unit*	Expense/GL Code No.* 542000
Budget Manager <sup>*</sup> Ramirez, Priscilla		Secondary Budge Puente, Giovanni	et Manager*
Budget Unit Number* 9267	Amount Charge \$ 0.00	ed to Unit <sup>*</sup>	Expense/GL Code No.* 542000
Budget Manager * Ramirez, Priscilla		Secondary Budge Puente, Giovanni	et Manager*
Budget Unit Number* 9403	Amount Charge \$ 12,135.00	ed to Unit <sup>*</sup>	Expense/GL Code No.* 542000
Budget Manager* Ramirez, Priscilla		Secondary Budge Puente, Giovanni	et Manager*
Budget Unit Number* 9407	Amount Charge \$ 0.00	ed to Unit <sup>*</sup>	Expense/GL Code No.* 542000
Budget Manager* Ramirez, Priscilla		<b>Secondary Budge</b> Puente, Giovanni	et Manager*
Budget Unit Number* 9501	Amount Charge \$ 0.00	ed to Unit*	Expense/GL Code No.* 542000
Budget Manager* Ramirez, Priscilla		<b>Secondary Budge</b> Puente, Giovanni	et Manager*
Budget Unit Number* 9502	Amount Charge \$ 3,708.00	ed to Unit*	Expense/GL Code No.* 542000
Budget Manager* Ramirez, Priscilla		Secondary Budge Puente, Giovanni	et Manager*

	Provide Rate and Rate Descriptions if applicable * (?) 0.00	
	Project WBS (Work Breakdown Structure) <sup>*</sup> (?) 0.00	
	Fiscal Year <sup>*</sup> (?) 2026	Amount* (?) \$ 41,100.00
	Next Fiscal Year Not to Exceed Amount for Master Poo	oled Contracts
	Contract Funding Source* State Contract Content Changes	
	Are there any required changes to the contract langua Yes No Will the scope of the Services change?* Yes No	age?* (?)
	Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?*	
	Yes No Yes No Are there any changes to the Submission deadlines fo Yes No	or notes or supporting documentation?*
	File Upload (?)	
	Contract Owner	3
	Contract Owner <sup>*</sup> (?) Please Select Contract Owner Lance Britt	
Constant of the local division of the local	Budget Manager Approval(s)	$\mathbf{O}$
	Approved by	Approved by
	Janai Lynnette Smith	Priscilla (M. Ramirez
	Contract Owner Approval	3

Approved by

Lance Britt

# Approve\*

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

Approved by  $^{*}$ 

Belinda Stude

Approval Date\* 5/2/2025

Mental Health and IDD	tion			
Current Fiscal Year Contract Information	n			
	(***			
Current Fiscal Year				
2025				
Contract ID#*				
2021-0170				
Contractor Name*				
Prosumers				
Service Provided <sup>* (?)</sup>				
Consultation and training services for the development Empowerment Group in Harris County	and implementation of a Consumer			
Renewal Term Start Date *	Renewal Term End Date <sup>*</sup>			
9/1/2025	8/31/2026			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)				
<ul> <li>Information Only (Total NTE Amount is Less than \$250,000.00)</li> <li>Board Approval (Total NTE Amount is \$250,000.00 or more)</li> <li>Grant Proposal</li> </ul>				
			Revenue	
			SOW-Change Order-Amendment#	
Other				
Procurement Method(s) *				
Check all that Apply				
Competitive Bid	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application	Request for Qualification			
Request for Quote	Tag-On			
Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			

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

- O Yes
- No
- Unknown

Contract NTE\* (?) \$ 18,000.00 Rate(s)/Rate(s) Description Unit(s) Served\* 2200 G/L Code(s)\* 542000 Current Fiscal Year Purchase Order Number\* CT144310 Contract Requestor\* Lance Britt Contract Owner\* Lance Britt File Upload (?) **Evaluation of Current Fiscal Year Performance** Have there been any significant performance deficiencies within the current fiscal year?\* 🔿 Yes 🔍 No Were Services delivered as specified in the contract?\* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes No Did Contractor adhere to the contracted schedule?\* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O 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 O No

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

Yes O 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?\* Peer services

Renewal Information for N	ext Fiscal Year	
Budget Units and Amounts	Charged to each Budge	t Unit
Budget Unit Number* 2200	Amount Charged to Unit* \$ 18,000.00	Expense/GL Code No.* 542000
Budget Manager* Smith, Janai	Secondary Br Shelby, Debbi	udget Manager* e
Provide Rate and Rate Descriptions	s if applicable <sup>* (?)</sup>	
Project WBS (Work Breakdown Str n/a	ucture) * (?)	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 18,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	
Contract Funding Source* State		
Contract Content Changes	3	
Are there any required changes to Yes  No	the contract language? <sup>*</sup> (?)	
Will the scope of the Services chan	nge?*	
Is the payment deadline different th	nan net (45)?*	
Are there any changes in the Perfo	rmance Targets?*	
Are there any changes to the Subm	nission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt Budget Manager Approval	(s)	0

### Approved by

Janai Lynnette Smith

### **Contract Owner Approval**

Approved by

Lance Britt

### **Contracts Approval**

### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 4/28/2025

Harris CENTER for ental Health and IDD	ation		
Current Fiscal Year Contract Information	on		
Current Fiscal Year 025			
Contract ID#*			
022-0483			
Contractor Name*			
Xferall LLC			
Service Provided * (?)			
Patient transfer service project using patient transfer a and treatment.	pp to match patients with facilities		
Renewal Term Start Date*	Renewal Term End Date*		
9/1/2025	8/31/2026		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
Information Only (Total NTE Amount is Less than \$2	250,000.00)		
Board Approval (Total NTE Amount is \$250,000.00	or more)		
Grant Proposal			
Revenue			
SOW-Change Order-Amendment# Other			
Other			
Procurement Method(s) *			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		

- O Yes
- No
- Unknown

```
Contract NTE<sup>* (?)</sup>

$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served<sup>*</sup>

2200

G/L Code(s)<sup>*</sup>

0

Current Fiscal Year Purchase Order Number<sup>*</sup>

0

Contract Requestor<sup>*</sup>

Lance Britt

Contract Owner<sup>*</sup>
```

Lance Britt

File Upload (?)

### Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🛛 Yes 🔍 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O No
                                                                                                        A
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor? ^{\star}\left( ?\right)
Yes No
```

How does this contract support Agency/Unit Strategic priorities?\* CCBHC contact with hospitals and coc

Renewal Information for	or Next Fiscal Year	<u> </u>
Budget Units and Amo	unts Charged to each B	udget Unit
Budget Unit Number* 2200	Amount Charged to Unit \$ 0.00	* Expense/GL Code No. * n/a
Budget Manager* Smith, Janai	Second Shelby,	l <b>ary Budget Manager*</b> Debbie
Provide Rate and Rate Descrip	tions if applicable $(?)$	
Project WBS (Work Breakdown n/a	n Structure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amour	t* (?)
2026	\$ 0.00	
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Cor	tracts
Contract Funding Source* General Revenue (GR)		
Contract Content Char	nges	
Are there any required change	es to the contract language?* (?)	
○ Yes ● No Will the scope of the Services	change?*	
<ul> <li>Yes ● No</li> <li>Will the scope of the Services</li> <li>Yes ● No</li> <li>Is the payment deadline different</li> </ul>	change?* ent than net (45)?*	
<ul> <li>Yes No</li> <li>Will the scope of the Services</li> <li>Yes No</li> <li>Is the payment deadline differ</li> <li>Yes No</li> <li>Are there any changes in the F</li> <li>Yes No</li> </ul>	change?* ent than net (45)?* Performance Targets?*	or supporting documentation?*
<ul> <li>Yes No</li> <li>Will the scope of the Services</li> <li>Yes No</li> <li>Is the payment deadline differ</li> <li>Yes No</li> <li>Are there any changes in the R</li> <li>Yes No</li> <li>Are there any changes to the Services</li> </ul>	change?* ent than net (45)?* Performance Targets?*	
<ul> <li>Yes No</li> <li>Will the scope of the Services</li> <li>Yes No</li> <li>Is the payment deadline differ</li> <li>Yes No</li> <li>Are there any changes in the R</li> <li>Yes No</li> <li>Are there any changes to the S</li> <li>Yes No</li> </ul>	change?* ent than net (45)?* Performance Targets?*	
<ul> <li>Yes No</li> <li>Will the scope of the Services</li> <li>Yes No</li> <li>Is the payment deadline differ</li> <li>Yes No</li> <li>Are there any changes in the P</li> <li>Yes No</li> <li>Are there any changes to the S</li> <li>Yes No</li> <li>File Upload (?)</li> </ul> Contract Owner* (?)	change?* ent than net (45)?* Performance Targets?*	
<ul> <li>Yes No</li> <li>Will the scope of the Services</li> <li>Yes No</li> <li>Is the payment deadline differ</li> <li>Yes No</li> <li>Are there any changes in the B</li> <li>Yes No</li> <li>Are there any changes to the S</li> <li>Yes No</li> <li>File Upload (?)</li> </ul>	change?* ent than net (45)?* Performance Targets?*	

(~)

#### Approved by

Janai Lynnette Smith

#### Contract Owner Approval

Approved by

Lance Britt

#### **Contracts Approval**

#### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 4/28/2025

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#* 7522	
Contractor Name <sup>*</sup> NAMI Greater Houston	
Service Provided * (?)	
Lease Agreement: The Harris Center provides space to and support services to consumers and their families.	NAMI in exchange for educational
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Not Applicable (If there are no funds required)	Consumer Driven Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3360
G/L Code(s)* 555000
Current Fiscal Year Purchase Order Number*
Contract Requestor*
Lance Britt
Contract Owner*
Lance Britt
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> Were Services delivered as specified in the contract?*
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> Were Services delivered as specified in the contract?* Yes <ul> <li>No</li> </ul>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes</li> <li>No</li> </ul> </li>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor adhere to the contracted schedule?* (?)</li>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> <li>Yes</li> <li>No</li>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor adhere to the contracted schedule?* (?) <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?)</li>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor adhere to the contracted schedule?* (?) <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?) <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the spent services for the spent services for the spent services for the spent services for the s</li>
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Were Services delivered as specified in the contract?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor adhere to the contracted schedule?* (?) <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?) <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li>

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

Yes O No

Yes No

**Renewal Determination** 

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

Yes O No

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

 $\overline{}$ 

Renewal Information for N	lext Fiscal Year	
Budget Units and Amount	s Charged to each Budg	get Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	555000
Budget Manager*		Budget Manager*
Degracia, Ericka	Johnson, K	enyonika
Provide Rate and Rate Description	ns if applicable * (?)	
Project WBS (Work Breakdown St	ructure)* (?)	
n/a		
	nen har van bestaan een van see een een een een een van de van van van van van van van van verse van verse van	
Fiscal Year <sup>*</sup> (?) 2026	Amount* ( \$ 0.00	
	hanna y dag' man han ' dan kara man nan man ann ann dan dan dan dan bara da sa sa bara an sa	
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contrac	ts
Contract Funding Source*		
Private Pay Source		
Contract Content Change	S	<b>O</b>
Are there any required changes to	the contract language?* (?)	
🔘 Yes 🖲 No		
Will the scope of the Services cha	nge?*	
🔘 Yes 🖲 No		
Is the payment deadline different t	han net (45)?*	
🔘 Yes 💿 No	*	
Are there any changes in the Perfo	ormance Targets? ^	
	alaalaa dhadhaa faa aafaa aya	······································
Are there any changes to the Subr	mission deadlines for notes or s	upporting documentation?
File Upload (?)		
Contract Owner		$\mathbf{O}$
Contract Owner* (?)		
Please Select Contract Owner Lance Britt		
	1/~)	
Budget Manager Approva	ii(s)	

Approved by	
Ericka Degracia	
Contract Owner Approval	$\mathbf{S}$
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	4/28/2025

### Mental Health and ID

Mental Health and IDD	
Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
7556	
Contractor Name*	
The ARC of Greater Houston	
Service Provided * (?)	
In-kind space in exchange for special education advoca the community in exchange for leased space (1300 sq f SW Freeway.	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul>	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal     Request for Application	Sole Source
<ul> <li>Request for Application</li> <li>Request for Quote</li> </ul>	<ul> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	Other
	U Other

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

Yes

No

Unknown

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

G/L Code(s)\* 408000

Current Fiscal Year Purchase Order Number\*

0

Contract Requestor\* Christina Gerardo

Contract Owner\* Ernest Savoy

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 O No Did Contractor perform duties in a manner consistent with standards of the profession?\* Yes O No Did Contractor adhere to the contracted schedule?\* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner?\* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?\* (?) Yes O 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** 

	rt Agency/Unit Strategic priorities?*	
Community- Boost community o Access- Service more people wi	and the second	
Renewal Information for	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 0.00	408000
Budget Manager*		dget Manager*
Campbell, Ricardo	Campbell, Rica	
Provide Rate and Rate Descrip	otions if applicable * (?)	
N/A		
Project WBS (Work Breakdow	n Structure) <sup>* (?)</sup>	
N1/A		
N/A		
	Amount* (?)	
Fiscal Year <sup>* (?)</sup> 2026 Next Fiscal Year Not to Exceed	Amount * (?) \$ 0.00 d Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes () No Will the scope of the Services	\$ 0.00 d Amount for Master Pooled Contracts	
Fiscal Year <sup>*</sup> (?) 2026 Next Fiscal Year Not to Exceed Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
Fiscal Year <sup>* (?)</sup> 2026 Next Fiscal Year Not to Exceed Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Char Are there any required change Yes () No	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
Fiscal Year <sup>*</sup> (?) 2026 Next Fiscal Year Not to Exceed Contract Funding Source <sup>*</sup> General Revenue (GR) <b>Contract Content Char</b> Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	
Fiscal Year <sup>* (?)</sup> 2026 Next Fiscal Year Not to Exceed Contract Funding Source <sup>*</sup> General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the l	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	
Fiscal Year * (?) 2026 Next Fiscal Year Not to Exceed Contract Funding Source * General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*

 $(\land)$ 

Contract Owner\* (?)

Please Select Contract Owner

Kendra Thomas

#### Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

#### Approved by

Kendra Thomas

**Contracts Approval** 

#### Approve\*

Yes

- No, reject entire submission
- Return for correction

Approved by\*

Belinda Stude

Approval Date\* 5/13/2025

## **EXHIBIT R-10**

### JUNE 2025 AMENDMENTS UNDER 100k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS	INCREASE	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS		The Part of the						
	ADMINISTRATION		NEW CON	No. of the second					
1	Astro General Contractors Group	Roofing, Fencing and Siding Services at 6805 Oak Village Drive, Humble, Texas	\$32,834.28	\$45,000.00	\$77,834.28	5/5/2025 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for additional needed repairs to the 6805 Oak Village Drive location in Humble from damage during Hurrican Beryl in July 2024.
2	Lorman Business Center, LLC d/b/a Lorman Education Services	Online Education Training Services for Legal and Contract Services Department.	\$3,140.00	\$0.00	\$3,140.00	1/1/2025 - 12/31/2025	General Revenue (GR)		Annual funding only for subscription services for online training.
3	Pitney Bowes Global Financial Services, LLC	Mail Room Postal Equipment Lease	\$9,233.88	\$7,947.90	\$17,181.78	2/18/2025 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE for the difference for the difference in a new quarterly lease amount for the new lease.
4	WEX Health, INC	FSA Administration Services	\$20,000.00	\$20,000.00	\$40,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to pay for outstanding invoice due to not enough funds.
5	Xerox Business Solutions Southwest	Print Shop Production Copiers (2)	\$23,267.05	\$11,000.00	\$34,267.05	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to cover the cost of payment for past due invoices which depleted the FY25 NTE amount and to cover the monthly lease payments through the remaining FY25.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
_	MENTAL HEALTH SERVICES-ECI								
	LEASES								
_									
_									

STARRIS Executive Contract Sum	imary
Mental Health and IDD	
Contract Section	
Contractor*	
Astro General Contractors Group	
Contract ID #*	
2025-1037	
Presented To*	
<ul> <li>Resource Committee</li> <li>Full Board</li> </ul>	
Date Presented* 6/17/2025	
Parties* (?)	
Astro General Contractors and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)* Check all that Apply	
Competitive Bid	Competitive Proposal
<ul> <li>Request for Proposal</li> <li>Request for Application</li> </ul>	Sole Source Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
O New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/5/2025	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	

Increase Not to Exceed\* \$ 45,000.00

\$ 32,834.28

Revised Total Not to Exceed (NTE)\* \$ 77,834.28

ł.

Fiscal Year <sup>*</sup> (?)	Amount* (?)	
2025	\$ 77,834.28	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/A	Agreement
Memorandum of Understanding	Amendment to	Existing Contract
Affiliation or Preceptor	Service/Mainte	nance
BAA/DUA	IT/Software Lic	ense Agreement
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Se	rvices Being Provided	* (?)
make repairs to the 6805 Oak Village Drive location in F		
Hurrican Beryl in July 2024.	fumble that were caused	u uning
amending contract #2025-1037 to add the repairs for th	e Humble Location	
Contract Owner*		
Karen Hurst		
Previous History of Contracting with Vendor/Contra	ctor*	
Yes No Unknown		
	*	
Please add previous contract dates and what service	es were provided	
2024 to present - roofing services		
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) * (?)	
🛇 Yes 🔘 No 💿 Unknown		
Community Partnership* (?)		
🛇 Yes 🔘 No 🍥 Unknown		
Supporting Documentation Upload (?)		
Astro General Contractors COLpdf		26.54KB
Astro General Franchise Tax Account Status.pdf		226.95KB
Complete_with_Docusign_Due_Diligence_for_Humble	Panairs from Pond add	323.8KB
	Repairs nom beryi.pdf	
Humble Astro General fence Proposal 24-0180-4.pdf		143.01KB
Humble Astro General roof Proposal 24-0180-1.pdf		1.91MB
Humble Astro General siding Proposal 25-0025-3.pdf		110.21KB
Project Request Approved 237 - Humble Repairs from E	3eryl.msg	12.59MB
W9 Astro General Contractors.pdf		9.42MB

#### Vendor/Contractor Contact Person

#### Name\*

Astro General Contractors Group LLC/ Martin E Gonzalez, Jr

Address* Street Address 9327 Edgeloch Drive Address Line 2 City Spring Postal / Zip Code 77379 Phone Number* 8329717790 Email* marting@astrogcg.com Budget Section Budget Units and Amounts	State / Province / Region TX Country United States	it
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1186	\$ 45,000.00	557001
Budget Manager Campbell, Ricardo	Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions see attached proposals - increase NTI \$77,834.28 when amending the contra Project WBS (Work Breakdown Stru FS25-059 Humble Beryl Repairs	E by \$45,000.00 to act for repairs acture)* (?)	
Requester Name Harper, Sarah	Submission Date 5/5/2025	
Budget Manager Approval	S)	Ô
Approved by	Approval Date	
Ricardo Campbell	5/5/2025	
Procurement Approval		$\odot$
File Upload (?)		
Approved by		
Que D.	Approval Date	
Sharon Brauner	5/5/2025	
Contract Owner Approval		۵

Approved by Kar <i>en E. Hurst</i>	Approval Date 5/5/2025
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	5/6/2025

Contract Section		
Contractor*		
Lorman Business Center, LLC d/b/a Lorman Education	Services	
Contract ID #*		
2021-0282		
Presented To*		
Resource Committee		
Full Board		
Date Presented *		
6/17/2025		
Parties* (?)		
The Harris Center and Lorman Education Services.		
Agenda Item Submitted For: * (?)		
Information Only (Total NTE Amount is Less than \$2	250,000.00)	
Board Approval (Total NTE Amount is \$250,000.00		
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
🛇 New Contract 💿 Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
1/1/2025	12/31/2025	
If contract is off-cycle, specify the contract term (?)		
Current Contract Amount*		
\$ 3,140.00		

Revised Total Not to Exceed (NTE)\* \$ 3,140.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 3,140.00
2 Yana manana m	
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descr	ription of Services Being Provided * (?)
	sional development training related to various
legal topics.	
Contract Owner*	
Kendra Thomas	
Previous History of Contracting with Ve	ndor/Contractor *
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and	what services were provided*
12/1/2021 to date.	
Professional development training related	to legal topics.
Vendor/Contractor a Historically Under	utilized Business (HUB)* (?)
🔘 Yes 🔘 No 💿 Unknown	
Community Partnership* (?)	
🔿 Yes 🍥 No 🔵 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Pe	erson 🔗
*	
Name*	
Becky Erickson	
Address*	
Street Address	
2510 Alpine Road	
Address Line 2	
City	State / Province / Region
Eau Claire	WI
Postal / Zip Code	Country
54703	US

 $\bigcirc$ 

Dhono	Number*
Flione	Number

715-855-7142

Email\*

becky.erickson@lorman.com

**Budget Section** 

Budget Units and Amounts	Charged to e	ach Budget Un	it
Budget Unit Number* 1110	Amount Charged \$ 1,256.00	I to Unit*	Expense/GL Code No.* 549005
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Budget Unit Number* 1119	Amount Charged \$ 1,884.00	I to Unit*	Expense/GL Code No.* 549005
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions	if applicable * (?)		
Project WBS (Work Breakdown Stru N/A	cture)* (?)		
Requester Name Gerardo, Christina		Submission Date 5/29/2025	
Budget Manager Approval(	s)		0
Approved by Ricardo Campbell		Approval Date 5/29/2025	
Contract Owner Approval			0
Approved by Kendra Themas		Approval Date 5/30/2025	
Contracts Approval			
Approve* <ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			

Page 803 of 892

7

Approved by\* Belindae Stude

Approval Date\* 5/30/2025

#### HARRIS CENTER (

#### **Executive Contract Summary**

#### **Contract Section**

#### Contractor\*

Pitney Bowes Global Financial Services, LLC

Contract ID #\* 2024-0957

#### Presented To\*

Resource Committee

Full Board

#### Date Presented\*

6/17/2025

#### Parties\* (?)

Pitney Bowes and The Harris Center

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Funding Information\*

New Contract Amendment

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

2/18/2025

Contract Term End Date<sup>\* (?)</sup> 8/31/2025

Tag-On

Other

Competitive Proposal Sole Source

**Consumer Driven** 

Request for Qualification

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

Current Contract Amount\* \$ 9,233.88

Increase Not to Exceed\*

\$ 7,947.90

Revised Total Not to Exceed (NTE)\*

\$ 17,181.78

Fiscal Year* (?)	Amount* (?)
2025	\$ 17,181.78
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descrip	tion of Services Being Provided * (?)
CT#144193 began lease of new PitneyTrack	
Meter contract #004158346. Quarterly lease	
quarter and MailCenter has a difference of \$	
quarters total add for FY2025 is \$7947.90 for	
Contract Owner*	
Karen Hurst	
Previous History of Contracting with Vend	dor/Contractor*
Yes No Unknown	
Please add previous contract dates and w	vhat services were provided *
do not know when we started, previous contr	
2021, postage meters, postage, supplies	
Vendor/Contractor a Historically Underuti	lized Business (HUB)* (?)
🔿 Yes 💿 No 🔿 Unknown	
Please provide an explanation*	
does not meet criteria	
Community Partnership* (?)	
🔿 Yes 🔿 No 💿 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Per	son
Name*	
Pitney Bowes / Derek Allen	

Address* Street Address 1 Elmcroft Road			
Address Line 2			
City	Sta	ate / Province / Region	
Stanford	C.		
Postal / Zip Code	Co	ountry	
06826-0700		SA	
Phone Number*			
9363715855			
Email*			
derek.allen@pb.com			
	and the second		
Budget Section			
Budget Units and Amounts	s Charged to eac	ch Budget Uni	it
Budget Unit Number*	Amount Charged to	oUnit	Expense/GL Code No.*
1107	\$ 7,947.90		577000
Budget Manager	s	econdary Budget	Manager
Moynihan, Kelly	C	ampbell, Ricardo	
Provide Rate and Rate Description	s if applicable* (?)		
adding to current contract to increase			
PitneyTrack on CT PO#144193 - curr			
by \$7,947.90 for annual FY25 NTE of	\$17,181.78		
Project WBS (Work Breakdown Str	ucture)* (?)		
n/a			
Requester Name	\$	ubmission Date	
Harper, Sarah		/1/2025	
	5.	11/2025	
Budget Manager Approval	(s)		
Approved by			
a a		pproval Date	
Ricardo Campbell	5.	/4/2025	
Procurement Approval			
1.			
File Upload (?)			
Approved by	А	pproval Date	
Sign		• •	
Contract Owner Approval	Partie States - April		

Approved by

Karen E. Hurst

Approval Date 5/5/2025

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 5/5/2025

#### HARRIS CENTER ME Executive Contract Summary

#### **Contract Section**

#### Contractor\*

Xerox Business Solutions Southwest

Contract ID #\*

2021-0236

#### Presented To\*

- Resource Committee
- Full Board

#### Date Presented\*

6/17/2025

Parties\* (?)

Xerox 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)

#### Funding Information\*

New Contract 
Amendment

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

9/1/2024

#### Contract Term End Date\* (?) 8/31/2025

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

Tag-On

Other

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

Current Contract Amount\* \$ 23,267.05

Increase Not to Exceed\* \$ 11,000.00

Revised Total Not to Exceed (NTE)\* \$ 34,267.05

Fiscal Year* (?)	Amount <sup>*</sup> (?)
2025	\$ 34,267.05
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Other
Tenewal of Existing Contract	
Justification/Purpose of Contract/Description	on of Services Being Provided * (?)
past due invoices in the amount of \$12,269.40	
inv# 6338764/ inv # 751146), this has depleted	
\$987.23. We have not received any invoices si	
to pay (7 past due, three for remainder of fiscal	
\$10224.50 plus contingency of \$775.50 for an \$34,267.05	
Contract Owner*	
Karen Hurst	
Kalen huist	
Previous History of Contracting with Vendo	r/Contractor*
🕘 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and who	at services were provided*
do not know dates	
Vendor/Contractor a Historically Underutiliz	red Business (HUB)* (?)
Yes No Unknown	
Please provide an explanation *	
does not meet criteria	
Community Partnership* (?)	
🔘 Yes 💿 No 🔘 Unknown	
Supporting Documentation Upload (?)	
Xerox ECS increase info.pdf	758.21KB
Vendor/Contractor Contact Perso	on
Name*	
Xerox Business Solutions Southwest / Kurt Gill	bert
Nerox Busiless Solutions Southwest / Rult Gill	

Address*		
Street Address 8200 Interstate 10 West		
Address Line 2		
City	State / Province / Regio	n
San Antonio	ТХ	
Postal / Zip Code	Country	
78230-222	US	
Phone Number*		
2817722717		
2011/22111		
Email*		
kurt.gilbert@xerox.com		
Rudget Section		
Budget Section		
Budget Units and Amounts	Charged to each Budget U	Init
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 11,000.00	552002
Budget Manager	Secondary Budg	et Manager
Campbell, Ricardo	Campbell, Ricardo	D
Provide Rate and Rate Descriptions	if applicable * (2)	
per conversation with Rick Hurst and documentation, increase PO by \$11,0		
for FY2025, charge to IT per Rick Hur		
Project WBS (Work Breakdown Stru	ucture) (?)	
n/a		
Requester Name	Submission Date	9
Harper, Sarah	5/13/2025	
Budget Manager Approval	(S)	$\sim$
Approved by		
	Approval Data	
0 0	Approval Date	
Ricardo Campbell	5/13/2025	
Ricardo Campbell		
<i>Ricardo Campbell</i> Procurement Approval		0
Procurement Approval		0
		0
Procurement Approval		S
Procurement Approval		S
Procurement Approval File Upload (?)	5/13/2025	S
Procurement Approval File Upload (?) Approved by Sign	5/13/2025	
Procurement Approval File Upload (?) Approved by	5/13/2025	S

Approved by Karen E. Hurst	Approval Date 5/13/2025
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date *
Belinda Stude	5/13/2025

# **EXHIBIT R-11**

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

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
	MOU					
1	Catholic Charities	The care coordination agreement serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Catholic Charities.	New Contract	9/1/2025 - 8/31/2028	General Revenue (GR)	New Care Coordination Agreement between Catholic Charities and the Harris Center for referrals and services.
2	Houston Recovery Center	Director: Sarah Strang Distribution of NARCAN Supplies	Renewal	9/1/2025 - 8/31/2026	General Revenue	Annual renewal of Distribution of NARCAN supplies as needed to those within the
	Houston Recovery center	Distributor of the defines	Herici Hai	5/1/2025 0/01/2020	(GR)	Community for the Texas Target Opioid Response Program.
3	Houston Recovery Center LGC - Sobering Center	Collaboration for the provision of Substance Abuse Services-Harris County	New Contract	9/1/2025 - 8/31/2028	General Revenue (GR)	New MOU for the collaboration with the Harris Center for the provision of substance abuse services in Harris County.
4	The American Indian Center of Houston	New Care Coordination Agreement	New Contract	9/1/2025 - 8/31/2028	General Revenue (GR)	New Care Coordinator Agreement between the Harris Center and the American Indian Center of Houston for referrals and care services.
	REVENUE					
5	1 Care Premier Services	Onsite and Off-Site Individualized and Socialization Skills (ISS) Services	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
6	A Little Something Different	Onsite and Off-Site Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
7	A Place To Stand Corporation	Onsite and Off-Site Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
8	Above All Others	Onsite and Off-Site Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 9/1/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
9	Advancing Abilities	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
10	Angels That Work Quality Service	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
11	Baylor College of Medicine	Supervision for GME CPWE-LMHA Telehealth as part of the Texas Child Mental Health Care Consortium	Amendment	9/1/2024 - 8/31/2025	State	Amendment to increase the NTE by \$165,777.00 and extend the term of the subaward through 8/31/2025. [FY25 Revenue Revised NTE: \$319,047.00].
12	Baylor College of Medicine	Supervision for GME CPWE-LMHA Telehealth as part of the Texas Child Mental Health Care Consortium	Amendment	9/1/2024 - 8/31/2025		Amendment to increase the NTE by \$174,677.00 and extend the term of the subaward through 8/31/2025. [FY25 Revenue Revised NTE: \$349,354.00].

13	Baylor College of Medicine	CognitiveBehavioral Therapy Program Tailored for Youth with Autism and Anxiety Treated in Real- World Community-Based Clinics funded by NIH	Renewal	1/1/2025 - 12/31/2025	Federal Grant	Renewal to extend the period of performance through 12/31/2025 only with no additional funding.
14	Citi Health Group, Inc.	Individualized and Socialization Skills (ISS) Services	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement to provide on-site and off-site ISS services to consumers.
15	Crystal Support Care	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
16	Divine Embrace Health Services	On-Site and Off-Site Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
17	Glo's Hope Corporation	Onsite and Off-Site Individualized Skills and Socialization Services (ISS).	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
18	New Hope Home Health Services	Onsite and Off-Site Individualized and Socialization Skills (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for the Harris Center to provide on-site and off-site ISS services to consumers.
19	Texas Native Health	Collaboration Care Coordination Services	Renewal	9/1/2025 - 8/31/2026	Private Pay Source	Annual renewal of collaboration care coordination services to fund LPHA to provide counseling services to the Native American population of Harris County. [Revenue FY26 NTE \$96,999.00]
20	The Center For Pursuit d/b/a The Center	Onsite and Off-Site Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement for CFC Personal Assistance Services/Habilitation and Respite services.
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$\vdash$						
			,	·		
				I		l

<ul> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	<ul> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Check all that Apply Competitive Bid Request for Proposal	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> </ul>
Other Procurement Method(s)*	
Revenue     SOW-Change Order-Amendment#	
<ul> <li>Board Approval (Total NTE Amount is \$250,000</li> <li>Grant Proposal</li> </ul>	
Agenda Item Submitted For: * (?) S Information Only (Total NTE Amount is Less that	ın \$250,000.00)
Catholic Charities and The Harris Center for Menta	I Health and IDD
Parties* (?)	
Date Presented* 6/17/2025	
Sull Board	
Presented To*	
na	
Contract ID #*	
Catholic Charities	
Contractor*	

\$ 0.00

2027

Fiscal Year <sup>* (?)</sup>	Amount* (?)	
2028	\$ 0.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor BAA/DUA	<ul> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>	
Pooled Contract		
Renewal of Existing Contract	Other	
	-	
Justification/Purpose of Contract/Description of Services Being Provided * (?)		
The care coordination agreement serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Catholic Charities.		
Director: Sarah Strang		
Contract Owner*		
Kim Kornmayer		
Previous History of Contracting with Vendor/Contractor*		
Yes      No      Unknown		
Please add previous contract dates and what services were provided *		
Currently under a care coordination agreement.		
Vendor/Contractor a Historically Underutilized Business (HUB) * (?)		
🔘 Yes 🔘 No 🛞 Unknown		
Community Partnership* (?)		
Yes No Unknown		
Specify Name*		
Catholic Charities		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person	$\sim$	
Name*		
Brooke Weissinger, Director Grant Compliance		
Address*		
2900 Louisiana St		
Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77006-3435	US	
an province CONSTRACTOR		

Phone Number*			
713-874-6637			
Email* bweissinger@catholiccharities.org			
Budget Section		<b>ن</b>	
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 9208	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 0	
Budget Manager Oshman, Jodel	Secondary Budget Ramirez, Priscilla	Manager	
Provide Rate and Rate Descriptions if applicable <sup>*</sup> (?) na			
Project WBS (Work Breakdown Structure) <sup>* (?)</sup> na			
Requester Name	Submission Date		
Singh, Patricia	5/29/2025		
Budget Manager Approval(s)			
Approved by			
Todel Oshman	Approval Date		
Oruer Oshman	5/29/2025		
Procurement Approval		<u></u>	
File Upload (?)			
Approved by	Approval Date		
Sign			
Contract Owner Approval		•	
Approved by			
Kim KOPNMAYER	Approval Date 5/29/2025		
/ / •/ •/ •/ •/	512512025		
Contracts Approval			
Approve*			
Yes			
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			

Page 818 of 892

Approved by\* *Belinda Stude* 

Approval Date\* 5/30/2025

A family of the Avenue of

بالمحمد مدغدة الأخسار حمد

Mental Healthan (10)	ition
	less less less less less less less less
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2025	
Contract ID#*	
7857	
Contractor Name*	
Houston Recovery Center	
Service Provided <sup>* (?)</sup>	
To provide Distribution of NARCAN supplies as needed the Texas Target Opioid Response Program.	I to those within the Community for
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Booled Contract	IT/Software License Agreement
Pooled Contract  Renewal of Existing Contract	Cthor
Renewal of Existing Contract	Other

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

- O Yes
- O No
- Unknown

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\* 9263

G/L Code(s)\*

Current Fiscal Year Purchase Order Number\*

Contract Requestor\*

Kim Kornmayer

Contract Owner\*

Kim Kornmayer

File Upload (?)

## Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?\*
Yes 
No
Were Services delivered as specified in the contract?\*

were bervices derivered as specified in a

💿 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 O 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 O No

### **Renewal Determination**

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?\* This contract will address the needs of individuals with substance use issues.

Renewal Information for	Next Fiscal Year	<u></u>
Budget Units and Amoun	ts Charged to each Budge	t Unit
Budget Unit Number* 9263	Amount Charged to Unit <sup>*</sup> \$ 0.00	Expense/GL Code No.* 0
Budget Manager* Oshman, Jodel	Secondary B Ramirez, Priso	udget Manager* cilla
Provide Rate and Rate Descriptio	ns if applicable <sup>* (?)</sup>	
Project WBS (Work Breakdown S na	<b>tructure) *</b> (?)	
Fiscal Year* (?)	<b>Amount*</b> (?)	
2026	\$ 0.00	
Next Fiscal Year Not to Exceed A Contract Funding Source* General Revenue (GR) Contract Content Change	mount for Master Pooled Contracts	
Are there any required changes to Yes No Will the scope of the Services changes Yes No	o the contract language?* (?)	×
Is the payment deadline different	than net (45)?*	
Are there any changes in the Per	formance Targets?*	
Are there any changes to the Sub	omission deadlines for notes or sup	oporting documentation?*
File Upload (?)		
Contract Owner		<u></u>
Contract Owner* (?) Please Select Contract Owner		
Please Select Contract Owner Kim Kornmayer		
Budget Manager Approva	al(s)	<u> </u>

(~)

Approved by

Todel Oshman

# Contract Owner Approval

Approved by

Kim KOPNMANEP

# **Contracts Approval**

## Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/29/2025

	ninary
Contract Section	
Contractor*	
louston Recovery Center LGC - Sobering Center	
Contract ID #*	
a	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
6/17/2025	
Parties <sup>* (?)</sup>	
louston Recovery Center LGC - Sobering Center and	The Harris Center for Mental Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract 🔘 Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year <sup>*</sup> (?)	Amount <sup>*</sup> (?)
2026	\$ 0.00
Fiscal Year <sup>*</sup> (?)	Amount <sup>*</sup> (?)
2027	\$ 0.00

Fiscal Year* (?)	Amount <sup>* (?)</sup>
2028	\$ 0.00
Funding Source <sup>*</sup>	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description o	f Services Being Provided * (?)
Collaboration for the provision of substance abuse	
Contract Owner*	
Kim Kornmayer	
	*
Previous History of Contracting with Vendor/Co	intractor
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and what se	ervices were provided*
Currently have an MOU in place	
Vendor/Contractor a Historically Underutilized E	
🔘 Yes 🔘 No 🍥 Unknown	
Community Partnership* (?)	
🖲 Yes 🔘 No 🕘 Unknown 🛛 -	
Specify Name*	
Houston Recovery Center LGC	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	$\sim$
Name*	
Leonard Kincaid	
Address*	
Street Address	
150 North Chenevert Street	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77002-2219	US
Phone Number*	
713-236-7802	

 $\bigcirc$ 

## Email\*

lkincaid@houstonrecoverycenter.org

# **Budget Section**

Budget Units and Amo			
Budget Unit Number* 9263	Amount Charged \$ 0.00	to Unit "	Expense/GL Code No.* 0
Budget Manager	• 0.00	Secondary Budge	
Oshman, Jodel		Ramirez, Priscilla	
Provide Rate and Rate Descrip			
Project WBS (Work Breakdown na	n Structure) <sup>**</sup> (0		
Requester Name		Submission Date	
Singh, Patricia		5/29/2025	
Budget Manager Appro	oval(s)		$\mathbf{\circ}$
Approved by		Approval Data	
Todel Oshman		Approval Date 5/29/2025	
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approv	val		<u></u>
Approved by			
Kin KOD MAAVED		Approval Date 5/29/2025	
Kim KopNMAYER		5/29/2025	
Contracts Approval			
Approve*			
<ul> <li>Yes</li> <li>No, reject entire submission</li> </ul>			
<ul> <li>Return for correction</li> </ul>			

----

Approved by\* *Belinda Stude* 

Approval Date\* 5/29/2025

Contract Section	<u> </u>
Contractor*	
The American Indian Center of Houston	
Contract ID #*	
na	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
5/3/2025	
Parties* (?)	
The American Indian Center of Houston and The Harri	s 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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On Consumer Driven
<ul> <li>Not Applicable (If there are no funds required)</li> </ul>	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2028
f contract is off-cycle, specify the contract term (?)	
Fiscal Year <sup>*</sup> (?)	Amount* (?)
2026	\$ 0.00
Fiscal Year* (?)	Amount* (?)

Fiscal Year* (?)	Amount* (?)
2028	\$ 0.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
- Kenewal of Existing Contract	
Justification/Purpose of Contract/Description of Serv	vices Being Provided <sup>*</sup> (?)
The care coordination agreement serves to confirm the n	nutual understanding of The Harris
Center for Mental Health and IDD and the following refer	
of Houston.	
Director: Sarah Strang	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contrac	tor
🍥 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and what service	es were provided*
There is a current Care Coordination Agreement that end	
fiscal year 2025	
Vender/Original Projection of the United States of the Sta	(1115)* (2)
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (7)
🔘 Yes 🔘 No 🍥 Unknown	
Community Partnership* (?)	
🍥 Yes 🔘 No 🔘 Unknown	
Specify Name*	
The American Indian Center of Houston	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
-vondon contractor contact r crson	
Name*	
Nikki McDonald, Program Director	

Address*		
Street Address		
2000 South Dairy Ashford Road		
Address Line 2		
City	State / Province / Regic	n
Houston	ТХ	
Postal / Zip Code	Country	
77077-5700	US	
Phone Number*		
(346) 374-8516		
Email*		
NMcDonald@tunica.org		
Budget Section		
Rudget Units and Amount	to Charged to each Pudget II	nit
	ts Charged to each Budget U	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 0.00	0
Budget Manager	Secondary Budg	et Manager
Oshman, Jodel	Ramirez, Priscilla	
Provide Rate and Rate Description	ns if applicable * (?)	
na		
Project WBS (Work Breakdown St	rusture) * (2)	
	Tucture, ()	
na		
Requester Name	Submission Date	6
Singh, Patricia	5/29/2025	
Budget Manager Approva	l(s)	$\odot$
Approved by		
	Approval Date	
Jodel Oshman	5/29/2025	
Cruci Commun		
Procurement Approval		
File Upload (?)		
Approved by	Approval Date	
Sign		
Contract Owner Approval		

Approved by Fin Kop NMAYEP	Approval Date 5/29/2025
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/30/2025

#### **Annual Renewal Evaluation** ARRIS

## **Current Fiscal Year Contract Information**

**Current Fiscal Year** 2025

Contract ID#\* 2023-0647

Contractor Name\*

1 Care Premier Services

Service Provided\* (?)

**ISS** Services

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- Yes
- No
- Unknown

Contract NTE* (?)			
\$ 0.00			
Rate(s)/Rate(s) Description			
Unit(s) Served*			
3585			
G/L Code(s)*			
n/a			
Current Fiscal Year Purchase 0	Order Number*		
n/a			
Contract Requestor*			
Thomas Wills			
Contract Owner*			
Dr. Evanthe Collins			
File Upload (?)			
Renewal Determination	n		6
		ctor?* <sup>(?)</sup>	6
	) for next fiscal year with this Contrac	ctor?* <sup>(?)</sup>	6
Is the contract being renewed	for next fiscal year with this Contrac		6
Is the contract being renewed	for next fiscal year with this Contrac rt Agency/Unit Strategic priorities?*		6
Is the contract being renewed Yes No How does this contract suppor The contract generates revenue	for next fiscal year with this Contrac rt Agency/Unit Strategic priorities? <sup>*</sup> for the department.		6
Is the contract being renewed Yes No How does this contract support	for next fiscal year with this Contrac rt Agency/Unit Strategic priorities? <sup>*</sup> for the department.		6
Is the contract being renewed Yes No How does this contract suppor The contract generates revenue Renewal Information for	for next fiscal year with this Contrac rt Agency/Unit Strategic priorities? <sup>*</sup> for the department.	e	6
Is the contract being renewed Yes No How does this contract suppor The contract generates revenue Renewal Information for	for next fiscal year with this Contrac rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year	e	6
Is the contract being renewed Yes No How does this contract suppor The contract generates revenue Renewal Information fo Budget Units and Amou	for next fiscal year with this Contrac rt Agency/Unit Strategic priorities? <sup>*</sup> for the department. or Next Fiscal Year unts Charged to each Budg	get Unit	6
Is the contract being renewed Yes No How does this contract suppor The contract generates revenue Renewal Information for Budget Units and Amor Budget Unit Number*	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00	get Unit Expense/GL Code No.*	6
Is the contract being renewed Yes No How does this contract support The contract generates revenue Renewal Information for Budget Units and Amou Budget Unit Number* 3585	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00	get Unit Expense/GL Code No.* 543008 Budget Manager*	6
Is the contract being renewed a Yes No How does this contract suppor The contract generates revenue Renewal Information for Budget Units and Amor Budget Unit Number* 3585 Budget Manager* Degracia, Ericka	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00 Secondary Kerlegon, C	get Unit Expense/GL Code No.* 543008 Budget Manager*	6
Is the contract being renewed in Yes No How does this contract support The contract generates revenue <b>Renewal Information for</b> <b>Budget Units and Amou</b> <b>Budget Units and Amou</b> <b>Budget Unit Number*</b> 3585 <b>Budget Manager*</b> Degracia, Ericka <b>Provide Rate and Rate Descrip</b>	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00 Secondary Kerlegon, C	get Unit Expense/GL Code No.* 543008 Budget Manager*	
Is the contract being renewed in Yes No How does this contract support The contract generates revenue Renewal Information for Budget Units and Amou Budget Unit Number* 3585 Budget Manager* Degracia, Ericka Provide Rate and Rate Descript See uploaded document	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00 Secondary Kerlegon, C	get Unit Expense/GL Code No.* 543008 Budget Manager*	
Is the contract being renewed in Yes No How does this contract support The contract generates revenue <b>Renewal Information for</b> <b>Budget Units and Amou</b> <b>Budget Units and Amou</b> <b>Budget Unit Number*</b> 3585 <b>Budget Manager*</b> Degracia, Ericka Provide Rate and Rate Descript	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00 Secondary Kerlegon, C	get Unit Expense/GL Code No.* 543008 Budget Manager*	6
Is the contract being renewed in Yes No How does this contract support The contract generates revenue Renewal Information for Budget Units and Amor Budget Units and Amor Budget Unit Number* 3585 Budget Manager* Degracia, Ericka Provide Rate and Rate Descrip See uploaded document Project WBS (Work Breakdowr	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00 Secondary Kerlegon, C	get Unit Expense/GL Code No.* 543008 Budget Manager*	6
Is the contract being renewed in Yes No How does this contract support The contract generates revenue Renewal Information for Budget Units and Amor Budget Units and Amor Budget Unit Number* 3585 Budget Manager* Degracia, Ericka Provide Rate and Rate Descrip See uploaded document Project WBS (Work Breakdowr	for next fiscal year with this Contract rt Agency/Unit Strategic priorities?* for the department. or Next Fiscal Year unts Charged to each Budg Amount Charged to Unit* \$ 0.00 Secondary Kerlegon, C	get Unit Expense/GL Code No.* 543008 Budget Manager* charles	

Contract Funding Source\*

State

# **Contract Content Changes**

Are there any required changes to the contract language?\*  $\ensuremath{^{(?)}}$ 

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?\*

312.5KB

🔵 Yes 🌒 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

### **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

# Contract Owner Approval

Approved by

Evanthe Collins

## **Contracts Approval**

### Approve\*

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

Approved by\*

.

Belinda Stude

Approval Date\* 5/5/2025

Mental Health and DD	ion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
<b>Contract ID#*</b> 2023-0631	
Contractor Name* A Little Something Different	
Service Provided * (?) Individualized Skills and Socialization Services (ISS)	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply	
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required) Contract Description / Type	Other

Personal/Professional Services	5
--------------------------------	---

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

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

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

- O Yes
- O No

Unknown

Contract NTE* (?) \$ 0.00		
Rate(s)/Rate(s) Description 30.00		
Unit(s) Served* 3585		
G/L Code(s) <sup>*</sup> 0		
Current Fiscal Year Purchase Orde	er Number*	
Contract Requestor* Thomas Wills		
Contract Owner* Dr. Evanthe Collins		
File Upload (?)		
Renewal Determination		0
Is the contract being renewed for Yes No	next fiscal year with this Contractor	<b>?*</b> (?)
How does this contract support Ageneration of revenue for department		
Renewal Information for N	Next Fiscal Year	0
Budget Units and Amount	s Charged to each Budget	Unit
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 543008
Budget Manager <sup>*</sup> Degracia, Ericka	Secondary Bu Kerlegon, Charl	dget Manager* es
Provide Rate and Rate Description See uploaded document.	is if applicable * (?)	
Project WBS (Work Breakdown St NA	ructure) <sup>* (?)</sup>	
Fiscal Year* (?)	Amount <sup>*</sup> (?)	
2026	\$ 0.00	
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contracts	

A

~

Contract Funding Source\*

State

## **Contract Content Changes**

Are there any required changes to the contract language?\*  $\ensuremath{\ref{eq:contract}}$ 

🔿 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?\*

312.5KB

🔵 Yes 💿 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

### **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

# Contract Owner Approval

Approved by

Evanthe Collins

## **Contracts Approval**

Approve\*

- Yes
- No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

Approval Date\* 4/30/2025

## **Annual Renewal Evaluation**

# HARRIS

## **Current Fiscal Year Contract Information**

**Current Fiscal Year** 2025

Contract ID#\* 2023-0662

Contractor Name\* A Place To Stand Corporation

Service Provided\* (?) Individualized Skills and Socialization Services (ISS)

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

Sole Source Request for Qualification

**Competitive Proposal** 

- Tag-On
- Consumer Driven
- Other

#### Consultant

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

Other

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

- O Yes
- O No
- Unknown

```
Contract NTE<sup>* (?)</sup>

$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served<sup>*</sup>

0

G/L Code(s)<sup>*</sup>

0

Current Fiscal Year Purchase Order Number<sup>*</sup>

0

Contract Requestor<sup>*</sup>

Thomas Wills

Contract Owner<sup>*</sup>

Dr. Evanthe Collins
```

File Upload (?)

## **Evaluation of Current Fiscal Year Performance**

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

```
🔾 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes O No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O 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?\* Generation of revenue for the department

Renewal Information for Next Fiscal Year				
Budget Units and Amount	s Charged to e	ach Budget Ur	nit	
Budget Unit Number* 3585	Amount Charged \$ 0.00	I to Unit <sup>*</sup>	Expense/GL Code No.* 543008	
<b>Budget Manager*</b> Degracia, Ericka		Secondary Budge Kerlegon, Charles	t Manager*	
Provide Rate and Rate Description See uploaded document	ns if applicable <sup>* (?)</sup>			
Project WBS (Work Breakdown St NA	ructure) * (?)			
Fiscal Year* (?)		Amount* (?)		
2026		\$ 0.00		
Next Fiscal Year Not to Exceed An 00 Contract Funding Source* State Contract Content Change			S	
Are there any required changes to Yes No		uge?* (?)		
Will the scope of the Services cha	inge?*			
Is the payment deadline different Yes No	than net (45)?*			
Are there any changes in the Perf	ormance Targets?*			
Are there any changes to the Sub	mission deadlines fo	or notes or support	ing documentation?*	
File Upload (?)				
HCS & TxHmL ISS Rates.msg			312.5KB	
Contract Owner			0	
Contract Owner* (?)				
Please Select Contract Owner Dr. Evanthe Collins				
Budget Manager Approva	ıl(s)		0	

## Approved by

Ericka Degracia

# Contract Owner Approval

Approved by

Evanthe Collins

# **Contracts Approval**

# Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2025	
Contract ID#*	
2023	
Contractor Name*	
Above All Others	
Service Provided <sup>*</sup> (?)	
Revenue Contract- Individualized Skills and Socialization	n Services (ISS)
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	9/1/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Consumer Driven Contract	Amendment to Existing Contract
Memorandum of Understanding	
Memorandum of Understanding Affiliation or Preceptor	Service/Maintenance
Memorandum of Understanding	Service/Maintenance IT/Software License Agreement Lease

- O Yes
- O No
- Unknown

#### Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

See attached rate sheet in supporting documentation upload section.

Unit(s) Served\*

0

G/L Code(s)\*

0

Current Fiscal Year Purchase Order Number\*

0

Contract Requestor\*

Thomas Wills

Contract Owner\*

Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

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

🔍 Yes 💿 No

Were Services delivered as specified in the contract?\*

Yes O 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 O 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 O 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?  $\ensuremath{^*}$ 

Generation of revenue for department.

Renewal Information for No	ext Fiscal Yea	ſſ	0
Budget Units and Amounts	Charged to e	each Budget U	nit
Budget Unit Number* 3585	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* 543008
Budget Manager* Degracia, Ericka		Secondary Budg Kerlegon, Charles	
Provide Rate and Rate Descriptions	; if applicable * (?)		
Project WBS (Work Breakdown Stru NA	ucture) * (?)		
<b>Fiscal Year*</b> (?) 2026		Amount <sup>* (?)</sup> \$ 0.00	
Next Fiscal Year Not to Exceed Amo Na	ount for Master Po	oled Contracts	
Contract Funding Source* State			
Contract Content Changes			<u></u>
Are there any required changes to t	the contract langu	age?* (?)	
Will the scope of the Services chan Yes  No	ge?*		
Is the payment deadline different th Yes  No	an net (45)?*		
Are there any changes in the Perfor	rmance Targets?*		
Are there any changes to the Subm	ission deadlines f	or notes or suppor	ting documentation?*
File Upload (?) HCS & TxHmL ISS Rates.msg			312.5KB
Contract Owner			<b>O</b>
Contract Owner <sup>*</sup> (?) Please Select Contract Owner Dr. Evanthe Collins			

Budget Manager Approval(s)		$\odot$
Approved by		
Ericka Degracia		
Contract Owner Approval		0
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	4/30/2025	

	uation
Current Fiscal Year Contract Informa	ition
Current Fiscal Year	
2025	
Contract ID#*	
2023-0629	
Contractor Name*	
Advancing Abilities	
Service Provided * (?)	
Revenue Contract- Individualized Skills and Socializ	ation Services (ISS)
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than	
Board Approval (Total NTE Amount is \$250,000.0	00 or more)
Grant Proposal	

- SOW-Change Order-Amendment#
- Other

### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- Yes
- O No
- Unknown

```
Contract NTE * (?)

$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served *

0

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number *

0

Contract Requestor *

Thomas Wills
```

Contract Owner\* Dr. Evanthe Collins

File Upload (?)

# Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
Yes No
Were Services delivered as specified in the contract?*
Yes O 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 O No
How does this contract support Agency/Unit Strategic priorities?*
This contract generates revenue for the department.
```

Renewal Information for N	ext Fiscal Year			۲
Budget Units and Amounts	s Charged to each	ı Budget Uni	it	
Budget Unit Number* 3585	Amount Charged to I \$ 0.00	Jnit <sup>*</sup>	Expense/GL Code No.* 543008	
Budget Manager* Degracia, Ericka		condary Budget legon, Charles	Manager*	
Provide Rate and Rate Description	s if applicable <sup>* (?)</sup>			
Project WBS (Work Breakdown Str NA	ucture) <sup>* (?)</sup>			
Fiscal Year* (?)	Am	ount* (?)		
2026	\$ 0			
Next Fiscal Year Not to Exceed Am 00 Contract Funding Source <sup>*</sup> State	ount for Master Pooled	Contracts		
Contract Content Changes	S			$\bigcirc$
Are there any required changes to Yes  No	the contract language?	* (?)		
Will the scope of the Services char	nge?*			
Is the payment deadline different the vector of the second s	han net (45)?*			
Are there any changes in the Perfo	rmance Targets?*			
Are there any changes to the Subm	nission deadlines for no	tes or supportin	g documentation?*	
File Upload (?) HCS & TxHmL ISS Rates.msg			312.5KB	
Contract Owner				
Contract Owner* (?)				
Please Select Contract Owner Dr. Evanthe Collins				
Budget Manager Approval	(s)			٢

 $\land$ 

# Approved by

Ericka Degracia

# Contract Owner Approval

Approved by

Evanthe Collins

# **Contracts Approval**

# Approve\*

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

Approved by\*

Belinda Stude

Approval Date\* 5/1/2025

1

Mental Health and IDD Annual Renewal Evalua	ition
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2023-0633	
Contractor Name* Angels That Work Quality Service	
Service Provided <sup>* (?)</sup> Revenue Contract- Individualized Skills and Socialization	on Services (ISS)
Renewal Term Start Date <sup>*</sup> 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
<ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> <li>BAA/DUA</li> </ul>	<ul> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Other

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

- O Yes
- No
- Unknown

```
Contract NTE* (?)
$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served*
0
G/L Code(s)*
0
Current Fiscal Year Purchase Order Number*
0
Contract Requestor*
Thomas Wills
Contract Owner*
Dr. Evanthe Collins
File Upload (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?  
^{\star}\left( ?\right)
Yes No
How does this contract support Agency/Unit Strategic priorities?*
This contract generates revenue for our department.
Renewal Information for Next Fiscal Year
Budget Units and Amounts Charged to each Budget Unit
                                   Amount Charged to Unit*
                                                                      Expense/GL Code No.*
Budget Unit Number*
3585
                                   $ 0.00
                                                                      543008
                                                   Secondary Budget Manager*
Budget Manager*
                                                   Kerlegon, Charles
Degracia, Ericka
```

Amount\* (?) \$ 0.00

Provide Rate and Rate Descriptions if applicable \* (?) See uploaded document

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

Fiscal Year* (	?)	
2026		

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?\*  $\ensuremath{^{(?)}}$ 🔿 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 (?) HCS & TxHmL ISS Rates.msg 312.5KB **Contract Owner** Contract Owner\* (?) Please Select Contract Owner Dr. Evanthe Collins Budget Manager Approval(s) Approved by Ericka Degracia **Contract Owner Approval** Approved by Evanthe Collins **Contracts Approval** Approve\* Yes No, reject entire submission Return for correction

Approved by \*

.

Belinda Stude

.

Approval Date\* 5/1/2025

Mental Health and IDD Executive Contract Sur	HIITELY
Contract Section	G
Contractor*	
Baylor College of Medicine	
Contract ID #*	
2024-0082	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/17/2025	
Parties <sup>*</sup> (?)	
Baylor College of Medicine and The Harris Center for N	/lental Health & IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 d)	or more)
🔄 Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other N/A
Funding Information *	
<ul> <li>New Contract          <ul> <li>Amendment</li> </ul> </li> </ul>	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 165,777.00	
Increase Not to Exceed*	
\$ 319,047.00	

\$ 484,824.00

Fiscal Year* (?)	Amount <sup>*</sup> (?)
2025	\$ 165,777.00
Funding Source*	
State	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other N/A
Justification/Purpose of Contract/Descripti	on of Services Being Provided (0)
Supervision for GME CPWE #1	
Contract Owner*	
Felecia Garner	
Previous History of Contracting with Vendo	pr/Contractor*
💿 Yes 💿 No 💿 Unknown	
Please add previous contract dates and wh	at convices were provided*
	at services were provided
GME	
Vendor/Contractor a Historically Underutiliz	zed Business (HUB)* (?)
🔵 Yes 🔘 No 💩 Unknown	
Community Partnership* (?)	
🔘 Yes 🔘 No 🍥 Unknown	
Supporting Documentation Upload (?)	
-	
Vendor/Contractor Contact Pers	on
Name*	
McKenzie Sluder	
Mickenzie Sluder	
Address*	
Street Address	
Jamail Specialty Care Center	
Address Line 2	
1977 Butler 4th floor	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77030	United States
Phone Number*	

713-798-4746

-					+
E	m	а	i	I	^

McKenzie.Sluder@bcm.edu

**Budget Section** 

Budget Unit Number* 405	Amount Charge \$ 165,777.00	d to Unit*	Expense/GL Code No.* 000000
Budget Manager Smith, Janai		Secondary Budget Shelby, Debbie	t Manager
Provide Rate and Rate Descript	tions if applicable * (?)		
Project WBS (Work Breakdown I/A	Structure)* (?)		
Requester Name		Submission Date	
vans, Danyalle		4/28/2025	
Budget Manager Appro	val(s)		<u> </u>
opproved by		Approval Date	
Janai Lymnette Smith		4/30/2025	
Contract Owner Approv	al		<u> </u>
approved by			
0. 0 000		Approval Date	
Ielecia Garner, MD		5/13/2025	
Contracts Approval			
Approve*			
Yes			
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			
Approved by *		w	
Belinda Stude		Approval Date* 5/13/2025	
Danaa Maab		5/15/2020	

Contract Section	e
Contractor*	
Baylor College of Medicine	
Contract ID #*	
2024-0081	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
6/17/2025	
Parties* (?)	
Baylor College of Medicine and The Harris Center for N	Vental Health & IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
🖉 Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract <ul><li>Amendment</li></ul>	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year <sup>* (?)</sup>	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other N/A
Justification/Purpose of Contract/Description of Supervision for GME CPWE-LMHA Telehealth as pa Care Consortium	
Contract Owner*	
Felecia Garner	
Previous History of Contracting with Vendor/Con	ntractor*
Yes O No O Unknown	
Please add previous contract dates and what se GME	rvices were provided ^
Vendor/Contractor a Historically Underutilized B	usiness (HUB)* (?)
🔘 Yes 🔵 No 🍥 Unknown	
Community Partnership* (?)	
<ul> <li>Yes ○ No ● Unknown</li> </ul>	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	$\mathbf{\hat{\mathbf{O}}}$
Name*	
McKenzie Sluder	
Address*	
Street Address	
Jamail Specialty Care Center	
Address Line 2	
1977 Butler 4th floor	
City	State / Province / Region
houston	Texas
Postal / Zip Code	Country
77030	United States
77030 Phone Number*	
50	
Phone Number* 7137984746	
Phone Number* 7137984746 Email*	
Phone Number* 7137984746 Email* McKenzie.Sluder@bcm.edu	
Phone Number* 7137984746 Email*	

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2405	\$ 174,677.00		000000
Budget Manager		Secondary Budge	t Manager
Smith, Janai		Shelby, Debbie	
zeneraparago ago por barran ana manana manan garran manana ana ana ana ana ana ana ana an			
Provide Rate and Rate Description	s if applicable * (?)		
N/A			
Project WBS (Work Breakdown Str	ucture) * (?)		
N/A			
Requester Name		Submission Date	
Evans, Danyalle		4/28/2025	
Budget Manager Approva	(s)		
	.(,	and the second	
Approved by			
		Approval Date	
Janai Lymnette Smith		4/30/2025	
Contract Owner Approval			$\sim$
A managed by			
Approved by		Approval Date	
Gelecia Garner, MD		5/13/2025	
future Gatalot, files			
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
		Approval Date*	
Belinda Stude		5/13/2025	

SPECIFIC PRODUCTION OF THE SPECIFICATION OF T	nmary
Contract Section	
Contractor*	
Baylor College of Medicine	
Contract ID #*	
2022-0573	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
4/15/2025	
Parties* (?)	
Baylor College of Medicine and The Harris Center for M	lental Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250.000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/1/2025	12/31/2025
If contract is off-cycle, specify the contract term (?)	
N/A	
If contract is off-cycle, specify the contract term (?) N/A Current Contract Amount* \$ 7,006.00	
N/A Current Contract Amount*	
N/A Current Contract Amount <sup>*</sup> \$ 7,006.00	

\$ 7,006.00

2025	
	\$ 0.00
Funding Source*	
Federal Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of	f Services Being Provided * (?)
Baylor is amending this consortium agreement. This	s amendment extends the period of
performance to 12/31/2025, with no additional fundi 01/01/2024-12/31/2024.	ing. Carryover from the previous year
See attachment for additional information.	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Co	ntractor*
🏽 Yes 💿 No 💿 Unknown	
Please add previous contract dates and what se	ervices were provided*
The Harris Center has various contractual agreeme	ents with
Baylor College of Medicine for revenue, affiliations,	and
professional agreements.	
Vendor/Contractor a Historically Underutilized E	3usiness (HUB) * (?)
🔘 Yes 🔘 No 🝥 Unknown	
Community Partnership* (?)	
🖲 Yes 💿 No 🔘 Unknown	
Specify Name*	
Baylor College of Medicine	
Supporting Documentation Upload (?)	
Inv_2024103_from_City_of_EI_Lago_4784.pdf	149.45KB
Vendor/Contractor Contact Person	(
Name*	
Name Eric Storch, Ph.D. Principal Investigator	

Address * Street Address One Baylor Plaza, MS BCM 320 Address Line 2 City Houston Postal / Zip Code		State / Province / Region Texas Country	
77030-3411 Phone Number* 713-789-4945		USA	
Email* storch@bcm.edu Budget Section			Ô
Budget Units and Amounts	Charged to e	ach Budget Un	it
Budget Unit Number* 3647	Amount Charged \$ 0.00	I to Unit*	Expense/GL Code No.* NA
Budget Manager Degracia, Ericka		Secondary Budget Kerlegon, Charles	Manager
Budget Unit Number* 4647	Amount Charged \$ 0.00	I to Unit*	Expense/GL Code No.* N/A
Budget Manager Smith, Janai		Secondary Budget Shelby, Debbie	Manager
Provide Rate and Rate Descriptions See attachment.	if applicable* (?)		
Project WBS (Work Breakdown Stru NA	cture) * (?)		
Requester Name		Submission Date	
Childs, Margo		4/2/2025	
Budget Manager Approval(	s)		$\odot$
Approved by <i>Ericka Degracia</i>		Approval Date 4/2/2025	
Approved by Janai Lynnette Smith		Approval Date 4/3/2025	
Contract Owner Approval			<b>⊘</b>

Page	864	of	892
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Approved by Evanthe Collins	Approval Date 4/3/2025
Contracts Approval	
Approve*	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>	
Approved by *	
Belinda Stude	Approval Date* 4/3/2025

# Starris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on 🔗
Current Fiscal Year	
2025	
Contract ID#*	
2023-0650	
Contractor Name*	
Citi Health Group, Inc.	
Service Provided <sup>*</sup> (?)	
Individualized and Socialization Skills (ISS) Services	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
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 Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	Other
	Guier

vendor/contractor a historically onderutilized busin

- O Yes
- No

Unknown

Contract NTE* (?) \$ 0.00			
Rate(s)/Rate(s) Description			
Unit(s) Served* 3585			
G/L Code(s)* N/A			
Current Fiscal Year Purchase C N/A	Order Number*		
Contract Requestor* Thomas Wills			
Contract Owner* Dr. Evanthe Collins			
File Upload (?)			
Renewal Determination			۲
Is the contract being renewed f Yes	or next fiscal year with this Contracto	<b>r?*</b> (?)	
Yes O No	t Agency/Unit Strategic priorities?*	<b>r?</b> *(?)	
Yes No How does this contract support	t Agency/Unit Strategic priorities?* ue for the department	<b>*?</b> *(?)	8
<ul> <li>Yes No</li> <li>How does this contract support This contract will generate revenue</li> <li>Renewal Information for</li> </ul>	t Agency/Unit Strategic priorities?* ue for the department		8
<ul> <li>Yes No</li> <li>How does this contract support This contract will generate revenue</li> <li>Renewal Information for</li> </ul>	t Agency/Unit Strategic priorities?* ue for the department r Next Fiscal Year		٢
<ul> <li>Yes No</li> <li>How does this contract support This contract will generate revenue</li> <li>Renewal Information for</li> <li>Budget Units and Amout</li> <li>Budget Unit Number*</li> </ul>	t Agency/Unit Strategic priorities?* ue for the department r Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 0.00	t Unit Expense/GL Code No.* 543008 udget Manager*	٢
<ul> <li>Yes No</li> <li>How does this contract support This contract will generate revenue</li> <li>Renewal Information for</li> <li>Budget Units and Amout</li> <li>Budget Unit Number*</li> <li>3585</li> <li>Budget Manager*</li> </ul>	t Agency/Unit Strategic priorities?* ue for the department r Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 0.00 Secondary Bu Kerlegon, Cha	t Unit Expense/GL Code No.* 543008 udget Manager*	
<ul> <li>Yes No</li> <li>How does this contract suppor This contract will generate revenue</li> <li>Renewal Information for</li> <li>Budget Units and Amou</li> <li>Budget Unit Number*</li> <li>3585</li> <li>Budget Manager*</li> <li>Degracia, Ericka</li> <li>Provide Rate and Rate Description</li> </ul>	t Agency/Unit Strategic priorities?* ue for the department r Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 0.00 Secondary Bu Kerlegon, Cha	t Unit Expense/GL Code No.* 543008 udget Manager*	
<ul> <li>Yes No</li> <li>How does this contract support This contract will generate revenue</li> <li>Renewal Information for</li> <li>Budget Units and Amout</li> <li>Budget Units and Amout</li> <li>Budget Unit Number*</li> <li>3585</li> <li>Budget Manager*</li> <li>Degracia, Ericka</li> <li>Provide Rate and Rate Descript</li> <li>See document uploaded</li> <li>Project WBS (Work Breakdown)</li> </ul>	t Agency/Unit Strategic priorities?* ue for the department r Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 0.00 Secondary Bu Kerlegon, Cha	t Unit Expense/GL Code No.* 543008 udget Manager*	

Page 866 of 892

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Contract	Funding	Source*
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State

#### **Contract Content Changes**

Are there any required changes to the contract language?\*  $\ensuremath{^{(?)}}$ 

🔿 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?\*

312.5KB

🔿 Yes 🍥 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

#### **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

## **Contract Owner Approval**

Approved by

Evanthe Collins

## **Contracts Approval**

Approve\*

- Yes
- No, reject entire submission

Return for correction

Approved by\*

.

Belinda Stude

Approval Date\* 5/1/2025

.

Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
2023-0642	
Contractor Name*	
Crystal Support Care	
Service Provided <sup>* (?)</sup>	
Revenue Contract- Individualized Skills and Socialization	on Services (ISS)
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Grant Proposal	
Revenue	
Revenue SOW-Change Order-Amendment#	
Revenue	
Revenue SOW-Change Order-Amendment#	
Revenue SOW-Change Order-Amendment# Other	
Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s) *         Check all that Apply         Competitive Bid	Competitive Proposal
Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid         Request for Proposal	Sole Source
Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid         Request for Proposal         Request for Application	Sole Source Request for Qualification
<ul> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> <li>Procurement Method(s)*</li> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> </ul>	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
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	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> </ul>
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)	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> </ul>
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)	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid         Request for Proposal         Request for Application         Request for Quote         Interlocal         Not Applicable (If there are no funds required)         Contract Description / Type         Personal/Professional Services	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> </ul>
Revenue   SOW-Change Order-Amendment#   Other   Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> </ul>
Revenue   SOW-Change Order-Amendment#   Other   Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> </ul>
Revenue   SOW-Change Order-Amendment#   Other   Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
Revenue         SOW-Change Order-Amendment#         Other         Procurement Method(s)*         Check all that Apply         Competitive Bid         Request for Proposal         Request for Application         Request for Quote         Interlocal         Not Applicable (If there are no funds required)         Contract Description / Type         Personal/Professional Services         Consumer Driven Contract         Memorandum of Understanding         Affiliation or Preceptor	<ul> <li>Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> <li>Other</li> <li>Consultant</li> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>

- ) Yes
- No
- Unknown

```
Page 870 of 892
```

```
Contract NTE<sup>*</sup> (?)

$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served<sup>*</sup>

0

G/L Code(s)<sup>*</sup>

0

Current Fiscal Year Purchase Order Number<sup>*</sup>

0

Contract Requestor<sup>*</sup>

Thomas Wills

Contract Owner<sup>*</sup>
```

Dr. Evanthe Collins

File Upload (?)

## **Evaluation of Current Fiscal Year Performance**

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes O 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 O No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes O No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O 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?\* The contract generates revenue for our department

Renewal Information for Ne	ext Fiscal Yea	r	0
Budget Units and Amounts	Charged to e	ach Budget	Unit
Budget Unit Number* 3585	Amount Charged \$ 0.00	d to Unit*	Expense/GL Code No.* 543008
Budget Manager* Degracia, Ericka		Secondary Bu Kerlegon, Char	dget Manager* es
Provide Rate and Rate Descriptions See uploaded document	if applicable <sup>* (?)</sup>		
Project WBS (Work Breakdown Stru NA	acture) <sup>* (?)</sup>		
Fiscal Year* (?) 2026		<b>Amount*</b> <sup>(?)</sup> \$ 0.00	
Next Fiscal Year Not to Exceed Amo	ount for Master Poo	oled Contracts	
Contract Funding Source* State			
Contract Content Changes			
Are there any required changes to t	he contract langua	ige? <sup>* (?)</sup>	
Will the scope of the Services chang	ge?*		
Is the payment deadline different th O Yes  No	an net (45)?*		
Are there any changes in the Perfor	mance Targets?*		
Are there any changes to the Subm	ission deadlines fo	or notes or supp	oorting documentation?*
File Upload (?) HCS & TxHmL ISS Rates.msg			312.5KB
Contract Owner			<u>ی</u>
Contract Owner <sup>*</sup> (?) Please Select Contract Owner			
Dr. Evanthe Collins Budget Manager Approval(	(s)		0

(

## Approved by

Ericka Degracia

# Contract Owner Approval

Approved by

Evanthe Collins

# Contracts Approval

#### Approve\*

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

## Approved by \*

Belinda Stude

Approval Date\* 5/1/2025

Mental Health and IDD	tion
Current Fiscal Year Contract Informatio	n
Current Fines Meen	
Current Fiscal Year	
2025	
Contract ID#*	
2023-0643	
Contractor Name*	
Divine Embrace Health Services	
Service Provided <sup>* (?)</sup>	
Revenue Contract for Individualized Skills and Socializa	tion Services (ISS).
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Amenda Harr Submitted Fam (2)	
Agenda Item Submitted For: (?)	50.000.001
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Baalad Contract	IT/Software License Agreement
Pooled Contract	Lease Other
Renewal of Existing Contract	- Other

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

- O Yes
- No
- Unknown

Contract NTE\* (?) \$ 0.00 Rate(s)/Rate(s) Description Vary. Unit(s) Served\* 3585 G/L Code(s)\* N/A Current Fiscal Year Purchase Order Number\* N/A Contract Requestor\* Thomas Wills Contract Owner\* Dr. Evanthe Collins File Upload (?) **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?  $^{\star\,(?)}$ Yes No How does this contract support Agency/Unit Strategic priorities?\* Generation of revenue for department. Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 543008 3585 \$ 0.00 Budget Manager\* Secondary Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) See uploaded document Project WBS (Work Breakdown Structure)\* (?) NA Fiscal Year\* (?) Amount\* (?) \$ 0.00 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA

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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?\*

312.5KB

🔿 Yes 🍥 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

#### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

## **Contract Owner Approval**

Approved by

Evanthe Collins

## **Contracts Approval**

#### Approve\*

- Yes
- No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\* 4/30/2025

## Renewal Evaluation

# Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#\* 2023-0644

Contractor Name\* Glo's Hope Corporation

Service Provided \* (?)

Revenue Contract for Individualized Skills and Socialization Services (ISS).

Renewal Term Start Date\*

9/1/2025

Renewal Term End Date\* 8/31/2026

Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other
- Vendor/Contractor a Historically Underutilized Business (HUB) (?)
- O Yes
- No
- O Unknown

Contract NTE\* (?) \$ 0.00 Rate(s)/Rate(s) Description Vary. Unit(s) Served\* 3585 G/L Code(s)\* N/A Current Fiscal Year Purchase Order Number\* N/A Contract Requestor\* Thomas Wills Contract Owner\* Dr. Evanthe Collins File Upload (?) **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?  $^{\star\,(?)}$ Yes No How does this contract support Agency/Unit Strategic priorities?\* Generation of revenue for department Renewal Information for Next Fiscal Year

# Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	543008
Budget Manager*	Secondary Buc	dget Manager*
Degracia, Ericka	Kerlegon, Charl	es
Provide Rate and Rate Descriptions	if applicable * (?)	
See uploaded document		
Project WBS (Work Breakdown Struc NA	cture)* (?)	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 0.00	
Next Fiscal Year Not to Exceed Amon NA	unt for Master Pooled Contracts	

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Contract Funding Source\*

State

## **Contract Content Changes**

Are there any required changes to the contract language?\*  $\ensuremath{^{(?)}}$ 

🔵 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?\*

312.5KB

🔿 Yes 💿 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

#### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

## Contract Owner Approval

Approved by

Evanthe Collins

#### **Contracts Approval**

#### Approve\*

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

1

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Approved by\*

.

Belinda Stude

Approval Date\* 4/30/2025

/

# **Annual Renewal Evaluation** Current Fiscal Year Contract Information **Current Fiscal Year** 2025 Contract ID#\* 2024-0847 Contractor Name\* New Hope Home Health Services Service Provided \* (?) New Hope Home Health Services desires to contract with our agency to provide both onsite and off-site ISS services Renewal Term Start Date\* Renewal Term End Date\* 8/31/2026 9/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Consumer Driven Interlocal

Not Applicable (If there are no funds required)

#### **Contract Description / Type**

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

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

Other

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

0.00			
0.00			
Rate(s)/Rate(s) Description			
Jnit(s) Served*			
3585			
G/L Code(s)*			
)			
Current Fiscal Year Purchase	Order Number*		
0			
Contract Requestor* Thomas Wills			
Contract Owner* Dr. Evanthe Collins			
File Upload (?)			
s the contract being renewed Yes No How does this contract suppo	for next fiscal year with this Con rt Agency/Unit Strategic priorities		
Yes No How does this contract support This contract generates revenue Renewal Information formation	for next fiscal year with this Con rt Agency/Unit Strategic priorities for the department or Next Fiscal Year	?*	
S the contract being renewed Yes No How does this contract suppo This contract generates revenue Renewal Information fo	for next fiscal year with this Con rt Agency/Unit Strategic priorities for the department	?* dget Unit	
Is the contract being renewed Yes No How does this contract suppor This contract generates revenue Renewal Information fo Budget Units and Amo Budget Unit Number*	for next fiscal year with this Con rt Agency/Unit Strategic priorities for the department or Next Fiscal Year unts Charged to each Bu Amount Charged to Unit <sup>4</sup> \$ 0.00 Second	?* dget Unit Expense/GL Code No.*	
Is the contract being renewed Yes No How does this contract suppor This contract generates revenue Renewal Information f Budget Units and Amo Budget Unit Number* 3585 Budget Manager*	for next fiscal year with this Con rt Agency/Unit Strategic priorities for the department or Next Fiscal Year unts Charged to each Bu Amount Charged to Unit <sup>3</sup> \$ 0.00 Second Kerlego	?* dget Unit Expense/GL Code No.* 543008 ary Budget Manager*	
s the contract being renewed Yes No How does this contract suppor This contract generates revenue Renewal Information f Budget Units and Amo Budget Units and Amo Budget Unit Number* 3585 Budget Manager* Degracia, Ericka Provide Rate and Rate Descri See uploaded document Project WBS (Work Breakdow	for next fiscal year with this Con rt Agency/Unit Strategic priorities for the department or Next Fiscal Year unts Charged to each Bu Amount Charged to Unit <sup>4</sup> \$ 0.00 Second Kerlego	?* dget Unit Expense/GL Code No.* 543008 ary Budget Manager*	
s the contract being renewed Yes No How does this contract support This contract generates revenue Renewal Information fo Budget Units and Amo Budget Unit Number* 3585 Budget Manager* Degracia, Ericka	for next fiscal year with this Con rt Agency/Unit Strategic priorities for the department or Next Fiscal Year unts Charged to each Bu Amount Charged to Unit <sup>4</sup> \$ 0.00 Second Kerlego	?* dget Unit Expense/GL Code No.* 543008 ary Budget Manager*	

3

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?\*

312.5KB

🔿 Yes 💿 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

#### **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

## Contract Owner Approval

Approved by

Evanthe Collins

## **Contracts Approval**

#### Approve\*

- Yes
- No, reject entire submission

Return for correction

Approved by \*

Belinda Stude

.

Approval Date\* 4/30/2025

## Annual Renewal Evaluation

HARRIS

## **Current Fiscal Year Contract Information**

Current Fiscal Year

Contract ID#\* 2024-0995

Contractor Name\*

Texas Native Health

Service Provided \* (?)

Texas Native Health will fund an LPHA C to provide counseling services to the Native American population of Harris County. Standard Care Coordination agreement to be included. Texas Native Health will provide The Harris Center \$74,443 salary plus \$22,556 in fringe for a total of \$96,999 for the LPHA C position.

Renewal Term Start Date\*

Renewal Term End Date\* 8/31/2026

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

9/1/2025

#### Procurement Method(s)\*

#### Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

#### Contract Description / Type

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

#### Consultant

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

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.

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

2200

G/L Code(s)\*

0

Current Fiscal Year Purchase Order Number\*

0

Contract Requestor\*

Contract Owner\* Lance Britt

File Upload (?)

#### **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?\* Increase services

Renewal Information for Next Fiscal Year

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

Budget Unit Number*	
2121	

Amount Charged to Unit\* \$ 0.00 Expense/GL Code No.\*

~

Budget Manager\*

Secondary Budget Manager\* Shelby, Debbie

Smith, Janai

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

n/a

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

n/a

2026	Amount* (?)	
	\$ 0.00	
Next Fiscal Year Not to Exceed Amount	t for Master Pooled Contracts	
Contract Funding Source*		
Private Pay Source		
Contract Content Changes		
Are there any required changes to the o	contract language?* (?)	
🗌 Yes 🍥 No		
Will the scope of the Services change?	,*	
🗋 Yes 🍭 No		
s the payment deadline different than r	net (45)? *	
🛛 Yes 🖲 No		
Are there any changes in the Performan	nce Targets?*	
🔿 Yes 🖲 No		
	ion deadlines for notes or supporting documentation?*	
Yes 🖲 No		
File Upload (?)		
		Carrier and Carrier
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Approval(s)		
Approved by		
Janai Lymnette Smith		
Contract Owner Approval		
Approved by		
Lance Britt		
Contracts Approval		

# Approve\*

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

Approved by\*

Belinda Stude

x

Approval Date\*

5/2/2025

Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
2023-0674	
Contractor Name*	
The Center for Pursuit d/b/a The Center	
Service Provided * (?)	
Revenue Contract for Individualized Skills and Socializa	ation Services (ISS).
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
	0.0.1.2020
Term for Off-Cycle Only (For Reference Only)	
A DEDDA JEEM SUDMITED FOR (7)	
Information Only (Total NTE Amount is Less than \$2	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply Competitive Bid	or more)
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 c</li> <li>Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> </ul>	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* <ul> <li>Check all that Apply</li> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
<ul> <li>Information Only (Total NTE Amount is Less than \$2</li> <li>Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal</li> <li>Revenue</li> <li>SOW-Change Order-Amendment#</li> <li>Other</li> </ul> Procurement Method(s)* Check all that Apply <ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul> Contract Description / Type <ul> <li>Personal/Professional Services</li> <li>Consumer Driven Contract</li> <li>Memorandum of Understanding</li> <li>Affiliation or Preceptor</li> </ul>	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

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

- O Yes
- No
- O Unknown

Contract NTE\* (?) \$ 0.00 Rate(s)/Rate(s) Description Vary. Unit(s) Served\* 3585 G/L Code(s)\* N/A Current Fiscal Year Purchase Order Number\* N/A Contract Requestor\* Thomas Wills Contract Owner\* Dr. Evanthe Collins File Upload (?) **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?  $^{\star}$   $^{(?)}$ Yes No How does this contract support Agency/Unit Strategic priorities?\* Generation of revenue for department Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 543008 3585 \$ 0.00 Budget Manager\* Secondary Budget Manager\* Degracia, Ericka Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) See uploaded document Project WBS (Work Breakdown Structure)\* (?)

NA

Fiscal Year\* (?) 2026 Amount\* (?) \$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

State

#### **Contract Content Changes**

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

🔾 Yes 💿 No

Will the scope of the Services change?\*

🔿 Yes 🍥 No

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

🔿 Yes 🍥 No

Are there any changes in the Performance Targets?\*

🔿 Yes 🔘 No

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

312.5KB

🔿 Yes 🍥 No

File Upload (?)

HCS & TxHmL ISS Rates.msg

#### **Contract Owner**

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

## Contract Owner Approval

Approved by

Evanthe Collins

## **Contracts Approval**

#### Approve\*

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

Approved by\*

Belinda Stude

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Approval Date\* · 4/30/2025