

Resource Committee Meeting  
February 17, 2026  
9:00 am

- I. **DECLARATION OF A QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
  - A. Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, January 20, 2026  
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
  - A. FY'26 Year-to-Date Budget Report-January  
(EXHIBIT R-2 Stanley Adams)
  - B. February 2026 Contract Amendments Over 250K  
(EXHIBIT R-3 Ernest Savoy)
  - C. February 2026 Interlocal Agreements  
(EXHIBIT R-4 Ernest Savoy)
- 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. February 2026 New Contracts 100K-250K  
(EXHIBIT R-5)
  - B. February 2026 New Contracts Under 100K  
(EXHIBIT R-6)
  - C. February 2026 Contract Amendments Under 100K  
(EXHIBIT R-7)
  - D. February 2026 Contract Renewals Under 100K  
(EXHIBIT R-8)
  - E. February 2026 Affiliation Agreement, Grants, MOU's and Revenues Information Only  
(EXHIBIT R-9)
- 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, JANUARY 20, 2026  
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:18 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: Dr. R. Gearing, G. Womack, J. Lykes, Dr. M. Miller Jr.

Committee Member Absent:

Other Board Member Present: Dr. K. Bacon, Dr. J. Lankford, R. Thomas

**1. CALL TO ORDER**

Mr. G. Womack called the Resource Committee meeting to order at 9:18 am.

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

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

**3. DECLARATION OF QUORUM**

Mr. G. Womack declared a quorum was present.

**4. PUBLIC COMMENTS**

There were no public comments.

**5. MINUTES**

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday November 11, 2025.

**MOTION: BACON      SECOND: MILLER, JR.**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 11, 2025, as presented under Exhibit R-1, are approved and recommended to the Full Board.

**6. CONSIDER AND RECOMMEND ACTION**

A. FY'26 Year-To-Date Budget Report-November

**MOTION: BACON      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** FY'26 Year-To-Date Budget Report-November, as presented under R-2, are approved and recommended to the Full Board.

B. FY'26 Year-To-Date Budget Report-December

**MOTION: BACON SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** November 2025 Interlocal Agreements, as presented under R-3, are approved and recommended to the Full Board.

C. January 2026 New Contracts Over 250K

**MOTION: GEARING SECOND: BACON**

**With unanimous affirmative votes,**

**BE IT RESOLVED** January 2026 New Contracts Over 250K, as presented under R-4, are approved and recommended to the Full Board.

D. January 2026 Contract Renewals Over 250K

**MOTION: GEARING SECOND: BACON**

**With unanimous affirmative votes,**

**BE IT RESOLVED** January 2026 Contract Renewals Over 250K, as presented under R-5, are approved and recommended to the Full Board.

E. January 2026 Contract Amendments Over 250K

**MOTION: GEARING SECOND: BACON**

**With unanimous affirmative votes,**

**BE IT RESOLVED** January 2026 Contract Amendments Over 250K, as presented under R-6, are approved and recommended to the Full Board.

F. January 2026 Interlocal Agreements

**MOTION: GEARING SECOND: BACON**

Dr. Lankford recused himself from voting. The Board considered and took action on Interlocal Agreement #6-University of Texas Health Science Center at Houston on behalf of Harris County Psychiatric Center. Dr. Lankford is employed with the University of Texas Health Science Center.

**With unanimous affirmative votes,**

**BE IT RESOLVED** January 2026 Contract Renewals Over 250K, as presented under R-5, are approved and recommended to the Full Board.

**7. EXECUTIVE SESSION**-No Executive Session needed.

**8. RECOVENE INTO OPEN SESSION**

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

**10. ADJOURN**

**MOTION: GEARING      SECOND: BACON**

**With unanimous affirmative voted and there being no further business, the meeting was adjourned at 9:52 am.**

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

DRAFT

# **EXHIBIT R-2**

**The Harris Center for Mental Health and IDD**

**Results of Financial Operations and Comparison to Original Budget  
January 31, 2026**

**Fiscal Year 2026**

## 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*

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Stanley Adams

Chief Financial Officer

**The Harris Center for Mental Health and IDD**  
**Combined - Results of Financial Operations and Comparison to Original Budget**  
**January 31, 2026**  
*Non-GAAP / Budgetary-Basis Reporting*  
*Unaudited - Subject to Change*

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
<b>Revenues</b>								
State General Revenue	\$ 11,145,628	\$ 11,084,961	\$ (60,667)	-1%	\$ 55,728,140	\$ 55,105,357	\$ (622,783)	-1%
Harris County and Local	4,683,587	4,455,819	(227,768)	-5%	23,417,935	23,567,167	149,232	1%
Federal Contracts and Grants	4,466,048	4,001,678	(464,370)	-10%	22,330,240	21,141,475	(1,188,765)	-5%
State Contract and Grants	1,993,454	1,612,477	(380,977)	-19%	9,967,270	8,732,265	(1,235,005)	-12%
Third Party Billing	3,465,049	2,871,109	(593,940)	-17%	17,325,245	15,929,646	(1,395,599)	-8%
Charity Care Pool	3,590,350	5,911,772	2,321,422	65%	17,951,750	20,273,171	2,321,421	13%
Directed Payment Programs	450,000	437,942	(12,058)	-3%	2,250,000	2,521,264	271,264	12%
Patient Assistance Program (PAP)	1,098,200	1,356,384	258,184	24%	5,491,000	6,257,212	766,212	14%
Interest Income	277,083	221,358	(55,725)	-20%	1,385,415	1,026,819	(358,596)	-26%
<b>Revenues, total</b>	<b>\$ 31,169,399</b>	<b>\$ 31,953,500</b>	<b>\$ 784,101</b>	<b>3%</b>	<b>\$ 155,846,995</b>	<b>\$ 154,554,376</b>	<b>\$ (1,292,619)</b>	<b>-1%</b>
<b>Expenditures</b>								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,173,621	\$ 306,979	1%	\$ 102,403,000	\$ 103,308,166	(905,166)	-1%
Contracts and Consultants	1,260,282	1,206,050	54,232	4%	6,301,410	4,115,110	2,186,300	35%
Contracts and Consultants-HCPC	3,960,586	3,887,426	73,160	2%	19,802,930	19,437,132	365,798	2%
Supplies	354,213	1,096,501	(742,288)	-210%	1,771,065	2,345,844	(574,779)	-32%
Drugs	2,310,715	2,692,949	(382,234)	-17%	11,553,575	12,385,055	(831,480)	-7%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	186,968	(30,914)	-20%	780,270	667,017	113,253	15%
Building	281,354	300,647	(19,293)	-7%	1,406,770	1,230,489	176,281	13%
Vehicle	90,602	62,747	27,855	31%	453,010	356,697	96,313	21%
Software	346,270	367,926	(21,656)	-6%	1,731,350	1,371,973	359,377	21%
Telephone and Utilities	318,602	233,878	84,724	27%	1,593,010	1,413,092	179,918	11%
Insurance, Legal and Audit	209,827	282,576	(72,749)	-35%	1,049,135	1,051,334	(2,199)	0%
Travel & Training	252,185	247,155	5,030	2%	1,260,925	952,803	308,122	24%
Dues & Subscriptions	630,342	441,707	188,635	30%	3,151,710	2,640,132	511,578	16%
Other Expenditures	371,551	561,072	(189,521)	-51%	1,857,755	2,019,253	(161,498)	-9%
<b>Expenditures, total</b>	<b>\$ 31,023,183</b>	<b>\$ 31,741,223</b>	<b>\$ (718,040)</b>	<b>-2%</b>	<b>\$ 155,115,915</b>	<b>\$ 153,294,097</b>	<b>\$ 1,821,818</b>	<b>1%</b>
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ 212,277	\$ 66,061		\$ 731,080	\$ 1,260,279	\$ 529,199	
<b>Capital Outlay &amp; Debt Service Activities</b>								
Debt Service	146,216	-	146,216		731,080	1,223,231	(492,151)	
Capital outlay	-	91,446	(91,446)		-	1,437,748	(1,437,748)	
<b>Other Financing Sources (Uses)</b>								
Insurance proceeds	-	1,618	1,618		-	1,618	1,618	
Sale of Capital Assets	-	13,470	13,470		-	189,901	189,901	
Other Financing Sources	-	78,685	78,685		-	137,360	137,360	
<b>Other Sources (Uses) of Funds, total</b>	<b>\$ (146,216)</b>	<b>\$ 2,327</b>	<b>\$ 148,543</b>		<b>\$ (731,080)</b>	<b>\$ (2,332,100)</b>	<b>\$ (1,601,020)</b>	
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 214,604</b>	<b>\$ 214,604</b>		<b>\$ -</b>	<b>\$ (1,071,821)</b>	<b>\$ (1,071,821)</b>	

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**January 31, 2026**

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

**A Federal Contract and Grants**

Funding for the Mobile Crisis Outreach Team Grant was reduced following a budget adjustment of ARPA funds from the Houston Police Department. The total impact is approximately \$578K of which \$55K affected January. Several other programs were unfavorable to budget due to increased program revenue which offsets grant revenue, slower than expected spending, and vacancies in January. These included Other ECI (\$173K), Federal SAPT Block Grant (\$83K), Federal TPWD Youth and Family Wellness Center (\$101K), Federal SAMHSA (\$101K), and DFPS TX Family First (\$74K).

**B State Contract and Grants**

Several programs were unfavorable to budget due to slower than expected spending and vacancies in January including Local Harris SB292 (\$77K), Jail Based Comp Resp Pilot (\$45K), Other State TCOMI-Special Need (\$47K), and Other State Rider 52 MST (\$57K).

**C Third Party Billing**

While Local Private Insurance was favorable to budget (\$1.26M on a budget of \$1.11M), it was offset by the (\$223K) unfavorable budget in Local Patient Fees. We also collected less from ICFMR than anticipated (\$65K), Medicaid (\$146K), ECI Targeted Case Management (\$52K), and Federal THL Waiver (\$85K).

**D Charity Care Pool**

January includes a true-up of the actual Public Health Provider Charity Care Program payment expected from the State. We will receive \$5.7M more than originally expected. The remaining \$3.4M pick-up will help offset the \$1.7M YTD unfavorable Revenue variance.

**E Supplies and Other Expenditures**

The transition from Citibank to US Bank caused delayed pcard charges ( approximately \$300K) from December to January. Additionally, we continue to see an uptake related to various program. January included over \$170K in computer purchases for clients served.

**The Harris Center for Mental Health and IDD**  
**Balance Sheet**  
**January 31, 2026**  
*Non-GAAP / Budgetary-Basis Reporting*  
*Unaudited - Subject to Change*

	December - 2025	January - 2026	Change	%	
<b>Assets</b>					
<b>Current Assets</b>					
Cash and Cash Equivalents					
Cash and Petty Cash	\$ 18,194,070	\$ 36,592,027	\$ 18,397,957	101%	AA
Cash Equivalents	60,429,752	45,086,152	(15,343,600)	-25%	
Cash and Cash Equivalents, total	\$ 78,623,822	\$ 81,678,179	\$ 3,054,357	4%	
Inventories, Deposits & Prepaids	8,458,863	14,753,111	6,294,248	74%	
Accounts Receivable:					
Patient A/R, net of allowance	1,732,082	1,660,199	(71,883)	-4%	
A/R from other governments	10,603,626	10,361,640	(241,986)	-2%	
Other A/R	684,192	731,967	47,775	7%	
Current Assets, total	\$ 100,102,585	\$ 109,185,096	\$ 9,082,511	9%	
Restricted Cash and Cash Equivalents	19,973,557	19,973,557	-	0%	
<b>Capital Assets:</b>					
Land	12,709,144	21,064,529	8,355,385	66%	BB
Building and Improvements	55,610,903	81,855,633	26,244,730	47%	BB
Right-to-use assets (Leases & SBITA)	6,312,466	5,265,206	(1,047,260)	-17%	
Furniture, Equipment and Vehicles	7,996,133	8,376,669	380,536	5%	
Construction in Progress	11,376,400	11,960,561	584,161	5%	
Accumulated Depreciation/Amortization	(38,908,961)	(41,918,606)	(3,009,645)	8%	
Capital Assets, net total	\$ 55,096,085	\$ 86,603,992	\$ 31,507,907	57%	
<b>Total Assets</b>	<b>\$ 175,172,227</b>	<b>\$ 215,762,645</b>	<b>\$ 40,590,418</b>	<b>23%</b>	
<b>Liabilities &amp; Fund Balance/Net Position</b>					
<b>Liabilities</b>					
Accounts Payable and Accrued Liabilities					
Accounts Payable and Accrued Liabilities	\$ 13,289,338	\$ 17,306,716	\$ 4,017,378	30%	
Unearned Revenues	10,395,452	15,724,910	5,329,458	51%	
Noncurrent liabilities:					
Due within one year	2,614,540	2,262,101	(352,439)	-13%	
Due in more than one year	45,870,771	40,743,565	(5,127,206)	-11%	
Forgivable Long-Term Obligations	-	13,377,334	13,377,334	100%	CC
Liabilities, total	\$ 72,170,101	\$ 89,414,626	\$ 17,244,525	24%	
<b>Fund Balance/Net Position</b>					
Net Investment in Capital Assets	43,018,158	51,159,916	8,141,758	19%	
Restricted for Capital Projects	19,973,557	19,973,557	-	0%	
Nonspendable	8,458,863	14,753,111	6,294,248	74%	
Assigned	15,434,386	6,848,202	(8,586,184)	-56%	
Unassigned/Unrestricted	17,281,351	34,685,053	17,403,702	101%	
Change in fund balance/net position	(1,164,190)	(1,071,821)	92,369	-8%	
Fund Balance/Net Position, Total	\$ 103,002,126	\$ 126,348,019	\$ 23,345,893	23%	
<b>Total Liabilities &amp; Fund Balance/Net Position</b>	<b>\$ 175,172,227</b>	<b>\$ 215,762,645</b>	<b>\$ 40,590,418</b>	<b>23%</b>	

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**January 31, 2026**

**Balance Sheet**

**AA Cash and Cash Equivalents**

Received \$24M for our annual Harris County allocation in January.

**BB Land, Building, and Improvements**

Land, Building, and Improvements increased due to the ReCenter/Hope Harbor \$38M real estate transaction recorded during the annual financial statement audit.

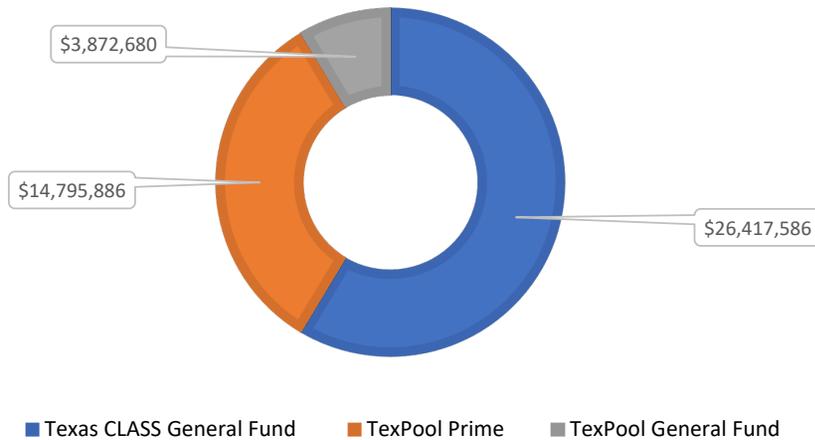
**CC Forgivable Long-Term Obligations**

Loans on property acquired through the ReCenter/Hope Harbor real estate transaction were \$5.8 and \$3M, respectively. Both loans are forgivable upon passage of their respective compliance periods.

**The Harris Center for Mental Health and IDD  
Investment Portfolio  
January 31, 2026**

<b>Local Government Investment Pools (LGIPs)</b>	<b>Beginning Balance</b>	<b>Transfer In</b>	<b>Transfer Out</b>	<b>Interest Income</b>	<b>Ending Balance</b>	<b>Portfolio %</b>	<b>Monthly Yield</b>
<i>Texas CLASS</i>							
Texas CLASS General Fund	26,331,254	\$ -	\$ -	\$ 86,332	\$ 26,417,586	58.59%	3.85%
<i>TexPool</i>							
TexPool Prime	30,237,983	300,000	(15,800,000)	57,903	14,795,886	32.82%	3.87%
TexPool General Fund	3,860,516			12,164	3,872,680	8.59%	3.71%
<i>TexPool Sub-Total</i>	<u>34,098,499</u>	<u>300,000</u>	<u>(15,800,000)</u>	<u>70,067</u>	<u>18,668,566</u>	<u>41.41%</u>	<u>3.84%</u>
<b>Total Investments</b>	\$ 60,429,753	\$ 300,000	\$ (15,800,000)	156,399	\$ 45,086,152	100.00%	3.85%
				Additional Interest on Checking Accounts	38,594		
				<b>Total Interest Earned during the current month</b>	<u>194,993</u>		

**Investment Portfolio Weight**



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.19%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	4.05%
Interest Rate - JPMorgan Hybrid Checking	2.90%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of January 31, 2026, 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:

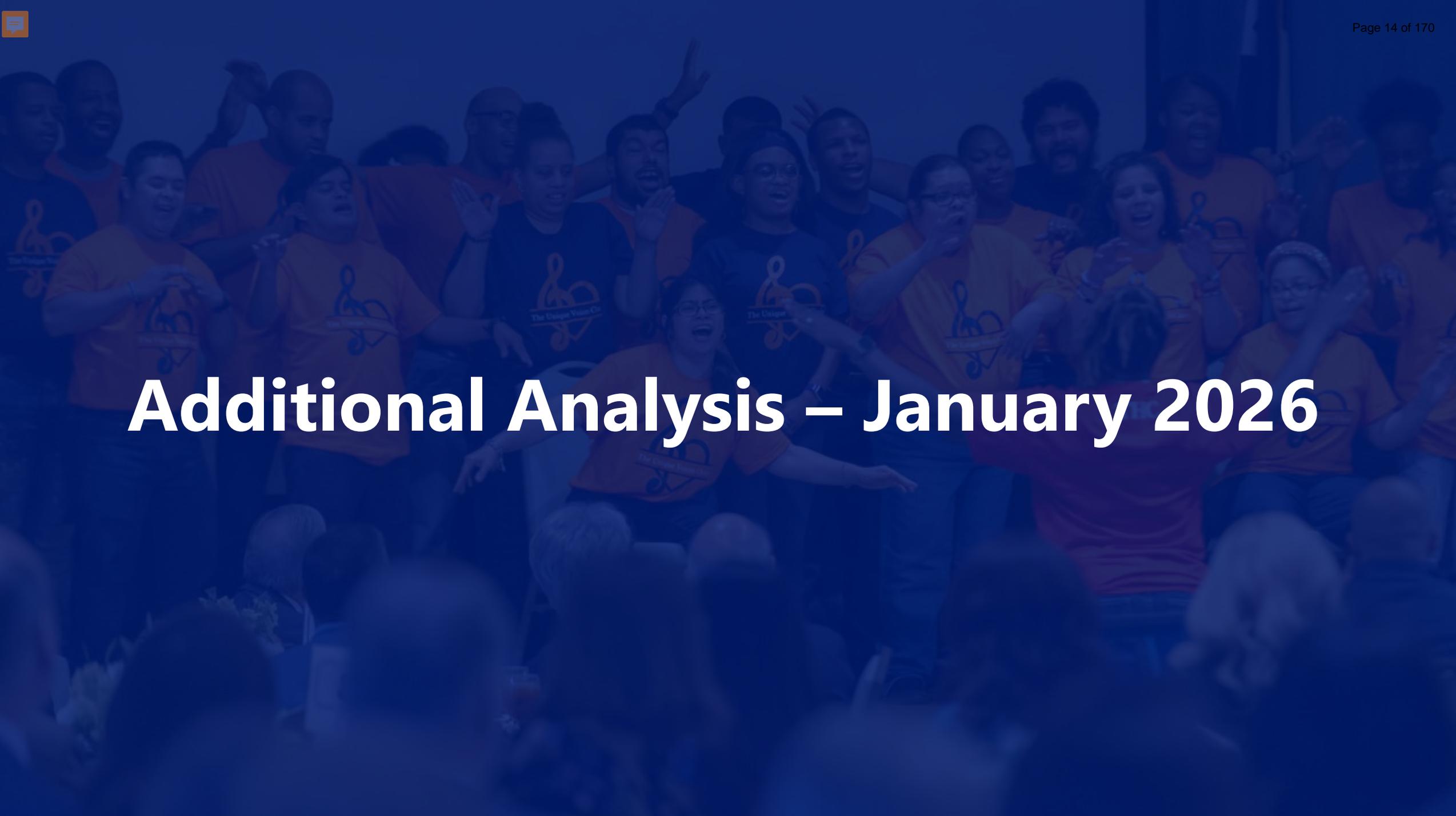
Roxanne Carr  
Roxanne Carr  
Controller

**The Harris Center for Mental Health and IDD**  
**Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits**  
**January 31, 2026**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed <sup>(1)</sup></b>	<b>Jan-26</b>	<b>Fiscal Year to Date Total</b>
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,126,915	\$11,230,960
Cigna	Health and Dental Insurance	\$3,300,000	\$0	\$7,798,066
UNUM	Life Insurance	\$310,000	\$0	\$601,451

**Notes:**

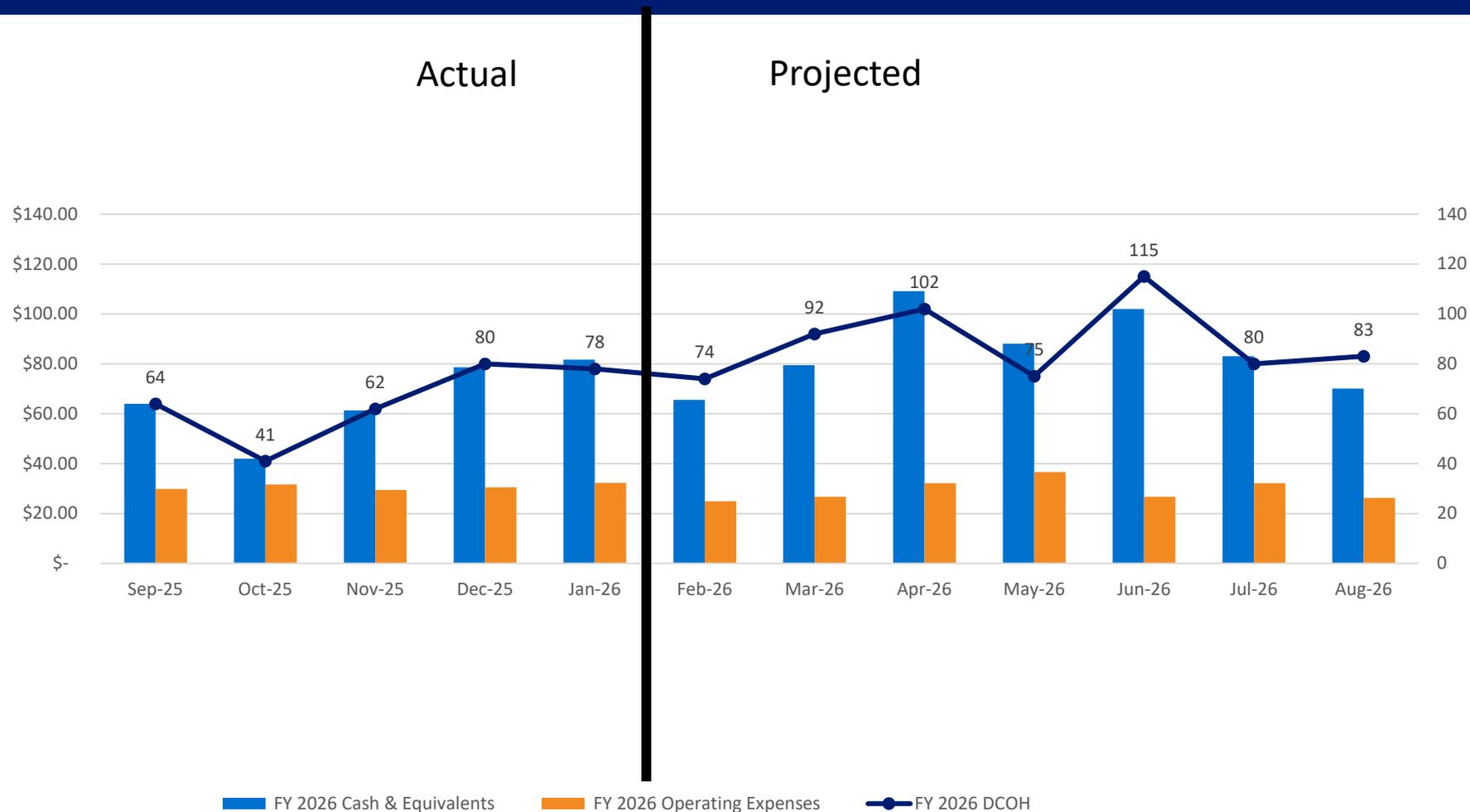
<sup>(1)</sup> *As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.*



# Additional Analysis – January 2026

# Days-Cash-On-Hand (DCOH)– as of 1/31/2026

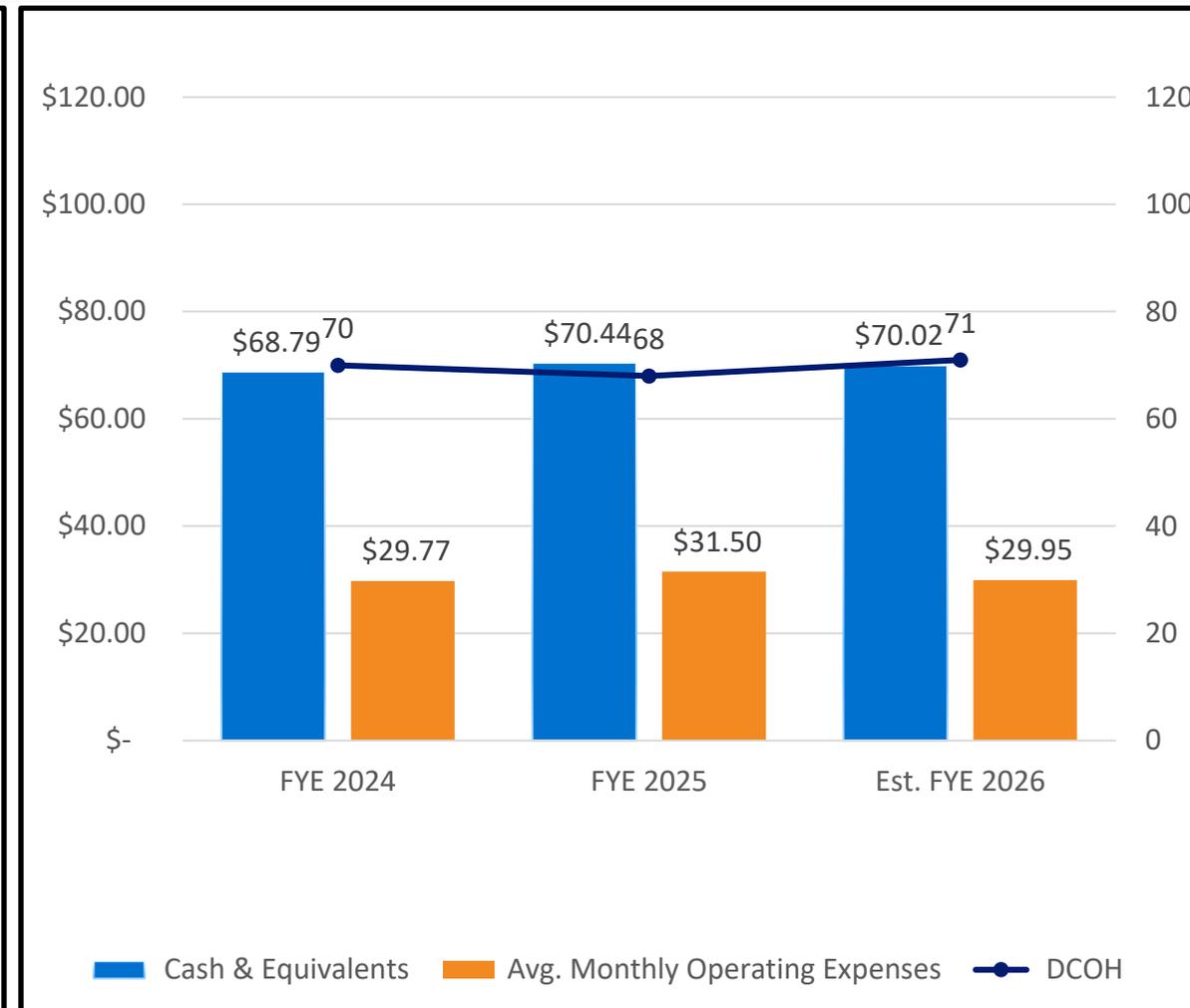
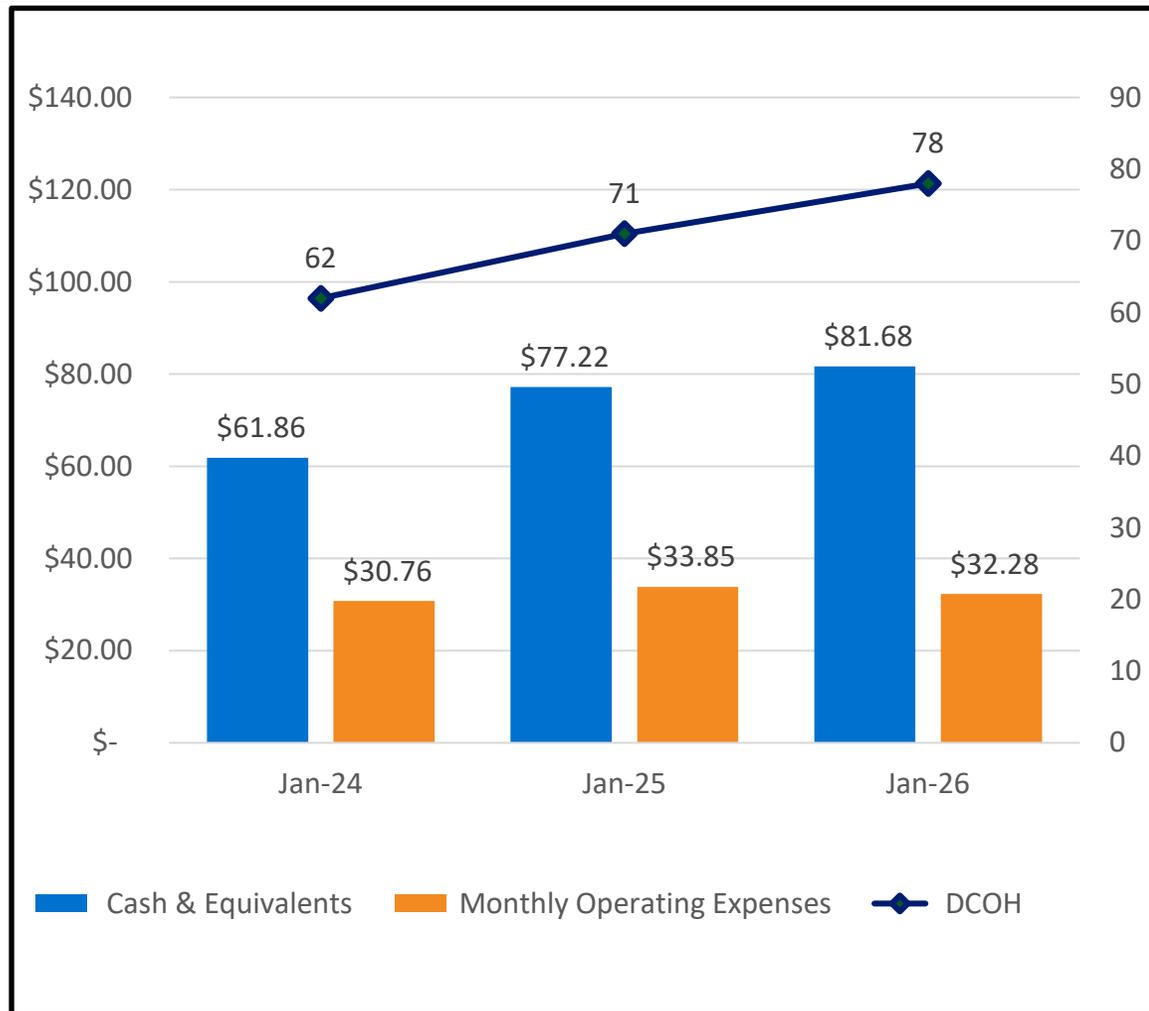
## Month-over-month (“MoM”) (\$ amounts in millions)



DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses  
 Months in FY 2026 after current Month are based on projections

# Days-Cash-On-Hand (DCOH)– as of 1/31/2026

## Year-over-year (“YoY”) (\$ amounts in millions)



DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses  
 Months in FY 2026 after current Month are based on projections

# Capital Outlay – as of 01/31/2026

Project/Funding Source	Year-to-date Total
<b>Facilities Capital Projects</b>	<b>405,622</b>
Fund Balance	405,622
<b>IT Capital Projects</b>	<b>48,925</b>
Fund Balance	48,925
<b>6168 Apartments</b>	<b>880,687</b>
CHC Grant (9271)	630,523
COH Loan (9272)	250,165
<b>Northeast Clinic Design and Construction</b>	<b>41,146.00</b>
Bond Series 2024	41,146
<b>NPC Renovation</b>	<b>13,425</b>
Bond Series 2024	13,425
<b>SW Foundation Repair</b>	<b>3,734</b>
Bond Series 2024	3,734
<b>Emergency Projects</b>	<b>44,209</b>
Fund Balance	44,209
<b>Grand Total</b>	<b>1,437,748</b>

Funding Source/Project	Year-to-date Total
<b>Fund Balance</b>	<b>\$ 498,756</b>
Facilities Capital Projects	\$ 405,622
IT Capital Projects	\$ 48,925
Emergency Projects	\$ 44,209
<b>Bond Series 2024</b>	<b>\$ 58,305</b>
Northeast Clinic Design and Construction	\$ 41,146
NPC Renovation	\$ 13,425
SW Foundation Repair	\$ 3,734
<b>CHC Grant (9271)</b>	<b>\$ 630,523</b>
6168 Apartments	\$ 630,523
<b>COH Loan (9272)</b>	<b>\$ 250,165</b>
6168 Apartments	\$ 250,165
<b>Grand Total</b>	<b>\$ 1,437,748</b>

# **EXHIBIT R-3**

**FEBRUARY 2026**  
**AMENDMENTS OVER 250k**





# Executive Contract Summary

## Contract Section



**Contractor\***

BDO USA, P.C

**Contract ID #\***

2025-1052

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

BDO USA, P.C & The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

5/1/2025

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

8/31/2026

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

Administrative Change

**Current Contract Amount\***

\$ 96,000.00

**Increase Not to Exceed\***

\$ 227,151.00

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

\$ 323,151.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 323,151.00

**Funding Source\***

General Revenue (GR)

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

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

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

BDO Advisory Support for Enterprise System Procurement, Readiness & Selection

**Contract Owner\***

Stanley Adams

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

Yes  No  Unknown

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

05/01/2025-08/31/2025

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Contract ID No. 2025-1052 - Amendment 1 to Consultant Agreement - 2026  
Jan 28.pdf

202.01KB

**Vendor/Contractor Contact Person**



**Name\***

Corey Eide

**Address\***

Street Address

2300 Patterson Avenue SouthEast

Address Line 2

Suite 100

City

Grand Rapids

Postal / Zip Code

49512

State / Province / Region

MI

Country

United States

**Phone Number\***

7037701079

**Email\***

stateandlocal@bdo.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 323,151.00	542000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Campbell, Ricardo		Campbell, Ricardo

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

RFP Drafting & Procurement Readiness:

160-180

\$47,200-\$53,100

System Selection:

295-330

\$87,025-\$97,350

Optional: OBM Services:

250-325

\$73,750-\$95,875

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

NA

**Requester Name**

Oquin, Shiela

**Submission Date**

2/2/2026

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

2/2/2026

**Procurement Approval**

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

*Stanley Cornin Adams*

2/2/2026

Contracts Approval

Approve \*

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

Approved by \*

Approval Date \*

*Belinda Stude*

2/2/2026

# **EXHIBIT R-4**

# **FEBRUARY 2026 INTERLOCAL AGREEMENTS**

## THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
INTERLOCALSFEBRUARY 2026  
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Administrative Office of District Courts of Harris County (Harris County)	Jail Re-Entry Program at the Southmore Crisis Residential Program and Main Street Campus	New Contract	1/22/2026 - 9/30/2026	County	New Revenue Agreement for the Agency to provide residential placement through the Jail Re-Entry Program by transitioning individuals from jail and/or felony court to an appropriate level of care at the Southmore Crisis Residential Program or the Main Street Campus based upon the individual's clinical picture and level of need for a total of 54 beds (the "Services"). [FY26 Revenue NTE: \$450,000.00]
2	City of Houston	Homelessness Assistance and Supportive Services through the continued operations of the Behavioral Health Response Team (BHRT)	New Contract	1/1/2026 - 12/31/2026	Federal Grant	New interlocal subrecipient agreement with the City of Houston to address the need for homelessness assistance and supportive services through the continued operations of the Behavioral Health Response Team (BHRT) [FY26 Revenue NTE: \$948,841.34].
3	East Texas A&M University	East Texas A&M University's School of Social Work Program	New Contract	1/1/2026 - 1/31/2030	General Revenue (GR)	New Affiliation Agreement to allow Students enrolled in East Texas A&M University's School of Social Work to complete their clinical placements as part of their degree requirements.
4	Gulf Coast Center	Crisis Line Services	New Contract	3/1/2026 - 2/28/2027	Private Pay Source	New Replacement Revenue Agreement for the Harris Center to provide Crisis Line Services to Consumers. [FY26/27 Revenue NTE: \$108,000.00]
5	Harris County Resources for Children and Adults	Crisis Respite Services to Youth between the ages of 13-17 years old for the Youth Diversion Center	Amendment	9/1/2025 - 6/30/2026	Federal Grant	Amendment for funding to continue providing respite services to youth between the ages of 13-17 years old who are being diverted from juvenile detention center to create a normalized environment, provide a venue for biological, psychological and social interventions targeted at the current crisis, while fostering community and family reintegration. [FY26 Revenue NTE: \$597,269.00; total award to date: \$8,208,910.00].
6	Harris County Sheriff's Office	Provide five (5) iPads to the Veterans Administration clinic police for use at their five (5) outpatient clinics located in Harris County.	Amendment	9/1/2025 - 8/31/2026	County	Amendment to provide five (5) iPads to the Veterans Administration clinic police for use at their five (5) outpatient clinics located in Harris County. Locations: Humble - 1485 Farm to Market 1960 Bypass Rd E Suite 340, Humble, TX 77338 Tomball - 1200 W Main St, Tomball, TX 77375 Katy - 750 Westgreen Blvd, Katy, TX 77450 Community Resource and Referral Centers (CRRCs) - 1700 Webster Street, Houston, TX 77003 Domiciliary - Houston VA Domiciliary 4320 Old Spanish Trail Houston, TX 77021
7	Harris County Sheriff's Office (HCSO)	Mental Health Crisis Assessments through the Clinician and Officer Remote Evaluation (CORE) Telehealth Program	Renewal	3/1/2026 - 2/28/2027	County	Annual renewal of Revenue Agreement with HCSO where the Agency provides mental health crisis assessments through the Clinician and Officer Remote Evaluation (CORE) Telehealth Program whereas Harris County Commissioners Court appropriated funds for the CORE Program. [FY26 Revenue NTE: \$853,600.00].
8	Lone Star College	New Affiliation Agreement with the School of Nursing	New Contract	1/19/2026 - 1/31/2030	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Lone Star College in the School of Nursing to complete their clinical placements as part of their degree requirements.
9	Spindletop Center	Crisis Line Services	New Contract	3/1/2026 - 2/28/2027	Private Pay Source	New Agreement as a replacement to provide Crisis Line Services to consumers and the community. [FY26 Revenue NTE: \$98,400.00].
10	Texas A&M University- Kingsville	New Affiliation Agreement with the Texas A&M Kingsville-Department of Educational Leadership and Counseling	New Contract	1/19/2026 - 1/31/2030	General Revenue (GR)	New Affiliation Agreement allow students enrolled in Texas A&M University- Kingsville in the Department of Educational Leadership and Counseling to complete field placements as part of their degree requirements.
11	University of Texas Health Science Center at Houston	Continuing Medical Education Training Services for E&M Coding	New Contract	1/26/2026 - 12/31/2028	General Revenue (GR)	New Agreement to provide four (4) hours of enduring material CME training for E&M coding.



# Executive Contract Summary

## Contract Section



**Contractor\***

Administrative Office of District Courts of Harris County (Harris County)

**Contract ID #\***

TBD

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

The Harris Center for Mental Health & IDD and Harris County

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

1/22/2026

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

9/30/2026

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

**Fiscal Year\* (?)**

2026

Fiscal Year\* (?)

2027

Funding Source\*

County

Contract Description / Type\* (?)

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

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

A) Agency shall provide residential placement through the Jail Re-Entry Program by transitioning individuals from jail and/or felony court to an appropriate level of care at the Southmore Crisis Residential Program or the Main Street Campus based upon the individual's clinical picture and level of need for a total of 54 beds (the "Services"), as further outlined in the Felony Court Proposal for Beds, attached hereto as Exhibit A and incorporated herein by reference.

Contract Owner\*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

Currently active Harris County interlocal agreement for various CPEP programs including Harris County Jail Diversion

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Corey T. Douglas, Director of Purchasing Services

**Address\***

Street Address

1111 Fannin St

Address Line 2

12th floor

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

**Phone Number\***

713-274-4481

**Email\***

Corey.Douglas@pur.hctx.net

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9266	\$ 450,000.00	403029
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Ramirez, Priscilla		Puente, Giovanni

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

Monthly rate is \$37,500.00 fixed flat rate

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

N/A

**Requester Name**

Ramirez, Priscilla

**Submission Date**

1/22/2026

**Budget Manager Approval(s)**

**Approved by**

*Priscilla Maria Ramirez*

**Approval Date**

1/22/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*KIM KOPNMEYER*

Approval Date

1/23/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/23/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

City of Houston

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

The City of Houston and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

1/1/2026

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

12/31/2026

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

Calendar Year 2026

**Fiscal Year\* (?)**

2026

**Funding Source \***

Federal Grant

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

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

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

To address the need for homelessness assistance and supportive services through the continued operations of the Behavioral Health Response Team (BHRT)

**Contract Owner \***

Kim Kornmayer

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

Yes  No  Unknown

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

The Harris Center has partnered with The City of Houston for approximately 20 years. BHRT contracted with the COH between 2022 and 2024.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name \***

The City of Houston HCD

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name \***

Stacey Higgins

**Address \***

Street Address

2100 Travis Street

Address Line 2

City

Houston

Postal / Zip Code

77002-8709

State / Province / Region

TX

Country

US

**Phone Number \***

832-982-7192

Email\*

stacey.higgins@houstontx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 948,841.34	540000
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Oshman, Jodel

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

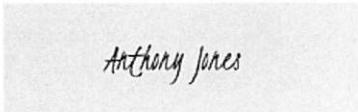
Project WBS (Work Breakdown Structure)\* (?)  
NA

<b>Requester Name</b> Honsinger, Amber	<b>Submission Date</b> 12/16/2025
---	--------------------------------------

Budget Manager Approval(s)

<b>Approved by</b> 	<b>Approval Date</b> 12/18/2025
--	------------------------------------

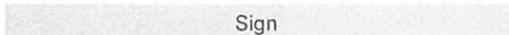
IT Director Approval

<b>Approved by</b> 	<b>Approval Date</b> 1/12/2026
---	-----------------------------------

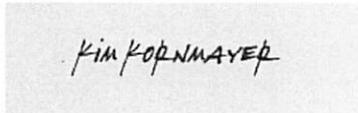
IT Approval Comments  
Approved -

Procurement Approval

File Upload (?)

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

Contract Owner Approval

<b>Approved by</b> 	<b>Approval Date</b> 1/12/2026
---	-----------------------------------

## Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/14/2026



# Executive Contract Summary

## Contract Section



**Contractor \***

East Texas A&M University

**Contract ID # \***

N/A

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

1/20/2026

**Parties\* (?)**

East Texas A&M University and The Harris Center for Mental Health & IDD

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

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

**Procurement Method(s) \***

Check all that Apply

- Competitive Bid
- 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 \* (?)**

1/1/2026

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

1/31/2030

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

**Fiscal Year \* (?)**

2026

**Amount \* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

This agreement will allow students enrolled in East Texas A&M University in the School of Social Work to complete their clinical placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

East Texas A&M University.pdf	287.67KB
East Texas A&M University 2.pdf	8.95MB

**Vendor/Contractor Contact Person**

**Name\***

Leilani A. White

**Address\***

Street Address

2600 West Neal Street

Address Line 2

1977 Butler 4th floor

City

Commerce

Postal / Zip Code

75428

State / Province / Region

TX

Country

US

**Phone Number\***

903-886-5620

**Email\***

Leilani.White@etamu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

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

N/A

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

N/A

Requester Name	Submission Date
Hemanes, Danyette	1/13/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

1/14/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Ninfa Escobar*

Approval Date

1/14/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/21/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Gulf Coast Center

**Contract ID #\***

7409

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

The Harris Center Crisis Line and Gulf Coast Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

3/1/2026

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

2/28/2027

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

**Fiscal Year\* (?)**

2026

Fiscal Year\* (?)

2027

Funding Source\*

Private Pay Source

Contract Description / Type\* (?)

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

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

Crisis Line Services

Contract Owner\*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

03/01/2025-02/28/2026, Crisis Line Services

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Specify Name\*

Gulf Coast Center

Supporting Documentation Upload (?)

ID 7409 Gulf Coast Center - FY25-26 Renewal Revenue Document (Helpline) - fully executed.pdf 340.14KB

Vendor/Contractor Contact Person

Name\*

Jerry Freshour

Address\*

Street Address

10000 Emmett F Lowry Expressway

Address Line 2

1977 Butler 4th floor

City

Texas City

Postal / Zip Code

77591

State / Province / Region

TX

Country

US

Phone Number\*

832-849-5224

Email\*

JerryF@gulfcoastcenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 108,000.00	420015
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

\$9000 per month and \$15 for calls over 750 after 10% overage has incurred

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

n/a

Requester Name

Wong, Millie

Submission Date

1/20/2026

Budget Manager Approval(s)

Approved by

*Kevin Ilejay*

Approval Date

1/20/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Jennifer Battle*

Approval Date

1/20/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/21/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County Resources for Children and Adults

**Contract ID #\***

2023-0614

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Office of County Administration and The Harris Center for MH and IDD.

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

9/1/2025

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

6/30/2026

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

**Fiscal Year\* (?)**

2026

**Funding Source\***

Federal Grant

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

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

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

Provide crisis respite services to youth between the ages of 13-17 years old who are being diverted from juvenile detention center to create a normalized environment, provide a venue for biological, psychological and social interventions targeted at the current crisis, while fostering community and family reintegration. This will provide bridge funding until a fully executed contract can be entered with other state entities.

**Contract Owner\***

Sean McElroy

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

- Yes
- No
- Unknown

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

Youth Diversion Center Cottage 3.  
Contract dates: 3/1/2025 - 2/28/2026

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Specify Name\***

Harris County Office of County Administration

**Supporting Documentation Upload (?)**

26GEN0111_The Harris Center - Youth Diversion Center_Fourth Amendment_v1.pdf	264.82KB
Exhibit F - Budget Summary.pdf	2.27MB

**Vendor/Contractor Contact Person**

**Name\***

Xavier D. Perry / Office of County Administration

**Address\***

Street Address

1001 Preston Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

**Phone Number\***

713-274-1157

**Email\***

xavier.perry@harriscountytexas.gov

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 597,269.00	540000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

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

N/A

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

N/A

**Requester Name**

Reyes, Elizabeth

**Submission Date**

1/14/2026

**Budget Manager Approval(s)**

**Approved by**

*Sheenia Williams-Wesley*

**Approval Date**

1/14/2026

**Contract Owner Approval**

**Approved by**

*Sean McElroy*

**Approval Date**

1/15/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

1/15/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County Sheriff's Office

**Contract ID #\***

na

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

9/1/2025

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

8/31/2026

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

**Fiscal Year\* (?)**

2026

**Funding Source \***

County

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

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

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

Provide five (5) iPads to the Veterans Administration clinic police for use at their five (5) outpatient clinics located in Harris County.

Locations:

Humble - 1485 Farm to Market 1960 Bypass Rd E Suite 340, Humble, TX 77338

Tomball - 1200 W Main St, Tomball, TX 77375

Katy - 750 Westgreen Blvd, Katy, TX 77450

Community Resource and Referral Centers (CRRCs) - 1700 Webster Street, Houston, TX 77003

Domiciliary - Houston VA Domiciliary 4320 Old Spanish Trail Houston, TX 77021

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

Currently under contract.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Harris County

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Major Quentin Milroe Jr.

**Address\***

Street Address

2002 Holcombe Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77030

Country

US

**Phone Number\***

832-378-3608

**Email\***

quentin.milroe@va.gov

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

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

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

na

**Requester Name**

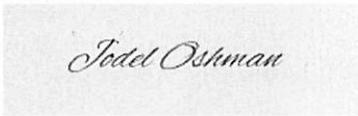
Singh, Patricia

**Submission Date**

12/10/2025

**Budget Manager Approval(s)**

**Approved by**

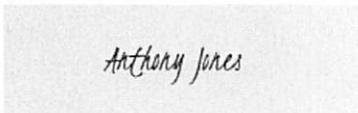


**Approval Date**

12/10/2025

**IT Director Approval**

**Approved by**



**Approval Date**

1/7/2026

**IT Approval Comments**

The hardware will be purchased using our current procurement procedures.

**Contract Owner Approval**

Approved by

*Kim Kornmayer*

Approval Date

1/8/2026

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/9/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Select Header For This Contract \***

Interlocal

**Current Fiscal Year**

2026

**Contract ID# \***

2022-0477

**Contractor Name \***

Harris County Sheriff's Office (HCSO)

**Renewal Term Start Date**

3/1/2026

**Renewal Term End Date**

2/28/2027

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)**

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 853,000.00

**Rate(s)/Rate(s) Description**

\$853,000.00

**Unit(s) Served \***

9259

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

403024

**Current Fiscal Year Purchase Order Number\***

N/A

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

**File Upload (?)**

**Renewal Determination**

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

Yes  No

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

A goals of the agency strategic plan it to expand program availability and services and to reach all Harris County zip codes.

**Renewal Information for Next Fiscal Year**

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

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

**Budget Manager\***

Oshman, Jodel

**Secondary Budget Manager\***

Ramirez, Priscilla

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

NA

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

NA

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 853,600.00

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**

Contract Funding Source \*

County

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner \* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

*Jedidiah Ostman*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

1/14/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Lone Star College

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Lone Star College and The Harris Center for Mental Health & IDD

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

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

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- 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\* (?)**

1/19/2026

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

1/31/2030

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 0.00

**Funding Source \***

General Revenue (GR)

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

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

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

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

**Contract Owner \***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

SP 25 NURS 4161 L&M Clinical\_Susana Hernandez.pdf

297.15KB

**Vendor/Contractor Contact Person**

**Name \***

Deirdre Wesche

**Address \***

Street Address

3200 College Park Drive

Address Line 2

City

Conroe

Postal / Zip Code

77384-4500

State / Province / Region

TX

Country

US

**Phone Number \***

8328136241

**Email \***

Deirdre.n.wesche@lonestar.edu

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A

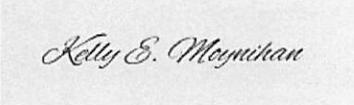
Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable\* (?)  
N/A

Project WBS (Work Breakdown Structure)\* (?)  
N/A

Requester Name	Submission Date
Hemanes, Danyette	1/8/2026

#### Budget Manager Approval(s)

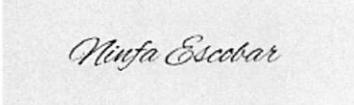
Approved by	Approval Date
	1/8/2026

#### Procurement Approval

File Upload (?)

Approved by	Approval Date
	

#### Contract Owner Approval

Approved by	Approval Date
	1/9/2026

#### Contracts Approval

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

Approved by*	Approval Date*
	1/12/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Spindletop Center

**Contract ID #\***

2026-1176

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

The Harris Center Crisis Line and Spindletop Agency

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

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

**Procurement Method(s)\***

Check all that Apply

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

3/1/2026

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

2/28/2027

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

**Fiscal Year\* (?)**

2026

Fiscal Year\* (?)

2027

Funding Source\*

Private Pay Source

Contract Description / Type\* (?)

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

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

Crisis Line Services

Contract Owner\*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

03/01/2025 to 02/28/2026, Crisis Line services

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Specify Name\*

Spindletop

Supporting Documentation Upload (?)

ID 7424 Spindletop - FY25-26 Renewal Revenue Document (Helpline) - fully executed.pdf 339.29KB

Vendor/Contractor Contact Person

Name\*

Heather Champion

Address\*

Street Address  
2750 South 8th Street

Address Line 2  
12th floor

City

Beaumont

Postal / Zip Code

77701

State / Province / Region

TX

Country

US

Phone Number\*

(409) 839-2299

Email\*

heather.champion@stctr.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 98,400.00	420015
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

\$8200 a month and \$15 for each call over 750 calls after 10% overage has incurred.

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

n/a

Requester Name

Wong, Millie

Submission Date

1/20/2026

Budget Manager Approval(s)

Approved by

*Kevin Ilejay*

Approval Date

1/20/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Jennifer Battle*

Approval Date

1/26/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/27/2026



# Executive Contract Summary

## Contract Section



**Contractor \***

Texas A&M University

**Contract ID # \***

2021-0221

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/17/2026

**Parties \* (?)**

Assignment of Party Change. Original contract name University of Houston - Victoria. Campus transfer under new name Texas A&M University - Victoria.

Parties will be be, Texas A&M University – Victoria and The Harris Center for Mental Health & IDD.

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

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

**Procurement Method(s) \***

Check all that Apply

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

**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 \* (?)**

1/1/2026

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

1/31/2030

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

**Current Contract Amount\***

\$ 0.00

**Increase Not to Exceed\***

\$ 0.00

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

\$ 0.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

This agreement will allow students enrolled at Texas A&M University - Victoria, formally known as UH-Victoria, in the Department of Psychology: Forensics and Counseling Psychology Master's Program supporting clinical field placements as part of their degree requirements. The students will utilize these skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

- Yes
- No
- Unknown

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

FY 2025

Department of Psychology: Forensics and Counseling Psychology Master's Program supporting clinical field placements as part of their degree requirements.

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

PSYC 6304 2025 Fall Practicum Syllabus.pdf	477.04KB
Harris Center for Mental Health an IDD TAMUV agreement.docx.pdf	570.64KB

**Vendor/Contractor Contact Person**



**Name\***

Danielle Todaro

**Address\***

Street Address

3007 North Ben Wilson Street

Address Line 2

City

Victoria

Postal / Zip Code

77901-5731

State / Province / Region

TX

Country

US

**Phone Number\***

832-779-2440

**Email\***

todarod@uhv.edu

**Budget Section**

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

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

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

n/a

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

n/a

**Requester Name**

Hemanes, Danyette

**Submission Date**

1/16/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

1/21/2026

**Contract Owner Approval**

**Approved by**

*Ninfa Escobar*

**Approval Date**

1/21/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

1/27/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

University of Texas Health Science Center at Houston

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

UT Health Houston and THC

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

1/26/2026

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

12/31/2028

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 1,700.00

**Funding Source \***

General Revenue (GR)

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

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

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

4 unit hours of enduring material CME

**Contract Owner \***

Danyalle Evans

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

Yes  No  Unknown

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

Many UT contracts

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

Yes  No  Unknown

**Please provide an explanation\***

Many UT contracts

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name \***

Dr. Zi Yang Jiang

**Address \***

Street Address

TBD

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

US

**Phone Number \***

773-816-3190

**Email \***

cme@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 1,700.00	549005
Budget Manager Shelby, Debbie		Secondary Budget Manager Smith, Janai

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

4 unit hours of enduring material CME for 2026-2028

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

4 unit hours of enduring material CME for 2026-2028

Requester Name	Submission Date
Evans, Danyalle	1/21/2026

Budget Manager Approval(s)

Approved by

*Debbie Chambers & Shelby*

Approval Date

1/21/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Danyalle Evans*

Approval Date

1/22/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/23/2026

# **EXHIBIT R-5**

**FEBRUARY 2026**  
**NEW CONTRACTS**  
**100k – 250k**





**ACM Abatement and Demolition of Main Street Properties  
Due Diligence Request for Quote  
Project# FY26-0362**

Purchasing received a request from Jonathan Pertuit, Senior Project Manager of Construction for Facility Services, for the asbestos abatement and building demolition work for five Fannin Street properties.

EFI Global, a Environment Engineering firm, provided a project manual, drawings, and pricing forms to prospective vendors. Three vendors responded with quotes for the asbestos abatement and building demolition work for five Fannin Street properties.

Quotes for the three (3) vendors:

- **AAR, Inc:** \$161,400.00
- **Sitek Omni Services, LLC:** \$177,200.00
- **Alpha Demolition & Remediation, LLC:** \$196,322.00

EFI Global reviewed the quotes and recommended Facility Services to move forward with the vendor that meets all the team's requirements, price, and their plan for executing/phasing of the project.

**AAR, Inc**

The total NTE (Not to Exceed) for a one (1) year contract is \$161,400.00 + \$15,000.00 for contingency = NTE \$176,400.00.

FY26 - \$176,400.00 (Funding Source: Unit 1501, GL Code 900040)

Submitted By:  
  
 1/23/2026  
 F92C4A0C5844F0  
 James Blunt, C.P.M.  
 Buyer II

Recommended By:  
  
 1/23/2026  
 258C3C5A6EF9418  
 Sharon Brauner, C.P.M., A.P.P.  
 Purchasing Manager

DocuSigned by:  
  
 1/28/2026  
 E758EDD63CF04D3  
 Stanley Adams, MBA  
 Chief Financial Officer



# Executive Contract Summary

## Contract Section



**Contractor\***

AAR Incorporated

**Contract ID #\***

n/a

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

AAR Incorporated and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

3/1/2026

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

8/31/2026

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 161,400.00

Funding Source \*

State Grant

Contract Description / Type\* (?)

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

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

Asbestos abatement and demolition of several dilapidated structures in order to clear land for new construction. SB30

Contract Owner \*

Ben Mendez

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

AAR - 5 Fannin Street Properties.pdf	302.88KB
ALPHADR SIGNED THC-5FanninStreetProperties-PricingForm12222025.pdf	188.43KB
Sitek- THC-5FanninStreetProperties-PricingForm12222025 (1).pdf	146.93KB
Project Request - SB30.01.1501 ACM Abatement and Demo of Main St Properties.pdf	46.54KB

Vendor/Contractor Contact Person



Name \*

AAR Incorporated / Bryan Wierwille

Address \*

Street Address

6640 Signat Drive

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77041-2724

State / Province / Region

TX

Country

US

Phone Number \*

7134666800

Email\*

Bryan@aarinc.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1501	\$ 161,400.00	900040
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Campbell, Ricardo		Moynihan, Kelly

Provide Rate and Rate Descriptions if applicable\* (?)  
see attached proposal - 1501/900040 NTE \$161,400.00

Project WBS (Work Breakdown Structure)\* (?)  
SB30.01.1501 - SB30 3809 Main Street 1

<b>Requester Name</b>	<b>Submission Date</b>
Harper, Sarah	1/13/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

1/13/2026

Procurement Approval

File Upload (?)

Approved by

*Brauner, Sharon*

Approval Date

1/21/2026

Contract Owner Approval

Approved by

*Ben Mendez*

Approval Date

1/22/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/23/2026

# **EXHIBIT R-6**

**FEBRUARY 2026  
NEW CONTRACTS  
UNDER 100k**





# Executive Contract Summary

## Contract Section



**Contractor\***

Dr. David Yankura

**Contract ID #\***

2025-1165

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Dr. David Yankura and THC

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

12/15/2025

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

4/15/2026

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 1,000.00

**Funding Source\***

General Revenue (GR)

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

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

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

Education on 2026 E&M Coding/Billing Requirements and information on accurate coding

**Contract Owner\***

Danyalle Evans

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

Yes  No  Unknown

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

Yes  No  Unknown

**Please provide an explanation\***

NA

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Dr. David Yankura.docx

23.59KB

**Vendor/Contractor Contact Person**



**Name\***

Dr. David Yankura

**Address\***

Street Address

206 Virginia Manor Drive

Address Line 2

1977 Butler 4th floor

City

Pittsburgh

Postal / Zip Code

15215-1048

State / Province / Region

PA

Country

US

**Phone Number\***

TBD

**Email\***

yankdj@upmc.edu

**Budget Section**



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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2200	\$ 1,000.00	549005

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

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

1 CME unit recording and 1 hour live Q&A session

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

1 CME unit recording and 1 hour live Q&A session

<b>Requester Name</b>	<b>Submission Date</b>
Evans, Danyalle	1/21/2026

#### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date  
1/21/2026

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Danyalle Evans*

Approval Date  
1/22/2026

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*  
1/22/2026



# Executive Contract Summary

## Contract Section



### Select Header For This Contract\*

Administration

### Contractor\*

Party Sober Partnership

### Contract ID #\*

2024-0843

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

2/17/2026

### Parties\* (?)

The Harris Center  
Party Sober Partnership

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

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

### Procurement Method(s)\*

Check all that Apply

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

### 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\* (?)

1/20/2026

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

1/20/2027

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

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 0.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

Contract Owner\*

Lance Britt

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

1/20/2025-1/20/2026

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

2024-0843 Party Sober Partnership- FY25-Renewal Agreement-Fully Executed.pdf	799.69KB
--	----------

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

host and promote sober social events

Vendor/Contractor Contact Person

Name\*

Devon Anderson

Address\*

Street Address

515 Caroline Street

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77002-3506

State / Province / Region

TX

Country

US

Phone Number\*

(713) 899-9893

Email \*

danderson@justiceforwardtx.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 0.00	na
Budget Manager Smith, Janai		Secondary Budget Manager Shelby, Debbie

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

na

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

na

Requester Name	Submission Date
Boswell, Jennifer	1/21/2026

Budget Manager Approval(s)

Approved by

*Janai Lynnette Smith*

Approval Date

1/21/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Lance Britt*

Approval Date

1/27/2026

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

1/27/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Esther Speaks Speech Therapy, PLLC

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Esther Speaks Speech Therapy, PLLC and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

1/20/2026

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

8/31/2026

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 2,500.00

**Funding Source \***

State Grant

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

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

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

Esther Speaks Speech Therapy will provide services to individuals (ages 0-3) that require a need for speech-language pathology services. These services will supplement existing ECI speech therapy services in the event there are staff on leave, vacancies and/or there is an increased demand that cannot be supported by existing staff. After one year, we will evaluate whether to review

**Contract Owner \***

Dr. Evanthe Collins

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership \* (?)**

Yes  No  Unknown

**Specify Name \***

Esther Speaks Speech Therapy, PLLC

**Supporting Documentation Upload (?)**

0793572249.pdf	513.05KB
Harris Center Contract.pdf	110.16KB
w9 blank_signed.pdf	1.35MB

**Vendor/Contractor Contact Person**

**Name \***

Alexis Artis

**Address \***

Street Address

7777 Katy Fwy

Address Line 2

City

Houston

Postal / Zip Code

77024

State / Province / Region

Tx

Country

United States

**Phone Number \***

713-396-3153

Email\*

alexis@estherspeaks.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 2,500.00	543012

Budget Manager

Degracia, Ericka

Secondary Budget Manager

Johnson, Kenyonika

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

Please see attachment for information

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

n/a

Requester Name

Degracia, Ericka

Submission Date

12/18/2025

Budget Manager Approval(s)

Approved by

*Ericka Degracia*

Approval Date

12/18/2025

IT Director Approval

Approved by

*Anthony Jones*

Approval Date

1/7/2026

IT Approval Comments

Approved - AJ

ECI - It is my understanding that they have their own equipment and IT support. (EJ)

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Evanthe Collins*

Approval Date

1/13/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/20/2026

# **EXHIBIT R-7**

# **FEBRUARY 2026 AMENDMENTS UNDER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT AMENDMENTS  
LESS THAN \$100,000

FEBRUARY 2026  
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ACCESS</b>								
	<b>ADMINISTRATION</b>								
1	Dispensary of Hope	A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge.	\$37,500.00	\$5,000.00	\$42,500.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Consumer Driven	Amendment to increase the NTE to add additional services for the NPC.
2	Don'Angelo & Company, LLC	Consultant for Executive Coaching Services	\$34,000.00	\$17,000.00	\$51,000.00	7/1/2025 - 6/30/2026	General Revenue (GR)	..	Amendment to increase the NTE for the Sr. Assistant General Counsel to receive Executive Coaching Services.
3	Dura Pier d/b/a Facilities Sources LTD	Construction Services for Millwork	\$12,605.38	\$3,494.66	\$16,100.04	1/5/2026 - 8/31/2026	General Revenue (GR)	Tag-On Choice Partners - 23/016MR-16	Amendment to increase the NTE to install a countertop and additional cabinets for storage at the NPC location needed for Nursing Staff.
4	KP Management LLC D/B/A USA Decon	Agency Wide Medical Waste Disposal	\$1,300.00	\$8,008.00	\$9,308.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Amendment to increase the NTE for the cost of additional units previously not included as part of the renewal process.
5	NFS Technology Group Inc.	Software for Rendezvous Workspace Meeting Room Booking Services	\$12,700.00	\$1,350.00	\$14,050.00	9/1/2025 - 8/31/2026	General Revenue (GR)	..	Amendment to increase the NTE for 6 additional licenses for Rendezvous.
	<b>CPEP/CRISIS SERVICES</b>								
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
6	Bloom Fitness Corporation	Fitness Based Community Services to Consumers at the Harris Center	\$1,200.00	\$6,300.00	\$7,200.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Amendment to increase the NTE to cover outstanding FY25 invoices paid against the FY26 purchase order.
	<b>MENTAL HEALTH</b>								
	<b>MENTAL HEALTH SERVICES-ECI</b>								
	<b>LEASES</b>								



# Executive Contract Summary

## Contract Section



**Contractor\***

Dispensary of Hope

**Contract ID #\***

7166

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Harris center and Dispensary of Hope

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

9/1/2025

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

8/31/2026

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

**Current Contract Amount\***

\$ 37,500.00

**Increase Not to Exceed\***

\$ 5,000.00

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

\$ 42,500.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 42,500.00

**Funding Source\***

General Revenue (GR)

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

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

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

A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated(pharmaceutical) Products to Agency Pharmacies.

**Contract Owner\***

Holly Cumbie

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

Yes  No  Unknown

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

2019 to current

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Dispensary of Hope_The Harris Center_Amendment to Amendment 1_1.20.2026 (1).docx	2.07MB
Dispensary of Hope_The Harris Center_Executed Agreement_1.3.2019 (1).pdf	466.46KB
Dispensary of Hope_The Harris Center_Insulin Supplement_7.2.2021 (1).pdf	1.22MB
Dispensary of Hope-The Harris Center for Mental Health and IDD_Insulin Supplement_1.22.2026.docx	18.71KB

**Vendor/Contractor Contact Person**



**Name\***

Anita Stanford

**Address \***

Street Address

2000 Church Street

Address Line 2

City

Nashville

Postal / Zip Code

37203

State / Province / Region

TN

Country

US

**Phone Number \***

615-248-0101

**Email \***

anita.stanford@dispensaryofhope.org

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 42,500.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

7,500 annual fee for Class A Pharmacies, 12,500 for Class C

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

Adding NPC to existing contract

**Requester Name**

Cumbie, Holly

**Submission Date**

1/27/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

1/27/2026

**Contract Owner Approval**

**Approved by**

*Holly Cumbie*

**Approval Date**

1/27/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

1/27/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Don'Angelo & Company, LLC

**Contract ID #\***

2021-0128

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

3/18/2025

**Parties\* (?)**

Don'Angelo Bivens and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

7/1/2025

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

6/30/2026

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

7/1/2025 - 6/30/2026

**Current Contract Amount\***

\$ 34,000.00

**Increase Not to Exceed\***

\$ 17,000.00

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

\$ 51,000.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 51,000.00

**Funding Source\***

General Revenue (GR)

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

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

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

Add Senior Assistant General Counsel to Receive Executive Coaching Services

**Contract Owner\***

Kendra Thomas

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

Yes  No  Unknown

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

FY 2025 - Coaching  
FY 2024 - Coaching  
FY 2023 - Coaching

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Don'Angelo Bivens

**Address \***

Street Address

562 Portland Pl

Address Line 2

City

Atlanta

Postal / Zip Code

30316

State / Province / Region

GA

Country

USA

**Phone Number \***

312-502-4230

**Email \***

dangelo.bivens@gmail.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 51,000.00	542000

**Budget Manager**

Moynihan, Kelly

**Secondary Budget Manager**

Campbell, Ricardo

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

N/A

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

N/A

**Requester Name**

Bailey, Christan

**Submission Date**

1/13/2026

**Budget Manager Approval(s)**

**Approved by**

**Approval Date**

1/14/2026

**IT Director Approval**

**Approved by**

**Approval Date**

1/26/2026

**IT Approval Comments**

It's for Professional Coaching, No IT Equipment or Services needed.

**Contract Owner Approval**

Approved by

*Kendra Thomas*

Approval Date

1/28/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/28/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Dura Pier dba Facilities Sources LTD

**Contract ID #\***

2025-1146

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

The Harris Center and Dura Pier dba Facilities Sources

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal                           |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                                    |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification                      |
| <input type="checkbox"/> Request for Quote                               | <input checked="" type="checkbox"/> Tag-On                              |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven                                |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Choice Partners - 23/016MR-16 |

**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\* (?)**

1/5/2026

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

8/31/2026

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

**Current Contract Amount\***

\$ 12,605.38

Increase Not to Exceed\*

\$ 3,494.66

Revised Total Not to Exceed (NTE)\*

\$ 16,100.04

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 16,100.04

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other Choice Partners - 23/016MR-16

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

NPC Nursing staff requested a countertop and additional cabinets for storage.

Contract Owner\*

Karen Hurst

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Various projects/services since 2020

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

Yes  No  Unknown

Please provide the HUB status\*

WBE - Women owned business.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

87-25692R - 1502 Ben Taub Loop - Millwork & Sink Addition.pdf	4.93MB
Facilities Sources _ Choice Partners _ Choice Partners Cooperative.pdf	124.11KB

Vendor/Contractor Contact Person



Name\*

Dura Pier dba Facilities Sources - Wayne Bryant

**Address \***

Street Address  
P.O. Box 2016  
Address Line 2  
City  
Houston  
Postal / Zip Code  
77347

State / Province / Region  
Tx  
Country  
USA

**Phone Number \***

713-337-5700

**Email \***

wayne@facilitiesources.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 16,100.04	557001

**Budget Manager**  
Oshman, Jodel

**Secondary Budget Manager**  
Ramirez, Priscilla

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

Project WBS (Work Breakdown Structure)\* (?)  
N/A

**Requester Name**  
Hurst, Richard

**Submission Date**  
1/23/2026

**Budget Manager Approval(s)**

Approved by

*Jodel Oshman*

**Approval Date**  
1/23/2026

**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Karen E. Hurst*

Approval Date

1/23/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/26/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

KP Management LLC D/B/A USA Decon

**Contract ID #\***

2024-0884

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

JULY 2025 Board

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\* (?)**

9/1/2025

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

8/31/2026

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

**Current Contract Amount\***

\$ 1,300.00

**Increase Not to Exceed\***

\$ 8,008.00

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

\$ 9,308.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 9,308.00

**Funding Source\***

General Revenue (GR)

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

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

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

AMENDMENT TO ANNUAL RENEWAL OF AGREEMENT FOR AGENCY WIDE MEDICAL WASTE REMOVAL SERVICES

**Contract Owner\***

Kia Walker

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

- Yes  No  Unknown

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

2024-2025

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

ID 2024-0884 - KP Management (USA Decon) - Exhibit B Pick Up Locations.pdf	325.99KB
ID 2024-0884 - KP Management (USA Decon) - FY26 Annual Renewal Eval Form - fnl.pdf	340.78KB
ID 2024-0884 - KP Management (USA Decon) - Standard Professional Contract - Fully Executed.pdf	854.21KB
1. FY2026 OPER BUDGETfy26.xlsx	15.87KB

**Vendor/Contractor Contact Person**



**Name\***

Kourtney DiGulio

**Address \***

Street Address

3701 Kirby Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77098

Country

US

**Phone Number \***

(713) 850-0555

**Email \***

kourtney@txmedwaste.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1153	\$ 300.00	543026

<b>Budget Manager</b> Moynihan, Kelly	<b>Secondary Budget Manager</b> Campbell, Ricardo
--	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 480.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2213	\$ 800.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 1,500.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2215	\$ 900.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 144.00	543026

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2301	\$ 540.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Smith, Janai	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4736	\$ 736.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Smith, Janai	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6302	\$ 600.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6500	\$ 300.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9208	\$ 245.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9210	\$ 580.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 1,200.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puenta, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9405	\$ 478.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puenta, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9810	\$ 585.00	543026
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

n/a

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

n/a

Requester Name

Conger, Lesley

Submission Date

12/9/2025

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Approval Date

12/10/2025

Approved by

*Debbie Chambers Shelby*

Approval Date

12/17/2025

Approved by

*Jodel Ostman*

Approval Date

12/17/2025

Approved by

*Shemica Williams Wesley*

Approval Date

12/19/2025

Approved by

*Priscilla M. Ramirez*

Approval Date

12/22/2025

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

*Kia Walker*

Approval Date

12/22/2025

Contracts Approval

Approve \*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/28/2026



## Executive Contract Summary

### Contract Section


**Contractor\***

NFS Technology Group Inc

**Contract ID #\***

6665

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/20/2026

**Parties\* (?)**

NFS Technology 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

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                    |
| <input checked="" type="checkbox"/> Interlocal                           | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other CT145097 |

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\* (?)

9/1/2025

Contract Term End Date\* (?)

8/31/2026

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

Current Contract Amount\*

\$ 17,700.00

**Increase Not to Exceed \***

\$ 1,350.00

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

\$ 19,050.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 19,050.00

**Funding Source \***

General Revenue (GR)

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

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

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

The amendment is for 6 additional licenses for Rendezvous.

**Contract Owner \***

Mustafa Cochinwala

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Harris Center-Additional Room Licenses Q-27833-20260112-1016.pdf 199KB

**Vendor/Contractor Contact Person**

**Name \***

Dr. Melanie Uriarte

**Address \***

Street Address

15301 Dallas Parkway

Address Line 2

City

Addison

Postal / Zip Code

75001-4691

State / Province / Region

TX

Country

US

Phone Number\*

(972) 578-8484

Email\*

Melanie.uriarte@korbyt.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,350.00	574000
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Campbell, Ricardo

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

6 Licenses x \$225.00 each = \$1,350.00

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

N/A

Requester Name

Jones, Anthony

Submission Date

1/12/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

1/12/2026

IT Director Approval

Approved by

*Anthony Jones*

Approval Date

1/13/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

1/14/2026

Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

1/15/2026

Contract Section **Contractor\***

Bloom Fitness

**Contract ID #\***

2025-1085

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Bloom Fitness and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

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\* (?)**

9/1/2025

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

8/31/2026

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

N/A

**Current Contract Amount\***

\$ 1,200.00

**Increase Not to Exceed\***

\$ 6,300.00

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

\$ 7,200.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 7,200.00

**Funding Source\***

State

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

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

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

Previous MOU's in FY25 with Bloom Fitness/Community to provide fitness-based services for individuals at the Harris Center. FY25 NTE was 1,200, increased to \$7,200 in FY26. \$900 has already been paid from purchase order number CT145381, which has since been closed

**Contract Owner\***

Dr. Evanthe Collins

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

Yes  No  Unknown

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

FY25

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Bloom Fitness

**Supporting Documentation Upload (?)**

Bloom_Fitness_Contract_2025-1085_final_executed.pdf	411.05KB
Bloom Fitness The Harris Center MOU.pdf	1.13MB
New Client Form (002).pdf	29.35KB

**Vendor/Contractor Contact Person**

**Name\***

Tami Lorch, Executive Director

**Address\***

Street Address

2047 Westcreek Road unit 608

Address Line 2

City

Houston

Postal / Zip Code

77027-3601

State / Province / Region

TX

Country

US

**Phone Number\***

832-515-8892

**Email\***

tami@bloomfitness.org

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,300.00	543000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Degracia, Ericka	Collins, Evanthe	

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

\$900.00 of invoices were paid from PO CT145381 which reduced the amount to \$6300.00. Per Renee' Nickles instruction, Purchasing closed PO CT145381 on 1.5.26.

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

n/a

**Requester Name**

Degracia, Ericka

**Submission Date**

1/7/2026

**Budget Manager Approval(s)**

**Approved by**

*Ericka Degracia*

**Approval Date**

1/7/2026

**Contract Owner Approval**

**Approved by**

*Evanthe Collins*

**Approval Date**

1/13/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

1/13/2026

# **EXHIBIT R-8**

# **FEBRUARY 2026 RENEWALS UNDER 100k**



Current Fiscal Year Contract Information 

## Current Fiscal Year

2026

## Contract ID#\*

2025-1133

## Contractor Name\*

3form, LLC

## Service Provided\* (?)

Install acoustic panels for the conference room at 1502 Taub Loop.

## Renewal Term Start Date\*

12/31/2025

## Renewal Term End Date\*

12/31/2026

## Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

## Procurement Method(s)\*

Check all that Apply

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

## Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 9,642.74

Rate(s)/Rate(s) Description

N/A

Unit(s) Served\*

9206

G/L Code(s)\*

557702

Current Fiscal Year Purchase Order Number\*

CT145377

Contract Requestor\*

Karen Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

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

Improvements at NPC for staff and patient population.

## Renewal Information for Next Fiscal Year

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 9,642.74	557001
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

Per proposal. Work has not changed.

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

N/A

Fiscal Year * (?)	Amount * (?)
2026	\$ 9,642.74

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

## Contract Owner

Contract Owner \* (?)

Please Select Contract Owner

Karen Hurst

## Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Contract Owner Approval



Approved by

*Karen E. Hurst*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/9/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

7618

#### Contractor Name\*

Articulate Global, Inc.

#### Service Provided\* (?)

Articulate 360 E-Learning Software online course creation and development applications

#### Renewal Term Start Date\*

12/12/2025

#### Renewal Term End Date\*

12/11/2026

#### Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 2,998.00

**Rate(s)/Rate(s) Description**

Need FY26 Articulate Renewal Quote

**Unit(s) Served\***

1975

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

551003

**Current Fiscal Year Purchase Order Number\***

CT144462

**Contract Requestor\***

Ninfa Escobar

**Contract Owner\***

Ninfa Escobar

**File Upload (?)**

### Evaluation of Current Fiscal Year Performance

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

Yes  No

**Were Services delivered as specified in the contract?\***

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

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

This contract allows us to create trainings.

Renewal Information for Next Fiscal Year 

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 2,998.00	551003
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2026	\$ 2,998.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes 

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

 Yes  No

Will the scope of the Services change?\*

 Yes  No

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

 Yes  No

Are there any changes in the Performance Targets?\*

 Yes  No

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

 Yes  No

File Upload (?)

Contract Owner 

Contract Owner\* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s) 

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Ninfa Escobar*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/9/2026

Current Fiscal Year Contract Information 

## Current Fiscal Year

2026

## Contract ID# \*

2026

## Contractor Name \*

ASSA ABLOY Entrance Systems, Inc.

## Service Provided\* (?)

Maintenance of Automatic Doors at NPC.

## Renewal Term Start Date \*

3/1/2026

## Renewal Term End Date \*

2/28/2027

## Term for Off-Cycle Only (For Reference Only)

## Agenda Item Submitted For: (?)

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

## Procurement Method(s) \*

Check all that Apply

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

## Contract Description / Type

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 2,521.31

**Rate(s)/Rate(s) Description**

Annual Price \$2,521.31. Two (2) Annual Visits per Entrance  
Unislide Door Main 989737 and Interior 989776.

**Unit(s) Served\***

9206

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

557001

**Current Fiscal Year Purchase Order Number\***

CT144666

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

**File Upload (?)**

Assa Abloy 3-1-2026 Renewal CQ-000325275-0.pdf

1.08MB

**Evaluation of Current Fiscal Year Performance**

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**Renewal Determination**

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

Yes  No

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

Maintenance of Automatic Doors at NPC - routine maintenance and service

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,521.31	557001
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

Annual Price \$2,521.31. Two (2) Annual Visits per Entrance  
Unislide Door Main 989737 and Interior 989776

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

na

Fiscal Year* (?)	Amount* (?)
2026	\$ 2,521.31

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

## Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s) 

Approved by

*Jodel Oshman*

Contract Owner Approval 

Approved by

*KIM KORNMAIER*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/9/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

2023-0811

**Contractor Name\***

AUTOsist, Inc.

**Service Provided\* (?)**

Fleet Management Software.

**Renewal Term Start Date\***

3/22/2026

**Renewal Term End Date\***

3/21/2027

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 6,300.00

**Rate(s)/Rate(s) Description**

Maintenance Pkg 105 Unit Plan: \$6,300.00 (QTY:1). Setup includes Data Import, GPS Integration, Fuel Card Integration & Virtual Training. FY26-27=Yr 3 of 5.

**Unit(s) Served\***

1150

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

553002

**Current Fiscal Year Purchase Order Number\***

CT144723

**Contract Requestor\***

Jessica Soto

**Contract Owner\***

Ben Mendez

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

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

AUTOsist Fleet Management Software is needed for leased and owned Center vehicles. This software will allow work orders to be sent to staff for maintenance, folders can be created by units and the software is able to be integrate with GPS insight and Voyager..

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 6,300.00	553002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

N/A

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

N/A

Fiscal Year* (?)	Amount* (?)
2026	\$ 6,300.00

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts****Contract Funding Source\***

General Revenue (GR)

**Contract Content Changes****Are there any required changes to the contract language? \* (?)** Yes  No**Will the scope of the Services change? \*** Yes  No**Is the payment deadline different than net (45)? \*** Yes  No**Are there any changes in the Performance Targets? \*** Yes  No**Are there any changes to the Submission deadlines for notes or supporting documentation? \*** Yes  No**File Upload (?)****Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

Karen Hurst

**Budget Manager Approval(s)**

Approved by

*Ricardo Campbell*

**Contract Owner Approval**

Approved by

*Karen E Hurst*

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/23/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



#### Current Fiscal Year

2026

#### Contract ID#\*

7353

#### Contractor Name\*

Caseware International, Inc.

#### Service Provided\* (?)

Support services for IDEA software license agreement to provide comprehensive review of business data to detect possible duplicate transactions.

#### Renewal Term Start Date\*

3/1/2026

#### Renewal Term End Date\*

2/28/2027

#### Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 3,000.00

**Rate(s)/Rate(s) Description**

IDEA Single Electronic License 1 Renewal: \$786.51 + 10%  
 Yearly Increase. License 2 Renewal ASCII-12: \$565.28 +  
 10% Yearly Increase.

**Unit(s) Served\***

1101

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

551003

**Current Fiscal Year Purchase Order Number\***

CT144831

**Contract Requestor\***

David Fojtik

**Contract Owner\***

David Fojtik

**File Upload (?)**

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

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

Supports the mission of the Internal Audit Department by providing oversight resources.

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 3,000.00	551003
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

n/a

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

n/a

Fiscal Year* (?)	Amount* (?)
2026	\$ 3,000.00

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**

3,000.00

**Contract Funding Source\***

General Revenue (GR)

**Contract Content Changes**

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

Yes  No

**Will the scope of the Services change? \***

Yes  No

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

Yes  No

**Are there any changes in the Performance Targets? \***

Yes  No

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

Yes  No

**File Upload (?)**

**Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*David Wayne Fojtik*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/29/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID# \***

2024-0967

**Contractor Name \***

Customer Expressions Corp.

**Service Provided\* (?)**

Case IQ Case Investigative Management Software for HR

**Renewal Term Start Date \***

12/29/2024

**Renewal Term End Date \***

12/29/2027

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Contract Description / Type \***

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

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

- Yes
- No
- Unknown

**Contract NTE \* (?)**

\$ 25,000.00

**Rate(s)/Rate(s) Description**

annual fee: \$16,100.00

**Unit(s) Served \***

1108

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

551003

**Current Fiscal Year Purchase Order Number \***

CT144464

**Contract Requestor \***

Ninfa Escobar

**Contract Owner \***

Ninfa Escobar

**File Upload (?)**



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

6840

#### Contractor Name\*

Empowered Systems Holdings, LLC dba Empowered Systems, LLC

#### Service Provided\* (?)

AutoAudit Software Licenses, Training and Maintenance.

#### Renewal Term Start Date\*

4/1/2025

#### Renewal Term End Date\*

3/31/2026

#### Term for Off-Cycle Only (For Reference Only)

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 7,600.00

Rate(s)/Rate(s) Description

Initial & Recurring AutoAudit License Fee: \$255.00 per Quarter. Additional License Recurring Annual Fee (Apr 1 - Mar 31): \$800.00 with \$4,800.00 One-Time fee.

Unit(s) Served\*

1101

G/L Code(s)\*

551003

Current Fiscal Year Purchase Order Number\*

CT144728

Contract Requestor\*

David Fojtik

Contract Owner\*

David Fojtik

File Upload (?)

### Evaluation of Current Fiscal Year Performance



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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination



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

Yes  No

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

To support the Internal Audit Department oversight function.

## Renewal Information for Next Fiscal Year

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 3,000.00	551003
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

n/a

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

n/a

Fiscal Year * (?)	Amount * (?)
2026	\$ 3,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  
3000.00

Contract Funding Source \*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

## Contract Owner

Contract Owner \* (?)

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*David Wayne Fojtik*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/29/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

5052

**Contractor Name\***

Lakeview Methodist Conference Center

**Service Provided\* (?)**

Emergency lodging facilities per person per day during an evacuation.

**Renewal Term Start Date\***

3/1/2026

**Renewal Term End Date\***

2/28/2028

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Future costs depend on utilization. Cost of \$35.00 per night per person for lodging space sleeping and bathroom facilities. Three meals cost \$32.00 per person per day.

Unit(s) Served\*

N/A

G/L Code(s)\*

N/A

Current Fiscal Year Purchase Order Number\*

N/A

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

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

Supports our clients during disasters as a place to go when power/utilities are not available.

## Renewal Information for Next Fiscal Year

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 0.00	595031

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 0.00	595031

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

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

TBD

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

N/A

Fiscal Year * (?)	Amount * (?)
2026	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Mustafa Cochinwala*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/29/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID# \***

7739

**Contractor Name \***

Tejas Behavioral Health Management Association

**Service Provided\* (?)**

MCO Managed Care Generator - Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations. Provider Credentialing Software and Subscription Services.

**Renewal Term Start Date \***

9/1/2025

**Renewal Term End Date \***

8/31/2026

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes  
 No  
 Unknown

## Contract NTE\* (?)

\$ 53,407.00

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

## Unit(s) Served\*

1130/2200

## G/L Code(s)\*

553002

## Current Fiscal Year Purchase Order Number\*

CT144587

## Contract Requestor\*

Rick Hurst

## Contract Owner\*

Mustafa Cochinwala

## File Upload (?)

## Evaluation of Current Fiscal Year Performance



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

- Yes  No

Were Services delivered as specified in the contract?\*

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

## Renewal Determination



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

Yes  No

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

Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations. Provider Credentialing Software and Subscription Services.

### Renewal Information for Next Fiscal Year

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 7,000.00	553002
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Shelby, Debbie	Smith, Janai	

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

\$3850 - MCO Form Generator Soft Maintenance  
\$3150 - \$0.06 per page x 52500 pages

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

NA

Fiscal Year * (?)	Amount * (?)
2026	\$ 7,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

General Revenue (GR)

### Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Tejas - Harris MCO Renew FY26.pdf

129.67KB

### Contract Owner

**Contract Owner\* (?)**

Please Select Contract Owner

Mustafa Cochinwala

**Budget Manager Approval(s)**

Approved by

*Debbie Chambers & Shelby*

**Contract Owner Approval**

Approved by

*Mustafa Cochinwala*

**Contracts Approval**

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/15/2026

# **EXHIBIT R-9**

**FEBRUARY 2026**  
**AFFILIATION AGREEMENTS,**  
**GRANTS, MOU'S AND**  
**REVENUES**  
**INFORMATION ONLY**





## Executive Contract Summary

### Contract Section ^

**Contractor\***

University of Kentucky Online

**Contract ID #\***

2026-1159

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/20/2026

**Parties\* (?)**

University of Kentucky Online and The Harris Center for Mental Health & IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

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\* (?)

1/1/2026

Contract Term End Date\* (?)

1/31/2030

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

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

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

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

University of Kentucky Online Syllabus.docx 86.51KB

**Vendor/Contractor Contact Person**

**Name\***

Jyler Donovan

**Address\***

Street Address

531 Patterson Office Tower

Address Line 2

City

Lexington

Postal / Zip Code

40504

State / Province / Region

KY

Country

USA

**Phone Number\***

859-218-6688

**Email\***

jyler.donovan@uky.edu

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1108	\$ 0.00	N/A

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Moynihan, Kelly	Campbell, Ricardo

**Provide Rate and Rate Descriptions if applicable\* (?)**  
N/A

**Project WBS (Work Breakdown Structure)\* (?)**  
N/A

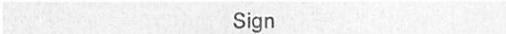
<b>Requester Name</b>	<b>Submission Date</b>
Hemanes, Danyette	1/6/2026

#### Budget Manager Approval(s) ^

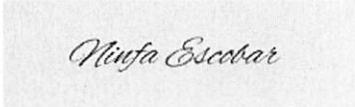
<b>Approved by</b>	<b>Approval Date</b>
	1/7/2026

#### Procurement Approval ^

**File Upload (?)**

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

#### Contract Owner Approval ^

<b>Approved by</b>	<b>Approval Date</b>
	1/8/2026

#### Contracts Approval

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	1/12/2026



## Executive Contract Summary

### Contract Section

#### Contractor\*

Baylor College of Medicine

#### Contract ID #\*

NA

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

2/17/2026

#### Parties\* (?)

BCM and THC

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

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

#### Procurement Method(s)\*

Check all that Apply

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

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\* (?)

9/1/2025

Contract Term End Date\* (?)

8/31/2026

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

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 124,800.00

**Funding Source \***

State Grant

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

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

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

BCM reimbursement for supervision

**Contract Owner \***

Danyalle Evans

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

Yes  No  Unknown

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

BCM reimbursement for supervision

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

Yes  No  Unknown

**Please provide an explanation\***

BCM reimbursement for supervision

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Sub agreement_BCM-Goodman_Harris Center-Attwell_77643-I_2307.1.pdf	1.36MB
Sub agreement_BCM-Goodman_Harris Center-Thanaseelan_77643-I_2306.1.pdf	1.36MB

**Vendor/Contractor Contact Person**

**Name\***

Wayne Goodman

**Address\***

Street Address

One Baylor Plaza, MS: BCM

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

United States

**Phone Number\***

7137984945

Email\*

wayne.goodman@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2405	\$ 124,800.00	425090
Budget Manager		Secondary Budget Manager
Smith, Janai		Shelby, Debbie

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

Dr. Thanaseelan \$62,400  
 Dr. Attwell \$62,400

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

Dr. Thanaseelan \$62,400  
 Dr. Attwell \$62,400

Requester Name	Submission Date
Evans, Danyalle	1/14/2026

Budget Manager Approval(s)

Approved by

*Janai Lynette Smith*

Approval Date  
 1/20/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Danyalle Evans*

Approval Date  
 1/20/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/21/2026



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Baylor College of Medicine

**Contract ID #\***

NA

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Baylor College of Medicine and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

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\* (?)

9/1/2025

Contract Term End Date\* (?)

8/31/2026

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

Fiscal Year\* (?)

2026

**Funding Source\***

State Grant

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

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

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

Baylor reimbursing The Harris Center for supervision services

**Contract Owner\***

Danyalle Evans

**Previous History of Contracting with Vendor/Contractor\*** Yes  No  Unknown**Please add previous contract dates and what services were provided\***

Multiple contracts with BCM

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)** Yes  No  Unknown**Please provide an explanation\***

Multiple contracts with BCM

**Community Partnership\* (?)** Yes  No  Unknown**Supporting Documentation Upload (?)**

Sub agreement\_BCM-Goodman\_Harris Center-Patel\_77643-I\_2303.1\_Redacted.pdf

1.32MB

**Vendor/Contractor Contact Person****Name\***

Wayne Goodman

**Address\***

Street Address

One Baylor Plaza, MS: BCM

Address Line 2

1977 Butler 4th floor

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77030

Country

United States

**Phone Number\***

713-798-4945

Email\*

wayne.goodman@bcm.edu

## Budget Section

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2405	\$ 83,200.00	425090
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Shelby, Debbie	

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

Supervision reimbursement for Dr. Patel of \$83,200

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

Supervision reimbursement for Dr. Patel of \$83,200

Requester Name

Evans, Danyalle

Submission Date

1/14/2026

## Budget Manager Approval(s)

Approved by

*Janai Lynette Smith*

Approval Date

1/20/2026

## Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

## Contract Owner Approval

Approved by

*Danyalle Evans*

Approval Date

1/20/2026

## Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/21/2026



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Baylor College of Medicine

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

BCM and The HARRIS Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

9/1/2025

Contract Term End Date\* (?)

8/31/2026

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

Fiscal Year\* (?)

2026

**Funding Source \***

State Grant

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

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

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

BCM reimbursing THC for supervision services

**Contract Owner\***

Danyalle Evans

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

Yes  No  Unknown

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

BCM reimbursing THC for supervision services

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

Yes  No  Unknown

**Please provide an explanation\***

BCM reimbursing THC for supervision services

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

- |   |        |
|---|--------|
| Sub agreement_BCM-Goodman_Harris Center-Wittig_77643-I_2304.1.pdf | 1.36MB |
| Sub agreement_BCM-Goodman_Harris Center-Koch_77643-I_2305.1.pdf   | 1.36MB |

**Vendor/Contractor Contact Person**

**Name\***

Wayne Goodman

**Address\***

Street Address

One Baylor Plaza, MS: BCM

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

United States

**Phone Number\***

7137984945

Email\*

wayne.goodman@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2405	\$ 83,200.00	425090
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Shelby, Debbie	

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

Wittig \$41,600  
Koch \$41,600

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

Wittig \$41,600  
Koch \$41,600

Requester Name	Submission Date
Evans, Danyalle	1/14/2026

Budget Manager Approval(s)

Approved by

*Janai Lynette Smith*

Approval Date

1/20/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Danyalle Evans*

Approval Date

1/20/2026

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/21/2026



1934 Caroline Street | Houston, TX 77002

HEALING HAPPENS **HERE.**

November 17, 2025

**The Harris Center for Mental Health and IDD**

Wayne Young, MBA, LPC, FACHE

Chief Executive Officer

9401 Southwest Freeway

Houston, TX 77074

Dear Colleagues,

We are pleased to notify you of the funding allocated to The Harris Center as a subrecipient under CFTH's grant award in support of the SMART team initiative. This subaward supports the personnel, fringe, technology, and transportation resources necessary to carry out the proposed project activities as outlined in the attached MOU. All amounts listed below are **subject to applicable federal grant management principles, including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200), as well as all conditions established by the awarding agency.** These funds are contingent upon execution of a fully executed subaward agreement and ongoing compliance with all programmatic and fiscal requirements.

Category	Description	Amount
Personnel	Psychiatrist – 64 hours/month	\$153,600
Personnel	1 FTE LPHA	\$78,165
Fringe Benefits	30%	\$69,529.50
Technology	Phones, hotspots, laptops, etc	\$12,500
Transportation	Vehicle leasing, gas, staff mileage, etc.	\$20,000
<b>Total Subaward Allocation</b>		<b>\$333,794.50</b>

We look forward to continuing our partnership and working collaboratively to ensure successful implementation. Please contact us if further details or documentation are needed.

Regards,

A handwritten signature in black ink that reads "Carlie Brown" with a stylized flourish at the end.

Carlie A. Brown, MPH, MHA

Chief Executive Officer



# Executive Contract Summary

## Contract Section



**Contractor\***

Healthcare for the Homeless

**Contract ID #\***

na

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/17/2026

**Parties\* (?)**

Healthcare for the Homeless and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s) \***

Check all that Apply

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

**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\* (?)**

11/1/2025

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

8/31/2026

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

**Fiscal Year\* (?)**

2026

**Funding Source \***

Private Pay Source

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

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

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

Healthcare for the Homeless and The Harris Center will provide street level medical and psychiatric care. The Harris Center will focus on behavioral health interventions and HHH will focus on primary care support to unhoiused individuals residing in Harris County.

**Contract Owner \***

Kim Kornmayer

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership \* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Harris Center Sub Award Letter - SMART.pdf

132.83KB

**Vendor/Contractor Contact Person**

**Name \***

Kathryn Rogers

**Address \***

Street Address

1934 Caroline Street

Address Line 2

City

Houston

Postal / Zip Code

77002-8210

State / Province / Region

TX

Country

US

**Phone Number \***

832-341-7433

**Email \***

kathryn.rogers@hhh-tx.org

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9287	\$ 333,794.50	435087
<b>Budget Manager</b> Oshman, Jodel		<b>Secondary Budget Manager</b> Ramirez, Priscilla

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

\$200 per hour for relief psychiatrist

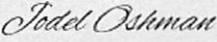
Project WBS (Work Breakdown Structure)\* (?)

na

Requester Name	Submission Date
Singh, Patricia	12/15/2025

#### Budget Manager Approval(s)

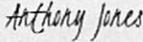
Approved by



Approval Date  
12/16/2025

#### IT Director Approval

Approved by



Approval Date  
1/7/2026

IT Approval Comments

ECS approved - AJones

#### Procurement Approval

File Upload (?)

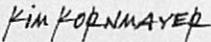
Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by



Approval Date  
1/28/2026

#### Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

1/29/2026