

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

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Resource Committee Meeting August 19, 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, July 15, 2025 (EXHBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'25 Year-to-Date Budget Report- July (EXHIBIT R-2 Stanley Adams)
- B. August 2025 Contract Renewals Over 250K (EXHIBIT R-3 Ernest Savoy)
- C. August 2025 Contract Amendments Over 250K (EXHIBIT R-4 Ernest Savoy)
- D. August 2025 Interlocal Agreements (EXHIBIT R-5 Ernest Savoy)
- E. Agency Wide Security Services RFP (EXHIBIT R-6 Stanley Adams)
- F. FY26 Open PO to pay Employee Parking at Texas Medical Center (EXHIBIT R-7 Stanley Adams)
- G. Pharmacy Remote After Hours Services (EXHIBIT R-8 Stanley Adams)
- H. Frost, Inc. -Agency of Record Commercial Insurance Program Update (EXHIBIT R-9 Dennis Northington)
- I. FY26 Final Budget Presentation (EXHIBIT R-10 Stanley Adams)

V. EXECUTIVE SESSION-

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
- VIII. INFORMATION ONLY
 - A. August 2025 New Contracts 100K-250K (EXHIBIT R-11)

- B. August 2025 Contract Amendments 100K-250K (EXHIBIT R-12)
- C. August 2025 Contract Renewals 100K-250K (EXHIBIT R-13)
- D. August 2025 New Contracts Under 100K (EXHIBIT R-14)
- E. August 2025 Contracts Amendments Under 100K (EXHIBIT R-15)
- F. August 2025 Contract Renewals Under 100K (EXHIBIT R-16)
- G. August 2025 Interlocal Agreements (EXHIBIT R-17)
- H. August 2025 Affiliation Agreement, Grants, MOU's and Revenues Information Only (EXHIBIT R-18)
- Comprehensive List of Affliation Agreements, Care Coordination and MOU's (EXHIBIT R-19)

IX. ADJOURN

Veronica Franco

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, JULY 15, 2025 MINUTES

Mr. Gerald Womack, Chairman, called the meeting to order at 9:22 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

Committee Member Absent: Mr. J. Lykes, Dr. M. Miller Jr., Ms. R. Thomas

Other Board Member Present: Dr. R. Gearing, Dr. K. Bacon, Dr. J. Lankford, N. Hurtado-videoconference

1. CALL TO ORDER

Mr. G. Womack. called the Resource Committee meeting to order at 9:22 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. K. Bacon, Dr. J. Lankford and Ms. N. Hurtado 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 June 17, 2025.

MOTION: GEARING SECOND: BACON

With unanimous affirmative votes,

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

MOTION: LANKFORD SECOND: BACON

With unanimous affirmative votes,

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

B. July 2025 Contracts Renewals Over 250K

MOTION: GEARING SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED July 2025 Contracts Renewals Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. July 2025 Contract Amendments Over 250K

MOTION: GEARING SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED July 2025 Contract Amendments Over 250K Exhibit R-4 are approved and recommended to the Full Board.

D. July 2025 Interlocal Agreements

MOTION: GEARING SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED July 2025 Interlocal Agreements Exhibit R-5 are approved and recommended to the Full Board.

E. Pest, Termite and Bed Bug Services RFP

MOTION: GEARING SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED Pest, Termite and Bed Bug Services RFP Exhibit R-6 are approved and recommended to the Full Board.

7. REVIEW AND COMMENT

- **A. ReCenter Financial Update-**Stanley Adams presented the ReCenter Financial Update to the Resource Committee.
- 8. EXECUTIVE SESSION-No Executive Session needed.
- 9. RECOVENE INTO OPEN SESSION
- 10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 11. ADJOURN

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:05 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 July 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 July 31, 2025

Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

		F	or the Month I	nde	d			Fiscal Year to	Date		
	Original				Variance		Original			Variance	
	Budget		Actual		\$	%	Budget	Actual		\$	%
Operating Revenues											
State General Revenue	\$ 11,054,955	\$	11,527,422		472,467	4%	\$ 121,604,505	\$ 122,912,221		1,307,716	1%
Harris County and Local	4,415,021		4,001,234		(413,787)	-9%	48,565,231	47,408,651		(1,156,580)	-2%
Federal Contracts and Grants	5,112,180		5,612,404		500,224	10%	56,233,980	59,007,191		2,773,211	5%
State Contract and Grants	1,886,853		2,844,215		957,362	51%	20,355,383	17,997,881		(2,357,502)	-12%
Third Party Billing	3,622,889		3,464,270		(158,619)	-4%	39,851,779	36,061,885		(3,789,894)	-10%
Charity Care Pool	3,340,350		3,791,817		451,467	14%	36,743,850	41,713,786		4,969,936	14%
Directed Payment Programs	659,258		456,665		(202,593)	-31%	7,251,838	5,526,445		(1,725,393)	-24%
Patient Assistance Program (PAP)	852,441		1,267,641		415,200	49%	9,376,851	12,347,107		2,970,256	32%
Interest Income	300,142		293,652		(6,490)	-2%	3,301,562	3,120,249		(181,313)	-5%
Insurance proceeds	-		26,125		26,125		-	52,000		52,000	
Sale of Capital Assets	-		-		-		-	166,057		166,057	
Operating Revenues, total	\$ 31,244,089	\$	33,285,445	\$	2,041,356	7%	\$ 343,284,979	\$ 346,313,473	\$	3,028,494	1%
Operating Expenditures											
Salaries and Fringe Benefits	\$ 21,116,034	\$	22,565,684		(1,449,650)	-7%	\$ 232,276,374	\$ 233,620,035		(1,343,661)	-1%
Contracts and Consultants	1,379,371		1,551,440		(172,069)	-12%	15,173,081	13,225,702		1,947,379	13%
Contracts and Consultants-HCPC	3,913,250		3,957,784		(44,534)	-1%	43,045,750	43,077,105		(31,355)	0%
Supplies	354,237		417,633		(63,396)	-18%	3,896,607	2,585,431		1,311,176	34%
Drugs	1,995,664		2,542,285		(546,621)	-27%	21,952,304	26,314,464		(4,362,160)	-20%
Purchases, Repairs and Maintenance of:											
Equipment	99,778		168,023		(68,245)	-68%	1,097,558	2,132,259		(1,034,701)	-94%
Building	177,679		354,837		(177,158)	-100%	1,954,469	2,508,622		(554,153)	-28%
Vehicle	86,851		94,743		(7,892)	-9%	955,361	876,589		78,772	8%
Software	358,400		220,723		137,677	38%	3,942,400	3,306,884		635,516	16%
Telephone and Utilities	304,496		338,276		(33,780)	-11%	3,349,456	3,363,839		(14,383)	0%
Insurance, Legal and Audit	184,268		134,552		49,716	27%	2,026,948	2,297,437		(270,489)	-13%
Travel & Training	251,089		324,690		(73,601)	-29%	2,761,979	2,628,730		133,249	5%
Dues & Subscriptions	555,682		464,064		91,618	16%	6,112,502	5,712,853		399,649	7%
Other Expenditures	 383,957		(359,717)		743,674	194%	 4,223,527	 4,456,250		(232,723)	-6%
Operating Expenditures, total	\$ 31,160,756	\$	32,775,017	\$	(1,614,261)	-5%	\$ 342,768,316	\$ 346,106,200	\$	(3,337,884)	-1%
Operating Activities -											
Change in Fund Balance/Net Position	\$ 83,333	\$	510,428	\$	427,095		\$ 516,663	\$ 207,273	\$	(309,390)	

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget - Capital Outlay & Debt Service Related Activities July 31, 2025

Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

		ı	For the Month	Enc	led			Fiscal Year to I	Date		
i	Original				Variance		Original			Variance	
	Budget		Actual		\$	%	Budget	Actual		\$	%
Revenues											
State General Revenue											
Harris County and Local (CHC)	\$ -	\$	89,137		89,137		\$ -	\$ 639,931	\$	639,931	
State Contract and Grants (HHSC)	-		29,005		29,005		 400,000	495,943		95,943	24%
Revenues, total	\$ -	\$	118,142	\$	118,142		\$ 400,000	\$ 1,135,874	\$	735,874	184%
Expenditures											
Debt Service	\$ 83,333	\$	-	\$	83,333	100%	\$ 916,663	\$ 1,485,998	\$	(569,335)	-62%
Capital outlay	-		729,997		(729,997)		-	8,617,792		(8,617,792)	
Expenditures, total	\$ 83,333	\$	729,997	\$	(646,664)		\$ 916,663	\$ 10,103,790	\$	(9,187,127)	
Excess (Deficiency) of revenues over											
expenditures	\$ (83,333)	\$	(611,855)		(528,522)	634%	\$ (516,663)	\$ (8,967,916)		(8,451,253)	
Other Financing Sources											
Revenue Bonds Issued	-		-		-		-	24,745,000		24,745,000	
Transfers In/Out	-		-		-		-	-		-	
Other Financing Sources	-		192,753		192,753		-	4,294,847		4,294,847	
Other Financing Uses	-		-		-		-	-		-	
Other Financing Sources, total	\$ -	\$	192,753	\$	192,753		\$ -	\$ 29,039,847	\$	29,039,847	
Capital Outlay & Debt Service Activities -											
Change in Fund Balance/Net Position	\$ (83,333)	\$	(419,102)	\$	(335,769)		\$ (516,663)	\$ 20,071,931	\$	20,588,594	

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting

July 31, 2025

Results of Financial Operations and Comparison to Original Budget

A Salaries and Fringe Benefits

Salaries and fringe benefits increased in July by \$1.4M, primarily due to 23 working days in July compared to an average of 21.67 throughout the year, contributing to \$1.3M in additional expenses in the month.

B Contracts and consultants

The unfavorable spending in contracts and consultants for the month is primarily driven by increased use of Private Psychiatric beds at West Oaks (\$261K). These operations are funded by the state performance contract.

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 \$1.9M, which is partially offset by billing program revenue exceeding budget by \$1.2M.

D Equipment (purchase, repair and maintenance)

The unfavorable variance for the year is primarily driven by overspending relative to budget on IT equipment and agreements. The largest drivers include Parata pharmacy equipment (\$146K), IT equipment and equipment agreement spending (\$98K), replacement devices for ECI program (\$88K), and Recenter properties (\$75K) among other expenses. The overspending in IT equipment was primarily driven by pursuing discounts on multiyear agreements and upgrading boardroom equipment, and this spending was supported by cutting budgeted expenses elsewhere, including the software category.

E Building (purchase, repair and maintenance)

Unfavorable budget variance is primarily driven by spending on Recenter properties (\$173K) and Hurricane Beryl recovery (\$85K).

F Other expenditures

Other expenditures for July reflect an accounting correction to reverse out accrued expenses for security costs at NPC that will not materialize in FY25. YTD expenditures exceed the budget primarily due to supported housing expenses (\$125K unfavorable variance).

The Harris Center for Mental Health and IDD

Balance Sheet July 31, 2025

Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

		June-25		July-25		Change
Assets		Julie-25		July-23		Change
Current Assets						
Cash and Cash Equivalents						
Cash and Petty Cash	\$	13,179,801	\$	11,624,856	\$	(1,554,945)
Cash Equivalents	Y	83,624,080	Y	64,277,767	Y	(19,346,313)
Cash and Cash Equivalents, total	\$	96,803,881	\$	75,902,623	\$	(20,901,258) AA
•	Y		Ψ		Υ	
Inventories, Deposits & Prepaids		5,144,559		7,894,912		2,750,353
Accounts Receivable:						
Patient A/R, net of allowance		1,579,798		1,715,848		136,050
A/R from other governments		33,630,541		35,107,843		1,477,302
Other A/R		721,408		712,232		(9,176)
Current Assets, total	\$	137,880,187	\$	121,333,458	\$	(16,546,729)
Restricted Cash and Cash Equivalents		20,497,227		20,497,227		(0)
Capital Assets:						
Land		12,709,144		12,709,144		-
Building and Improvements		55,271,938		55,610,924		338,986
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	\$	55,060,032	\$	338,986
Total Assets	\$	213,098,460	\$	196,890,717	\$	(16,207,743)
Liabilities & Fund Balance/Net Position						
Liabilities						
Accounts Payable and Accrued Liabilities	\$	11,653,409	\$	13,395,784	\$	1,742,375
Unearned Revenues		45,559,364		27,257,491		(18,301,873) BB
Noncurrent liabilities:						
Due within one year		2,349,540		2,349,540		-
Due in more than one year		39,441,238		39,555,435		114,197
Liabilities, total	\$	99,003,551	\$	82,558,250	\$	(16,445,301)
Fund Balance/Net Position						
Net Investment in Capital Assets		42,684,541		42,830,775		146,234
Restricted for Capital Projects		20,497,227		20,497,227		(0)
Nonspendable		5,144,559		7,894,912		2,750,353
Assigned		15,434,386		15,434,386		-
Unassigned/Unrestricted		10,146,317		7,395,963		(2,750,354)
Change in fund balance/net position		20,187,879		20,279,204		91,325
Fund Balance/Net Position, Total	\$	114,094,909	\$	114,332,467	\$	237,558
Total Liabilities & Fund Balance/Net Position	\$	213,098,460	\$	196,890,717	\$	(16,207,743)

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting **July 31, 2025**

Balance Sheet

AA Cash and Investments

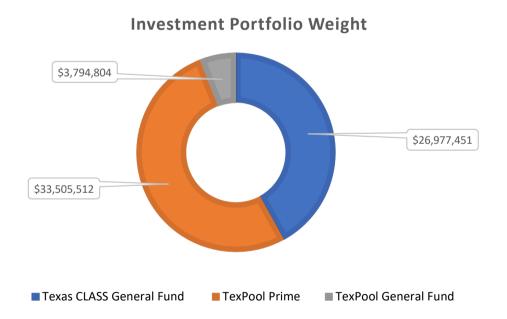
The \$20.9M decrease in cash is primarily due to cash used in normal operations.

BB Unearned Revenues

Unearned revenues decreased by \$18.3M due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations. This balance will continue to decrease as we provide the services supported by the funds and recognize unearned revenues as earned revenues.

The Harris Center for Mental Health and IDD Investment Portfolio July 31, 2025

Local Government Investment Pools (LGIPs)	Beg	inning Balance	Transfer In		Т	ransfer Out	Inte	rest Income	En	ding Balance	Portfolio %	Monthly Yield
Texas CLASS Texas CLASS General Fund	\$	26,876,689					\$	100,761	\$	26,977,451	41.97%	4.41%
<i>TexPool</i> TexPool Prime		52,966,434				(19,607,300)		146,378		33,505,512	52.13%	4.42%
TexPool General Fund TexPool Sub-Total		3,780,957 56,747,391	-			(19,607,300)		13,847 160,225		3,794,804 37,300,316	5.90% 58.03%	4.41%
Total Investments	\$ Addi	83,624,081 Stional Interest on		ounts	\$ 5	(19,607,300)	\$	260,986 32,666	\$	64,277,767	100.00%	4.41%
	Tota	l Interest Earned	during the cu	rrent	mo	nth	\$	293,652				



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%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of July 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.

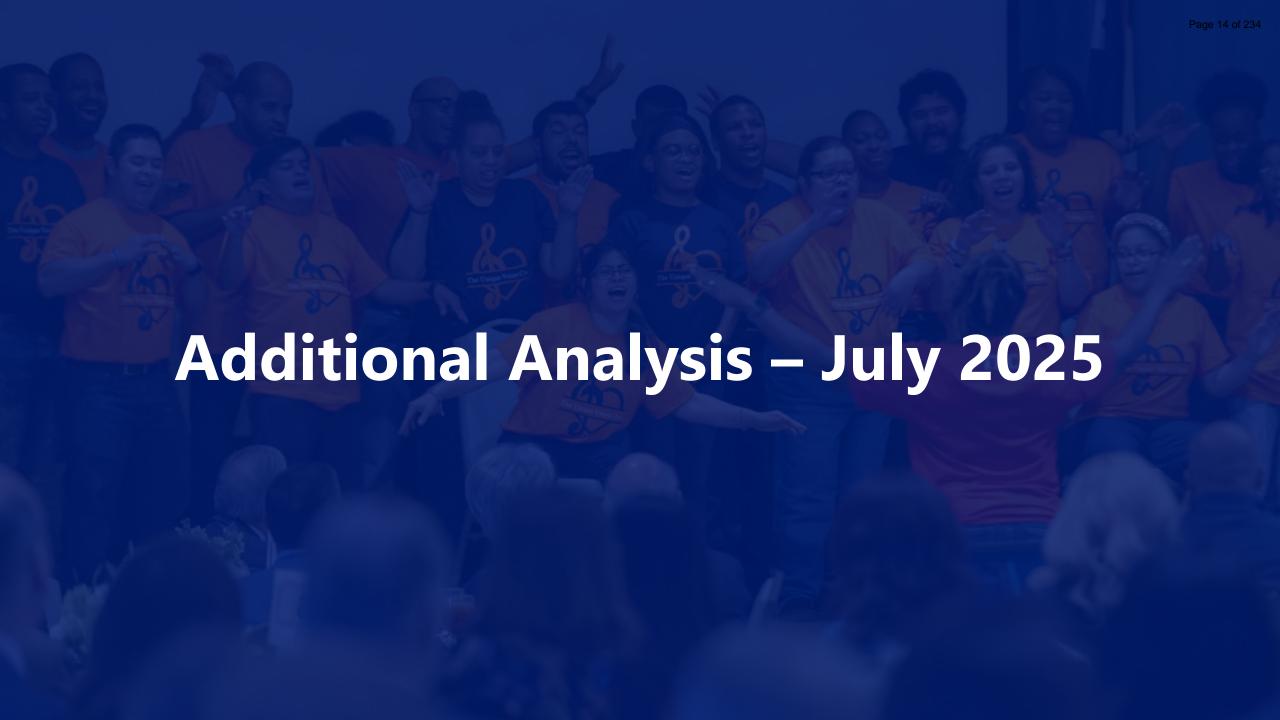
Director of Financial Accounting & Reporting

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

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	Jul-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,150,739	\$24,435,184
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,686,312	\$28,844,460
UNUM	Life Insurance	\$310,000	\$222,793	\$2,361,825

Notes:

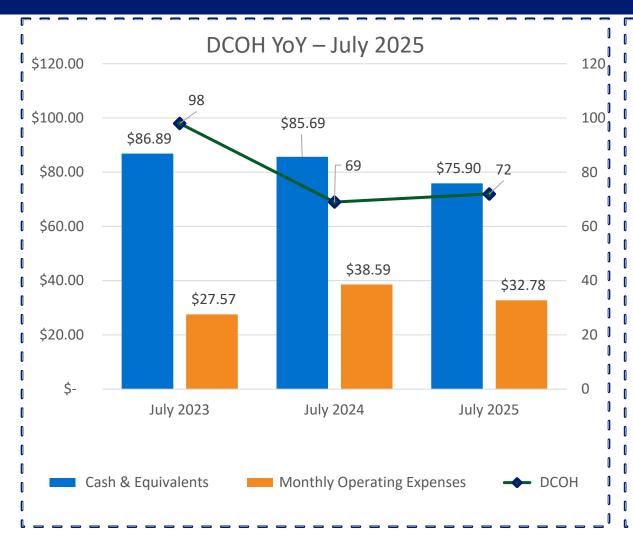
⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

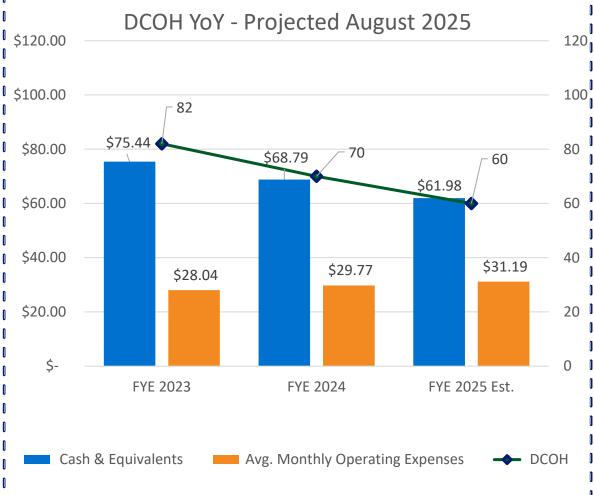


Days-Cash-On-Hand (DCOH)— as of 07/31/2025



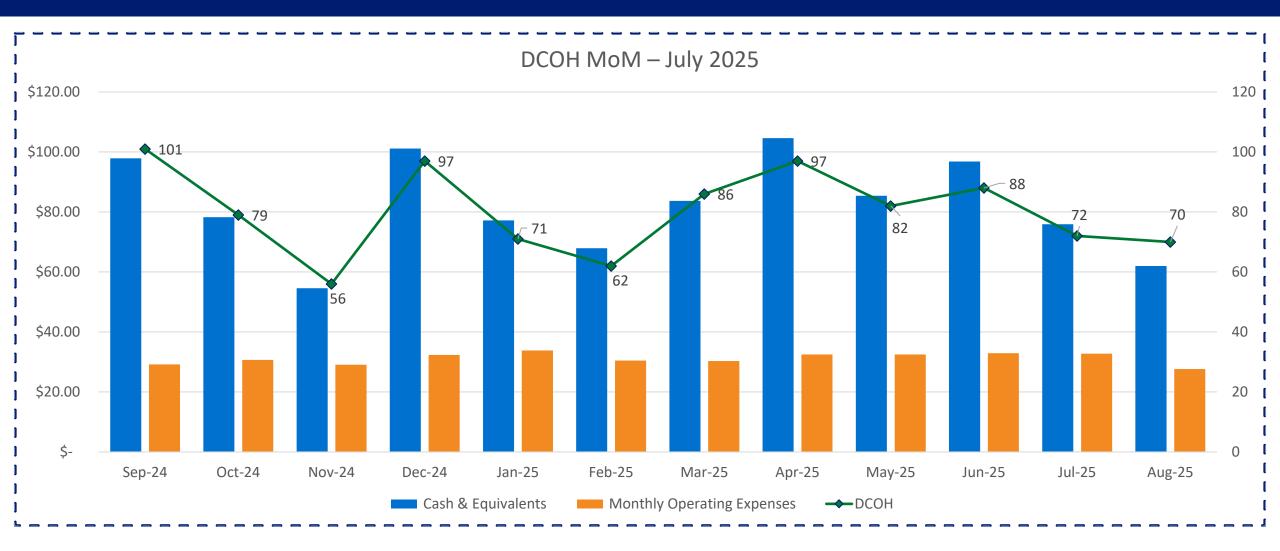
Year-over-year ("YoY") (\$ amounts in millions)





Days-Cash-On-Hand (DCOH)— as of 07/31/2025 Month-over-month ("MoM") (\$ amounts in millions)





Capital Outlay – as of 07/31/2025



Project/Funding Source	₹.	Year	-to-date Total
□ 6168 Apartments		\$	4,737,215
HHSC Grant (9268)		\$	445,205
CHC Grant (9271)		\$	639,931
COH Loan (9272)		\$	3,652,079
☐ Coffeehouse Clinic Construction		\$	3,027
Bond Series 2024		\$	3,027
□ Equipment Purchase		\$	(20)
Fund Balance		\$	(20)
☐ Facilities Capital Projects		\$	4,006
Fund Balance		\$	4,006
☐ IT Capital Projects		\$	482,094
Fund Balance		\$	482,094
■ Northeast Clinic Design and Constructio	n	\$	231,643
Bond Series 2024		\$	231,643
■ NPC Renovation		\$	803,655
Bond Series 2024		\$	803,655
☐ ReCenter Property Purchase		\$	2,288,004
Fund Balance		\$	2,288,004
SW Foundation Repair		\$	35,837
Bond Series 2024		\$	35,837
⊟ Emergency Projects		\$	32,331
Fund Balance		\$	32,331
Grand Total		\$	8,617,792

Funding Source/Project		to-date Total
□ Fund Balance	\$	2,806,415
ReCenter Property Purchase	\$	2,288,004
IT Capital Projects	\$	482,094
Emergency Projects	\$	32,331
Facilities Capital Projects	\$	4,006
Equipment Purchase	\$	(20)
■ Bond Series 2024	\$	1,074,162
NPC Renovation	\$	803,655
Northeast Clinic Design and Construct	tio \$	231,643
SW Foundation Repair	\$	35,837
Coffeehouse Clinic Construction	\$	3,027
∃ HHSC Grant (9268)	\$	445,205
6168 Apartments	\$	445,205
□ CHC Grant (9271)	\$	639,931
6168 Apartments	\$	639,931
□ COH Loan (9272)	\$	3,652,079
6168 Apartments	\$	3,652,079
Grand Total	\$	8,617,792

EXHIBIT R-3

AUGUST 2025 RENEWALS OVER 250k

SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000 AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE	FY 2026 NTE	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	AMOUNT	AMOUNT	CONTRACT PERIOD	PONDING	BID) TAG-ON	COMMENTS
_	ACCESS		AMOUNT	AMOUNT				
	ADMINISTRATION		4422 222 22	4500.000.00	0/4/2025 0/24/2025	Consti	Cala Carray	
1	Centre Technologies	Microsoft Azure DraaS- Disaster Recovery as a Service	\$420,000.00	\$600,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of Service Agreement Microsoft Azure DraaS- Disaster Recovery.
2	Web-head Technologies, Inc. d/b/a Webhead	Design, Develop and Manage the Agency's New Website	\$209,077.44	\$250,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for website maintenance, support and updates for the Agency's new website.
	CPEP/CRISIS SERVICES							
	FORENSICS		E STATE OF S					
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
_	MENTAL HEALTH SERVICES-ECI							
=	LEASES							
_								
_								1

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2025	
Contract ID#*	
7709	
Contractor Name* Centre Technologies	
Service Provided*(?)	
Microsoft Azure DraaS- Disaster Recovery as a 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 \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	5 5000.000000 V
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
,	
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	ness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 420,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1130 G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT144108
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?* (?) 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?* (?)

Maintained legally required standards for certification, licensure, and/or training?* (?) Solution () Yes () No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) No

	ort Agency/Unit Strategic priorities?* urtment to utilize cloud technology to host	our infrastructure,
software, and user/computer ma	anagement.	
Renewal Information for	or Next Fiscal Year	<u> </u>
		7.11. W
Budget Units and Amo	ounts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 600,000.00	574000
Budget Manager*	Secondary B	Budget Manager*
Campbell, Ricardo	Campbell, Ric	cardo
Provide Rate and Rate Descrip	ptions if applicable * (?)	
Project WBS (Work Breakdow	n Structure)* (?)	
N/A	,	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 600,000.00	
General Revenue (GR)		
	naes	<u>^</u>
Contract Content Char		
	nges es to the contract language?* (?)	<u>^</u>
Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?)	
Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?) change?*	
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)?*	
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	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	
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	es to the contract language?* (?) change?* rent than net (45)?*	pporting 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 In Yes No Are there any changes to the services	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	pporting 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 In Yes No Are there any changes to the Services	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	pporting 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 In Yes No Are there any changes to the Services Yes No Are there any changes in the In Yes No Are there any changes to the Services	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	opporting 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 In Yes No Are there any changes to the Services No File Upload (?)	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	pporting documentation?*

Budget Manager Approval(s)	Ć.
Approved by	
Ricardo Campbell	
Contract Owner Approval	Ĉ
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/7/2025

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year	
2025	
Contract ID#*	
2022-0360	
Contractor Name*	
Web-head Technologies, Inc. d/b/a Webhead	
Service Provided * (?)	
Design, Develop and Manage the Agency's new website	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2025	8/31/2026
(0/3/1/2020
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 i	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 Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
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
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
⊚ Yes	
◎ No	
Unknown	

Contract NTE* (?) \$ 209,077.44
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT144101
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?* No No
Were Services delivered as specified in the contract?* No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) No 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
Maintained legally required standards for certification, licensure, and/or training?* (?) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) No

How does this contract support Agency/Unit Strategic priorities?* Webhead hosts and maintains our external facing website - TheHarrisCenter.org. It is our web presence that relays internal/external programs, activities, access, and also hosts our Board Packets for public use. 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* 553003 1130 \$ 250,000.00 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure) * (?) N/A Amount* (?) Fiscal Year* (?) \$ 250,000.00 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?* (?) 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)		<u>©</u>
Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	7/7/2025	

EXHIBIT R-4

AUGUST 2025 AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS MORE THAN \$250,000

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Aptean	Software License, Support & Maintenance for On-line Requisition & Approval Process (Formerly Ross)	\$400,000.00	\$14,179.15	\$414,179.15	10/25/2025 - 10/24/2026	General Revenue (GR)	Request for Proposal	Amendment to increase the FY26 NTE Renewal due to updated quote received after initial renewal.
2	Dahill Office Technology Corporation d/b/a Xerox Business	Agency-Wide Multifunctional Device Lease and Services	\$220,933.08	\$30,088.80	\$251,021.88	10/1/2023 - 10/1/2028	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE to add services for direct to user's OneDrive scanning from our Xerox MFDs.
_	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
_	LEASES								
_									
_									
_									
_									



Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contract Section	
Contractor*	
Aptean	
Contract ID #*	
6115	
Presented To*	
Resource Committee	
Full Board	
*	
Date Presented*	
8/19/2025	
Parties*(?)	
Aptean (Ross) 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 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
Does this contract contain an element of Information	Technology (Hardware, Software, or Professional Services)?
*	roomotogy (ratavate, contrate, or reconstructor).
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/25/2025	10/24/2026
If contract is off such and if the	
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 400,000.00	

Increase Not to Exceed*	
\$ 14,179.15	
Revised Total Not to Exceed (NTE)*	
\$ 414,179.15	
Fiscal Year* (?)	Amount* (?)
2026	\$ 414,179.15
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	Service/Maintenance
Pooled Contract	 IT/Software License Agreement Lease
Renewal of Existing Contract	Other Amending FY26 Renewal Amount
Justification/Purpose of Contract/Description of Serv	
Updated quote received after original FY2026 ECS Rene	wal was completed.
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Please add previous contract dates and what services	s were provided*
FY2010 - FY2025	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes No Unknown	
Please provide an explanation*	
N/A	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
FY2026 Aptean Ross V2.pdf	172.59KB
Vendor/Contractor Contact Person	<u> </u>
Name*	
Aptean	
· 15-2-411	

Address* Street Address 1155 Perimeter Center West Address Line 2 City State / Province / Region Sandy Springs GA Postal / Zip Code Country 30338 US Phone Number* 770-351-9600 Email* ar-coe@aptean.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 553002 1130 \$ 14,179.15 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See attached Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Hurst, Richard 7/10/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/10/2025 IT Director Approval Approved by Approval Date Anthony Jones 7/10/2025 IT Approval Comments Approved - AJones Procurement Approval

File Upload (?)		
Approved by Sign	Approval Date	
Contract Owner Approval		۵
Approved by Mustafa Cochinwala	Approval Date 7/14/2025	
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction		
Approved by*		
Belinda Stude	Approval Date* 7/15/2025	

HARRIS CENTER for

Executive Contract Summary

мены неанганд 199	
Contract Section	⊙
Contractor* DAHILL OFFICE TECHNOLOGY CORP.	
Contract ID #* 2023-0740	
Presented To* Resource Committee Full Board	
Date Presented* 8/19/2025	
Parties* (?) Dahill and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply Competitive Bid 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
Does this contract contain an element of Information *	Technology (Hardware, Software, or Professional Services)?
Yes No	
Funding Information* New Contract Amendment	
Contract Term Start Date * (?) 10/1/2023	Contract Term End Date* (?) 10/1/2028
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 220,933.08	

Increase Not to Exceed*		
\$ 30,088.80		
Revised Total Not to Exceed (NTE)*		
\$ 251,021.88		
1		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 251,021.88	
Funding Source*		
General Revenue (GR)		
Contract Description / Type* (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description	of Services Being Provided* (?)	
Direct to user's OneDrive scanning from our Xero		
Contract Owner*		
Mustafa Cochinwala		
	<u></u>	
Previous History of Contracting with Vendor/	Contractor*	
Yes \(\cap \) No \(\cap \) Unknown		
Please add previous contract dates and what	services were provided*	
FY2019 - FY2025		
Leasing/Maintenance of Xerox MFDs		
Vendor/Contractor a Historically Underutilized	H Rusiness (HUR)* (?)	
Yes No Unknown	a business (Nob)	
Tes Wo Officiowii		
Please provide an explanation*		
N/A		
Community Partnership * (?)		
Yes No Unknown		
Supporting Documentation Upload (?)	40.4.071/0	
Xerox_OneDrive _36 Month Subscription.pdf	134.27KB	
PO_CT144182_Xerox.PDF	166.05KB	
Vendor/Contractor Contact Persor	1	•
Name*		
Kurt Gilbert		

Address* Street Address 8200 Interstate 10 Address Line 2 Suite 400 City State / Province / Region Tx San Antonio Postal / Zip Code Country 78230 United States Phone Number* 713-329-9990 x3520 Email* kurt.gilbert@xerox.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 1130 \$ 30,088.80 552002 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) The 36-month cost is \$30,088.80, Savings of \$3,461.40 over the term. No rate increases for the 36-month period. The 12month subscription has increased to \$11,183.00 for 108 devices. Rates can increase year over year. Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Hurst, Richard 6/27/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/30/2025

IT Director Approval

4

Approved by

Anthony Jones

Approval Date 6/30/2025

IT Approval Comments

Approved - AJones

Procurement Approval	C
File Upload (?)	
Approved by Sign	Approval Date
Contract Owner Approval	<u>C</u>
Approved by Mustafa Cochinwala	Approval Date 7/7/2025
Contracts Approval	
Approve* Yes No, reject entire submission Return for correction	
Approved by *	Approval Date*
Belinda Stude	7/29/2025

EXHIBIT R-5

AUGUST 2025 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Harris County Community Service Department	Ride Share Transportation for our Consumer to ensure appearance for Court Appointments, that are unable to use Metro bus passes.	New Contract	8/1/2025 - 12/1/2025	County	Due Diligence was completed for a New Rides Share program for Forensics to provide transportation services for consumers to their court appointments. The Agency will utilize Harris County Community Service Department for the Rides Specialized Transportation program using zTrip, Rubicund, Anchoring Hopes and Rids Brothers for Harris County. The Agency will pay 60% of the total trip cost to Harris County. [FY25/26 NTE: \$50,000.00].
2	Harris County Community Supervision and Corrections Department	Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.	Renewal	9/1/2025 - 8/31/2026	County	Annual renewal of Interlocal Agreement for Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD. [FY26 Revenue NTE: \$6,112,840.00].
3	Harris County Resources for Children and Adults	Community Youth Services Program for Comprehensive Approaches with Resources to Enhance Safety ("CARES") Project	New Contract	7/2/2025 - 8/31/2026	General Revenue (GR)	New Interlocal MOU with the Community Youth Services Program for the CARES Project increase school safety through the development and expansion of evidence-based, violence prevention, reduction programs, and strategies to support school climate by maximizing resources, at no cost, and prevent duplication of services.
4	The University of Texas Health Science Center at Houston ("UTHealth")	A joint providership arrangement with McGovern Medical School Office of Continuing Medical Education	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Agreement for a joint providership arrangement with McGovern Medical School Office of Continuing Medical Education (OCME) to provide Continuing Medical Education (CME) Activity. [FY26 NTE: \$6,000.00].
5	University of Houston College of Pharmacy	To provide opportunity for student pharmacy learners to gain experience with the underserved mental health population and fill future positions in this space.	New Contract	9/1/2025 - 8/31/2030	General Revenue (GR)	New Affiliation Agreement with the University of Houston's College of Pharmacy to provide opportunities for student pharmacy learners to gain experience with the underserved mental health population and fill future positions with the Agency.



Due Diligence Project PUR-FY25-0335 NEW RIDES SHARE PROGRAM

Purchasing received a request from the Forensic Court Clinical Interview Unit on Tuesday, April 01, 2025, for Ride Share transportation for our clients to court appointments.

Due diligence was done with Sourcewell and Choice Partners and they did not offer any programs for Rides. Uber and Lyft did not support the program. You basically have to schedule a trip using an App to enter your destination and then you are matched with a driver and vehicle details for pickup. Uber cost per ride varies by location, time of day, and service type, with added fees like tolls, surge pricing and booking fees. On average the cost per mile ranges from \$1 to \$2.

We contacted the Harris County Purchasing Department to see if we could tag on to their Supplemental Non-Metered Transportation Rides for Harris County. We were informed that the awarded vendors are currently experiencing capacity issues and are unable to accommodate any additional services beyond those specified in their existing contracts. Following this update, we inquired whether there were any alternative programs they facilitate that we could utilize for this service. After a review by their Purchasing Contract Manager, we were informed that, due to FTA regulations, the use of their contract for this service is not permitted.

We contacted Harris County of Texas Community Service Department for the Rides Specialized Transportation Program using zTrip, Rubicund, Anchoring Hopes and Rids Brothers for Harris County. We were informed that to be qualified for the Rides Program the Agency must be a non-profit organization, for profit business, human services organization, municipality with disability of all ages.

RIDES is a curb-to-curb subsidized program that allows participating agencies to purchase transportation services at a significant discount for specific populations. The agency pays 60% of the total trip cost to Harris County Texas based on the following guidelines:

AGENCY GUIDELINES FOR SUBSIDIZED TRANSPORTATION FUNDS ELIGIBILITY

- Agency must be a non-profit organization, for profit business, human services organization, municipality, hospital or church.
- Agency must agree to screen all clients using the Program eligibility form.
- Agency must agree to provide funds for transportation services only to Harris County residents that
 are low-income, disabled, or elderly that are unable to access alternate transportation. (Customers
 must be screened for MetroLift and for Medicaid Medical transportation. Medicaid customers may
 use Rides for non-medical trips and MetroLift customers may use Rides for trips not served by
 MetroLift.) Rides service originate within Harris County and clients may travel in designated areas
 in neighboring counties contiguous to Harris County.
- Agency must verify that new customers are not registered with another Rides field agency.
- Agency must agree to designate a Program liaison and attend training on use of the web-based program application.
- Agency must agree to support the customer education and registration process on an on-going basis.
 Agency agrees to send paper copies of the customer applications to the Program office immediately after in-take.
- Agency understands that there is a limited amount of funds for subsidized trips. When the funds are
 expended; the subsidized service will no longer be available. The maximum amount of subsidized
 funds that may be purchased is based on availability and will be reviewed periodically. Harris

County reserves the right to adjust the subsidy rate at any time. Adequate advance notice will be given. Agencies can purchase unsubsidized service at any time.

- Agency must provide source of funding to purchase transportation funds to the RIDES program. Eligible Federal funding can only be used. (Please confirm sources with Harris County RIDES).
- Agency agrees to give Rides a minimum of one-month advance notice if participation is discontinued.
- All subsidized funding has an expiration date determined by the Rides Program based on grant
 expirations. Funds may be transferred among users prior to expiration dates but refunds are not
 authorized.
- Must have a signed Agency Partner Member Annual Support form on file.

The Forensic Services selected the Rides Share Program to provide transportation to ensure clients show up for court appointments that are unable to use Metro bus passes.

Total NTE: \$50,000.00

Community Assistance Referral Program - Unit 6004

Term: Evergreen

Submitted By:

—Docusigned by:
Dacquelene Hedge

Jacqueline Hedge, BAA Purchasing, Buyer I Recommended By:

DocuSigned by:

Sharon Braunes

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

Purchasing Manager

DocuSigned by:

Stanley adams

Staries Adams, MBA Chief Financial Officer HARRIS CENTER JOS

Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
Harris County Community Service Department	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
	N.d. a
The Harris Center for MH and IDD and Harris County R	kides
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 Not Applicable (If there are no funda required)	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Information	n Technology (Hardware, Software, c
*	
Yes No	
Funding Information*	
New Contract	
	g
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/1/2025	12/1/2025
If contract is off-cycle, specify the contract term (?)	
fiscal for contract funding is Dec to Dec, fully executed	
contract signed in July 25	

Fiscal Year* (?)	Amount* (?)		
2025	\$ 50,000.00		
Funding Source*			
County			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description of S	Services Being Provided * (?)		
Ride Share transportation for our clients to ensure ap			
are unable to use Metro bus passes.	position of the second opposition opposition of the second opposition op		
Contract Owner*			
Sean McElroy			
Previous History of Contracting with Vendor/Cont	tractor*		
○ Yes No Unknown			
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)		
Yes No Unknown			
Community Partnership * (?)			
○ Yes ○ No ◎ Unknown			
Supporting Documentation Upload (?)			
FW_ Due Diligence for Rideshare Program.zip	7.06MB		
Vendor/Contractor Contact Person	•		
Name*			
Natosha Willis			
Address*			
Street Address			
1001 Preston St			
Address Line 2			
Suite 500			
City	State / Province / Region		
Houston	TX		
Postal / Zip Code	Country		
77002-1839	United States		
Phone Number*			
7132741284			
Email*			
natosha.willis@harriscountytx.gov			

Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6003 \$ 50,000.00 543014 **Budget Manager** Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Williams-Wesley, Sheenia 8/1/2025 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wesley 8/1/2025 **Procurement Approval** File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Sean McElray 8/1/2025 Contracts Approval Approve* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/1/2025

Annual Renewal Evaluation

Mental Health and IDD		
Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2025		
Contract ID#*		
6139		
0139		
Contractor Name*		
Harris County Community Supervision and Corrections	s Department	
Service Provided* (?)		
Dual Diagnosis Residential Program for treatment (138	B Beds) at 2312 Atascocita Road.	
Humble, Texas for CSCD.	bodo, at 2012 massocia noda,	
	*	
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		
Grant Proposal	of motor	
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s) *		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application Request for Quote	Request for Qualification	
Interlocal	Tag-OnConsumer 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	
BAA/DUA Pooled Contract	 IT/Software License Agreement Lease 	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
Yes		
⊚ No		
Unknown		

24-hour residential treatment factor mental illness and substance about probationers into the community Renewal Information for	or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 6,112,840.00 Secondary B Reyes, Elizabe	et Unit Expense/GL Code No.* 0000000 udget Manager*	
24-hour residential treatment face mental illness and substance aborobationers into the community Renewal Information for Budget Units and Amoro Budget Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia Provide Rate and Rate Descriptor/a Project WBS (Work Breakdown	ility for male and female probationers wit use issues providing services intended to upon release. or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 6,112,840.00 Secondary Born Reyes, Elizaborations if applicable* (?)	et Unit Expense/GL Code No.* 0000000 udget Manager*	•
24-hour residential treatment factor mental illness and substance abordonationers into the community. Renewal Information for Budget Units and Amordonate Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia	ility for male and female probationers wit use issues providing services intended to upon release. Or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 6,112,840.00 Secondary Born Reyes, Elizabor	et Unit Expense/GL Code No.* 0000000 udget Manager*	•
24-hour residential treatment factor mental illness and substance about probationers into the community. Renewal Information for Budget Units and Amount Budget Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia	ility for male and female probationers wit use issues providing services intended to upon release. Or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 6,112,840.00 Secondary Born Reyes, Elizabor	et Unit Expense/GL Code No.* 0000000 udget Manager*	6
24-hour residential treatment factor mental illness and substance about probationers into the community. Renewal Information for Budget Units and Amount Budget Unit Number* 6401 Budget Manager*	ility for male and female probationers wit use issues providing services intended to upon release. or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 6,112,840.00 Secondary Bo	et Unit Expense/GL Code No.* 0000000 udget Manager*	
24-hour residential treatment factor mental illness and substance about probationers into the community Renewal Information for Budget Units and Amount Budget Unit Number*	ility for male and female probationers wit use issues providing services intended to upon release. or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit*	et Unit Expense/GL Code No.*	6
24-hour residential treatment factor mental illness and substance about probationers into the community Renewal Information for	ility for male and female probationers wit use issues providing services intended to upon release. or Next Fiscal Year	transition the	•
24-hour residential treatment fac mental illness and substance ab probationers into the community	ility for male and female probationers wit use issues providing services intended to upon release.		6
24-hour residential treatment fac mental illness and substance abo	ility for male and female probationers wit use issues providing services intended to		
How does this contract support	rt Agency/Unit Strategic priorities?*		
Yes No	for next fiscal year with this Contracto	Л 1 - V//	
Renewal Determination		* (2)	
Danawal Batawai ati-			
File Upload (?)			
Contract Owner* Monalisa Jiles			
Sheenia Williams-Wesley			
N/A Contract Requestor*			
Current Fiscal Year Purchase (Order Number*		
G/L Code(s)* N/A			
N/A			
Unit(s) Served*			
Rate(s)/Rate(s) Description Vary.			

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?* See No.
Are there any changes to the Submission deadlines for notes or supporting documentation?* See No.
File Upload (?)
Contract Owner
Contract Owner* (?) Please Select Contract Owner Monalisa Jiles
Budget Manager Approval(s)
Approved by
Shoenia Wittiams Westry
Contract Owner Approval
Approved by
Monatisa Tites
Contracts Approval
Approve* Yes No reject entire submission
 No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date*
7/29/2025

New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 8/31/2026 7/2/2025 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?) 2026 \$ 0.00

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of	Services Being Provided* (?)
To increase school safety through the development a	and expansion of evidence-based,
violence prevention, reduction programs, and strateg	
maximizing resources, at no cost, and prevent duplic	cation of services.
Contract Owner*	
Tiffanie Williams-Brooks	
Thathe Williams-Blooks	
Previous History of Contracting with Vendor/Con	tractor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Bu	usiness (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
25GEN0937 - HCRCA MOU - CYS CARES Project v	/2.docx 31.47KB
Vendor/Contractor Contact Person	<u> </u>
veriagn contractor contact refeets	
Name*	
Candis Jackson	
Candis Jackson	
Address*	
Street Address	
6300 Chimney Rock Road	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77081-4502	US
77001-4302	03
Phone Number*	
832-927-6457	
Email*	
candis.jackson@harriscountytx.gov	
Budget Section	
Budget Section	

Budget Units and Amour	nts Charged to ea	ch Budget Un	it
Budget Unit Number* 4780	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.*
Budget Manager Smith, Janai		Secondary Budget Shelby, Debbie	Manager
Provide Rate and Rate Description	ons if applicable * (?)		
Project WBS (Work Breakdown S N/A	structure)* (?)		
Requester Name Bowser, Mohagony		Submission Date	
Budget Manager Approve	al(s)		<u> </u>
Approved by Sanai Lynnette Smith		Approval Date 7/2/2025	
Procurement Approval			•
File Upload (?)			
Approved by	,	Approval Date	
Contract Owner Approva	1	di salita di salamana di s	©
Approved by Witness Religious Brooks, LEFC-5		Approval Date 7/2/2025	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			
Approved by* Belinda Stude		Approval Date* 7/3/2025	

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0361	
Contractor Name*	
The University of Texas Health Science Center at Hous	ston ("UTHealth")
Service Provided * (?)	
A joint providership arrangement with McGovern Medic Medical Education (OCME) to provide Continuing Medi	
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 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 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 Busi	iness (HUB) (?)
Yes	
◎ No	
Inknown	

Contract NTE* (?) \$ 6,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT144197
Contract Requestor* Lesley Conger
Contract Owner* Luming Li
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?* ⊚ Yes ⊙ No
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) See No.
Were reports, billing and/or invoices submitted in a timely manner?* (?) No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? \star (?)
⊗ Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?) 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 e	ach Budget L	Jnit	
Budget Unit Number*	Amount Charged \$ 6,000.00	to Unit*	Expense/GL Code No.* 542000	
Budget Manager*		Secondary Budg	get Manager*	
Campbell, Ricardo		Campbell, Ricard	0	
Provide Rate and Rate Descrip	otions if applicable * (?)			
A joint providership arrangement School Office of Continuing Med				
Project WBS (Work Breakdow	n Structure)* (?)			
n/a				
Fiscal Year* (?)		Amount* (?)		
2026		\$ 6,000.00		
	i Amount for Master Poo	led Contracts		
Contract Funding Source*	I Amount for Master Poo	led Contracts		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char		led Contracts		
Contract Funding Source* General Revenue (GR) Contract Content Char	nges			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No	nges es to the contract langua			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services	nges es to the contract langua			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	nges es to the contract langua change?*			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change	nges es to the contract langua change?*			2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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 difference of the Services No	nges es to the contract langua change?* ent than net (45)?*			
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 difference of the Services Yes No Are there any changes in the Item Yes No	es to the contract langual change?* ent than net (45)?* Performance Targets?*	ge ?* (?)		
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	es to the contract langual change?* ent than net (45)?* Performance Targets?*	ge ?* (?)	rting documentation?*	
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	es to the contract langual change?* ent than net (45)?* Performance Targets?*	ge ?* (?)	rting documentation?*	

Contract Owner* (?)			
Please Select Contract Owner			
Luming Li			
Budget Manager Approval(s)		0
Approved by			
Ricardo Campbell			
Contract Owner Approval			0
Approved by			
Dr. Luning Li			
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission 			
Return for correction			
Approved by*			
		Approval Date*	
Belinda Stude		7/28/2025	
5			

∰IARRIS Executive Contract Sun	nmary
Mental Heath and 1110	
Contract Section	
Contractor*	
University of Houston College of Pharmacy	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
Date Presented 8/19/2025	
Parties* (?)	
The University of Houston and The Harris Center	
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 Not Applicable (If there are no funds required) 	Consumer DrivenOther
Does this contract contain an element of Informatic *	on Technology (Hardware, Software, or Professional Serv
Yes No	
163 W 140	
Funding Information*	
Funding Information* New Contract Amendment	Contract Term End Date * (?)
Funding Information* New Contract Amendment Contract Term Start Date* (?) 9/1/2025	Contract Term End Date * (?) 8/31/2030

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2026

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	ruigos Boing Provided* (2)
To provide opportunity for student pharmacy learners to underserved mental health population and fill future po-	
underserved mental health population and illi luture po-	Sittons in this space.
Contract Owner*	
Holly Cumbie	
	. *
Previous History of Contracting with Vendor/Contra	actor
Yes No Unknown	
Please add previous contract dates and what service	ces were provided*
2019-2024	
2019-2024	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* (?)
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
PHAR_5670_Community_Pharmaceutical_Care.pdf	192.02KB
Vendor/Contractor Contact Person	
Name*	
Nancy Ordonez	
Address*	
Street Address	
Health 2, 4349 Martin Luther King Blvd Room 3044	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77204	US
Phone Number*	
832-842-8369	
Email*	
NOrdonez@Central.UH.EDU	
Budget Section	

Budget Units and Amou	nts Charged to ea	ach Budget Un	nit
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
1135	\$ 0.00		0
Budget Manager		Secondary Budget	t Manager
Campbell, Ricardo		Campbell, Ricardo	
Provide Rate and Rate Descripti	ions if applicable * (?)		
N/A			
Project WBS (Work Breakdown	Structure)* (?)		
N/A			
Requester Name		Submission Date	
Cumbie, Holly		7/14/2025	
Budget Manager Approv	val(s)		O
Approved by			
0 0		Approval Date	
Ricardo Campbell		7/14/2025	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approva	al		<u> </u>
Approved by			
		Approval Date	
Holly Cumbie		7/14/2025	
Contracts Approval			
Approve*			
Yes			
No, reject entire submissionReturn for correction			
Approved by *			
Belinda Stude		Approval Date*	
Deunaa Stude		7/15/2025	

EXHIBIT R-6

Agency Wide Security Guard Services RFP



Presented by: Stanley Adams, MBA Chief Financial Officer

Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Performance/Training/Personnel	25%
Safety	25%
Implementation	10%
References	10%
Security Alarm Response/Patrols	15%
Communication	10%
Security Plus	5%
TOTAL	100%

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

Evaluation Team	Vendor #1	Vendor #2	Vendor #3	Vendor #4	Vendor #5	Vendor #6	Vendor #7
Evaluator 1	79	75	72	66	42	33	30
Evaluator 2	86	78	89	37	59	42	19
Evaluator 3	60	80	72	60	60	60	60
Evaluator 4	70	79	69	65	70	64	20
Average Evaluation Score	73.75	78	75.50	57	57.75	49.75	32.25

Pricing for Top Three Vendors over a 5 Year Period

	Vendor #1	Vendor #2	Vendor #3
NTE for 5 Years	\$5,003.107.20*	\$5,993,395.20*	\$7,235,316.60*

^{*}Dollar amount does not include golf cart rental.

Vendor #1 RFP – Pricing

1. Regular Post/Site						4. Optional - Regular a	nd Additional F	Post/Site			
UNARMED Guard						ARMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 - 8/31/2030		9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -
	8/31/2026	8/31/2027		8/31/2029			8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030
a) Direct Labor Rate:	\$14.00	\$14.39	\$14.79	\$15.20	\$15.62	a) Direct Labor Rate:	\$21.00	\$21.58	\$22.17	\$22.78	\$23.41
b) Mark-up %	40.80%	41.05%	41.30%	41.55%	41.80%	b) Mark-up %	40.80%	41.05%	41.30%	41.55%	41.80%
c) Billing Rate	\$19.71	\$20.30	\$20.90	\$21.52	\$22.15	c) Billing Rate	\$29.57	\$30.44	\$31.33	\$32.25	\$33.20
2. Additional Post/Site	•					5. Optional - Regular a	nd Additional F	Post/Site			
UNARMED Guard						ARMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 - 8/31/2030		9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -
	8/31/2026	8/31/2027		8/31/2029			8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030
a) Direct Labor Rate:	\$14.00	\$14.39		\$15.20	\$15.62	a) Direct Labor Rate:	\$24.00	\$24.66	\$25.34	\$26.04	\$26.76
b) Mark-up %	40.80%	41.05%	41.30%	41.55%	41.80%	b) Mark-up %	40.80%	41.05%	41.30%	41.55%	41.80%
c) Billing Rate	\$19.71	\$20.30	\$20.90	\$21.52	\$22.15	c) Billing Rate	\$33.79	\$34.78	\$35.81	\$36.86	\$37.95
3. Alarmed Response/	Patrol Service					6. Golf Cart and Maintenance / Bicycle (Cost Per Year if applicable)					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028		9/1/2029 - 8/31/2030		9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -
	8/31/2026	8/31/2027		8/31/2029			8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030
Patrol Service	\$30.00			\$30.00	\$30.00	a) One Golf Cart	\$6,996.00	\$6,996.00	\$6,996.00	\$6,996.00	\$6,996.00
Alarmed Response	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	b) Bicycle	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00
						c) Bicycle	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00
		CONTRACTOR AND ADDRESS.						AND ASSESSMENT OF THE PARTY OF			The second second

Vendor #2 RFP – Pricing

1. Regular Post/Site						4. Optional - Regular and Additional Post/Site					
UNARMED Guard						ARMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	#1 9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030
								_			
a) Direct Labor Rate:	\$17.00	\$17.50	\$18.00	\$18.50	\$19.00	a) Direct Labor Rate:	\$31.50	\$32.50		\$33.75	
b) Mark-up %	\$6.79	\$6.92	\$7.06	\$7.1 9	\$7.32	b) Mark-up %	\$12.18	\$12.13	\$12.37	\$12.77	\$12.97
c) Billing Rate	\$23.79	\$24.42	\$25.06	\$25.69	\$26.32	c) Billing Rate	\$43.68	\$44.63	\$45.57	\$46.52	\$47.47
2. Additional Post/Site						5. Optional - Regular and	Additional Po	st/Site			
UNARMED Guard						ARMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	#1 9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030
a) Direct Labor Rate:	\$25.50	\$26.25	\$27.00	\$27.75	\$28.50	a) Direct Labor Rate:	\$35.25	\$36.00		\$37.50	\$38.25
b) Mark-up %	\$10.19	\$10.39	\$10.58	\$10.78	\$10.98	b) Mark-up %	\$13.16	\$13.36	\$13.56	\$13.75	\$14.25
c) Billing Rate	\$35.69	\$36.64	\$37.58	\$38.53	\$39.48	c) Billing Rate	\$48.41	\$49.36	\$50.31	\$51.25	\$52.50
3. Alarmed Response/P	atrol Service					6. Golf Cart and Maintena	r if applicable)				
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	#1 9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030
Patrol Service	\$88,117.12	\$88,117.12	\$90,760.63	\$90,760.63	\$93,483.45	a) One Golf Cart	\$4,800.00	\$4,800.00	\$5,100.00	\$5,100.00	\$5,400.00
Alarmed Response 3	35.00 each call	35.00 each call	40.00 each call	40.00 each call	45.00 each call	b) Bicycle	N/A	N/A	N/A	N/A	N/A
						c) Bicycle	N/A	N/A	N/A	N/A	N/A

Vendor #3 RFP – Pricing

1. Regular Post/Site						4. Optional - Regular and Additional Post/Site					
UNARMED Guard						ARMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 - 8/31/2027	9/1/2027 -	9/1/2028 -	9/1/2029 - 8/31/2030		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 -
	8/31/2026		8/31/2028	8/31/2029			8/31/2026	8/31/2027		8/31/2029	8/31/2030
a) Direct Labor Rate:	\$18.00	\$19.00	\$20.00	\$21.00	\$22.00	a) Direct Labor Rate:	\$20.00	\$21.00	\$22.00	\$23.00	\$24.00
b) Mark-up %	55.44%	53.01%	51.02%	49.44%	48.21%	b) Mark-up %	53.77%	52.16%	50.91%	49.98%	49.33%
c) Billing Rate	\$27.98	\$29.07	\$30.20	\$31.38	\$32.61	c) Billing Rate	\$30.75	\$31.95	\$33.20	\$34.49	\$35.84
2. Additional Post/Site						5. Optional - Regular and Additional Post/Site					
UNARMED Guard						ARMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 - 8/31/2027	9/1/2027 -		9/1/2029 - 8/31/2030		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 -
	8/31/2026		8/31/2028	8/31/2029			8/31/2026	8/31/2027		8/31/2029	8/31/2030
a) Direct Labor Rate:	\$18.00	\$19.00	\$20.00	\$21.00	\$22.00	a) Direct Labor Rate:	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00
b) Mark-up %	55.44%	53.01%	51.02%	49.44%	48.21%	b) Mark-up %	47.88%	46.66%	45.76%	45.13%	44.76%
c) Billing Rate	\$27.98	\$29.07	\$30.20	\$31.38	\$32.61	c) Billing Rate	\$31.06	\$32.27	\$33.52	\$34.83	\$36.19
3. Alarmed Response/Patrol Service						6. Golf Cart and Maintenance / Bicycle (Cost Per Year if applicable)					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 - 8/31/2027	9/1/2027 -		9/1/2029 - 8/31/2030		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 -
	8/31/2026		8/31/2028	8/31/2029			8/31/2026	8/31/2027		8/31/2029	8/31/2030
Patrol Service	\$55.96	\$58.14	\$60.41	\$62.77	\$65.21	a) One Golf Cart	\$800.00	\$800.00	\$800.00	\$800.00	\$800.00
Alarmed Response	\$55.96	\$58.14	\$60.41	\$62.77	\$65.21	b) Bicycle	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
						c) Bicycle	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00

Vendor #4 RFP – Pricing

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1. Regular Post/Site						4. Optional - Regular an					
UNARMED Guard						ARMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -		9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027			
a) Direct Labor Rate:	\$20.38	\$20.99	\$21.62	\$22.27	\$22.94	a) Direct Labor Rate:	\$24.84		\$26.35	\$27.14	\$27.96
b) Mark-up %	\$8.74	\$9.00	\$9.27	\$9.55	\$9.84	b) Mark-up %	\$10.65	\$10.97	\$11.30	\$11.64	\$11.99
c) Billing Rate	\$29.12	\$29.99	\$30.89	\$31.82	\$32.77	c) Billing Rate	\$35.49	\$36.55	\$37.65	\$38.78	\$39.94
2. Additional Post/Site						5. Optional - Regular an	d Additional I	Post/Site			
UNARMED Guard						ARMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027			
a) Direct Labor Rate:	\$20.38	\$20.99	\$21.62	\$22.27	\$22.94	a) Direct Labor Rate:	\$27.05	\$27.86	\$28.70	\$29.56	\$30.45
b) Mark-up %	\$8.74	\$9.00	\$9.27	\$9.55	\$9.84	b) Mark-up %	\$11.59	\$11.94	\$12.30	\$12.66	\$13.04
c) Billing Rate	\$29.12	\$29.99	\$30.89	\$31.82	\$32.77	c) Billing Rate	\$38.64	\$39.80	\$40.99	\$42.22	\$43.49
3. Alarmed Response/Patrol Service						6. Golf Cart and Mainter	6. Golf Cart and Maintenance / Bicycle (Cost Per Year				
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027			
Patrol Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	a) One Golf Cart	\$2,400.00	\$2,472.00	\$2,546.16	\$2,622.54	\$2,701.22
Alarmed Response	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	b) Bicycle	\$1,200.00	\$1,236.00	\$1,273.08	\$1,311.27	\$1,350.61
						c) Bicycle	\$1,200.00	\$1,236.00	\$1,273.08	\$1,311.27	\$1,350.61
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Vendor #5 RFP – Pricing

1. Regular Post/Site						4. Optional - Regular a	nd Additional I	Post/Site			
UNARMED Guard						ARMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 - 8/31/2029	9/1/2029 -
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027	8/31/2028		8/31/2030
a) Direct Labor Rate:	\$13.00	\$14.00	\$15.00	\$15.50	\$16.00	a) Direct Labor Rate:	\$17.00	\$17.50	\$18.00	\$18.50	
b) Mark-up %	\$0.00	\$1.00	\$1.00	\$0.10	\$0.10	b) Mark-up %	\$0.00	\$0.00	\$0.50	\$0.50	\$0.00
c) Billing Rate	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	c) Billing Rate	\$33.00	\$33.00	\$33.50	\$34.00	\$34.00
2. Additional Post/Site	•					5. Optional - Regular a	nd Additional I	Post/Site			
UNARMED Guard						ARMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 - 8/31/2029	9/1/2029 -
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027	8/31/2028		8/31/2030
a) Direct Labor Rate:	\$13.00	\$14.00	\$15.00	\$15.50	\$16.00	a) Direct Labor Rate:	\$18.00	\$18.25	\$18.50	\$18.75	\$19.00
b) Mark-up %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	b) Mark-up %	\$0.00	\$0.50	\$0.00	\$0.50	\$0.50
c) Billing Rate	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	c) Billing Rate	\$34.00	\$34.50	\$34.50	\$35.00	\$35.50
3. Alarmed Response	Patrol Service					6. Golf Cart and Maint	enance / Bicyc	le (Cost Per Year	if applicable)		
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 - 8/31/2029	9/1/2029 -
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030		8/31/2026	8/31/2027	8/31/2028		8/31/2030
Patrol Service	\$30.00	\$30.50	\$31.00	\$32.00	\$32.00	a) One Golf Cart	\$2,600.00	\$2,450.00	\$2,400.00	\$2,400.00	\$2,400.00
Alarmed Response	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	b) Bicycle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						c) Bicycle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						-					
		No. of the Control of									

Vendor #6 RFP – Pricing

1. Regular Post/Site						4.	. Optional - Regular a	and Additional	Post/Site -			
UNARMED Guard						Al	RMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	IT	TEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -			9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 - 8/31/2030
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030			8/31/2026	8/31/2027		8/31/2029	
a) Direct Labor Rate:	\$16.00	\$17.00	\$18.00	\$18.00	\$19.00	a)) Direct Labor Rate:	\$22.00	\$22.00	\$23.00	\$23.00	\$24.00
b) Mark-up %	\$2.00	\$2.00	\$2.00	\$2.00	\$3.00	b)) Mark-up %	\$3.00	\$3.00	\$4.00	\$4.00	\$4.00
c) Billing Rate	\$18.00	\$19.00	\$20.00	\$20.00	\$22.00	c)) Billing Rate	\$25.00	\$25.00	\$27.00	\$27.00	\$28.00
2. Additional Post/Site						5.	. Optional - Regular a	and Additional	Post/Site			
UNARMED Guard						Al	RMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	IT	TEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -			9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 - 8/31/2030
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030			8/31/2026	8/31/2027		8/31/2029	
a) Direct Labor Rate:	\$16.00	\$17.00	\$18.00	\$18.00	\$19.00	a)) Direct Labor Rate:	\$24.00	\$24	\$24.00	\$24.00	\$25.00
b) Mark-up %	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	b) Mark-up %	\$3.00	\$3.00	\$4.00	\$4.00	\$4.00
c) Billing Rate	\$18.00	\$19.00	\$20.00	\$20.00	\$22.00	c)) Billing Rate	\$27.00	\$27.00	\$28.00	\$28.00	\$29.00
3. Alarmed Response/Pa	trol Service					6.	. Golf Cart and Maint	tenance / Bicyc	le (Cost Per Yea	ar if applicable)		
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	IT	TEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 -	9/1/2027 -	9/1/2028 -	9/1/2029 -			9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 -	9/1/2029 - 8/31/2030
	8/31/2026	8/31/2027	8/31/2028	8/31/2029	8/31/2030			8/31/2026	8/31/2027		8/31/2029	
Patrol Service	\$20.00	\$20.00	\$22.00	\$22.00	\$23.00	a)) One Golf Cart	\$300.00	\$300.00	\$400.00	\$500.00	\$500.00
Alarmed Response	\$22.00	\$22.00	\$23.00	\$23.00	\$24.00	b) Bicycle	\$200.00	\$200.00	\$300.00	\$300.00	\$400.00
						c)) Bicycle	\$200.00	\$200.00	\$200.00	\$300.00	\$400.00

Vendor #7 RFP – Pricing

1. Regular Post/Site						4. Optional - Regular a	ınd Additional P	ost/Site			
UNARMED Guard						ARMED Guard					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 - 8/31/2027	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030
	8/31/2026				8/31/2030		8/31/2026	8/31/2027			
a) Direct Labor Rate:	\$15.75	\$16.25	\$17.25	\$18.25	\$19.75	a) Direct Labor Rate:	\$21.00	\$21.00	\$21.00	\$21.00	\$21.00
b) Mark-up %	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	b) Mark-up %	\$11.00	\$12.00	\$14.00	\$14.00	\$15.00
c) Billing Rate	\$25.75	\$26.25	\$27.25	\$28.28	\$29.75	c) Billing Rate	\$32.00	\$33.00	\$35.00	\$35.00	\$36.00
2. Additional Post/Site	:					5. Optional - Regular a	nd Additional P	ost/Site			
UNARMED Guard						ARMED Supervisor					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 - 8/31/2027	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030
	8/31/2026				8/31/2030		8/31/2026	8/31/2027			
a) Direct Labor Rate:	\$15.75	\$16.25	\$17.25	\$18.25	\$19.75	a) Direct Labor Rate:	\$23.00	\$23.00	\$23.00	\$23.00	\$25.00
b) Mark-up %	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	b) Mark-up %	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
c) Billing Rate	\$25.75	\$26.25	\$27.25	\$28.28	\$29.75	c) Billing Rate	\$35.00	\$35.00	\$35.00	\$35.00	\$37.00
3. Alarmed Response/	Patrol Service					6. Golf Cart and Maintenance / Bicycle (Cost Per Year if applicable)					
ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4	ITEM DESCRIPTION	Base Year	Option Year #1	Option Year #2	Option Year #3	Option Year #4
	9/1/2025 -	9/1/2026 - 8/31/2027	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 -		9/1/2025 -	9/1/2026 -	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030
	8/31/2026				8/31/2030		8/31/2026	8/31/2027			
Patrol Service	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	a) One Golf Cart	\$14,750.00	\$15,650.00	\$16,642.00	\$17,669.00	\$18,465.00
Alarmed Response	\$125.25	\$150.00	\$175.00	\$200.00	\$225.00	b) Bicycle	\$1,200.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,450.00
						c) Bicycle	\$1,200.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,450.00

Award Recommendation

Docusign Envelope ID: E93E22A7-4D17-47B0-BFF7-72E2D652ECDE

HARRIS CENTER for Mental Health and IDD

Award Recommendation Agency Wide Security Guard Services RFP Project# FY25-0008

The Request for Proposal opened for Agency Wide Security Guard Services, July 14, 2025, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Darryl Coleman, Director Security, Veronica Billings, Security Manager, Eunice Davis, Director Risk Management, and Mustafa Cochimwala, Chief Information Officer.

Six hundred and ninety-eight (698) vendors were identified in this area of interest by our procurement software, Bonfire. Seventy-five (75) vendors were identified from buyer research and the previous vendor list was 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.

Ten (10) responses received and zero (0) did not participate. Seven (7) responses were deemed responsive and evaluated by the project team. Three (3) responses were disqualified because the vendors did not attend the mandatory conference meeting.

Recommended Vendor:

Universal Protection Services

The team members rated each response using a qualitative approach. After weighing all categories and considering the functions that The Harris Center uses contract security as a supplement to our internal full-time employee security guards, it was determined, as an agency, it is in a better position to move forward with Universal Protection Service.

The initial contract period is anticipated to begin upon the award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The total NTE (Not to Exceed) for five (5) years is \$5,038,087.20 (price includes golf cart rental) to be funded annually subject to availability of the budget each year. Forecast for each year is:

FY26: Services \$949,922.40 FY27: Services \$978,148.00 FY28: Services \$1,036,52.00 FY29: Services \$1,036,512.80 FY30: Services \$1,066,652.00 Docusign Envelope ID: E93E22A7-4D17-47B0-BFF7-72E2D652ECDE

The Funding Source is Unit# 1190, GL# 583000.

Submitted By:

James Blunt 7/28/2025

James Blunt, C.P.M.

Buyer II

Recommended By

Sharon Braunes

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

Purchasing Manager

Stanley adams 7/28/2025

7/28/2025

Stanley Adams, MBA Chief Financial Officer

August 2025 Board
August 2025 Board

EXHIBIT R-7



Authorization to create FY26 Open PO to pay for CPEP/HCPI/Admin Employee Surface Parking at the Texas Medical Center

The Harris Center's Purchasing Department is requesting approval of an Open PO to cover staff parking fees for a NTE amount of \$281,060.

Vendor	Service Description	FY 2026 NTE SAmount	Funding	Comments
Texas Medical Center/LAZ	Employee Parking Fees NPC	\$190,000	FY 2026 Budget	Funds are required to cover Employee Parking Expense for the following units: 9206-\$137,000 9209-\$29,000 9211-\$12,000 1108-\$6,000 1135-\$6,000
Texas Medical Center/LAZ	MH Admin Employee Parking Fees	\$85,084	FY 2026 Budget	1131-\$23,236 2180-\$61,848
Texas Medical Center/LAZ	IDD	\$5,976	FY 2026 Budget	3352-\$2,376 3530-\$3,000 3623-\$600

Surface and Garage Parking: Direct pay to Texas Medical Center (TMC/LAZ Parking) for staff parking at NPC. This pays for contract parking for staff that park at NPC. NPC staff park at the SMITH LANDS Lot and Garage 4.

Parking Reimbursement: Pays for individuals who work at NPC but choose to get reimbursed for their parking. They may choose to ride the bus or Uber but get reimbursed at the same rate as if the agency paid directly for their parking.

Projected cost includes 10% increase in costs for anticipated rate increase in January.

Submitted By:

—Docusigned by:

Sharon Brauner

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

Recommended By:

-DocuSigned by:

Mna Cook

Nina Cook, MBA, CTCM, CTCD.

Director of Purchasing

DocuSigned by:

Stanley adams

Stan Adams, MBA Chief Financial Officer

EXHIBIT R-8

Pharmacy Remote After Hours Service

RFP –Project #FY25-0009

Presented by: Stanley Adams, MBA Chief Financial Officer



Request For Qualifications – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept / Central Order Entry / Pharmacist Collaboration	25%
Ease of availability outside of normal business hours	25%
Credentials of Staff	20%
HIPPA Certified	10%
Financial Condition	5%
References	5%
Cost	10%
TOTAL	100%

Proposal Evaluation Scores

Evaluation Team	Vendor 1	Vendor 2
Evaluator 1	95	79
Evaluator 2	100	80
Evaluator 3	96	79
Average Evaluation Score	97.00	79.33

The total possible score is 100 points.

	Agreement Term	Pricing 9/1/25-8/31/26		
	Monthly Flat Fee (Number of lines included)	\$5,525 for 1700 lines		Page 76 of 234
		. ,		1 ago 10 01 204
	Implementation Fee One Time	N/A		
	Annual Fee	N/A		
	Holiday Upcharges	N/A		
	Computer Verifications	N/A		
	Over monthly lines rate/charge per line	\$3.25/line for >1700 lines		
	Agreement Term	Pricing 9/1/26-8/31/27		
	Monthly Flat Fee (Number of lines included)	\$5,746 for 1700 lines		
	Implementation Fee One Time	N/A		
	Annual Fee	N/A		
	Holiday Upcharges	N/A		
	Computer Verifications	N/A		
	· · · · · · · · · · · · · · · · · · ·			
	Over monthly lines rate/charge per line	\$3.38/line for >1700 lines		
	Agreement Term	Pricing 9/1/27-8/31/28		
	Monthly Flat Fee (Number of lines included)	\$5,984 for 1700 lines		
Vendor 1				
VCIIdoi 1	Implementation Fee One Time	N/A		
	Annual Fee	N/A		
	Holiday Upcharges	N/A	(TO 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Computer Verifications	N/A		
	Over monthly lines rate/charge per line	\$3.52/line for >1700 lines		
	over monthly lines rate, charge per line	\$3.327 IIIC 101 > 1700 IIIC3		
			「	
	Agreement Term	Pricing 9/1/28-8/31/29		
	Monthly Flat Fee (Number of lines included)	\$6,222 for 1700 lines		
	Implementation Fee One Time	N/A		
	Annual Fee	N/A	THE PARTY OF THE P	
	Holiday Upcharges	N/A		
	Computer Verifications	N/A		
	Over monthly lines rate/charge per line	\$3.66/line for >1700 lines		
	Agreement Town	Drising 0/1/20 8/21/20		
	Agreement Term Monthly Flat Fee (Number of lines included)	Pricing 9/1/29-8/31/30 \$6,477 for 1700 lines		
	Monthly Flat Fee (Number of lines included)	30,477 for 1700 lines		
	Implementation Fee One Time	N/A		
	Annual Fee	N/A		
	Holiday Upcharges	N/A		
	Computer Verifications	N/A		
	Over monthly lines rate/charge per line	\$3.81/line for >1700 lines		

	Agreement Term	Pricing 9/1/25-8/31/26
	Monthly Flat Fee (Number of lines included)	\$9,317
		2500 lines included
	Implementation Fee One Time	\$5,750
	Annual Fee	\$2,375
	Holiday Upcharges	\$0(included in monthly fee)
	Computer Verifications	\$0(included in monthly fee)
	Over monthly lines rate/charge per line	\$3.73
	, , , , , ,	
	Agreement Term	Pricing 9/1/26-8/31/27
	Monthly Flat Fee (Number of lines included)	\$9,597
		2500 lines included
	Implementation Fee One Time	\$0(first year only)
	Annual Fee	\$2,446
	Holiday Upcharges	\$0(included in monthly fee)
	Computer Verifications	\$0(included in monthly fee)
	Over monthly lines rate/charge per line	\$3.84
	and the second second	
	Agreement Term	Pricing 9/1/27-8/31/28
	Monthly Flat Fee (Number of lines included)	\$9,884
Vendor 2	, , , , , , , , , , , , , , , , , , , ,	2500 lines included
Vendor 2	Implementation Fee One Time	\$0(first year only)
	Annual Fee	\$2,520
	Holiday Upcharges	\$0(included in monthly fee)
	Computer Verifications	\$0(included in monthly fee)
	Over monthly lines rate/charge per line	\$3.96
		,,,,,
	Agreement Term	Pricing 9/1/28-8/31/29
	Monthly Flat Fee (Number of lines included)	\$10,181
		2500 lines included
	Implementation Fee One Time	\$0(first year only)
	Annual Fee	\$2,595
	Holiday Upcharges	\$0(included in monthly fee)
	Computer Verifications	\$0(included in monthly fee)
	Over monthly lines rate/charge per line	\$4.08
	Agreement Term	Pricing 9/1/29-8/31/30
	Monthly Flat Fee (Number of lines included)	\$10,486
		2500 lines included
	Implementation Fee One Time	\$0(first year only)
	Annual Fee	\$2,673
	Holiday Upcharges	\$0(included in monthly fee)
	Computer Verifications	\$0(included in monthly fee)
	Over monthly lines rate/charge per line	\$4.20
		T 11EV

Page 77 of 234



Award Recommendation Pharmacy Remote After Hours Service RFP Project# FY25-0009

The Request for Proposal opened for Pharmacy Remote After Hours Services on Tuesday, July 15, 2025, at 10:00 A.M.

The Project Team consisted of the following members: Sharon Brauner, Purchasing Manager, and Holly Cumbie, Senior Director of Pharmacy Programs, Teri Garland, Pharmacy Operations Coordinator, Luming Li, Chief Medical Officer.

Seventy-two (72) vendors were identified in this area of interest by our procurement software, Bonfire. Five (5) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted in 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 two (2) responses and no non-participation notices. The two (2) responses were deemed responsive and evaluated by the project team.

Recommended Vendor:

Cardinal Health

Award Recommendation

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended **Cardinal Health** be selected because they can perform all required services at the best value.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The annual NTE is \$120,000.00. The total NTE (Not to Exceed) is \$600,000.00, for the five year term, to be funded annually subject to availability of the budget.

The Funding Source is Unit 1135-553002

Submitted By:

— DocuSigned by

Sharon Brauner

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

Recommended By:

Mua Cook

Nina Cook, MBA, CTCM, CTCD.

Director of Purchasing

Stanley Adams

Stam Adams, MBA
Chief Financial Officer

EXHIBIT R-9



The Harris Center Commercial Insurance Renewal Summary

2025-2026



Appendix 1



Transforming Lives

TCRMF 09/01/25-26

Non-TCRMF Various Dates

The Harris Center Foundation for Mental Health and IDD

(2025-2026 Program)

Forecast 2025-26



Transforming Lives

Pre-Pay Annual Credit: \$45,106

Coverage Toyon Coveril TCD04F	2025-2026	Variance	Percent	2024-2025
Coverage – Texas Council TCRMF	Renewal Contribution	Difference	Change	Expiring Contribution
Workers Compensation	\$439,807.00	\$39,225.00	9.79%	\$400,582.00
Auto Liability	\$69,280.00	-\$13,284.00	-16.09%	\$82,564.00
General Liability	\$5,284.00	\$437.00	9.02%	\$4,847.00
Professional Liability	\$80,016.00	-\$3,552.00	-4.25%	\$83,568.00
D&O Liability	\$233,842.00	-\$40,609.00	-14.80%	\$274,451.00
Excess Liability:	\$113,816.00	\$6,873.00	6.43%	\$106,943.00
Property:	\$1,212,979.00	\$272,210.00	28.93%	\$940,769.00
Auto Physical Damage:	\$89,033.00	\$21,322.00	31.49%	\$67,711.00
Total Contributions:	\$2,244,057.00	\$282,726.00	14.42%	\$1,961,331.00

Non-TCRMF Forecast 2025-26



Coverage Other they TCDMF	2025-2026	Variance	Percent	2024-2025
Coverage – Other than TCRMF	Renewal Premium	Difference	Change	Expiring Premium
Crime	\$6,300.00	\$0.00	0.00%	\$6,300.00
Fiduciary Liability	\$7,865.00	\$0.00	0.00%	\$7,865.00
Notary Bonds	\$7,526.00	-\$781.00	-9.40%	\$8,307.00
Notary Errors and Omissions Liability:	\$1,446.00	\$0.00	0.00%	\$1,446.00
Cyber Liability	\$70,639.22	-\$1,472.78	-2.04%	\$72,112.00
Flood	\$59,965.62	\$6,082.62	11.29%	\$53,883.00
Pasadena Cottages	\$32,280.00	\$5,561.00	20.81%	\$26,719.00
Harris Center Foundation	\$1,107.00	\$17.00	1.56%	\$1,090.00
Total Estimated Premium Non-TCRMF	\$187,128.84	\$9,406.84	5.29%	\$177,722.00
Grand Total Estimated Including TCRMF:	\$2,431,185.84	\$292,132.84	13.66%	\$2,139,053.00



Coverage	2025-2026		2024-2025
Coverage	TCRMF Contribution	Exposure Change	TCRMF Contribution
Property including	Annual Contribution: \$1,212,979	\$ Value Reduction/ Increase	Annual Contribution: \$1,035,565
Boiler Machinery	Bldg./BPP TIV: \$205,272,110	\$41,303,780	Bldg./BPP TIV: \$163,968,330
Misc. Property	Equity Credit Applied: (\$115,973.00)		
EDP & Fine Arts			\$10,000 AOP Deductible
	\$10,000 AOP Deductible		Wind Deductible 1% per occurrence per
For budget purposes, values include Hope	Wind Deductible 1% per occurrence per		location total TIV per location subject to \$25K
Harbor building not	location total TIV per location subject to \$25K		per building maximum and \$100,000 aggregate
yet acquired	per building maximum and \$100,000		per occurrence.
	aggregate per occurrence.		Named Storm Wind Deductible 5% per
	Named Storm Wind Deductible 5% per		occurrence per location total TIV per location
	occurrence per location total TIV per location		subject to \$100K minimum per location in
	subject to \$100K minimum per location in		Harris and Fort Bend Counties
	Harris and Fort Bend Counties		riarris and rore being countries
Commercial	Annual Contribution: \$ 5,284.00	971,142 Square Footage	Annual Contribution: \$ 4,743.00
General Liability	Equity Credit Applied: (\$1,718.00)	29 acres vacant land	, ,
,			



Coverage	2025-2026		2024-2025
Coverage	TCRMF Contribution	Exposure Change	TCRMF Contribution
Professional Liability	Annual Contribution: \$80,016.00 Equity Credit Applied: (\$26,037.00)	Reported Expenditures \$357,718,363	Annual Contribution: \$83,568.00
Automobile Liability & Physical Damage	Annual Contribution: \$69,280.00 Auto Liability Equity Credit Applied: (\$22,544.00) \$89,033.00 Auto Physical Damage \$158,313.00 Total Contribution		Annual Contribution: \$82,564.00 Auto Liability \$67,711.00 Auto Physical Damage \$150,275.00 Total Contribution
	103 total number of vehicles	Number of Ratable Vehicles Decreased by 11	114 total number of vehicles



C	2025-2026		2024-2025
Coverage	TCRMF Contribution Exposure Change		TCRMF Contribution
Workers Compensation	Annual Contribution: \$439,807 Estimated Equity Credit Applied: (\$121,014.00)		Annual Contribution: \$400,582 Estimated
	Equity Credit Applied. (\$121,014.00)	Change Reported on Payroll forecast: \$ 11,412,282	
	Retentions: \$100,000/\$1,000,000	Employee Count Decreased By: 54	Retentions: \$100,000/\$1,000,000
	Max Projected Retention		Max Projected Retention
	Payroll Forecast: \$ 192,212,082 2,582 Employees	9/1/2024 to 7/31/2025 Claims Incurred Below \$100,000 Deductible	Payroll Forecast: \$ 180,799,800 2,636 Employees
	\$100,000 per claim/\$1,000,000 aggregate deductible	\$51,362.23	\$100,000 per claim/\$1,000,000 aggregate deductible



Coverage	2025-2026		2024-2025
Coverage	TCRMF Contribution	Exposure Change	TCRMF Contribution
Excess Liability \$4,000,000 AL, GL, E&O PL \$2,000,000	Annual Contribution: \$ 113,816.00		Annual Contribution: \$ 106,943.00
Directors & Officers Liability Including Public Officials E&O and Employment Practices Liability \$1,000,000	Annual Contribution: \$ 233,842 Equity Credit Applied: (\$76,091.00)		Annual Contribution: \$ 274,451



Coverage	2025 - 2026 Renewal Premium	Insurer	2024- 2025 Expiring Premium	% Change
Crime	Annual Premium: \$6,300.00 Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper \$1,000,000 Funds Transfer Fraud: \$500,000 Policy Term: 09-01-25/26	Great American Ins. Co.	Annual Premium: \$6,300.00 Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper \$1,000,000 Funds Transfer Fraud: \$500,000 Policy Term: 09-01-24/25	0%
Fiduciary Liability	Annual Premium: \$7,865.00 \$3,000,000 Limit of Liability Retention: \$25,000 Policy Term: 09-01-25/26	Twin City Fire Insurance Co.	Annual Premium: \$7,865.00 \$3,000,000 Limit of Liability Retention: \$25,000 Policy Term: 09-01-24/25	0%



Coverage	2024- 2025 Renewal Premium	Insurer	2023 - 2024 Expiring Premium	% Change
Notary Bonds 3-Yr. Policy Term: Varies	Notary Bond Premium Forecast: \$7,526.00 106 Notaries \$71.00 per Notary Bond Policy Terms Vary	Old Republic	Est. Notary Bond Premium: \$8,307.00 117 Notaries \$71.00 per Notary Bond Policy Terms Vary	-9.40%
Notary Errors & Omissions	Premium Forecast: \$1,446.00 Policy Term: 11-18-25/26	Western Surety Company	Premium: \$1,446.00 Policy Term: 11-18-24/25	0.0%



Coverage	2025- 2026 Renewal Premium	Insurer	2024 - 2025 Expiring Premium	% Change
Cybersecurity Liability	Annual Premium Forecast: \$70,639.22 Limit \$5,000,000 Extortion: \$5,000,000 Business Interruption: \$5,000,000 Regulatory: \$5,000,000 System Failure: \$5,000,000 Cyber Crime \$250,000 Policy Term: 05-08-25/26	Certain Underwriter at Lloyds London	Annual Premium: \$72,112.00 Limit \$5,000,000 Extortion: \$5,000,000 Business Interruption: \$5,000,000 Regulatory: \$5,000,000 System Failure: \$5,000,000 Cyber Crime \$250,000 Policy Term: 05-08-24/25	-2.04%



Coverage	2025- 2026 Renewal Premium	Insurers	2024 - 2025 Expiring Premium	% Change
Flood Properties in "AE" Zone	Premium Forecast: \$59,965.62 Primary: \$43,663.61 Excess \$16,302.01 Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street 6500 Chimney Rock, Cottage #3 Policy Term: 03-28-25/26	Voyager Indemnity Lloyds London	Premium: \$53,883.00 Primary: \$42,780.43 Excess \$12,054.84 Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street 6500 Chimney Rock, Cottage #3 Policy Term: 03-28-24/25	11.29%



Coverage	2025- 2026 Renewal Premium	Insurers	2024 - 2025 Expiring Premium	% Change
Pasadena Cottages	Premium Forecast: \$32,280.00		Premium: \$26,719.00	20.81%
D&O Primary Flood Excess Flood Property Liability	Locations: 2122 Wichita Street 2122 B Wichita Street	United States Liability Wright National Wright National Lloyds London Philadelphia Indemnity	Locations: 2122 Wichita Street 2122 B Wichita Street	
	Policy Terms: Various		Policy Terms: Various	

2025-26 Harris Center Foundation for Mental Health and IDD



Coverage	2025- 2026 Renewal Premium	Insurer	2024- 2025 Expiring Premium	% Change
Harris Center Foundation Directors & Officers	Premium Forecast: \$1,107.00	Philadelphia Indemnity Insurance Company	Premium: \$1,107.00	0.00%
	Policy Term: 11-09-25/26		Policy Term: 11-09-24/25	

2025-26 Harris Center for Mental Health and IDD



Coverage	2025- 2026 Renewal Premium	Insurer	2024- 2025 Expiring Premium	% Change
Harris Center Wind/Hail Deductible Buydown Options for Self- Insured Risk at:	Total Uninsured Values: \$7,736,254 Option #1 Premium Forecast: \$462,564.90 \$100,000 Deductible in Lieu of 5% Maximum Recoverable: \$6,936,254	Lloyds of London	N/A	N/A
-2627 Caroline St -5901 Long Drive -3737 Dacoma St -9401 Southwest Freeway -7200 N. Loop E -6160 S. Loop E -3809 Main St -6168 S Loop E	Option #2 Premium Forecast: \$451,027.00 \$200,000 Deductible in Lieu of 5% Maximum Recoverable: \$6,136,254 Option #3 Premium Forecast: \$165,201.75 \$100,000 Deductible in Lieu of 5% Maximum Recoverable: \$2,500,000 Option #4 Premium Forecast: \$157,355.00 \$200,000 Deductible in Lieu of 5% Maximum Recoverable: \$5,000,000 Proposed Policy Term: 09-01-25/26			

EXHIBIT R-10

PENDING EXHIBIT

EXHIBIT R-11

AUGUST 2025 NEW CONTRACTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
1	DAAS Commercial Flooring / DAAS, Inc	Replacement of Flooring at the 6160 South Loop East Location	\$168,841.00	7/21/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	A Request for Quote (RFQ) was received for replacement of the flooring at the 6160 South Loop East location. The current flooring is not level and is unsafe for Staff and patients. Facilities recommended to move forward with DAAS, Inc. The NTE amount i \$162,841.00, plus \$6,000.00 contingency for a total NTE of \$168,841.00.
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES						



DUE DILIGENCE 3 QUOTES 6160 IMPROVEMENTS FLOORING

Purchasing received a request from the Facilities Department for replacement of flooring at 6160 South Loop East in June 2025. The request includes the replacement of not level, unsafe flooring.

The Harris Center received quotes from three vendors.

Astro General Contractors Group - \$142,298.10 DAAS Inc. - \$162,841.00 Virtue Construction Partners LLC - \$226,674.00

Facilities' recommendation is to move forward with DAAS Inc. The selection is based on the best overall value including business continuity and familiarity with the facility.

The one (1) year NTE is \$168,841.00. This includes a contingency of \$6,000.00. The contract term will be for one year from execution date. The Funding Source is Unit 1126 (FS Infrastructure Project), FM25.1126.01.

DocuSigned by: DocuSigned by: Frances Otto Nina Cook, MBA, CTCM, CTCD FrailEes Offo CTCD Buyer II **Purchasing Director**

DocuSlaned by:

Chief Financial Officer

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Executive Contract Summary

Contract Section	<u></u>
Contract Section Contractor* DAAS Commercial Flooring / DAAS, Inc Contract ID #* n/a Presented To* Resource Committee Full Board Date Presented* 8/19/2025 Parties* (?) DAAS and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or regreted from the second of th	
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
Does this contract contain an element of Information * Yes No Funding Information* New Contract Amendment Contract Term Start Date* (?) 7/21/2025 If contract is off-cycle, specify the contract term (?)	Technology (Hardware, Software, or Professional Services)? Contract Term End Date* (?) 8/31/2026
Fiscal Year* (?) 2025	Amount* (?) \$ 168,841.00

Funding Source*	
General Revenue (GR)	
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 .
	D
Justification/Purpose of Contract/Description of Service	
FM25.1126.01 6160 Improvements - replacement of old floo and unsafe for staff and patients. Quote amount for 1126 / 9 \$6,000.00 contingency for NTE of #168,841.00	
Contract Owner*	
Karen Hurst	
Previous History of Contracting with Vendor/Contractor	*
Please add previous contract dates and what services v	vere provided*
	vere provided
2012 to present - various flooring projects including work at 6160	
Vendor/Contractor a Historically Underutilized Business	(HUB)* (?)
Yes O No Unknown	
Please provide the HUB status*	
HUB - State.	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Complete with Docusign DUE DILIGENCE 6160 IM.pdf	297.42KB
DAAS D1150 Harris Center 6160 Building Refresh 2025.pdf	
DAAS INC exp 3 13 2026.pdf	518.06KB
DAAS Inc W9.pdf	353.14KB
	67.79KB
debarred-vendor-list (13).pdf	
Franchise Tax.pdf	77.27KB
HUB Status.pdf	91.06KB
Sams Search.pdf	386.43KB
THC-6160SouthLoopEastFacility-THC2025FlooringAbateme	entProject- 882.38KB
FlooringAbatementPlan-IssuedForReview-04102025.pdf	
Vendor/Contractor Contact Person	<u> </u>
Name*	
DAAS Commercial Flooring/DAAS Inc / Andre Rollings	

Address* Street Address 10610 Winding Arbor Court Address Line 2 City State / Province / Region TX Cypress Postal / Zip Code Country 77433-7137 US Phone Number* 7139925338 Email* andre@daasfloors.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 900040 1126 \$ 168,841.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) per quote - \$162,841.00 plus \$6,000 contingency for NTE of \$168,841.00 1126/900040 - see attached Project WBS (Work Breakdown Structure) * (?) FM25.1126.01 6160 Improvements Requester Name **Submission Date** Harper, Sarah 7/10/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/10/2025 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/10/2025 Contract Owner Approval

Approved by Karen E. Hurst	Approval Date 7/10/2025	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	7/11/2025	

EXHIBIT R-12

AUGUST 2025 AMENDMENTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	CSI Companies, Inc. d/b/a CSI Professional, CSI Tech, CSI HCIT	Coding Service and Coder Auditing Services	\$150,000.00	\$99,000.00	\$249,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Amendment to increase the FY26 NTE for needed coding services for Mental Health and Epic Coding Expert Consultant(s) and Coder Auditing Services.
2	Your Part Time Controller, LLC	Temporary Replacement Services for Finance and Grant's Department	\$230,000.00	\$19,000.00	\$249,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to cover costs for completion of eight (8) additional weeks of work for the finance/accounting department including accounting for the recenter and various projects.
	CPEP/CRISIS SERVICES								
	FORENSICS	7/15/2010/2015		27,836,039					
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH		B104 500 5						
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
			,						

HARRIS Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
CSI Companies, Inc. d/b/a CSI Professional, CSI Tech, C	SIHCIT
Contract ID #*	
2024-0970	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
CSI Companies, Inc.	
The Harris Center for Mental Health and IDD	
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 Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Information *	Technology (Hardware, Software, or Professional Services)?
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 (?)	
in contract is on-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 150,000.00	

Increase Not to Exceed* \$ 99,000.00	
Revised Total Not to Exceed (NTE)*	
\$ 249,000.00	
*	
Fiscal Year* (?) 2026	Amount* (?)
2020	\$ 249,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Services Consultant performing consultant services Mental Health and Epic Coding Expert Consultant(s) and Contract Owner*	
Stanley Adams	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes O No O Unknown	
Please add previous contract dates and what service	es were provided*
11/28/2024 - 8/31/2025 Mental Health and Epic Coding Expert Consultant(s) and Coder Auditing Services.	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) * (?)
○ Yes ⊚ No ○ Unknown	
Please provide an explanation* CSI Companies is publicly owned by Recruit Global, who also owns Indeed and Glassdoor. We are headquartered Jacksonville, FL with a satellite office in Nashville, TN. A Companies, 71% of our employees are female with 75% our Executive Team also being comprised of females.	d in t CSI
Community Partnership * (?)	
○ Yes ○ No ○ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	

Amanda Andrews

Address* Street Address 7720 Baymeadows Road E Address Line 2 City State / Province / Region FL Jacksonville Postal / Zip Code Country 32256 USA Phone Number* 904-423-8631 Email* aandrews@csicompanies.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 540500 \$ 249,000.00 1134 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Oquin, Shiela 7/31/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/31/2025 IT Director Approval Approved by Approval Date Anthony Jones 8/1/2025 IT Approval Comments This agreement is approved. This is a consultant that Revenue Management has been using since FY23. Professional services only for EPIC. Procurement Approval

File Upload (?)	
Approved by Sign	Approval Date
Contract Owner Approval	
Approved by Stanley Adams	Approval Date 8/4/2025
Contracts Approval	
Approve* Yes No, reject entire submission Return for correction	
Approved by* Belinda Stude	Approval Date* 8/4/2025

HIERRIS Executive Contract Summary

Mental Health and IDD	
Contract Section	<u> </u>
	and the second second transfer and the second secon
Select Header For This Contract*	
Administration	
Contractor*	
Your Part Time Controller, LLC	
Contract ID #*	
2023-0705	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?) Your Part-Time Controller, LLC	
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	поге)
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
Does this contract contain an element of Information	Technology (Hardware, Software, or Professional Services)?
*	Tournology (Hardware, Gottware, of Froissonial Gottloss).
Yes No	
Funding Information*	
New Contract Amendment	
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* \$ 230,000.00	
Increase Not to Exceed* \$ 19,000.00	
Revised Total Not to Exceed (NTE)* \$ 249,000.00	
Fiscal Year* (?)	Amount* (?)
2025	\$ 249,000.00
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 Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Contract Owner* Stanley Williams	
Previous History of Contracting with Vendor/Contracting	tor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
Unknown but at least since ~April 2024	
Vendor/Contractor a Historically Underutilized Busin ○ Yes ○ No ◎ Unknown	ess (HUB)* (?)
Community Partnership * (?)	
Supporting Documentation Upload (?)	
FY25 PO_CT144282 - 2025.07.17.PDF	164.97KB
How does this contract support Agency/Unit Strategi Work in progress by contractor necessary for maintaining	
Vendor/Contractor Contact Person	<u> </u>
Name* Rita Garson	

Address			
Street Address			
1500 Walnut Street			
Address Line 2			
Suite 1200	P220 01 N0		
Dity		Province / Region	
Philadelphia	PA		
Postal / Zip Code	Country	y	
19102	US		
Phone Number*			
9175124745			
Email*			
Rita.Garson@yptc.com			
Budget Section			
Juagot Gootion			had a marin and a Analysis and a
		B	
Budget Units and Amou	ints Charged to each	Budget Unit	
Budget Unit Number*	Amount Charged to Ur	nit* Expense/GL Cod	le No.*
1122	\$ 249,000.00	5420500	
	Φ 2 10,000.00	- 1	
Budget Manager		ondary Budget Manager	
Budget Manager Campbell, Ricardo Provide Rate and Rate Descrip	Camp	ondary Budget Manager pbell, Ricardo	
Campbell, Ricardo	Camptions if applicable * (?)		
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown	Camptions if applicable * (?) Structure) * (?)	pbell, Ricardo	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name	Camptions if applicable * (?) Structure) * (?)	pbell, Ricardo nission Date	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael	Camptions if applicable * (?) Structure) * (?) Subn	pbell, Ricardo nission Date	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name	Camptions if applicable * (?) Structure) * (?) Subn	pbell, Ricardo nission Date	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro	Camptions if applicable * (?) Structure) * (?) Subn	pbell, Ricardo nission Date	4
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael	Camptions if applicable * (?) Structure) * (?) Subm 7/17/	mission Date	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro	Camp tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s)	mission Date /2025	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro	Camptions if applicable * (?) Structure) * (?) Subm 7/17/	mission Date /2025	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro Approved by Ricardo Campbell	Camp tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s)	mission Date /2025	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro	Camp tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s)	mission Date /2025	
Campbell, Ricardo Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro Approved by Ricardo Campbell	Camp tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s)	mission Date /2025	
Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro Approved by Ricardo Campbell Procurement Approval	Camp tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s)	mission Date /2025	
Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro Approved by Ricardo Campbell Procurement Approval	tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s) Appr 7/17/	mission Date /2025 roval Date /2025	
Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro Approved by Procurement Approval File Upload (?)	tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s) Appr 7/17/	mission Date /2025	
Provide Rate and Rate Descript Hourly rate of \$195 Project WBS (Work Breakdown N/A Requester Name Hooper Jr., Michael Budget Manager Appro Approved by Ricardo Campbell Procurement Approval	tions if applicable * (?) Structure) * (?) Subm 7/17/ Val(s) Appr 7/17/	mission Date /2025 roval Date /2025	

Stanley Adams	Approval Date 7/18/2025
racts Approval	
ved by	
Belinda Stude	Approval Date 7/21/2025
Deunaa Suae	7/21/2025

EXHIBIT R-13

AUGUST 2025 RENEWALS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

AUGUST 2025 FISCAL YEAR 2025

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ACCESS							
ADMINISTRATION							
Dahill Office Technology Corporatio d/b/a Xerox Business	n Agency-Wide Multifunctional Device Lease and Services	\$220,933.08	\$227,665.08	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Multifunctional Device Lease and Service Agreement
CPEP/CRISIS SERVICES							
FORENSICS							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
MENTAL HEALTH							
MENTAL HEALTH SERVICES-ECI							
LEASES		in the same of the					

HIARRIS CENTER,

Annual Renewal Evaluation

Memar ricator and IDD	
Current Fiscal Year Contract Information	\sim
Current Fiscal Year	
2025	
Contract ID#*	
2023-0740	
Contractor Name *	
Dahill Office Technology Corporation d/b/a Xerox Busines	s
Service Provided* (?)	
	greement
Agency-Wide Multifunctional Device Lease and Service A	greement
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 n	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
No	
Unknown	

	Contract NTE* (?) \$ 220,933.08
	Rate(s)/Rate(s) Description Varies
	Unit(s) Served* 1130
	G/L Code(s)* 552002
	Current Fiscal Year Purchase Order Number* CT144182
	Contract Requestor* Rick Hurst
	Contract Owner* Mustafa Cochinwala
	File Upload (?)
SECURIOR SECURIOR	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* See No.
	Were Services delivered as specified in the contract?* © Yes © No
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
	Did Contractor adhere to the contracted schedule?* (?) See No.
	Were reports, billing and/or invoices submitted in a timely manner?* (?) No
	Please Explain* Monthly invoices are not submitted on a timely manner and we are receiving invoices that we should not be getting, as supplies are included in the contract.
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	Yes No No
	Did Contractor render services consistent with Agency policy and procedures?* (?) No
	Maintained legally required standards for certification, licensure, and/or training?* (?) No
ACCOUNTS NAMED IN	Renewal Determination

How does this contract support Agency/Unit Strategic priorities?* N/A					
Renewal Information for Next Fiscal Year					
Tronovar information for Next Fleedings					
Budget Units and Amo	unts Charged to each Budge	t Unit			
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*			
1130	\$ 227,665.08	552002			
Budget Manager*	Secondary Bu	ıdget Manager*			
Campbell, Ricardo	Campbell, Rica	ardo			
Provide Rate and Rate Descri	ptions if applicable * (?)				
N/A					
Project WBS (Work Breakdow	n Structure)* (?)				
N/A					
THE					
Fiscal Year* (?)	Amount* (?)				
Fiscal Year* (?) 2026 Next Fiscal Year Not to Excee	Amount * (?) \$ 227,665.08 d Amount for Master Pooled Contracts				
2026	\$ 227,665.08				
2026 Next Fiscal Year Not to Excee Contract Funding Source*	\$ 227,665.08 d Amount for Master Pooled Contracts	6			
2026 Next Fiscal Year Not to Excee Contract Funding Source * General Revenue (GR) Contract Content Chai	\$ 227,665.08 d Amount for Master Pooled Contracts	<u></u>			
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai	\$ 227,665.08 d Amount for Master Pooled Contracts				
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No	\$ 227,665.08 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	6			
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chal	\$ 227,665.08 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 Chai Are there any required change Yes No Will the scope of the Services Yes No	\$ 227,665.08 d Amount for Master Pooled Contracts ages es to the contract language?*(?) change?*				
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	\$ 227,665.08 d Amount for Master Pooled Contracts ages es to the contract language?*(?) change?*				
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 Is the payment deadline differ Yes No	\$ 227,665.08 Id Amount for Master Pooled Contracts Iges es to the contract language?* (?) change?* 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	\$ 227,665.08 Id Amount for Master Pooled Contracts Iges es to the contract language?* (?) change?* 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 Is the payment deadline differ Yes No Are there any changes in the Yes No	\$ 227,665.08 Id Amount for Master Pooled Contracts Iges es to the contract language?* (?) change?* 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 Is the payment deadline differ Yes No Are there any changes in the Yes No	\$ 227,665.08 d Amount for Master Pooled Contracts ages es to the contract language?*(?) change?* ent than net (45)?* Performance Targets?*	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 Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	\$ 227,665.08 d Amount for Master Pooled Contracts ages es to the contract language?*(?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*			

Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Approval(s)		<u> </u>
Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission Return for correction		
Approved by *	Approval Date*	
Belinda Stude	7/31/2025	

EXHIBIT R-14

AUGUST 2025 NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
_	ACCESS						
_	ADMINISTRATION						
1	American Business Forms, Inc. d/b/a American Solutions for Business	Agency Wide Printing Services	\$25,000.00	9/1/2025 - 8/31/2030	General Revenue (GR)	Proposal	A Request for Quote (RFQ) was received for Agency-Wide Printing Services. Based of the Project Team's evaluation, it was recommended to award American Business Forms d/b/a American Solutions for Business an initial one (1) base year with four (4) optional annual renewals with a NTE of \$25,000.00 per fiscal year and \$125,000.00 for 5 years annually funded.
2	Imoya Enterprises LLC / Southern Shade Structures	Shade Sail Replacement at the 6160 South Loop East Location	\$26,475.00	7/14/2025 - 7/6/2026	General Revenue (GR)	Request for Quote	New Agreement for replacement of shade sails over exercise equipment for patient comfort and safety that was damaged by hurricane Beryl at the 6160 South Loop East location.
3	Otten Consulting Group Inc	Consultant Services for ADA Accessibility Assessments	\$13,970.00	8/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	New Agreement to perform for ADA Accessibility Assessments by conducting on-site inspection of the Agency's fourteen (14) site locations. Consultant will provide on-site inspection services and analysis reports pursuant to compliance with the American with Disabilities Act (ADA).
4	TE-KO Contractors Inc.	Painting Services	\$45,047.00	7/1/2025 - 12/31/2025	General Revenue (GR)	Request for Quote	Due diligence was performed for a new agreement for painting services of the hallways and common areas as well as the door frames as part of the 6160 South Loop East location improvements. Has to be done in phases in accordance with abatement and new flooring being installed. NTE amount is \$41,047.00, plus \$4,000.00 contingency for a total NTE of \$45,047.00.
-							
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI					0.0000000000000000000000000000000000000	
	LEASES						
-							



Award Recommendation REQUEST FOR QUOTE (RFQ) Agency Wide Printing Services Project #FY25-0317

Purchasing received a request from Sarah Harper, Facility Services for Agency Wide Printing Services in May,13 2025

Seven hundred seventy-nine (779) vendors were identified in this area of interest from our procurement Software, Bonfire. Twenty-two (22) vendors were identified from buyer research and previous vendor list were also contacted. Three (3) responses were received and were responsive.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Sarah Harper, Facility Services Project Coordinator, Raymund Tacuycuy, Print Production Coordinator and Nicole Lievsay, Senior Director of Strategic Communications and Development.

American Solutions for Business provided a quote for five (5) years but, due to the volatile market conditions they will review pricing on year four (4).

The Facility service recommendation is to move forward with American Business Forms Inc. (DBA) American Solutions for Business.

The initial contract period is anticipated to begin upon award of the contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$25,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$125,000.00 funded annually. The funding source is 1107-596001.

FY26 NTE- \$25,000.00 FY27 NTE- \$25,000.00 FY28 NTE- \$25,000.00 FY29 NTE- \$25,000.00 FY30 NTE- \$25,000.00

-DocuSigned by:

Rosalind Armstrong

Rosalind Armstrong, BSBA

Buyer II

—DocuSigned by:

Sharon Brauner

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

Purchasing Manager

--- DocuSigned by:

Stanley adams

Stanley Adams, MBA Chief Financial Officer

Executive Contract Summary

Mental Health and IDD	
Contract Section	<u> </u>
Contractor*	
American Business Forms, Inc. d/b/a American Solution	s for Business
Contract ID #*	
n/a	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented*	
8/19/2025	
Parties*(?)	
American Solutions for Business and The Harris Center	
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	r more)
Grant Proposal	
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
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
	n Technology (Hardware, Software, or Professional Services)?
*	
Yes No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2030
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2026	\$ 25,000.00

Fiscal Year* (?)	Amount*(?)
2027	\$ 25,000.00
Fiscal Year* (?)	Amount* (?)
2028	\$ 25,000.00
Fiscal Year* (?)	Amount* (?)
2029	\$ 25,000.00
Fiscal Year* (?)	Amount* (?)
2030	\$ 25,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other .
Justification/Purpose of Contract/Description of Serv	ices Being Provided * (?)
new contract with vendor to cover agency-wide printing so letterhead/envelopes) thru unit 1107 and GL code 596001 \$125,000.00. At year four, contract pricing will need to be increases	1 for a five-year current NTE of
Contract Owner*	
Karen Hurst	
Previous History of Contracting with Vendor/Contract	tor*
③ Yes ○ No ○ Unknown	
Please add previous contract dates and what services	s were provided*
current contract for agency-wide printing services	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes ○ No ﴿ Unknown	
Community Partnership* (?)	
◯ Yes 🖫 No 🕒 Unknown	
Supporting Documentation Upload (?)	
2025 SamGov Registration.pdf	148.92KB
Agency Wide Printing Services RFQ Pricing Sheet1.xlsx	24.05KB
American Solutions for Business W-9.pdf	143.48KB
ASB COI - Evidence of Insurance - ABF ASB - ALL LINES	
ASB Debarment Notice.pdf	129.57KB
ASB Statement of Financial Condition (1).pdf	93.21KB
AWARD_RECOMMENDATION-Agency_Wide_Printing_S	
· · ·-	_ ,
FRANCHISE TAX ACCOUNT STATUS.pdf	48.83KB

Vendor/Contractor Contact Person Name* American Business Forms, Inc / American Solutions for Business Address* Street Address 31 E Minnesota Avenue Address Line 2 City State / Province / Region Glenwood MN Postal / Zip Code Country 56334 USA Phone Number* 8008623690 Email* atreichel@americanbus.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1107 \$ 25,000.00 596001 Secondary Budget Manager **Budget Manager** Moynihan, Kelly Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) see attached agency wide printing services RFQ pricing sheet, requesting FY26 NTE of \$25,000.00, annual NTE for FY27, FY28, FY29 and FY30 for a grand total NTE of \$125,000.00 for 5 years Project WBS (Work Breakdown Structure)* (?) n/a Requester Name Submission Date Harper, Sarah 7/30/2025 Budget Manager Approval(s) Approved by Approval Date Kelly &. Mognihan 7/30/2025 Procurement Approval File Upload (?)

Approved by Approval Date Sharon Brauner 7/30/2025 Contract Owner Approval Approved by Approval Date Karen &. Hurst 7/30/2025 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/31/2025



DUE DILIGENCE 3 OUOTES 6160 SHADE SAIL REPLACEMENT

Purchasing received a request from the Facilities Department for shade sail replacement at 6160 South Loop East in June 2025. The request includes the replacement of poles and shade sails damaged during Hurricane Beryl at the consumer exercise area.

The Harris Center received quotes from three vendors.

Facilities Sources - \$45,944.68 Southern Shade Structures - \$23,975.00 U.S. Canvas & Awning Corp. - \$31,850.00

Facilities' recommendation is to move forward with Southern Shade Structures. The selection is based on the lowest cost and scope of work.

The one (1) year NTE is \$26,475.00. This includes a contingency of \$2,500.00. The contract term will be for one year from execution date. The Funding Source is Unit 1186 (Hurricane Beryl 2024).

DocuStaned by: DocuSigned by: Frances Otto, CTCD Buyer II

Nina Cook, MBA, CTCM, CTCD

Purchasing Director

DocuSigned by:

Stanley Adams, MBA

Chief Financial Officer

HEILARRIS Executive Contract Sur	nmary	
Contract Section		
Contractor*		
Imoya Enterprises LLC / Southern Shade Structures		
Contract ID #*		
n/a	2	
Presented To*		
Resource Committee		
Full Board		
Date Presented*		
8/19/2025		
Parties* (?)		
moya Enterprises / Southern Shade Structures and the	a Harris Center	
, Journal of all of a control	e Harris Genter	
	e Hams Genter	
Agenda Item Submitted For:* (?)		
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Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00) Grant Proposal	250,000.00)	
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	250,000.00)	
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#	250,000.00)	
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Amount* (?)

\$ 26,475.00

Fiscal Year* (?)

2025

	Funding Source*			
	General Revenue (GR)			
	Contract Description / Type * (?)			
	Personal/Professional Services	Consultant		
	Consumer Driven Contract	New Contract/A	areement	
	Memorandum of Understanding	Amendment to E		
	Affiliation or Preceptor	Service/Mainten		
	BAA/DUA	☐ IT/Software Lice		
	Pooled Contract	Lease		
	Renewal of Existing Contract	Other		
	Justification/Purpose of Contract/Description of Service			
	replacement of shade sails over exercise equipment for pa			
	damaged by hurricane Beryl - 1186/557001 \$23,975.00 pe for an NTE of \$26,475.00	r quote, \$2,500.00 coi	ntingency	
	Contract Owner*			
	Karen Hurst			
	Previous History of Contracting with Vendor/Contractor	or*		
	Yes No Unknown			
	Vendor/Contractor a Historically Underutilized Busines	ss (HUB)*(?)		
	○ Yes No ○ Unknown			
	Please provide an explanation*			
	does not meet criteria			
	Community Partnership * (?)			
	○ Yes No Unknown			
	Supporting Documentation Upload (?)			
	debarred-vendor-list (13).pdf		67.79KB	
	Franchise Tax.pdf		72.16KB	
			100.43KB	
	Sam's Result EntityInformation_20250626-095811.pdf		22.74KB	
	Souther Shades (Imoya) exp 7_13_2025.pdf		29.79KB	
	Southern Shade Estimate.pdf			
	Southern Shade Structures (Imoya Ent).pdf		114.27KB	
	Complete_with_Docusign_DUE_DILIGENCE_6160_SH.pd	ar	296.76KB	
-	Vendor/Contractor Contact Person	- D		0
1	Vendon Contractor Contract Ferson		and the same of th	
	Name*			
	Southern Shade Structures / Andre Smith			
	Address*			
	Street Address			
	PO Box 8126			
	Address Line 2			
	City	State / Province / Region		
	The Woodlands	TX		
	Postal / Zip Code	Country		
	77387	USA		

Phone Number* 8325257782 Email* andre@southshades.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 1186 \$ 26,475.00 557001 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) see attached proposal Project WBS (Work Breakdown Structure)* (?) n/a Requester Name Submission Date Harper, Sarah 7/3/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/6/2025 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/7/2025 Contract Owner Approval Approved by Approval Date Karen &. Hurst 7/7/2025 Contracts Approval

Appr	ove*
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- Yes
- No, reject entire submission
- O Return for correction

Approved by *

Approval Date* 7/8/2025



Due Diligence Project PUR-FY25-0351 Request for Quotes ADA Accessibility Assessments

Purchasing received a request from Eunice Davis, Director of Risk Management on Thursday July 17, 2025, for ADA Accessibility Assessments.

The Harris Center received quotes from three vendors for Professional Services to perform an onsite inspection for 14 sites. Vendor to provide on-site inspection services and analysis reports pursuant to compliance with the Americans with Disabilities Act (ADA).

Otten Consulting Group, Inc.: \$13,970.00.

BMCUE Company: \$8,000.00

Construction Code Consultants, L.L.C. \$29,275.00.

Risk Management selected to move forward with Otten Consulting Group, Inc. They provided a thorough comprehensive proposal.

NTE: \$13,970.00 Total NTE:\$13,970.00

Funding Source is Unit 1117 – 595000 Term: One year (1) from Initial Start Date.

Submitted By:

--- DocuSigned by:

Carlos Traslavina

Carlos Traslavina Purchasing, Buyer I Sharon Brauner

Recommended By:

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

Purchasing Manager
—DocuSigned by:

Stanley adams

Stanley Adams, MBA Chief Financial Officer

SALES OF				
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1016				
	4512	NU	<u> Lieti</u>	L fair

Executive Contract Summary

Other Consulting Group Inc Contract ID #* NA Presented To* Resource Committee Full Board Date Presented* 8/19/2025 Parties* (?) Othen Consulting Group Inc and The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Application Request for Proposal Request for Quote Interlocal Not Applicable (If there are no funds required) Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? * Yes No Funding Information * New Contract Amendment Contract Term Start Date* (?) Contract Term End Date* (?)	Mental Health and IDD	
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Funding Information * New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?)	•	
	● Yes ○ No	
Contract Term Start Date * (?) Contract Term End Date * (?)	Funding Information*	
	New Contract Amendment	
	Contract Term Start Date* (?)	Contract Term End Date * (?)
	8/1/2025	
If contract is off-cycle, enceify the contract term (2)	If contract is off-cycle, specify the contract term (?)	
	4 years	
Fiscal Year * (?) Amount * (?)	Fiscal Year* (?)	Amount* (?)
2025 \$ 13,970.00	2025	

Funding Source*	
General Revenue (GR)	
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	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	
Professional Services to perform an on-site inspection for site inspection services and analysis reports pursuant to	
	Somphanoe With the 7.67 ii
Contract Owner*	
Eunice Davis	
Previous History of Contracting with Vendor/Contracting	ctor*
	A.
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
ADA ACCESSIBILITY ASSESSMENTS - PRICE LIST.xI	sx 9.21KB
COI CERTIFICATE OF LIABILITY INSURANCE.pdf	134.37KB
DEBARRED VENDOR LIST.pdf	26.06KB
Due_Diligence_ADA_Accessibility_Assessments Signer	d.pdf 301.01KB
FRANCHISE TAX.pdf	37.21KB
Project Request - ADA Accessibility Assessments.pdf	57.11KB
SAM.GOV.pdf	186.4KB
W-9 OTTEN CONSULTING GROUP INCpdf	136.93KB
Vendor/Contractor Contact Person	<u>o</u>
Name*	
Kenneth Otten	
Address*	
Street Address	
7171 Highway 6 North ste 285	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77095-2563	US
Phone Number*	

7134803994

Email* kenotten@statereview.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1117 \$ 13,970.00 542000 **Budget Manager** Secondary Budget Manager Moynihan, Kelly Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) 14 Locations ADA Accessibility Assessments: 1151 Bob White Dr; 1502 Taub Loop; 2122 Wichita; 2505 Southmore; 2627 Caroline; 3737 Dacoma; 526 Applewhite; 5707 Warm Springs; 5901 Long Dr; 6032 Airline Dr; 7200 N. Loop E.; 9401 SW Frwy; 3809 Main; 1104 Alabama. Project WBS (Work Breakdown Structure)* (?) N/A Submission Date Requester Name 7/30/2025 Bailey, Christan Budget Manager Approval(s) Approved by **Approval Date** Kelly &. Moynihan 7/30/2025 IT Director Approval Approved by Approval Date Anthony Jones 7/30/2025 IT Approval Comments This agreement does not contain any services or software regarding Information Technology. Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/31/2025

Contract Owner Approval		0
Approved by		
Eunice I Davis	Approval Date 8/1/2025	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	8/1/2025	



Due Diligence Project PUR-FY25-0348
Request for Quotes
6160 Improvements - Painting

Purchasing received a request from Facility Services on Monday, June 30, 2025, for 6160 S Loop East, Improvements - Painting.

The Harris Center received quotes from three vendors.

Astro General Contractors Group LLC:

Proposal 25-0036-5 Improvements and Painting in the amount of \$86,705.25.

TE-KO Contractors Inc:

Job Name: 6160 Improvements and Painting in the amount of \$41,047.00.

CertaPro Painters:

Job #: Job-1426-5094 Improvement and Painting in the amount of \$26,435.73.

This quote states that if the walls are damaged after the removal of the handrails an additional \$8,000.00 dollars will be added to their pricing. This vendor will not remove the handrails while the other vendors include the removal of the handrails in their pricing.

Facility Services' recommendation is to move forward with TE-KO Contractors Inc. to perform improvements and painting of the 6160 South Loop East location.

NTE: \$41,047.00 Contingency \$4,000.00 Total NTE:\$45,047.00

Funding Source is Unit 1126 - 900040

Term: 7/1/2025 - 12-31-2025

Submitted By:

-DocuSigned by:

Carlos Traslavina

Carlos Traslavina
Purchasing, Buyer I

Recommended By:

-DocuSigned by:

Mna (ook

Nina Cook, MBA, CTCM, CTCD

Purchasing Director

--- DocuSigned by:

Stanley adams

Stanley Adams, MBA Chief Financial Officer

HARRIS Mental Health and IDD Executive Contract Sum	ımary
Contract Section	<u> </u>
Contractor* TE-KO Contractors Inc.	
Contract ID #*	
Presented To* Resource Committee Full Board	
Date Presented* 8/19/2025	
Parties* (?)	
TE-KO 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 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Does this contract contain an element of Information *	n Technology (Hardware, Software, or Professional Services)?
○ Yes ® No	
Funding Information* New Contract Amendment	
Contract Term Start Date * (?) 7/1/2025	Contract Term End Date* (?) 12/31/2025
If contract is off-cycle, specify the contract term (?)	

Fiscal Year* (?)

Amount* (?)

2025

\$ 45,047.00

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Service	s Being Provided * (?)
FM25.1126.01 6160 Improvements - making improvements flooring, new paint, etc - this is for the painting portion of the remove handrails, patch, paint hallways and common areas be done in phases in accordance with abatement and new fl amount is \$41,047.00, plus \$4,000.00 contingency for an NT 1126/900040	to the interior by replacing project. Contract with TE-KO to as well as door frames. Has to ooring being installed. Quoted
Contract Owner*	
Karen Hurst	
Previous History of Contracting with Vendor/Contractor	*
Yes No Unknown	
Please add previous contract dates and what services w	ere provided*
2012 to present - paint services	
Vendor/Contractor a Historically Underutilized Business	(HUB)* (?)
○ Yes No ○ Unknown	
Please provide an explanation*	
does not meet criteria	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Complete_with_Docusign_Due_Diligence for 616.pdf	363.92KB
CONTROLLER.TEXAS.GOV TE-KO CONTRACTORS, INC	
	VA C-0000
SAM.GOV FOR TE-KO CONTRACTORS, INCpdf	55.39KB
TE-KO expires 10-1-2025.pdf	1.1MB
TE-KO QUOTE.pdf	225.54KB
THC-6160SouthLoopEastFacility-THC2025FlooringAbatementFlooringAbatementPlan-IssuedForReview-04102025.pdf	entProject- 882.38KB
W-9 TE-KO CONTRACTORS, INCpdf	121.5KB
Vendor/Contractor Contact Person	
vendon contractor contact reison	
Name*	
Te-Ko Contractors Inc / Sud Pugil	

Address* Street Address 1310 Boyles Street Address Line 2 City State / Province / Region TX Houston Postal / Zip Code Country 77020-7537 US Phone Number* 7136757521 Email* sud.pugil@tekocontractors.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 900040 1126 \$ 45,047.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) see attached proposal - \$41,047.00 per quote plus \$4,000.00 contingency for NTE of \$45,047.00 Project WBS (Work Breakdown Structure) * (?) FM25.1126.01 6160 Improvements Requester Name **Submission Date** Harper, Sarah 7/3/2025 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 7/3/2025 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/7/2025 Contract Owner Approval

Approved by Karen E. Hurst	Approval Date 7/7/2025
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	7/7/2025

EXHIBIT R-15

AUGUST 2025 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS				State Revenue Ag				
	ADMINISTRATION		District State						
1	City Fire Protection LLC	Intrusion Alarm Monitoring, Maintenance and Replacement/Installation of New Systems	\$18,800.00	\$3,980.00	\$22,780.00	6/10/2024 - 8/31/2026	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for adding a new system (Northwest Pharmacy) to the network of systems for monitoring and replacing the system at Southeast Clinic location.
2	Ellen B.Kagen, MSW	Leadership and Consultant Services for the Chief Executive	\$12,600.00	\$2,300.00	\$14,900.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Amendment to increase the NTE for additional needed service hours.
3	P-Agency Wide Appraisal Services	Assists with Evaluation Services of Properties	\$30,000.00	\$11,500.00	\$41,500.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Amendment to increase the NTE need to cover services through FY25.
4	UBEO, LLC	PrinterLogic Cloud Printing 3 month extension. We currently have a signed contract with Ubeo. This will be leveraging the same buying coop and T/Cs of the newly signed contract.	\$38,800.00	\$16,050.00	\$54,850.00	8/1/2025 - 11/1/2025	General Revenue (GR)	Tag-On DIR- TSO-4435	Amendment to increase the NTE for PrinterLogic Cloud Printing as an add on to existing agreement.
	CPEP/CRISIS SERVICES								
5	Autoclear, LLC	Security X-Ray Screening Equipment and Maintenace Services at the NPC	\$4,900.00	\$300.00	\$5,200.00	8/18/2025 - 8/17/2026	General Revenue (GR)	••	Amendment to increase the FY26 NTE due to the quote being more than what was previously submitted.
	FORENSICS							D01187.5098	
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
6	The ARC of Harris County	Community Family/Camp and Family to Family Services	\$47,000.00	\$3,000.00	\$50,000.00	8/1/2025 - 8/31/2025	County	Consumer Driven	Amendment the existing contract to cover service invoices for the remainder of the fiscal year.
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

\Re	HARRIS CENTER 10
Mental	Health and IDI

Mental Health and IDD	
Contract Section	lacksquare
Contractor*	
City Fire Protection LLC	
Contract ID #*	
2024-0888	
Presented To*	
Resource CommitteeFull Board	
	10
Date Presented* 8/19/2025	
Parties* (?)	
The Harris Center and City Fire Protection LLC.	
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$250	,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or in	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 Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
	Technology (Hardware, Software, or Professional Services)?
*	recliniology (Hardware, Software, of Professional Services)?
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
6/10/2024	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 18,800.00	

Increase Not to Exceed*	
\$ 3,980.00	
Revised Total Not to Exceed (NTE)* \$ 22,780.00	
\$ 22,760.00	
Fiscal Year* (?)	Amount* (?)
2026	\$ 22,780.00
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	☐ Lease ☐ Other
Nellewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	vices Being Provided * (?)
This is for intrusion alarm monitoring, servicing of equipro	ment and replacement/install of new
systems.	
We are adding a new system (Northwest Pharmacy) to the	
systems for monitoring. Additionally, we are replacing th	e system at SE Clinic.
Contract Owner*	
Darryl Coleman	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
June 24-present. Intrusion alarm services.	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
○ Yes ○ No ⑥ Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Robert Perez	

Address*

Street Address

4302 East Sam Houston Parkway North

Address Line 2

City

State / Province / Region

Houston

Postal / Zip Code 77015-3228

US

TX

Country

Phone Number*

8775772338

Email*

robertp@cityfireprotectionllc.com

Budget Section

➂

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1806

\$ 1,855.00

569010

Budget Manager

Secondary Budget Manager

Campbell, Ricardo Moynihan, Kelly

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1809

\$ 3,710.00

569010

Budget Manager Campbell, Ricardo Secondary Budget Manager

Moynihan, Kelly

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1808

\$ 1.855.00

569010

Budget Manager

Secondary Budget Manager

Campbell, Ricardo

Moynihan, Kelly

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No. *

1858

\$ 7,210.00

569010

Budget Manager Campbell, Ricardo Secondary Budget Manager

Moynihan, Kelly

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1888

\$ 1,855.00

569010

Budget Manager

Secondary Budget Manager

Campbell, Ricardo

Moynihan, Kelly

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1850

\$ 1,855.00

569010

Budget Manager

Secondary Budget Manager

Campbell, Ricardo

Moynihan, Kelly

Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 569010 \$ 1.855.00 1849 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Moynihan, Kelly Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 569010 \$ 1,855.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Moynihan, Kelly Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 569010 1875 \$ 1,855.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Moynihan, Kelly Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure) * (?) N/A Requester Name **Submission Date** Coleman, Darryl 8/4/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/4/2025 IT Director Approval Approved by Approval Date Anthony Jones 8/4/2025 **IT Approval Comments** This agreement does not contain IT involvement. Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval

	Approval Date	
Darryl A. Coleman	8/4/2025	
Contracts Approval		Mir and Madella
approve*		
Yes		
No, reject entire submission		
No, reject entire submission		
Return for correction		
Return for correction	Approval Date*	

m	VR E	215	
7010	NI	ΗĎ	
Heal	ih ai	id II	707 31
	H. CE	HARF CENT	The HARRIS CENTER Health and II

Mental Health and IDD	illiary
Contract Section	♠
Contractor*	
Ellen B.Kagen, MSW	
Contract ID #*	
7842	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
Ellen B. Kagen and Wayne Young	
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
InterlocalNot Applicable (If there are no funds required)	Consumer Driven Other
Not applicable (if there are no failus required)	Guici
Does this contract contain an element of Informatio *	n Technology (Hardware, Software, or Professional Services)?
Yes No	
Funding Information*	
New Contract Amendment	
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*	
\$ 12,600.00	

Increase Not to Exceed*		
\$ 2,300.00 Revised Total Not to Exceed (NTE)*		
\$ 14,900.00		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 14,900.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type* (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Mendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA Pooled Contract	IT/Software License Agreement	
Renewal of Existing Contract	☐ Lease ☐ Other	
Tellewal of Existing Contract	- Other	
Justification/Purpose of Contract/Description of	Services Being Provided * (?)	
Leadership and Consultant Services for the Chief E	xecutive	
Contract Owner*		
Wayne Young		
Previous History of Contracting with Vendor/Co	ntractor*	
Yes ○ No ○ Unknown		
Please add previous contract dates and what se	rvices were provided*	
FY25		
Vendor/Contractor a Historically Underutilized B	susiness (HUB)* (?)	
Yes O No O Unknown		
Please provide the HUB status*		
MWBE - Minority or Women owned business enterp	prise.	
Community Partnership * (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
V 1 2 1 1 2		
Vendor/Contractor Contact Person		o
Name*		
Ellen B. Kagen		

Address* Street Address 922 Barracuda Cove Court Address Line 2 State / Province / Region City MD Annapolis Postal / Zip Code Country 21409-4719 US Phone Number* 3016519850 Email* ellen.b.kagen@gmail.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1101 \$ 2,300.00 542000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) \$375 per hour Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Franco, Veronica 6/27/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/27/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval

Approved by Approval Date 7/7/2025 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude

7/7/2025

HARRIS Executive Contract Sun	nmary
Contract Section	·
Contractor*	
P-Agency Wide Appraisal Services	
Contract ID #*	
2022-0404	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
P-Agency Wide Appraisal Services and The Harris Cen	ter
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	
- Cinci	
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
	n Technology (Hardware, Software, or Professional Services)?

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?
*

Yes No

Funding Information*

New Contract Amendment

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*

\$ 30,000.00

Increase Not to Exceed* \$ 11,500.00	
Revised Total Not to Exceed (NTE)* \$ 41,500.00	
Fiscal Year* (?)	Amount* (?)
2025	\$ 41,500.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Services Being Provided* (?)
Assists with evaluation of properties	
Contract Owner*	
Ernest Savoy	
Previous History of Contracting with Vendor/0	Contractor*
Yes No Unknown	
Please add previous contract dates and what	conject were provided*
2022-2025	services were provided
Vendor/Contractor a Historically Underutilized	d Business (HUB)**(*)
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
oupporting bocumentation opioad (*)	
Vendor/Contractor Contact Persor	
Name*	
Peter Mainguy	

Address			
Street Address			
500 West 2nd Street			
Address Line 2			
Suite 1700	State / F	Province / Porion	
City Austin	TX	Province / Region	
Postal / Zip Code	Country		
78701		d States	
70701	Office	a otates	
Phone Number*			
5124994902			
Email*			
peter.mainguy@cbre.com			
octor.maingay@obre.com			
Budget Section			Ć.
Rudget Units and Amo	unts Charged to each I	Budget Unit	
Budget Unit Number*	Amount Charged to Un	nit* Expense/GL Code No.	*
1899	\$ 41,500.00	557001	
Budget Manager	Seco	ndary Budget Manager	
Budget Manager Campbell, Ricardo Provide Rate and Rate Descrip	Moyn	ndary Budget Manager ihan, Kelly	
Campbell, Ricardo Provide Rate and Rate Descripe Individual company pricing in RF Project WBS (Work Breakdow	Moyn otions if applicable* (?) P, this is the pool NTE		
Campbell, Ricardo Provide Rate and Rate Descripe individual company pricing in RF Project WBS (Work Breakdow N/A	Moyn otions if applicable* (?) P, this is the pool NTE n Structure)* (?)	ihan, Kelly	
Campbell, Ricardo Provide Rate and Rate Descripendividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name	Moyn otions if applicable* (?) P, this is the pool NTE in Structure)* (?) Subm	ihan, Kelly nission Date	
Campbell, Ricardo Provide Rate and Rate Descripe individual company pricing in RF Project WBS (Work Breakdow N/A	Moyn otions if applicable* (?) P, this is the pool NTE n Structure)* (?)	ihan, Kelly nission Date	
Campbell, Ricardo Provide Rate and Rate Descripendividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name	Moyn otions if applicable* (?) P, this is the pool NTE n Structure)* (?) Subm	ihan, Kelly nission Date	6
Campbell, Ricardo Provide Rate and Rate Descrip Individual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee	Moyn otions if applicable* (?) P, this is the pool NTE n Structure)* (?) Subm	ihan, Kelly nission Date	6
Campbell, Ricardo Provide Rate and Rate Descripindividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro	Moyn potions if applicable* (?) P, this is the pool NTE In Structure)* (?) Subm 7/16/2 DVal(S)	ihan, Kelly nission Date	6
Campbell, Ricardo Provide Rate and Rate Descrip Individual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro	Moyn potions if applicable* (?) P, this is the pool NTE In Structure)* (?) Subm 7/16/2 DVal(S)	nission Date 2025 oval Date	6
Campbell, Ricardo Provide Rate and Rate Descripindividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro	Moyn potions if applicable * (?) P, this is the pool NTE In Structure) * (?) Subm 7/16/2 DVal(S) Appre 7/16/2	nission Date 2025 oval Date	6
Campbell, Ricardo Provide Rate and Rate Descripindividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro	Moyn potions if applicable * (?) P, this is the pool NTE In Structure) * (?) Subm 7/16/2 DVal(S) Appre 7/16/2	nission Date 2025 oval Date	6
Campbell, Ricardo Provide Rate and Rate Descripindividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro	Moyn potions if applicable * (?) P, this is the pool NTE In Structure) * (?) Subm 7/16/2 DVal(S) Appre 7/16/2	nission Date 2025 oval Date	6
Campbell, Ricardo Provide Rate and Rate Descrip Individual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro Approved by Ricardo Campbell Procurement Approval	Moyn potions if applicable* (?) IP, this is the pool NTE In Structure)* (?) Subm 7/16/2 DVal(S) Appre 7/16/2	nission Date 2025 oval Date	6
Campbell, Ricardo Provide Rate and Rate Descripindividual company pricing in RE Project WBS (Work Breakdow N/A) Requester Name Nickles, Renee Budget Manager Appro Approved by Ricardo Campbell Procurement Approval	Moyn potions if applicable* (?) IP, this is the pool NTE In Structure)* (?) Subm 7/16/2 DVal(S) Appre 7/16/2	nission Date 2025 oval Date 2025	•
Campbell, Ricardo Provide Rate and Rate Descripindividual company pricing in RF Project WBS (Work Breakdow N/A Requester Name Nickles, Renee Budget Manager Appro Approved by Procurement Approval File Upload (?)	Moyn potions if applicable* (?) IP, this is the pool NTE In Structure)* (?) Subm 7/16/2 Dival(s) Appro	nission Date 2025 oval Date 2025	

Approval Date 7/22/2025
Approval Date*
7/23/2025

HARRIS CENTER for

Executive Contract Summary

Contract Section	
Select Header For This Contract* Administration	
Contractor* UBEO, LLC	
Contract ID #*	
2025-1060 Presented To*	
Resource CommitteeFull Board	
Date Presented * 8/19/2025	
Parties* (?) Ubeo and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or regreted from the second s	
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 DIR-TSO-4435
Does this contract contain an element of Information *	Technology (Hardware, Software, or Professional Services)?
Funding Information* New Contract Amendment	
Contract Term Start Date * (?) 8/1/2025	Contract Term End Date* (?) 11/1/2025
If contract is off-cycle, specify the contract term (?)	

Current Contract Amount* \$ 38,800.00		
Increase Not to Exceed* \$ 16,050.00		
Revised Total Not to Exceed (NTE)* \$ 54,850.00		
Fiscal Year* (?) 2025	Amount* (?) \$ 16,050.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Cor	ntract
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreer	ment
Pooled Contract	C Lease	
Renewal of Existing Contract	Cother Cother	
Contract Owner*		
Mustafa Cochinwala		
Provious History of Contraction with Vandauli	^ a máus atau*	
Previous History of Contracting with Vendor/	Contractor	
⊕ res ⊖ No ⊖ Unknown		
Please add previous contract dates and what	services were provided*	
FY24-FY25		
PrinterLogic Software		
Vendor/Contractor a Historically Underutilized	d Business (HUB)* (?)	
○ Yes ○ No ⑤ Unknown		
Community Partnership* (?)		
○ Yes ○ No ⊘ Unknown		
Supporting Documentation Upload (?)		
The Harris Center for Mental Health and IDD Prin	nterl ogic Renewal 3 Month	
Extension.pdf	243.72KB	
·	Conditions (per Amendment	
DIR-CPO-4435 Appendix A Standard Terms and	594.54KB	
2).pdf	Dis (4)	
DIR-CPO-4435 Appendix B HUB Subcontracting	Plan (Approved on 06-17- 1.38MB	
2024).pdf		
DIR-CPO-4435 Contract.pdf	132.43KB	
How does this contract support Agency/Unit	Strategic priorities?*	
This is an extension of our current cloud printer s new cloud printing solution to be able to quickly r computer.	solution as a stop gap as we configure our	

Vendor/Contractor Contact Person Name* Joshua Carriere Address* Street Address 4702 North Sam Houston Parkway West Address Line 2 #400 City State / Province / Region Houston TX Postal / Zip Code Country 77086 US Phone Number* 2812860887 Email* JCarriere@ubeo.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* Expense/GL Code No. * 551003 1130 \$ 16,050.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See Attached Project WBS (Work Breakdown Structure)* (?) N/A **Submission Date** Requester Name Hurst, Richard 7/7/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/7/2025 IT Director Approval Approved by **Approval Date** Anthony Jones 7/7/2025

Procurement Approval		
File Upload (?)		
Approved by		
	Approval Date	
Sharon Brauner	7/7/2025	
Contract Owner Approval		· ·
Approved by		
on co.	Approval Date	
Mustafa Cechinwala	7/14/2025	
Contracts Approval		•
Approved by		
Belinda Stude	Approval Date	
	Approval Date 7/21/2025	

New ContractAmendment

Contract Term Start Date * (?)

Contract Term End Date * (?)

8/18/2025

8/17/2026

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

Current Contract Amount*

\$ 4,900.00

Increase Not to Exceed* \$ 300.00	
Revised Total Not to Exceed (NTE)* \$ 5,200.00	
Fiscal Year* (?)	Amount* (?)
2026	\$ 5,200.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	prices Being Provided* (2)
Annual maintenance agreement for the security x-ray s	
NPC.	creening machine located at the
The quote received was more than the allocated amou	nt on the Annual Renewal Evaluation
that was submitted on April 28, 2025. (Please see uplo	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contra	actor*
Yes \(\text{No} \) Unknown	
Please add previous contract dates and what servious	ces were provided*
Currently under contract	1.
Vendor/Contractor a Historically Underutilized Bus	iness (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership * (?)	
○ Yes ○ No ⊚ Unknown	
Supporting Documentation Upload (?)	
	stor for Montal Haalth 2
Autoclear Annual Maintenance Agreement - Harris Cer	257.69KB
IDD - 08.18.2025-08.17.2026 - Full Coverage.pdf	
Vendor/Contractor Contact Person	
*	
Name*	
Doris Connelly	

Address* Street Address 10a Bloomfield Avenue Address Line 2 State / Province / Region City NJ Pine Brook Postal / Zip Code Country 07058 US Phone Number* (973) 276-6000 ext. 207 Email* dorisd@autoclear.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9206 \$ 5,200.00 553001 **Budget Manager** Secondary Budget Manager Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable * (?) na Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Singh, Patricia 7/24/2025 Budget Manager Approval(s) Approved by Approval Date Todel Oshman 7/24/2025 Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 7/28/2025 Contracts Approval

۸.	nrawa	*
ΑD	prove	

- ② Yes
- O No, reject entire submission
- O Return for correction

Approved by*

Belinda Stude

Approval Date*
7/31/2025

New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 8/1/2025 8/31/2025 If contract is off-cycle, specify the contract term (?) N/A Current Contract Amount* \$ 47,000.00

Increase Not to Exceed* \$ 3,000.00	
Revised Total Not to Exceed (NTE)* \$ 50,000.00	
Fiscal Year* (?) 2025	Amount* (?) \$ 50,000.00
Funding Source* County Contract Description / Type* (?)	
Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other
Justification/Purpose of Contract/Description of Service Amendment the existing contract to cover service invoice year. Contract Owner*	
Dr. Evanthe Collins Previous History of Contracting with Vendor/Contracting	ctor*
Please add previous contract dates and what service The ARC of Harris County has various service contracts community education. contract dates 09/01/2024 to pres	for
Vendor/Contractor a Historically Underutilized Busin ○ Yes ○ No ⑥ Unknown	ess (HUB)* (?)
Community Partnership* (?) See See No See Unknown	
Specify Name* The Arc of Harris County	
Supporting Documentation Upload (?) PO - CT144383 - THE ARC OF HARRIS COUNTY.msg Increase request CT144383.pdf	1.3MB 517.29KB
Vendor/Contractor Contact Person	
Name* Janniece Sleigh, Executive Director	

Address* Street Address 9401 Southwest Freeway Address Line 2 City State / Province / Region TX Houston Postal / Zip Code Country 77074 US Phone Number* 713-957-1600 x111 Email* jannieces@aogh.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 543000 3384 \$ 3,000.00 **Budget Manager** Secondary Budget Manager Kerlegon, Charles Degracia, Ericka Provide Rate and Rate Descriptions if applicable * (?) See attachments for rate and rate description Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Childs, Margo 7/18/2025 Budget Manager Approval(s) Approved by **Approval Date** Ericka Degracia 7/18/2025 Contract Owner Approval Approved by Approval Date Evanthe Collins 7/22/2025 **Contracts Approval**

Approve ³				
(<u>©</u>)	Yes			

 \bigcirc No, reject entire submission

O Return for correction

Approved by *

Belinda Stude

Approval Date* 7/23/2025

EXHIBIT R-16

AUGUST 2025 RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
7	ACCESS							
4	ADMINISTRATION			ON THE STREET				
	P-Master Pool for Realtor/Brokerage Services	Realtor/ Brokerage Services			9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of Agreement for Realtor/ Brokerage Services. All Brokerage Service are provided on an as needed bases. All Brokers are paid through earned commissions.
	West Publishing Corporation d/b/a Thomson Reuters Business	Westlaw Subscription Services	\$5,675.05	\$5,675.50	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Annual renewal of Westlaw Subscription services for the Legal department and Contract Services Department.
	CPEP/CRISIS SERVICES							
\exists	FORENSICS			Was a second		Reference of the Control		
3	Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services	Drug Pharmaceutical Dispensing Services	\$165,551.00	\$55,917.00	10/1/2025 - 9/30/2026	County	Tag-On	Annual renewal of Drug Pharmaceutical Dispensing Services to consumers in TCOOMMI for the DDRP and New Start programs at the Atascocita, TX location.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
1	Easter Seals of Greater Houston	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.
5	MENTAL HEALTH Mental Health America of Greater Houston, Inc.	Oversight of Veterans Peer Support Processes in Harris County	\$99,286.00	\$99,286.00	9/1/2025 - 8/31/2026	State Grant	Consumer Driven	Annual renewal of Agreement to provide Oversight of Veterans Peer Support Processes in Harris County.
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

HARRIS CENTER.

Stemol reduction 170		11.2000 11.200
Current Fiscal Year Contract Information	on	•
Current Fiscal Year		
2025		
Contract ID#*		
2022-0414		
Contractor Name*		
P-Realtor/Brokerage Services		
Service Provided * (?)		
Contract for Realtor/ Brokerage 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 \$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	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)	
○ Yes		
○ No		
Unknown		

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description Commission and as agreed upon in the contract for any ancillary services
Unit(s) Served* 1119
G/L Code(s) * 0000000
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?* No
Were Services delivered as specified in the contract?* ● Yes ● No
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) • 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?* (?)
Series of the contract being renewed for next listed year with this contractor? Series of No.

Renewal Information for						
Budget Units and Amo	unts Charged to each Budget	Unit				
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*				
1119	\$ 0.00	000000				
Budget Manager*						
Campbell, Ricardo	Campbell, Rica	irdo				
Provide Rate and Rate Descri	ptions if applicable * (?)					
Commission						
Project WBS (Work Breakdow	n Structure)* (?)					
N/A						
Fiscal Year* (?)	Amount* (?)					
	Amount (17					
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR)	\$ 0.00 d Amount for Master Pooled Contracts					
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char	d Amount for Master Pooled Contracts					
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change	d Amount for Master Pooled Contracts					
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No	d Amount for Master Pooled Contracts 1ges es to the contract language?* (?)					
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	d Amount for Master Pooled Contracts 1ges es to the contract language?* (?)					
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	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*					
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 difference of the Services	d Amount for Master Pooled Contracts 1ges es to the contract language?* (?) change?* ent than net (45)?*					
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 difference of the Services Are there any changes in the I	d Amount for Master Pooled Contracts 1ges es to the contract language?* (?) change?* ent than net (45)?*					
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 difference of the Services Yes No Are there any changes in the Item Yes No	d Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*				
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 differed Yes No Are there any changes in the Record Yes No Are there any changes to the Services	d Amount for Master Pooled Contracts 1ges es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*				
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 difference of the Services Yes No Are there any changes in the Interest No	d Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*				
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 differed Yes No Are there any changes in the Record Yes No Are there any changes to the Services No Are there any changes to the Services No	d Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*				

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	·
Approved by	
Ernest (A. Savoy	
Contracts Approval	
Approve*	
Yes	a de la companya de
No, reject entire submission Return for correction	
Approved by *	
Belinda Stude	Approval Date* 7/28/2025
weunaa Suae	112012025

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ક	2	'n.	AR.	RIS	100
(4)	6	217	1.14	N Pag	
M					

Mental Health and IDD		
Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2025		
Contract ID#*		
6168		
Contractor Name *		
West Publishing Corporation d/b/a Thomson Reuters B	Business	
	ndamos s	
Service Provided* (?)		
Westlaw 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		
Board Approval (Total NTE Amount is \$250,000.00	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment# Other		
o duci		
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 Capaumar Drivan	
Not Applicable (If there are no funds required)	Consumer Driven Other	
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	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)	
○ Yes	× .5	
No		
Unknown		

Contract NTE* (?) \$ 5,675.05		
Rate(s)/Rate(s) Description 5676.50 annual fee		
Unit(s) Served* 1119		
G/L Code(s)* 574000		
Current Fiscal Year Purchase Order Number* CT144158		
Contract Requestor* Kendra Thomas		
Contract Owner* Kendra Thomas		
File Upload (?)		
Evaluation of Current Fiscal Year Performance		0
Have there been any significant performance deficiencies within the current fiscal year?* Yes No		
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?* (?) 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 se Agency?* (?)	rvices fo	r the
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)		
Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?* (?)		0
Yes No		

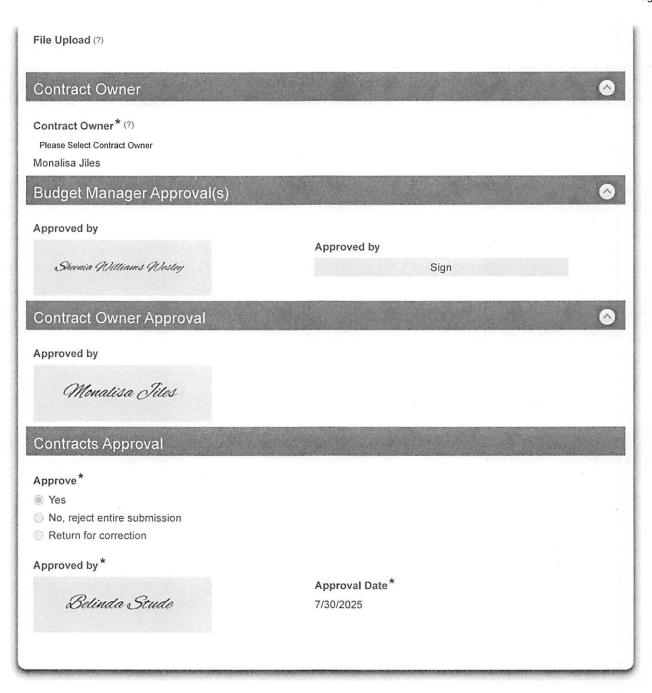
Renewal Information for	or Next Fiscal Year		
Budget Units and Amo	unts Charged to each Budge	t Unit	
Budget Unit Number* 1110	Amount Charged to Unit* \$ 5,676.50	Expense/GL Code No.* 574000	
Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo			
Provide Rate and Rate Descrip	ptions if applicable* (?)		
Project WBS (Work Breakdow Not applicable	n Structure)* (?)		
Fiscal Year* (?) 2026	Amount* (?) \$ 5,675.50		
	d Amount for Master Pooled Contracts		
General Revenue (GR) Contract Content Char	nges		
General Revenue (GR) Contract Content Char Are there any required change Yes No	nges es to the contract language?* (?)		
General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services	nges es to the contract language?* (?)		
General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	nges es to the contract language?* (?) change?*		
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	nges es to the contract language?*(?) change?* ent than net (45)?*		
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 It Yes No Are there any changes to the	nges es to the contract language?*(?) change?* ent than net (45)?*	porting documentation?*	
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 It Yes No Are there any changes to the Services	nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*	
Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I	nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*	
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 It Yes No Are there any changes to the Services Yes No File Upload (?)	nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*	

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 *		
	Approval Date*	
Belinda Stude	7/30/2025	

Mental Health and IDD	
Current Fiscal Year Contract Information	<u>^</u>
Carrent i local roal Contract III carre	
Current Fiscal Year	
2025	
Contract ID#*	
2022-0599	
Contractor Name*	
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services	
Service Provided * (?)	
	the DDDD and New Start
Drug dispensing services to consumers in TCOOMMI for to programs at the Atascocita, TX location.	the DDRP and New Start
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 \$250	,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or r	more)
Grant Proposal	
Revenue	*
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	ag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
⊚ No	
Unknown	

Contract NTE* (?) \$ 165,551.00	
Rate(s)/Rate(s) Description FY25 Funding (10/01/2024 - 8/31/2025): \$110,000.00; FY26 Funding (9/1/2025 - 9/30/2025): \$10,000.00	
Unit(s) Served* 6401, 6303	
G/L Code(s)* 547008	
Current Fiscal Year Purchase Order Number* CT144328	
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?*	
Were Services delivered as specified in the contract?* (a) Yes (b) No	
Did Contractor perform duties in a manner consistent with standards of the profession?* No	
Did Contractor adhere to the contracted schedule?* (?) • 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?* (?) See 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?* Provides support to our clients medication needs to help them stay consistent with their services.							
Renewal Information for Next Fiscal Year							
Budget Units and Amou	nts Charged to each Budget	Unit					
Budget Unit Number* 6401	Amount Charged to Unit* \$ 25,000.00	Expense/GL Code No.* 547001					
Budget Manager* Williams-Wesley, Sheenia	Secondary Bu Reyes, Elizabe	dget Manager* th					
Budget Unit Number* 6303	Amount Charged to Unit* \$ 36,000.00	Expense/GL Code No.* 547001					
Budget Manager* Williams-Wesley, Sheenia	Secondary Bu Jiles, Monalisa	dget Manager*					
Provide Rate and Rate Descript	ions if applicable * (?)						
Project WBS (Work Breakdown n/a	Structure)* (?)						
Fiscal Year* (?) 2026	Amount* (?) \$ 55,917.00						
Fiscal Year* (?) 2027	Amount* (?) \$ 5,083.00						
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							
○ 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?* See No.							



90 Types A I.B I.E. I.	e .
HARRIS CENTER for Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2023-0722	
Contractor Name*	
Easter Seals of Greater Houston	
Service Provided* (?)	
Provide Day Camp and Respite	
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

Lease

Other

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

Yes

No

Unknown

Pooled Contract

Renewal of Existing Contract

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* CT144147
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) (*) Yes (*) No
Were reports, billing and/or invoices submitted in a timely manner?* (?) (i) Yes (ii) No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
⊚ Yes ⊘ No
Did Contractor render services consistent with Agency policy and procedures?* (?) No
Maintained legally required standards for certification, licensure, and/or training?* (?) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) No

Renewal Information fo	r Next Fiscal Year		Ó
Budget Units and Amo	unts Charged to each Bu	dget Unit	
Budget Unit Number* 3519	Amount Charged to Unit* \$ 11,300.00	Expense/GL Code No.* 543000	
Budget Manager* Degracia, Ericka		ary Budget Manager* i, Charles	a anto 1938 (1938 1938
Provide Rate and Rate Descrip	tions if applicable* (?)		
See attachment for rate and rate	description.		
Project WBS (Work Breakdowi NA	Structure)* (?)		
IVA			
Fiscal Year* (?)	Amount	* (?)	
Next Fiscal Year Not to Exceed NA Contract Funding Source*	\$ 11,300 Amount for Master Pooled Cont		
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Chan	Amount for Master Pooled Cont		•
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Chan Are there any required change	Amount for Master Pooled Cont		
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Chan Are there any required change Yes No	Amount for Master Pooled Cont ges s to the contract language?* (?)		
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Chan Are there any required change	Amount for Master Pooled Cont ges s to the contract language?* (?)		•
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	Amount for Master Pooled Cont ges s to the contract language?* (?) change?*		
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services	Amount for Master Pooled Cont ges s to the contract language?* (?) change?*		
Next Fiscal Year Not to Exceed NA Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the F	Amount for Master Pooled Cont ges s to the contract language?* (?) change?*		
Next Fiscal Year Not to Exceed NA 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 differed Yes No Are there any changes in the Form Yes No	Amount for Master Pooled Cont ges s to the contract language?* (?) change?* int than net (45)?* erformance Targets?*	racts	
Next Fiscal Year Not to Exceed NA 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 differed Yes No Are there any changes in the Forest No Are there any changes to the Services	Amount for Master Pooled Cont ges s to the contract language?* (?) change?*	racts	
Next Fiscal Year Not to Exceed NA 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 differed Yes No Are there any changes in the Form Yes No	Amount for Master Pooled Cont ges s to the contract language?* (?) change?* int than net (45)?* erformance Targets?*	racts	

Contract Owner* (?) Please Select Contract Owner		
Dr. Evanthe Collins Budget Manager Approval(s)		Ô
Approved by		
Ericka Degracia		
Contract Owner Approval		Ô
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
Belinda Stude	Approval Date* 7/8/2025	

HARRIS CENTER.

Mental Health and IDD	
Current Fiscal Year Contract Information	0
Select Header For This Contract*	
Mental Health Services	
Current Fiscal Year 2025	
Contract ID#* 7743	
Contractor Name* Mental Health America of Greater Houston, Inc.	
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 Board Approval (Total NTE Amount is \$250,000.00 or 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 Not Applicable (If there are no funds required)	Consumer Driven Other
	- Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Preceptor	 Amendment to Existing Contract Service/Maintenance
BAA/DUA	
Pooled Contract	 ☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No Unknown	
- Challowit	

Contract NTE* (?) \$ 99,286.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 543053
Current Fiscal Year Purchase Order Number* CT144061
Contract Requestor* Chekesha Govan
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) 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
Maintained legally required standards for certification, licensure, and/or training?* (?) (**) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) No
How does this contract support Agency/Unit Strategic priorities?* Oversight of Veterans Peer Support Processes in Harris County.

Renewal Information for		
Budget Units and Amo	unts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 99,286.00	543053
Budget Manager*	Secondary B	udget Manager*
Smith, Janai	Shelby, Debbi	
Provide Rate and Rate Descrip	otions if applicable (?)	
Project WBS (Work Breakdow	n Structure) (?)	
0.00	**************************************	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 99,286.00	
Contract Content Char		<u>o</u>
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	out them not (45)2*	
Yes No	ent than het (45) ?	
Are there any changes in the	Performance Targets?*	
Yes No Are there any changes to the	Submission deadlines for notes or sup	oporting documentation?*
○ Yes ⊚ No	,	
File Upload (?)		
Contract Owner		<u> </u>
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		

Approved by		
Janai Lynnette Smith		
Contract Owner Approval		•
Approved by		
Britt, Lance		
Contracts Approval		o
Approved by		
Belinda Stude	Approval Date 5/13/2025	

EXHIBIT R-17

AUGUST 2025 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Harris County Community Service Department	Ride Share Transportation for our Consumer to ensure appearance for Court Appointments, that are unable to use Metro bus passes.	New Contract	8/1/2025 - 12/1/2025	County	Due Diligence was completed for a New Rides Share program for Forensics to provide transportation services for consumers to their court appointments. The Agency will utilize Harris County Community Service Department for the Rides Specialized Transportation program using zTrip, Rubicund, Anchoring Hopes and Rids Brothers for Harris County. The Agency will pay 60% of the total trip cost to Harris County. [FY25/26 NTE: \$50,000.00].
2	Harris County Community Supervision and Corrections Department	Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.	Renewal	9/1/2025 - 8/31/2026	County	Annual renewal of Interlocal Agreement for Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD. [FY26 Revenue NTE: \$6,112,840.00].
3	Harris County Resources for Children and Adults	Community Youth Services Program for Comprehensive Approaches with Resources to Enhance Safety ("CARES") Project	New Contract	7/2/2025 - 8/31/2026	General Revenue (GR)	New Interlocal MOU with the Community Youth Services Program for the CARES Project increase school safety through the development and expansion of evidence-based, violence prevention, reduction programs, and strategies to support school climate by maximizing resources, at no cost, and prevent duplication of services.
4	The University of Texas Health Science Center at Houston ("UTHealth")	A joint providership arrangement with McGovern Medical School Office of Continuing Medical Education	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Agreement for a joint providership arrangement with McGovern Medical School Office of Continuing Medical Education (OCME) to provide Continuing Medical Education (CME) Activity. [FY26 NTE: \$6,000.00].
5	University of Houston College of Pharmacy	To provide opportunity for student pharmacy learners to gain experience with the underserved mental health population and fill future positions in this space.	New Contract	9/1/2025 - 8/31/2030	General Revenue (GR)	New Affiliation Agreement with the University of Houston's College of Pharmacy to provide opportunities for student pharmacy learners to gain experience with the underserved mental health population and fill future positions with the Agency.



Due Diligence Project PUR-FY25-0335 NEW RIDES SHARE PROGRAM

Purchasing received a request from the Forensic Court Clinical Interview Unit on Tuesday, April 01, 2025, for Ride Share transportation for our clients to court appointments.

Due diligence was done with Sourcewell and Choice Partners and they did not offer any programs for Rides. Uber and Lyft did not support the program. You basically have to schedule a trip using an App to enter your destination and then you are matched with a driver and vehicle details for pickup. Uber cost per ride varies by location, time of day, and service type, with added fees like tolls, surge pricing and booking fees. On average the cost per mile ranges from \$1 to \$2.

We contacted the Harris County Purchasing Department to see if we could tag on to their Supplemental Non-Metered Transportation Rides for Harris County. We were informed that the awarded vendors are currently experiencing capacity issues and are unable to accommodate any additional services beyond those specified in their existing contracts. Following this update, we inquired whether there were any alternative programs they facilitate that we could utilize for this service. After a review by their Purchasing Contract Manager, we were informed that, due to FTA regulations, the use of their contract for this service is not permitted.

We contacted Harris County of Texas Community Service Department for the Rides Specialized Transportation Program using zTrip, Rubicund, Anchoring Hopes and Rids Brothers for Harris County. We were informed that to be qualified for the Rides Program the Agency must be a non-profit organization, for profit business, human services organization, municipality with disability of all ages.

RIDES is a curb-to-curb subsidized program that allows participating agencies to purchase transportation services at a significant discount for specific populations. The agency pays 60% of the total trip cost to Harris County Texas based on the following guidelines:

AGENCY GUIDELINES FOR SUBSIDIZED TRANSPORTATION FUNDS ELIGIBILITY

- Agency must be a non-profit organization, for profit business, human services organization, municipality, hospital or church.
- Agency must agree to screen all clients using the Program eligibility form.
- Agency must agree to provide funds for transportation services only to Harris County residents that
 are low-income, disabled, or elderly that are unable to access alternate transportation. (Customers
 must be screened for MetroLift and for Medicaid Medical transportation. Medicaid customers may
 use Rides for non-medical trips and MetroLift customers may use Rides for trips not served by
 MetroLift.) Rides service originate within Harris County and clients may travel in designated areas
 in neighboring counties contiguous to Harris County.
- Agency must verify that new customers are not registered with another Rides field agency.
- Agency must agree to designate a Program liaison and attend training on use of the web-based program application.
- Agency must agree to support the customer education and registration process on an on-going basis.
 Agency agrees to send paper copies of the customer applications to the Program office immediately after in-take.
- Agency understands that there is a limited amount of funds for subsidized trips. When the funds are
 expended; the subsidized service will no longer be available. The maximum amount of subsidized
 funds that may be purchased is based on availability and will be reviewed periodically. Harris

County reserves the right to adjust the subsidy rate at any time. Adequate advance notice will be given. Agencies can purchase unsubsidized service at any time.

- Agency must provide source of funding to purchase transportation funds to the RIDES program. Eligible Federal funding can only be used. (Please confirm sources with Harris County RIDES).
- Agency agrees to give Rides a minimum of one-month advance notice if participation is discontinued.
- All subsidized funding has an expiration date determined by the Rides Program based on grant
 expirations. Funds may be transferred among users prior to expiration dates but refunds are not
 authorized.
- Must have a signed Agency Partner Member Annual Support form on file.

The Forensic Services selected the Rides Share Program to provide transportation to ensure clients show up for court appointments that are unable to use Metro bus passes.

Total NTE: \$50,000.00

Community Assistance Referral Program - Unit 6004

Term: Evergreen

Submitted By:

—Docusigned by: Pacquelene Hedge

Jacqueline Hedge, BAA Purchasing, Buyer I Recommended By:

DocuSigned by:

Sharon Braunes

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

Purchasing Manager

-DocuStaned by:

Stanley Ildams Statister Addition NOBA

Chief Financial Officer

1000					
8		Tite	650	370	
Pai	3	ШB	111	Шb)
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Mer	stal I	Heal	tha	nd	DD

Executive Contract Summary

Mental Health and IDD	
Contract Section	<u> </u>
Contractor*	
Harris County Community Service Department	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
The Harris Center for MH and IDD and Harris County Ride	es
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or r	more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Information *	Technology (Hardware, Software, or Professional Services)?
Yes No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/1/2025	12/1/2025
If contract is off-cycle, specify the contract term (?)	
fiscal for contract funding is Dec to Dec, fully executed	
contract signed in July 25	

Fiscal Year* (?)	Amount* (?)
2025	\$ 50,000.00
Funding Source*	
County	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of S	services Being Provided * (?)
Ride Share transportation for our clients to ensure ap	
are unable to use Metro bus passes.	
Contract Owner*	
Sean McElroy	
Previous History of Contracting with Vendor/Cont	ractor*
○ Yes No Unknown	
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
○ Yes ○ No ⊚ Unknown	
Supporting Documentation Upload (?)	
FW_ Due Diligence for Rideshare Program.zip	7.06MB
Vendor/Contractor Contact Person	o
Name*	
Natosha Willis	
Address*	
Street Address	
1001 Preston St	
Address Line 2	
Suite 500	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-1839	United States
Phone Number*	
7132741284	
Email*	
natosha.willis@harriscountytx.gov	

Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6003 \$ 50,000.00 543014 **Budget Manager** Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Williams-Wesley, Sheenia 8/1/2025 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wesley 8/1/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Sean McElray 8/1/2025 Contracts Approval Approve* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/1/2025

HARRIS CENTER for

Mental Health and IDD		Waster and the second
Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2025		
**		
Contract ID#*		
6139		
Contractor Name*		
Harris County Community Supervision and Corrections	s Department	
Service Provided* (?)		
Dual Diagnosis Residential Program for treatment (138	Beds) at 2312 Atascocita Road,	
Humble, Texas for CSCD.		
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-oyale only (For Neterence 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		
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	∏ Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract Renewal of Existing Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
○ Yes		
⊚ No		
Unknown		

mental illness and substance about probationers into the community Renewal Information for	unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00 Secondary Bu Reyes, Elizabe	transition the Unit Expense/GL Code No.* 000000 dget Manager*	6
mental illness and substance abordoners into the community Renewal Information for Budget Units and Amod Budget Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia Provide Rate and Rate Descriptoria Project WBS (Work Breakdown n/a)	unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00 Secondary Bu Reyes, Elizabe	Expense/GL Code No.* 000000	
mental illness and substance abordered probationers into the community Renewal Information for Budget Units and Amorde Budget Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia Provide Rate and Rate Descriptoria	unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00 Secondary Bu Reyes, Elizabe	Expense/GL Code No.* 000000	8
mental illness and substance abordoners into the community Renewal Information for Budget Units and Amount Budget Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia Provide Rate and Rate Descriptor/a	unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00 Secondary Bu Reyes, Elizabe	Expense/GL Code No.* 000000	8
mental illness and substance abordered into the community Renewal Information for Budget Units and Amorded Budget Unit Number* 6401 Budget Manager* Williams-Wesley, Sheenia	upon release. Pr Next Fiscal Year unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00 Secondary Bu Reyes, Elizabe	Expense/GL Code No.* 000000	8
mental illness and substance abordoners into the community Renewal Information for Budget Units and Amordone Budget Unit Number* 6401 Budget Manager*	use issues providing services intended to upon release. or Next Fiscal Year unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00	Expense/GL Code No.* 000000	8
mental illness and substance abordoners into the community Renewal Information for Budget Units and Amordone Budget Unit Number* 6401 Budget Manager*	use issues providing services intended to upon release. or Next Fiscal Year unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00	Expense/GL Code No.* 000000	0
mental illness and substance abuprobationers into the community Renewal Information for Budget Units and Amounts Budget Unit Number*	upon release. Pr Next Fiscal Year unts Charged to each Budget Amount Charged to Unit* \$ 6,112,840.00	Unit Expense/GL Code No.* 000000	0
mental illness and substance abuse probationers into the community Renewal Information for Budget Units and Amounts and Budget Unit Number*	use issues providing services intended to upon release. Or Next Fiscal Year unts Charged to each Budget Amount Charged to Unit*	Unit Expense/GL Code No.*	0
mental illness and substance about probationers into the community Renewal Information for	use issues providing services intended to upon release. or Next Fiscal Year	transition the	0
mental illness and substance aborobationers into the community	use issues providing services intended to upon release.		0
mental illness and substance aborobationers into the community	use issues providing services intended to upon release.		0
mental illness and substance abo	use issues providing services intended to		
	ility for male and female probationers with	co-occurring	
	rt Agency/Unit Strategic priorities?*		
Yes No	for next fiscal year with this Contractor	Tf (0)	
Antique and the control of the contr	de terrelity in medium in medium de er villen verd finderne en produce bedeem med de med de compressione.	-2* /2\	manana manana da Manada.
Renewal Determination	1		0
File Upload (?)			
Monalisa Jiles			
Contract Owner*			
Sheenia Williams-Wesley			
Contract Requestor*			
N/A	order Number		
Current Fiscal Year Purchase 0	Order Number*		
G/L Code(s)* N/A			
N/A			
Offices Served			
Unit(s) Served*			
Vary.			

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?* See No.
Are there any changes to the Submission deadlines for notes or supporting documentation?* See No.
File Upload (?)
Contract Owner
Contract Owner* (?) Please Select Contract Owner Monalisa Jiles
Budget Manager Approval(s)
Approved by
Shoenia Wittiams Westry
Contract Owner Approval
Approved by
Monatisa Tites
Contracts Approval
Approve* Yes No reject entire submission
 No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date*
7/29/2025

HARRIS Executive Contract Su	mmary		
Contract Section			
Contract Section			
Contractor*			
Harris County Resources for Children and Adults			
Contract ID #*			
N/A			
Presented To *			
Resource Committee			
Full Board			
Date Presented*			
8/19/2025			
- * * *			
Parties*(?)	it. Vesti Consis		
Northeast Youth and Family Wellness Center and Con	nmunity Youth Services		
Agenda Item Submitted For:* (?)			
Information Only (Total NTE Amount is Less than \$	250,000.00)		
Board Approval (Total NTE Amount is \$250,000.00	or more)		
Grant Proposal			
Revenue			
SOW-Change Order-Amendment#			
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	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		
Does this contract contain an element of Informati *	ion Technology (Hardware, Software,	or Professional Ser	vices
Yes No			
Funding Information*			

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

New Contract Amendment

Contract Term Start Date * (?)

Amount* (?)

8/31/2026

Contract Term End Date * (?)

2026

Fiscal Year* (?)

7/2/2025

\$ 0.00

General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Ser	vices Being Provided* (?)	
To increase school safety through the development and		
violence prevention, reduction programs, and strategies		
maximizing resources, at no cost, and prevent duplication		
Contract Owner*		
Tiffanie Williams-Brooks		
Previous History of Contracting with Vendor/Contracting	ctor*	
Yes No Unknown		
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)	
Yes No Unknown		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)	locx 31.47KB	
25GEN0937 - HCRCA MOU - CYS CARES Project v2.d	DCX 31.4/ND	
		(A)
Vendor/Contractor Contact Person		۵
		0
Vendor/Contractor Contact Person		0
Vendor/Contractor Contact Person Name* Candis Jackson		۵
Vendor/Contractor Contact Person		0
Vendor/Contractor Contact Person Name* Candis Jackson		0
Vendor/Contractor Contact Person Name* Candis Jackson Address*		0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address		٥
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2		0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City	State / Province / Region	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston	State / Province / Region TX	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston Postal / Zip Code	State / Province / Region TX Country	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston	State / Province / Region TX	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston Postal / Zip Code	State / Province / Region TX Country	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston Postal / Zip Code 77081-4502	State / Province / Region TX Country	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston Postal / Zip Code 77081-4502 Phone Number*	State / Province / Region TX Country	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston Postal / Zip Code 77081-4502 Phone Number* 832-927-6457	State / Province / Region TX Country	0
Vendor/Contractor Contact Person Name* Candis Jackson Address* Street Address 6300 Chimney Rock Road Address Line 2 City Houston Postal / Zip Code 77081-4502 Phone Number* 832-927-6457 Email*	State / Province / Region TX Country	0

Budget Units and Amour	nts Charged to ea	ch Budget Un	it
Budget Unit Number* 4780	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.*
Budget Manager Smith, Janai		Secondary Budget Shelby, Debbie	Manager
Provide Rate and Rate Description	ons if applicable * (?)		
Project WBS (Work Breakdown S	structure)* (?)		
Requester Name Bowser, Mohagony		Submission Date	
Budget Manager Approve	al(s)		<u> </u>
Approved by Sanai Lynnette Smith		Approval Date 7/2/2025	
Procurement Approval			•
File Upload (?)			
Approved by	,	Approval Date	
Contract Owner Approva	1	di salita di salamana di s	©
Approved by Witness Religious Brooks, LEFC-5		Approval Date 7/2/2025	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			
Approved by* Belinda Stude		Approval Date* 7/3/2025	

HARRIS CENTER,

Annual Renewal Evaluation

Mental Health and IDD					
Current Fiscal Year Contract Information	•				
Current Fiscal Year					
2025					
Contract ID#*					
2022-0361					
C*					
Contractor Name *					
The University of Texas Health Science Center at Housto	n (OTHealth")				
Service Provided* (?)					
A joint providership arrangement with McGovern Medical Medical Education (OCME) to provide Continuing Medical					
Renewal Term Start Date*	Renewal Term End Date*				
9/1/2025	8/31/2026				
Town for Off Cuals Only (For Reference Only)					
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	more)				
Grant Proposal					
Revenue					
SOW-Change Order-Amendment#					
Other					
Procurement Method(s)*					
Check all that Apply					
Competitive Bid	Competitive Proposal				
Request for Proposal	Sole Source				
Request for Application	Request for Qualification				
Request for Quote	Tag-On				
Interlocal	Consumer Driven				
Not Applicable (If there are no funds required)	Other				
Contract Description / Type					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
BAA/DUA	IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	Other				
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)				
○ Yes					
○ No					
Unknown					

Contract NTE* (?) \$ 6,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT144197
Contract Requestor* Lesley Conger
Contract Owner* Luming Li
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?* ⊚ Yes ⊙ No
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) See No.
Were reports, billing and/or invoices submitted in a timely manner?* (?) No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? \star (?)
⊗ Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?) 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	ioi Next i iscai Teai			
Budget Units and Am	ounts Charged to ea	ach Budget l	Unit	
Budget Unit Number* 1101	Amount Charged \$ 6,000.00	to Unit*	Expense/GL Code No.* 542000	
Budget Manager*		Secondary Bud	get Manager*	
Campbell, Ricardo		Campbell, Ricard	do	
Provide Rate and Rate Descr	riptions if applicable* (?)			
A joint providership arrangeme School Office of Continuing Me				
Project WBS (Work Breakdo	wn Structure)* (?)			
n/a				
Fiscal Year* (?)		Amount* (?)		
2026 Next Fiscal Year Not to Exce	ed Amount for Master Poo	\$ 6,000.00	,	
Fiscal Year* (?) 2026 Next Fiscal Year Not to Exce Contract Funding Source* General Revenue (GR) Contract Content Cha		\$ 6,000.00		•
Next Fiscal Year Not to Exce Contract Funding Source* General Revenue (GR)	anges	\$ 6,000.00		
Next Fiscal Year Not to Exce Contract Funding Source* General Revenue (GR) Contract Content Cha	anges	\$ 6,000.00		
Next Fiscal Year Not to Excel Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required chang Yes No Will the scope of the Service	anges ges to the contract langua	\$ 6,000.00		
Next Fiscal Year Not to Excel Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required chang Yes No Will the scope of the Service Yes No	anges ges to the contract langua s change?*	\$ 6,000.00		
Next Fiscal Year Not to Excercontract Funding Source* General Revenue (GR) Contract Content Character Charac	anges ges to the contract langua s change?*	\$ 6,000.00		
Next Fiscal Year Not to Excel Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required chang Yes No Will the scope of the Service Yes No Is the payment deadline difference.	anges ges to the contract langua s change?* erent than net (45)?*	\$ 6,000.00		
Next Fiscal Year Not to Excel Contract Funding Source* General Revenue (GR) Contract Content Character there any required change Yes No Will the scope of the Service Yes No	anges ges to the contract langua s change?* erent than net (45)?*	\$ 6,000.00		
Rext Fiscal Year Not to Excellent Funding Source* General Revenue (GR) Contract Content Character there any required change Yes No Will the scope of the Service Yes No s the payment deadline difference of Yes No Are there any changes in the Yes No	anges ges to the contract langua s change?* erent than net (45)?* e Performance Targets?*	\$ 6,000.00 led Contracts ge?* (?)	orting documentation?*	
Next Fiscal Year Not to Excellent Contract Funding Source* General Revenue (GR) Contract Content Character there any required change Yes No Will the scope of the Service Yes No s the payment deadline difference No Are there any changes in the	anges ges to the contract langua s change?* erent than net (45)?* e Performance Targets?*	\$ 6,000.00 led Contracts ge?* (?)	orting documentation?*	

• •		
Contract Owner* (?)		5 1
Please Select Contract Owner		
Luming Li		
Budget Manager Approval(s)		©
Approved by		
Ricardo Campbell		
Contract Owner Approval		O
Approved by		
Dr. Luning Li		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	7/28/2025	
The state of the s		

HARRIS Executive Contract Sur	nmary
sternar neadd and IDD	
Contract Section	
Contractor*	
University of Houston College of Pharmacy	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
The University of Houston 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	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
Does this contract contain an element of Information *	on Technology (Hardware, Software, or Professional Service
Yes No	
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2030
If contract is off-cycle specify the contract term (2)	

Fiscal Year* (?)

Amount* (?)

2026

\$ 0.00

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	
To provide opportunity for student pharmacy learners to	
underserved mental health population and fill future pos-	itions in this space.
Contract Owner*	
Holly Cumbie	
Previous History of Contracting with Vendor/Contraction	ctor*
Yes No Unknown	
Please add previous contract dates and what service	os were provided*
	es were provided
2019-2024	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
PHAR_5670_Community_Pharmaceutical_Care.pdf	192.02KB
PHAR_5070_Golfilmunity_Pharmaceutical_Gare.pur	102.0210
Vendor/Contractor Contact Person	<u>^</u>
vendon contractor contact reason	State Market Company C
Name*	
Nancy Ordonez	
Namely Ordonez	
Address*	
Street Address	
Health 2, 4349 Martin Luther King Blvd Room 3044	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77204	US
Phone Number*	
832-842-8369	
*	
Email*	
NOrdonez@Central.UH.EDU	
Budget Section	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 0.00	0
Budget Manager	Secondary Bu	idget Manager
Campbell, Ricardo	Campbell, Rica	ardo
Provide Rate and Rate Descri	otions if applicable * (2)	
N/A	otions if applicable 107	
Project WBS (Work Breakdow	n Structure)* (?)	
N/A		
Requester Name	Submission D	pate
Cumbie, Holly	7/14/2025	
Budget Manager Appro	oval(s)	
Approved by		
	Approval Date	
Ricardo Campbell	7/14/2025	
Procurement Approval		<u> </u>
File Upload (?)		
Approved by	Approval Date	
Sign		
Contract Owner Appro	val	<u> </u>
Approved by		
01 0	Approval Date	•
Holly Cumbie	7/14/2025	
Contracts Annual		
Contracts Approval		
Approve*		
YesNo, reject entire submission		
Return for correction		
Approved by *		
	Approval Date	*
Belinda Stude	7/15/2025	

EXHIBIT R-18

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

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

AUGUST 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
1	Capella University (School of Nursing)	New Affiliation Agreement with School of Nursing	New Contract	8/1/2025 - 8/31/2029	General Revenue (GR)	New Affiliation Agreement to allow students enrolled in Capella University's School of Nursing to complete clinical field placements as part of their degree requirements.
\neg	MOU					
2	Baker Ripley	Assistance in Transition from Homelessness (PATH), Homeless Outreach Team (HOT) and Substance Use Disorder Outreach Program (SUDOP) for Veteran Services Program	New Contract	7/28/2025 - 8/31/2027	Federal Grant	New MOU to establish a partnership with Baker Ripley Veteran Services Program to assist veterans in the Projects for Assistance in Transition from Homelessness (PATH), Homeless Outreach Team (HOT), and Substance Use Disorder Outreach Program (SUDOP) in receiving intensive care management services who are homeless or at risk of homelessness.
3	The Association for the Advancement of Mexican Americans	Co-Occurring Psychiatric and Substance Use Disorder (COPSD) and Mental Health Services	New Contract	8/4/2025 - 8/31/2026	Federal Grant	New MOU with the Association for the Advancement of Mexican Americans (AAMA) to integrate and coordinate Co-Occurring Psychiatric and Substance Use Disorder (COPSD) services to both adult or adolescent individuals ages 14 and over living with substance use and mental health disorders, to increase linkage and retention in substance use and mental health services.
4	Victoria Behavioral Health Services	New MOU for Therapeutic and Psychiatric Services to Consumers requiring Mental Health Support	New Contract	7/28/2025 - 8/31/2026	General Revenue (GR)	New MOU to provide referrals for therapeutic and psychiatric services to individuals requiring mental health support, including but not limited to medication management, diagnostic assessments, and ongoing psychotherapy.
\dashv	REVENUE					
5	Justice Forward	Justice Forward will pay us for housing their clients at our Main St. (ReCenter) property	New Contract	8/25/2025 - 8/31/2026	Private Pay Source	New Residential Agreement to provide housing, meals, case management for reporting to the courts as well as group therapy and substance abuse therapy to clients of Justice Forward.
\exists						
\exists				5.7		
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	Y					-
\exists						
\dashv						
\rightarrow						

Funding Information*

New Contract Amendment

Contract Term Start Date * (?)

Contract Term End Date * (?)

7/18/2025

8/31/2026

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

Sept. 1, 2025 to Aug 31, 2026

Fiscal Year* (?)	Amount* (?)		
2025	\$ 0.00		
Funding Source*			
Federal Grant			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/A	greement	
Memorandum of Understanding	Amendment to I	Existing Contract	
Affiliation or Preceptor	Service/Mainter	nance	
BAA/DUA	IT/Software Lice	ense Agreement	
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description of Services	vices Being Provided*	(?)	
This purpose of this MOU is to integrate and coordinate			
Substance Use Disorder (COPSD) services to both adul			
and over, who reside in Texas living with substance use		ders, and to	
increase linkage and retention in substance use and me	ntal health services.		
Contract Owner*			
Kim Kornmayer			
Previous History of Contracting with Vendor/Contracting	ctor*		
○ Yes ◎ No ○ Unknown			
	(LUID) * (2)		
Vendor/Contractor a Historically Underutilized Busin	iess (HUB)" (7)		
○ Yes ○ No ◎ Unknown			
Community Partnership* (?)			
Yes No Unknown			
Supporting Documentation Upload (?)			
COPSD MOU FOR HARRIS CENTER AND AAMA 2025	.docx	81.69KB	
Vendor/Contractor Contact Person	Santania e de California de La California de	u divini a cama a sama a sama a	()
Name*			
The Association for the Advancement of Mexican Americ	rans		
(AAMA)	,4113		
Address*			
Street Address			
204 Clifton Street			
Address Line 2			
City	State / Province / Posis-		
Houston	State / Province / Region TX		
Postal / Zip Code	Country		
77011-3314	US		
Phone Number*			
713-926-9491			

Email*			
cgarza@aama.org	and the second second		
Budget Section	entre un sain archivini un sain sain ann an		©
Budget Units and Amounts	s Charged to e	each Budget Ur	nit
Budget Unit Number* 9263	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.*
Budget Manager Oshman, Jodel		Secondary Budget Ramirez, Priscilla	t Manager
Provide Rate and Rate Descriptions	s if applicable* (?)		
Project WBS (Work Breakdown Str NA	ucture)* (?)		
Requester Name		Submission Date	,
Sesay, Omar		7/18/2025	
Budget Manager Approval	(s)		
Approved by Todel Oshman		Approval Date 7/18/2025	
Procurement Approval			0
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<u> </u>
Approved by Kin Kok NMAYER		Approval Date 7/28/2025	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			

Approved by *

Belinda Studo

Approval Date*
7/28/2025

	1			
\Re		ARE	NIS	
OI	0	ΝÏ	DI	Lor
Ment	al He	liben	1715	IDD

Executive Contract Summary

Mental Health and IDD	
Contract Section	^
Contractor*	
Capella University (School of Nursing)	
Contract ID #*	
n/a	
Presented To*	
Resource Committee	
Full Board	
*	
Date Presented*	
8/19/2025	
Parties* (?)	
The Harris Center and Capella University (School of Nur	rsing)
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 Not Applicable (If there are no funds required)	Consumer Driven Other
Not Applicable (if there are no funds required)	Calcu
Does this contract contain an element of Information *	n Technology (Hardware, Software, or Professional Services)?
Yes No	
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/1/2025	8/31/2029
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Funding Source*	96
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	icos Boing Provided* (2)
Current Afflation with Counseling, adding School of Nursin	ng.
This agreement will allow students enrolled in Capella Un	iversity's School
of Nursing to complete clinical field placements as part of	
The students will utilize the skills gained through education and procedures.	on while adhering to agency policy
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contract	tor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ose (HIB)* (?)
	333 (1100)
○ Yes ○ No ⊚ Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
BSN Articulate.pdf	163.44KB
SONHS Preceptor Orientation Handbook_May 2023.pdf	379.24KB
Vendor/Contractor Contact Person	\circ
Name*	
Kendra Landherr	
Address*	
Street Address	
225 South 6th Street	
Address Line 2	
City	State / Province / Region
Minneapolis	MN
Postal / Zip Code	Country
55402	US
Phone Number*	
888-227-3552	
Email*	
AffiliationAgreements@capella.edu	

Budget Section		in the state of th	•
Budget Units and Amounts	s Charged to e	ach Budget Un	it
Budget Unit Number* 1108	Amount Charge	d to Unit*	Expense/GL Code No.* N/A
Budget Manager Moynihan, Kelly		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions	s if applicable*(?)		
Project WBS (Work Breakdown Str	ucture)* (?)		
Requester Name Hemanes, Danyette		Submission Date 7/2/2025	
Budget Manager Approval	(s)		⊙
Approved by		Approval Date	
Kelly E. Moynihan		7/7/2025	
Procurement Approval			•
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<u>^</u>
Approved by		Approval Date	
Ninfa Escobar		7/7/2025	
Contracts Approval	na kana akki wa aka anjini wasa ya wa		
Approve* Yes No, reject entire submission Return for correction			
Approved by *		*	
Belinda Stude		Approval Date* 7/8/2025	

TOTAL PROPERTY.			
\Re	H	DIS	
Zii.	eib.	HILL	
EGYP	直面 35、	经银货销售	899

Executive Contract Summary

Mental Health and IDD	
Contract Section	<u>○</u>
C *	
Contractor*	
Baker Ripley	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/19/2025	
Parties* (?)	
PATH and Baker Ripley Veterans Services	
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	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
InterlocalNot Applicable (If there are no funds required)	Consumer DrivenOther
Not Applicable (if there are no fullus required)	Other
Does this contract contain an element of Information	n Technology (Hardware, Software, or Professional Services)?
○ Yes ◎ No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
7/28/2025	8/31/2027
If contract is off-cycle, specify the contract term (?)	
FY26	
Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Funding Source*				
Federal Grant				
Contract Description / Type * (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement	(* 7)		
Memorandum of Understanding	Amendment to Existing Contract	H 5-		
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 S	Services Being Provided* (?)			
The purpose of this MOU is to establish a partnership		- 1		
Program to assist veterans in the Projects for Assistar				
(PATH), Homeless Outreach Team (HOT), and Substa		1		
(SUDOP) in receiving intensive care management set				
homelessness.				
Contract Owner*		1		
Kim Kornmayer				
Previous History of Contracting with Vendor/Cont	ractor*			
Yes No Unknown				
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)			
Yes No Unknown				
Community Partnership* (?)				
Yes No Unknown				
Supporting Documentation Upload (?)				
BakerRipley SSVF Veteran Service Brochure.pdf	1.52MB			
Vendor/Contractor Contact Person		⊘		
+				
Name*				
Leticia Harmon				
Address*				
Street Address				
4550 Harrisburg Blvd ste 200				
Address Line 2				
City	State / Province / Region			
Houston	TX			
Postal / Zip Code	Country			
77011	US			
Phone Number*				
832-386-5329				
032-300-3328				
Email*				
lharmon@bakerripley.org				
Budget Section				
Dudget Section		The State of the S		

Budget Units and Amounts	s Charged to e	each Budget Ui	nit
Budget Unit Number* 2250	Amount Charge	ed to Unit*	Expense/GL Code No.* 0.00
Budget Manager Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager
Provide Rate and Rate Description 0.00	s if applicable * (?)		
Project WBS (Work Breakdown Str MOU to allow both agencies to work of the homeless veteran population.		sist	
Requester Name		Submission Date	
Sesay, Omar		7/17/2025	
Budget Manager Approval	l(s)		<u> </u>
Approved by Todel Oshman		Approval Date 7/17/2025	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approval			0
Approved by			
Vin Vab. Waseh		Approval Date	
Kin KORNMAYER		7/17/2025	
Contracts Approval		and the second s	
Approve* Yes No, reject entire submission Return for correction			
Approved by *			
Belinda Stude		Approval Date* 7/18/2025	

00	The			
\Re	am	VR.	RIS	
00	CF	NI	N DATE	for
Mental				

Executive Contract Summary

Mental Health and IDD	
Contract Section	lacktriangle
Contractor* Victoria Behavioral Health Services	
Contract ID #* NA	
Presented To * Resource Committee Full Board	
Date Presented* 8/19/2025	
Parties* (?) Victoria Behavioral Health Services and The Harris Center	r for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or regreted from the second	
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	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Information *	Technology (Hardware, Software, or Professional Services)?
○ Yes ◎ No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
7/28/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2026	\$ 0.00

Funding Source*				
General Revenue (GR)				
* (0)				
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	Service/Maintenance			
Pooled Contract	 ☐ IT/Software License Agreement ☐ Lease 			
Renewal of Existing Contract	Other			
Tollowd of Existing Contract	O dici			
Justification/Purpose of Contract/Description of Ser	vices Being Provided * (?)			
The purpose of this contract is to provide therapeutic and	d psychiatric services to individuals			
requiring mental health support, including but not limited	to medication management,			
diagnostic assessments, and ongoing psychotherapy. The				
managing a range of behavioral health conditions and e				
transitioning from higher levels of treatment or those in contract enables VBHS to provide consistent, person-c	community-based placements. The			
contract enables VBHS to provide consistent, person-c				
Contract Owner*				
Tiffanie Williams-Brooks				
Previous History of Contracting with Vendor/Contracting	rtor*			
	3.01			
Yes No Unknown				
Vendor/Contractor a Historically Underutilized Business (HUB) * (?)				
Yes ○ No ◎ Unknown				
Community Partnership * (?)				
Yes No Unknown				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Person				
Name*				
Victoria Aderinokun				
Address*				
Street Address				
16205 Westheimer Road #250B				
Address Line 2				
	2			
City	State / Province / Region			
Houston	TX			
Postal / Zip Code	Country			
77082-1206	US			
Phone Number*				
281-835-4186				
Email*				
Toria6654@gmail.com				
Budget Section				
Duager Occilon				

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 4323	Amount Charge	d to Unit*	Expense/GL Code No.*
Budget Manager Smith, Janai		Secondary Budget Shelby, Debbie	Manager
Provide Rate and Rate Descriptions N/A	if applicable * (?)		
Project WBS (Work Breakdown Stru N/A	icture)* (?)		
Requester Name Bowser, Mohagony		Submission Date 7/18/2025	
Budget Manager Approval((s)		O
Approved by Janai Lynnette Smith		Approval Date 7/18/2025	
Procurement Approval		realization of the second second second	Ó
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			0
Approved by Witnes Philinum Broks, MCL LICS		Approval Date 7/21/2025	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction Approved by * Belinda Stude		Approval Date* 7/23/2025	
Approved by *			

HIARRIS CENTER	Executive Contract Summa
OO CENTER for	Excoalive Contract Camin
Mental Health and IDD	

Mental Health and IDD			
Contract Section			
	and the state of t		
Contractor*			
Justice Forward			
Contract ID #*			
NA			
Presented To*			
Resource Committee Full Board			
- Full Boald			
Date Presented*			
8/19/2025			
Parties* (?)			
Justice Forward and The Harris Center for Mental Health	and IDD		
Agenda Item Submitted For:* (?)			
	000 00)		
☐ Information Only (Total NTE Amount is Less than \$250 ☐ Board Approval (Total NTE Amount is \$250,000.00 or r			
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		
Does this contract contain an element of Information	Technology (Hardware, Software, or Professional Services)?		
*			
○ Yes ⊚ No			
Funding Information*			
New Contract			
Contract Term Start Date * (?)	Contract Term End Date * (?)		
7/21/2025	8/31/2026		
	0/31/2020		
If contract is off-cycle, specify the contract term (?)			
Fiscal Year* (?)			
2025			

Funding Source*	
Private Pay Source	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)
Justice Forward will pay us for housing their clients at ou	
Contract Owner*	
Evelyn Locklin	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ⊚ Unknown	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Justice Forward	
Supporting Documentation Upload (?)	
Justice Forward & THC Terms .docx	15.96KB
Vendor/Contractor Contact Person	
Name*	
Mary Covington	
Address*	
Street Address	
515 Caroline St.	
Address Line 2	
City	State / Province / Region
houston	TX
Postal / Zip Code	Country
77002	Harris
Di *	
Phone Number*	
(713) 859-8511	
Email*	
mary@justiceforwardtx.org	
Budget Section	<u> </u>

Budget Units and Amounts Charged to each Budget Unit		
Budget Unit Number* 9273	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager	Secondary Bu	udget Manager
Ramirez, Priscilla	Puente, Giova	nni

Provide Rate and Rate Description Monthly rate of \$525 per individual w		
shared room at 1104 Alabama St, Ho (\$1050 per room)		
If bus passes are issued to their clients, then the cost will be added onto their monthly invoice		
Project WBS (Work Breakdown St	ructure)* (?)	
We will be housing their clients at the of being at that facility they will receive management for reporting to the coutherapy and substance abuse therap	ve 3 meals a day, case rts as well as group	
Requester Name	Submission D	Date
Shamsi, Muhammad	6/16/2025	
Budget Manager Approva	l(s)	⊙
Approved by	Approval Date	
Priscilla (M. Ramirez	6/16/2025	
Procurement Approval		0
File Upload (?)		
Approved by	Approval Date	e
Sign		
Contract Owner Approval		<u>o</u>
Approved by		
Evelyn Urdiales Locklin	Approval Date	9
Everyn araiaus Lockin	77872025	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission Return for correction 		- 1

Approved by *

Belinda Stude

Approval Date*
7/9/2025

EXHIBIT R-19

AUGUST 2025 AFFILIATION AGREEMENTS, CARE COORDINATION AGREEMENTS AND MOU'S RENEWALS INFORMATION ONLY

CONTRACT NAME	DEPARTMENT	DESCRIPTION
AFFILIATION AGREEMENTS		
1 The University of Texas at Arlington	Administration	Students will to complete clinical field placements as part of their degree requirements.
2 The University of Texas Medical Branch Galveston	Administration	Program and Affiliation Agreement For Forensics
3 Tulane University	Administration	Social Work master's or doctoral program.
4 University of Houston-College of Medicine	Administration	Training site for clinical rotations of UH medical students.
5 University of Phoenix	Education &	Master of Science in Counceling-Clinical Mental Health Counseling program
	Development	
6 University of Houston-Clear Lake	Forensics	Health Services Psychology Program (College of Human Sciences and Humanities)
7 Andrews University	Human Resources	Andrews University School of Social Work
8 Angelo State University	Human Resources	Angelo State University's Department of Nursing - Graduate Nursing Program
9 Angelo State University	Human Resources	Students will complete clinical placement required of their academic program.
0 Baylor College of Medicine	Human Resources	Baylor's medical student's to provide services and receive education.
1 Baylor College of Medicine	Human Resources	Psychology Department students will to complete clinical field placements as outlined in practicum
2 Baylor University	Human Resources	Students will complete clinical placements for Mental Health and IDD.
3 Baylor University-Houston Campus	Human Resources	Internship Agreement School of Social Work
4 Capella University	Human Resources	The School of Counseling and Human Services Masters or Doctoral program.
5 Capella University	Human Resources	Students will complete their social work and psychology field education or practicum hours
6 Chamberlain University	Human Resources	Students will complete academic clinical experiences .
7 College of the Mainland	Human Resources	Internship to complete nursing degree requirements.
8 Galen College of Nursing	Human Resources	Affiliation Agreement for nursing internship
9 Grand Canyon University	Human Resources	Internship Agreement for the Master in Counseling Program.
0 Grand Canyon University	Human Resources	Interns will complete clinical experience and academic requirements
1 Houston Christian University	Human Resources	Nursing and allied health.
2 Lamar University College of Ed & Human Development	Human Resources	Internship Agreement for students enrolled in Master or Doctoral Counseling Programs
3 Liberty University	Human Resources	School of Behavioral Sciences' Masters and/or Doctoral program at Liberty University.
4 Lincoln Memorial University	Human Resources	Students will complete field placements/clinical rotations as part of their degree requirements.
5 Louisiana State University	Human Resources	Students in School of Social Work will complete clinical placements for academic requirements.
6 Nova Southeastern University	Human Resources	Master of Science in Counseling for Practicum and Internship
7 Our Lady of the Lake University	Human Resources	Master of Arts in Counseling Program
8 Our Lady of the Lake University	Human Resources	Students will complete academic social work clinical experiences .
9 Prairie View A&M University	Human Resources	Students will complete academic clinical experiences .
0 Sam Houston State University	Human Resources	Students will complete clinical practicum while adhering to agency policy and procedures.
1 San Jacinto College	Human Resources	Clinical rotations for Nursing students to complete clinical hours in a variety of settings.
2 Stephen F. Austin State University	Human Resources	Department of Human Services and Educational Leadership Professional Counseling Program
3 Texas A&M University	Human Resources	Internship for Counseling Psychology Program.
4 Texas A&M University	Human Resources	Educational Psychology Students will complete academic clinical experiences .
5 Texas Southern University	Human Resources	School of Communication students will complete academic clinical experiences .
6 Texas Southern University	Human Resources	Counseling Students in Dept of Ed will complete academic clinical experiences .
7 Texas Tech University Health Sciences Center	Human Resources	Affiliation Agreement for Advanced Practitioner Nursing internship.
8 Texas Tech University Health Sciences Center	Human Resources	Master of Science in Clinical Mental Health Counseling Program

	CONTRACT NAME	DEPARTMENT	DESCRIPTION
	AFFILIATION AGREEMENTS		•
39	Texas Woman's University	Human Resources	Texas Women's University to complete clinical field placements as part of their degree requirements.
40	The College of Health Care Professions	Human Resources	Nursing (LVN /RN) program to obtain observation/internship hours in a mental health setting.
	The College of Health Care Professions	Human Resources	College of Health Care Professions students to complete externships at the Agency.
42	The University of Denver Graduate School of SW	Human Resources	The University of Denver Graduate School of Social Work
43	The University of Texas Health Science Center at Houston	Human Resources	Affiliation agreement with the Cizik School for Nursing.
44	The University of Texas Rio Grande Valley	Human Resources	Affiliation Agreement for field placement/clinical rotations.
45	The Vocational Nursing Institute, Inc	Human Resources	Students will complete clinical field placements
46	University of Houston	Human Resources	Valenti School of Communication students will complete internships assisting in communications projects.
47	University of Houston	Human Resources	Clinical Psychology program students will complete clinical experience .
	University of Houston (College of Education)	Human Resources	Students will obtain training and education experience as outlined in practicum guidelines.
	University of Houston (College of Social Work)	Human Resources	Graduate students of Social work will obtain clinical experience as outlined in practicum guidelines.
	University of Houston Clear Lake	Human Resources	Students will complete their clinical field placements as part of their degree requirements.
51	University of Houston-Victoria	Human Resources	Forensic and Counseling Psychology Master's program
52	University of North Texas Health Science Center-Fort Worth	Human Resources	Students will complete clinical field placements as part of their degree requirements
	Texas College of Osteopathic Medicine	_	
53	University of Southern California	Human Resources	Students will obtain training and education experience as outlined in practicum guidelines.
54	University of St. Thomas	Human Resources	School of Nursing students will complete clinical placements for academic requirements.
55	University of St. Thomas	Human Resources	Students will complete clinical field placements as part of their degree requirements.
56	University of Texas at Tyler	Human Resources	Preceptorship Agreement: Nursing Program.
57	Walden University	Human Resources	Students in the counseling program will complete clinical field placements.
58	West A&M University	Human Resources	Academic field placements in Early Childhood Intervention program - Communication Disorders
59	The University of Texas Arlington College of Nursing	Nursing	School of Nursing and Health Innovation Program .
60	The University of Texas at Austin	Pharmacy	Student pharmacy learners to gain experience with the underserved mental health population.
	60 TOTAL		
	CARE COORDINATION AGREEMENTS		
1	AKA Home, LLC	CPEP-MCOT	Care Coordination Agreement
	Bralle Home, LLC	CPEP-MCOT	Care coordination agreement with Bralle Home.
	Combined Arms	CPEP-MCOT	Individuals will receive community based mental health and substance abuse disorder services
	Houston Community College	CPEP-MCOT	Care Coordination Agreement
	Houston Health Department	CPEP-MCOT	Individuals will receive community based mental health and substance abuse disorder services
	Montrose Counseling Center	CPEP-MCOT	MCOT Program Services Collaboration-coordination of care for Montrose Center's CCBHCC.
	Turning Point Center	CPEP-MCOT	Care Coordination Agreement
	Easter Seals of Greater Houston, Inc.	Crisis Services	Care Coordination Agreement
9	U.S. VETS Houston	Crisis Services	Care Coordination Agreement
10	United Against Human Trafficking	Crisis Services	Care Coordination Agreement
11	Memorial Hermann Community Benefit Corporation	мн	Care Coordination Agreement
12	West Houston Assistance Ministries	МН	Behavioral Health access point and care coordination collaboration.
	12 TOTAL		

	CONTRACT NAME	DEPARTMENT	DESCRIPTION
	MOUs		
1	Community Health Network	Access - Helpline	The Harris Center Crisis Line and Community Health Network will work together and make referrals
2	Houston Area Women's Center	CPEP/NPC	Mobile Crisis Outreach Team (MCOT) to provide field-based crisis intervention services
3	Houston Police Department	CPEP/NPC	Expand Homeless Outreach Team (HOT) allowing greater services for homeless adults with mental illness
4	Jason D. Baron dba DAPA Psychiatric & Substance Ab	CPEP/NPC	MOU for continuum of services for mental health services within NPC.
5	Allies in Hope	Crisis Services	The Jail Diversion program is seeking to partner with Allies in Hope to expand housing options for Jail Diversion
			Aftercare consumers.
6	Association for the Advancement of Mexican America	Crisis Services	Substance Use Disorder Outreach Program (SUDOP) to collaborate with AAMA for substance use disorder
			(SUD) and Mental Health.
7	Career and Recovery Resources, Inc.	Crisis Services	Provide supports, services and referrals to CRR's Alternative Drug and Alcohol Treatment Program.
8	Cenikor Foundation	Crisis Services	SUDOP/MH collaboration.
9	Center for Recovery & Wellness Resources	Crisis Services	CRWR will also provide Peer Services and Housing for MAT Services.
10	Cheyenne Center, Inc.	Crisis Services	Coordinate Services to reduce duplication, maximize resources and monitor service continuum
11	Covenant House Texas	Crisis Services	Collaborate and allow all clients with SUD to access Mental Health treatment through SUDOP
12	Harris County	Crisis Services	Collaborate with SUDOP to provide outreach, engagement, referral, linkage and retention in substance use,
			mental health, and medical services
13	Harris County Hospital District dba Harris Health	Crisis Services	Substance Use Disorder Outreach Program (SUDOP)
14	Healthcare for the Homeles-Houston	Crisis Services	Providing integrated services to the homeless community in downtown Houston
15	Houston Food Bank	Crisis Services	MOU for the Path program.
16	Houston Public Library	Crisis Services	For individuals to receive community-based mental health services and/or substance use disorder services
			from The Harris Center.
17	Houston Recovery Center	Crisis Services	Distribution of NARCAN supplies
18	Magnificat Houses, Inc.	Crisis Services	Letter of Commitment
	Open Door Mission	Crisis Services_	MOU for SUDOP services .
20	SEARCH Homeless Services	Crisis Services	Share protected consumer information necessary to coordinate care to assist individuals with access to both
			housing and behavioral health service.
21	SERJobs	Crisis Services	Collaboration with SUDOP and The Harris Center.
	Spring Branch Community Health Center	Crisis Services	Provide outreach and engagement services to individuals with a substance use disorders
	St. Hope Foundation	Crisis Services	STDs Testing, Counseling & Description of the State of th
24	Star of Hope Mission	Crisis Services	Collaborate with SUDOP, PATH, HOT and The Harris Center to provide substance use disorder (SUD), Mental
			Health and Homelessness services
25	The Center for Success and Independence	Crisis Services	Collaboration to provide SUDOP services between both parties.
26	The Mission of Yahweh	Crisis Services	A partnership to work collaboratively to provide outreach, mental health, substance use services, and
			community resources to homeless women.
	Tony's Place	Crisis Services	MOU for SUDOP to collaborate with Tony's Place for SUD and Mental Health for the LGBTQ+ Community.
28	UT Health Houston ER Opioid Engagement System (HER)	Crisis Services	Provide outreach and engagement service to individuals with a substance use disordersrecovery. SUDOP will
			also provide Mental Health services and referrals to medical care on an as needed basis.
29	Main Street Ministries Houston	Crisis-PATH	To assist individuals in crisis attempting to change their livesidentification documents, the supporting
			documents required to obtain the legal documents, or the resources to obtain them.
30	Children's Museum of Houston	ECI	The Children's Museum agrees to locate space and/or an area that will accommodate eight (8) families.
31	William Marsh Rice University	Health Analytics	Data Sharing Agreement to collaborate in gathering data for outcomes evaluations, projects and grants.

	CONTRACT NAME	DEPARTMENT	DESCRIPTION
	MOUs		
32	Bloom Community	IDD	Bloom is committed to providing sustainable and engaging wellness programming in partnership with IDD
			service providers.
33	Aldine Independent School District	мн	MOU to provide remote school based qualified MH Practitioners (YES Waiver) who will provide wraparound
			services and case management.
34	Aldine Independent School District	МН	MOU for the SMART program to collaborate with Aldine ISD to provide Behavioral Health services to students in
			their families in Aldine ISD.
35	Alief Independent School District	МН	MOU for skills training, assessments and case management services to Alief ISD.
36	America Can dba Texans Can Academy	MH	Community Partnership; Collaboration of Service(s) MOU.
37	Career and Recovery Resources, Inc.	МН	Substance abuse treatment and other related social and mental health services.
38	Channelview ISD	мн	Services provided will include Intake assessments, skills training, case management, and CBT.
39	City of Houston - Department of Health & Human Ser	MH	Re-Entry Network Program to provide Behavioral Health care to identified CRNP clients
40	Civic Heart Community Services	МН	MOU for referrals and SUDOP services.
41	Clear Creek ISD	МН	Counseling and Behavioral Servicesto youth between 5-17 years old with emotional disturbance
42	Coalition for the Homeless of Houston/Harris Count	MH	CABHI program
43	El Dorado Texas Community Services Center	МН	Coordinating mental health services to eligible persons with substance related disorders.
44	Galena Park Independent School District	МН	Provide screening, clinical assessment, treatment plans for identified children and their family's
45	Goose Creek Consolidated ISD	МН	Perform screenings and assessments for children ages 3-18 years of age with DSMV diagnosis.
46	Gulf Coast Center	МН	MOU-Recovery Services for Texas City, TX Gulf Coast Center.
47	Gulf Coast Center	МН	Full continuum of comprehensive services available to adolescents, adults, and their families.
48	Harris County Children's Protective Services	МН	MH on-site services to the children's protective services.
49	Harris County Commissioners Court Precinct One	МН	Agreement to provide mental health support groups at Precinct One community centers.
50	Healthcare For The Homeless-Houston	МН	Psychiatric Services & Case Management-DSRIP
51	Houston Area Community Services, Inc (HACS)	мн	Follow up care to patients referred through The Harris Center's Collaborative Care Project
52	Houston Community Health Centers (dba Vecino Healt	MH	Providing Medical, Counseling and Dental Services in underserved communities.
53	Houston Housing Authority	МН	Referral and coordination of services for collaboration among the parties. Replaces 7313
54	Ibn Sina Foundation	МН	Referral pathway for Ibn Sina and THC to ensure patients have the proper care depending on acuity.
55	ProUnitas, Inc.	МН	Kashmere Community BridgeUp Model Project to be implemented at Key Middle School.
	reVision Houston	МН	Connecting kids to life changing resources through referrels to mentors, positive peers
57	Spring Branch Community Health Center	МН	Collaborative Care Project
	SUN Behavioral Houston	МН	Provide inpatient and outpatient psychiatric services to child, adolescent, adult and senior patients.
59	Texas Department of Family and Protective Services	мн	Collaboration of services
60	The Council on Recovery	мн	Co-Occurring Psychiatric Substance Use Disorder Community Programs in the Greater Houston area
61	Community Wellness Ambassadors	МН	Three Community Wellness Ambassadors will serve as volunteers to advocate for the needs of the community
62	Harris County Hospital District dba Harris Health	МН	Access point for comprehensive primary health care and related services
63	Houston Food Bank	МН	Houston Food Bank (HFB) Mobile Market Trailer and Food Prescription (Food Rx) programs
64	Legacy Community Health	MH	To establish a new access point for additional behavioral health and health care services.
	64 TOTAL]	