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Resource Committee Meeting  
May 19, 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, April 21, 2026  
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
  - A. FY'26 Year-to-Date Budget Report-April  
(EXHIBIT R-2 Stanley Adams)
  - B. May 2026 New Contracts Over 250K  
(EXHIBIT R-3 Ernest Savoy)
  - C. May 2026 Contract Amendments Over 250K  
(EXHIBIT R-4 Ernest Savoy)
  - D. May 2026 Contract Renewals Over 250K  
(EXHIBIT R-5 Ernest Savoy)
  - E. May 2026 Interlocal Agreements  
(EXHIBIT R-6 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. May 2026 Contract Amendments 100K-250K  
(EXHIBIT R-7)
  - B. May 2026 Contracts Renewals 100K-250K  
(EXHIBIT R-8)
  - C. May 2026 New Contract Under 100K  
(EXHIBIT R-9)
  - D. May 2026 Contract Renewals Under 100K  
(EXHIBIT R-10)
  - E. May 2026 Contract Amendments Under 100K  
(EXHIBIT R-11)

F. May 2026 Affiliation Agreement, Grants, MOU's and Revenues  
Information Only  
(EXHIBIT R-12)

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, APRIL 21, 2026  
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:21 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: G. Womack, J. Lykes, Dr. M. Miller Jr., Dr. R. Gearing  
Committee Member Absent:  
Other Board Member Present: Dr. J. Lankford, BG (Ret.) E. Grantham

**1. CALL TO ORDER**

Mr. G. Womack called the Resource Committee meeting to order at 9:21 am.

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

Mr. G. Womack designated J. Lankford and BG (Ret.) E. Grantham 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 March 17, 2026.

**MOTION: LYKES      SECOND: GEARING**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, March 17, 2026, 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-March

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

**With unanimous affirmative votes,**

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

B. April 2026 New Contracts Over 250K

**MOTION: GEARING                      SECOND: LANKFORD**

**With unanimous affirmative votes,**

**BE IT RESOLVED** April 2026 New Contracts Over 250K, as presented under R-3, are approved and recommended to the Full Board.

C. April 2026 Interlocal Agreements

**MOTION: GEARING                      SECOND: LANKFORD**

**With unanimous affirmative votes,**

**BE IT RESOLVED** April 2026 Interlocal Agreements, as presented under R-4, 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: MILLER, JR.                  SECOND: LYKES**

**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**

# **EXHIBIT R-2**

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

**Results of Financial Operations and Comparison to Original Budget  
April 30, 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**  
**April 30, 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	\$ 12,319,780	\$ 1,174,152	11%	\$ 89,165,024	\$ 89,611,489	\$ 446,465	1%	<b>A</b>
Harris County and Local	4,683,587	4,471,268	(212,319)	-5%	37,468,696	36,638,576	(830,120)	-2%	
Federal Contracts and Grants	4,466,048	5,141,117	675,069	15%	35,728,384	37,378,786	1,650,402	5%	<b>B</b>
State Contract and Grants	1,993,454	1,755,995	(237,459)	-12%	15,947,632	13,815,843	(2,131,789)	-13%	<b>C</b>
Third Party Billing	3,465,049	3,580,876	115,827	3%	27,720,392	25,977,142	(1,743,250)	-6%	
Charity Care Pool	3,590,350	3,983,389	393,039	11%	28,722,800	32,365,786	3,642,986	13%	<b>D</b>
Directed Payment Programs	450,000	437,942	(12,058)	-3%	3,600,000	3,835,091	235,091	7%	
Patient Assistance Program (PAP)	1,098,200	1,212,333	114,133	10%	8,785,600	10,251,140	1,465,540	17%	
Interest Income	277,083	309,869	32,786	12%	2,216,664	1,587,188	(629,476)	-28%	
<b>Revenues, total</b>	<b>\$ 31,169,399</b>	<b>\$ 33,212,569</b>	<b>\$ 2,043,170</b>	<b>7%</b>	<b>\$ 249,355,192</b>	<b>\$ 251,461,041</b>	<b>\$ 2,105,849</b>	<b>1%</b>	
<b>Expenditures</b>									
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,997,134	\$ (516,534)	-3%	\$ 163,844,800	\$ 165,413,704	\$ (1,568,904)	-1%	<b>E</b>
Contracts and Consultants	1,260,282	1,071,848	188,434	15%	10,082,256	6,937,922	3,144,334	31%	
Contracts and Consultants-HCPC	3,960,586	4,387,338	(426,752)	-11%	31,684,688	32,666,511	(981,823)	-3%	<b>F</b>
Supplies	354,213	486,427	(132,214)	-37%	2,833,704	3,467,286	(633,582)	-22%	
Drugs	2,310,715	2,588,237	(277,522)	-12%	18,485,720	20,198,803	(1,713,083)	-9%	
Purchases, Repairs and Maintenance of:									
Equipment	156,054	140,351	15,703	10%	1,248,432	1,102,777	145,655	12%	
Building	281,354	160,530	120,824	43%	2,250,832	1,748,694	502,138	22%	
Vehicle	90,602	105,649	(15,047)	-17%	724,816	601,042	123,774	17%	
Software	346,270	468,516	(122,246)	-35%	2,770,160	2,263,932	506,228	18%	<b>G</b>
Telephone and Utilities	318,602	374,138	(55,536)	-17%	2,548,816	2,476,576	72,240	3%	
Insurance, Legal and Audit	209,827	200,454	9,373	4%	1,678,616	1,635,402	43,214	3%	
Travel & Training	252,185	331,702	(79,517)	-32%	2,017,480	1,763,959	253,521	13%	
Dues & Subscriptions	630,342	477,106	153,236	24%	5,042,736	4,524,644	518,092	10%	
Other Expenditures	371,551	630,252	(258,701)	-70%	2,972,408	3,729,003	(756,595)	-25%	<b>H</b>
<b>Expenditures, total</b>	<b>\$ 31,023,183</b>	<b>\$ 32,419,682</b>	<b>\$ (1,396,499)</b>	<b>-5%</b>	<b>\$ 248,185,464</b>	<b>\$ 248,530,255</b>	<b>\$ (344,791)</b>	<b>0%</b>	
<b>Excess (Deficiency) of Operating Revenues over Expenditures</b>	<b>\$ 146,216</b>	<b>\$ 792,887</b>	<b>\$ 646,671</b>		<b>\$ 1,169,728</b>	<b>\$ 2,930,786</b>	<b>\$ 1,761,058</b>		
<b>Capital Outlay &amp; Debt Service Activities</b>									
Debt Service	146,216	-	146,216		1,169,728	1,223,231	(53,503)		
Capital outlay	-	1,640,024	(1,640,024)		-	6,446,344	(6,446,344)		<b>B</b>
<b>Other Financing Sources (Uses)</b>									
Insurance proceeds	-	1,982	1,982		-	3,600	3,600		
Sale of Capital Assets	-	-	-		-	189,901	189,901		
Other Financing Sources	-	56,961	56,961		-	552,711	552,711		
<b>Other Sources (Uses) of Funds, total</b>	<b>\$ (146,216)</b>	<b>\$ (1,581,081)</b>	<b>\$ (1,434,865)</b>		<b>\$ (1,169,728)</b>	<b>\$ (6,923,363)</b>	<b>\$ (5,753,635)</b>		
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ (788,194)</b>	<b>\$ (788,194)</b>		<b>\$ -</b>	<b>\$ (3,992,577)</b>	<b>\$ (3,992,577)</b>		

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**April 30, 2026**

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

**A State General Revenue**

Health and Human Services Commission recouped \$2.5M of funding related to services provided in FY24. The recouped funds were from various contracts with HHSC. A significant amount was received late in the award period and therefore underspent. A total of \$4M was previously recorded in Unearned Revenue, consequently, \$1.5M was recognized as State General Revenue in April.

**B Federal Contract and Grants**

The Agency was awarded \$4.7M grant from the Texas Parks and Wildlife Department for the construction of our Northeast Clinic. We recognized \$1.36M in grant revenue following a **Capital Outlay** payment to Flintco, LLC related to construction. We've expended and recognized \$4.6 in revenue fiscal year to date.

**C State Contract and Grants**

Slower than expected spending and vacancies continue for various programs. Smart Innovation (\$57K), Healthy Community (\$79K), and Local Harris SB292 (\$76K) were the most significant unfavorable variances in April.

**D Charity Care Pool**

We expected to receive \$5.7M more than originally planned for Public Health Provider Charity Care Program payments. This was subsequently reduced by \$106K. We've trued-up the balance in the current month and expect a favorable variance of \$455K each month for the remaining of the fiscal year.

**E Salaries and Fringe Benefits**

April included 22 working days, which is higher than average (21.75). Our budget for salaries and fringe benefits is straight-line throughout the year.

**F Contracts and Consultants - HCPC**

Unfavorable budget variance primarily driven by additional costs recognized in the current fiscal year at the new rates of the existing psychiatric beds effective September 1, 2025. State General Revenue recorded for psychiatric beds exceed related expenses by approximately \$500K fiscal year to date.

**G Software (purchase, repair and maintenance)**

Over \$200K in invoices for Kronos Payroll Software were paid in April but related to prior periods. Fiscal year to date, we are favorable by over \$500K.

**H Other Expenditures**

The Respite program was budgeted under Contracts and Consultants (\$207K), however, administration of this program is now internal, therefore actual expense is within Other Expenditures (\$182K). April also includes a \$38K recoupment to Health and Human Services Commission for Money Follows the Person services from calendar year 2025.

The Harris Center for Mental Health and IDD

Balance Sheet

April 30, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	March - 2026	April - 2026	Monthly Change
<b>Assets</b>			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 72,902,370	\$ 18,193,228	\$ (54,709,142)
Cash Equivalents	47,107,560	82,990,171	35,882,611
Cash and Cash Equivalents, total	\$ 120,009,930	\$ 101,183,399	\$ (18,826,531) AA
Inventories, Deposits & Prepaids	7,306,487	11,278,507	3,972,020
Accounts Receivable:			
Patient A/R, Net of Allowance	2,007,086	1,747,157	(259,929)
A/R from Other Governments - Local	9,348,212	7,738,556	(1,609,656)
A/R from Other Governments - Federal	13,787,625	14,661,633	874,008
A/R from Other Governments - State	5,391,469	5,138,660	(252,809)
Other A/R	555,009	697,352	142,343
Current Assets, total	\$ 158,405,818	\$ 142,445,264	\$ (15,960,554)
Restricted Cash and Cash Equivalents	19,973,558	19,973,558	-
Capital Assets:			
Land	21,064,529	21,064,529	-
Building and Improvements	81,855,633	81,855,633	-
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,376,669	8,376,669	-
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,918,607)	(41,918,607)	-
Capital Assets, net total	\$ 86,603,991	\$ 86,603,991	\$ -
<b>Total Assets</b>	<b>\$ 264,983,367</b>	<b>\$ 249,022,813</b>	<b>\$ (15,960,554)</b>
<b>Liabilities &amp; Fund Balance/Net Position</b>			
Liabilities			
Accounts Payable	\$ 1,942,019	\$ 4,680,694	\$ 2,738,675
Accrued Liabilities	8,673,233	11,961,920	3,288,687
Unearned Revenues	73,498,525	52,095,099	(21,403,426) BB
Noncurrent Liabilities:			
Due within one year	27,192,175	27,238,688	46,513
Due in more than one year	16,084,629	16,241,820	157,191
Forgivable Long-Term Obligations	13,627,499	13,627,499	-
Liabilities, total	\$ 141,018,080	\$ 125,845,720	\$ (15,172,360)
Fund Balance/Net Position			
Net Investment in Capital Assets	66,378,211	66,378,211	-
Restricted for Capital Projects	19,973,558	19,973,558	-
Nonspendable	7,306,487	11,278,507	3,972,020
Assigned	23,619,360	23,619,360	-
Unassigned/Unrestricted	9,892,055	5,920,035	(3,972,020)
Change in Fund Balance/Net Position	(3,204,383)	(3,992,577)	(788,194)
Fund Balance/Net Position, Total	\$ 123,965,287	\$ 123,177,093	\$ (788,194)
<b>Total Liabilities &amp; Fund Balance/Net Position</b>	<b>\$ 264,983,367</b>	<b>\$ 249,022,813</b>	<b>\$ (15,960,554)</b>

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**April 30, 2026**

**Balance Sheet**

**AA Cash and Cash Equivalents**

Significant uses of cash during April included \$1.36M for Capital Outlay to Flintco, LLC, and \$4.4M in delayed payments to HCPC upon contract execution.

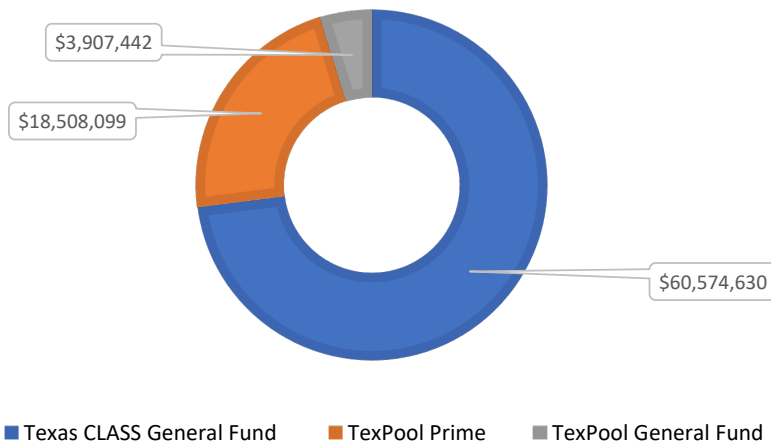
**BB Unearned Revenues**

In addition to the normal recognition of revenue, we reduced Unearned Revenue by \$4M related to FY24 State General Revenue. Following reconciliation with Health and Human Services Commission, \$2.5M was recouped and \$1.5M was recognized as Revenue.

**The Harris Center for Mental Health and IDD  
Investment Portfolio  
April 30, 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	21,965,110	\$ 49,800,000	\$ (11,400,000)	\$ 209,521	\$ 60,574,630	72.99%	3.77%
<i>TexPool</i>							
TexPool Prime	21,246,723	-	(2,800,000)	61,376	18,508,099	22.30%	3.80%
TexPool General Fund	3,895,727	-	-	11,715	3,907,442	4.71%	3.66%
<i>TexPool Sub-Total</i>	25,142,451	-	(2,800,000)	73,090	22,415,541	27.01%	3.77%
<b>Total Investments</b>	\$ 47,107,560	\$ 49,800,000	\$ (14,200,000)	282,611	\$ 82,990,171	100.00%	3.77%
				Additional Interest on Checking Accounts	27,258		
				<b>Total Interest Earned during the current month</b>	<b>309,869</b>		

**Investment Portfolio Weight**



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.78%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	3.63%
Interest Rate - JPMorgan Hybrid Checking	2.25%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	2.15%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of April 30, 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**  
**April 30, 2026**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed <sup>(1)</sup></b>	<b>Apr-26</b>	<b>Fiscal Year to Date Total</b>
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,140,904	\$17,523,528
BCBS/Cigna <sup>(2)</sup>	Health and Dental Insurance	\$3,300,000	\$2,623,191	\$20,350,801
UNUM	Life Insurance	\$310,000	\$260,413	\$1,581,237

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.

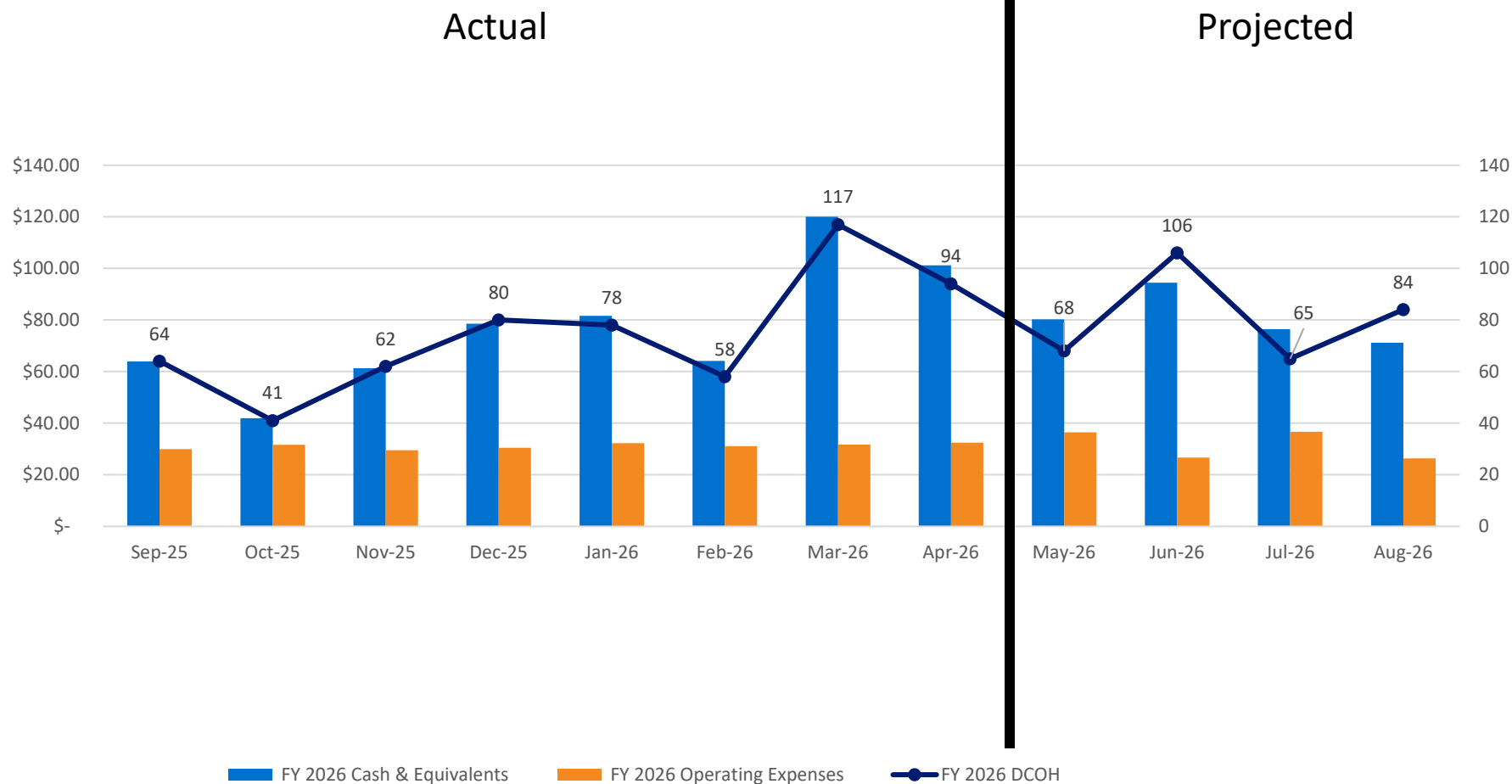
<sup>(2)</sup> BCBS/Cigna - the invoices for FEB26 and MAR26 premiums were paid in March. The second payment was approved by the Board of Trustees.



# Additional Analysis – April 2026

# Days-Cash-On-Hand (DCOH)– as of 04/30/2026

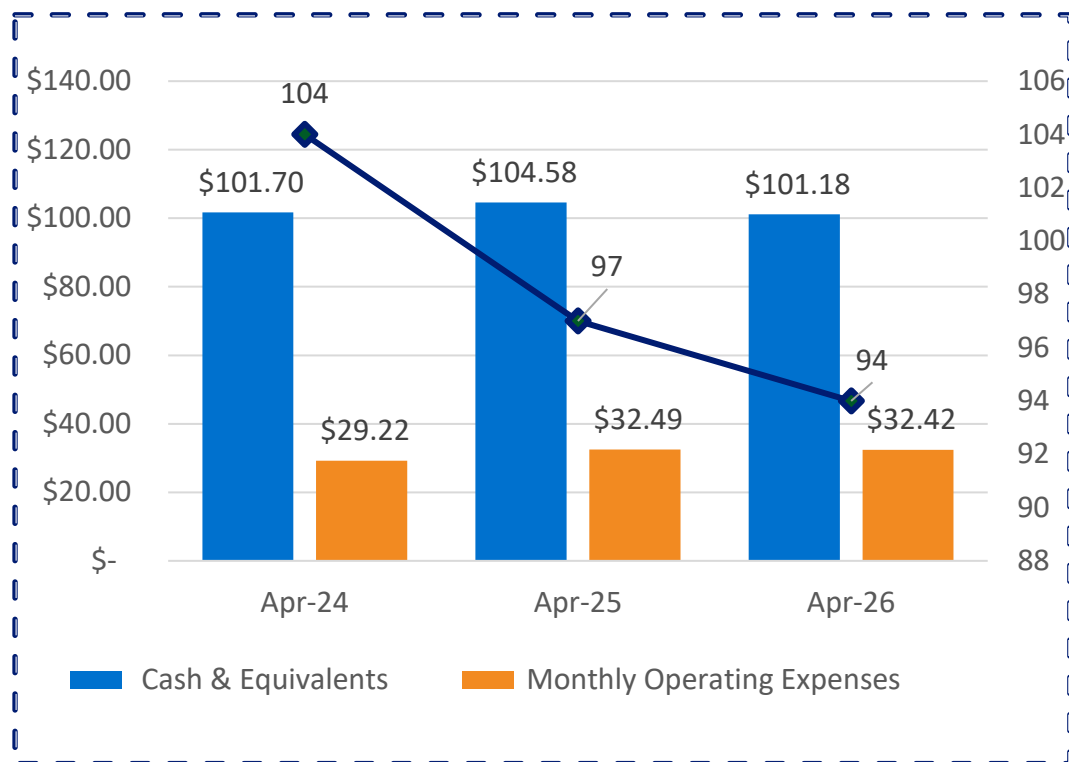
## Month-over-month (“MoM”) (\$ amounts in millions)



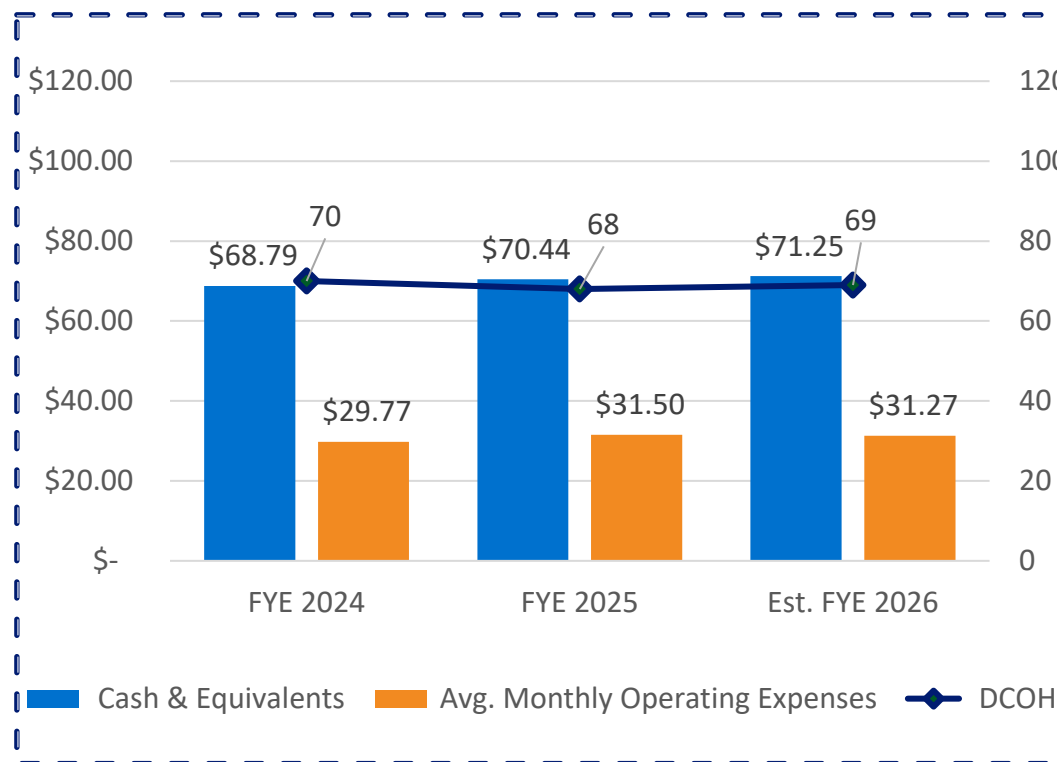
DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses  
 Months in FY 2026 after current Month are based on projections

# Days-Cash-On-Hand (DCOH) Year-over-year ("YoY") (\$ amounts in millions)

For the Month Ending 4/30



For the Fiscal Year Ending 8/31



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 04/30/2026

Project/Funding Source	Year-to-date Total
<b>Facilities Capital Projects</b>	<b>421,680</b>
Fund Balance	421,680
<b>IT Capital Projects</b>	<b>48,925</b>
Fund Balance	48,925
<b>6168 Apartments</b>	<b>921,583</b>
CHC Grant (9271)	671,419
COH Loan (9272)	250,165
<b>Northeast Clinic Design and Construction</b>	<b>4,969,268</b>
TPWD Grant (4781)	4,648,268
Bond Series 2024	321,000
<b>NPC Renovation</b>	<b>20,357</b>
Bond Series 2024	20,357
<b>SW Foundation Repair</b>	<b>6,234</b>
Bond Series 2024	6,234
<b>Emergency Projects</b>	<b>44,209</b>
Fund Balance	44,209
<b>SB30</b>	<b>14,088</b>
SB30 (1505)	11,430
SB30 (1503)	1,450
SB30 (1501)	1,208
<b>Grand Total</b>	<b>6,446,344</b>

Funding Source/Project	Year-to-date Total
<b>Fund Balance</b>	<b>\$ 514,814</b>
Facilities Capital Projects	\$ 421,680
IT Capital Projects	\$ 48,925
Emergency Projects	\$ 44,209
<b>Bond Series 2024</b>	<b>\$ 347,590</b>
Northeast Clinic Design and Construction	\$ 321,000
NPC Renovation	\$ 20,357
SW Foundation Repair	\$ 6,234
<b>CHC Grant (9271)</b>	<b>\$ 671,419</b>
6168 Apartments	\$ 671,419
<b>COH Loan (9272)</b>	<b>\$ 250,165</b>
6168 Apartments	\$ 250,165
<b>TPWD Grant (4781)</b>	<b>\$ 4,648,268</b>
Northeast Clinic Design and Construction	\$ 4,648,268
<b>SB30 (1505)</b>	<b>\$ 11,430</b>
SB30	\$ 11,430
<b>SB30 (1503)</b>	<b>\$ 1,450</b>
SB30	\$ 1,450
<b>SB30 (1501)</b>	<b>\$ 1,208</b>
SB30	\$ 1,208
<b>Grand Total</b>	<b>\$ 6,446,344</b>

# **EXHIBIT R-3**

**MAY 2026**  
**NEW CONTRACTS**  
**OVER 250k**





**DUE DILIGENCE  
QUOTES / TAG ON  
PROJECT NUMBER FY26-0466  
VARONIS**

Purchasing received a request from the IT Department for Varonis in April 2026. The request is for a three (3) year subscription of Varonis to renew SaaS (Software as a Service) and data protection.


Quotes were obtained from five (5) vendors. Those vendors were Alchemy, CDW, Freeit, SHI, and Trace3.


- Alchemy - \$1,185,417.66
- CDW - \$1,251,559.02
- Freeit - \$1,004,155.44
- SHI - \$1,251,253.32
- Trace3 - \$1,210,897.71

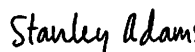
IT's recommendation is to move forward with Freeit. The selection is based on lowest cost. There is a tag on contract, DIR-TSO-5330, with Freeit through State of Texas Department of Information Resources (DIR) tag on contract opportunity. As a member of the State of Texas Cooperative, The Harris Center can tag on to DIR contracts.

- Year One Total NTE: \$334,718.48
- Year Two Total NTE: \$334,718.48
- Year Three Total NTE: \$334,718.48
- Three Year Total NTE: \$1,004,155.44

The Funding Source is Unit 1130 (Computer Maintenance User Fee), GL 551003 (Software).

DocuSigned by:  
  
 1BF53531C826405  
 Frances Otto, CTCD  
 Buyer II

DocuSigned by:  
  
 5183F4091377AC4  
 Nina Cook, MBA, CTCM, CTCD  
 Director of Purchasing

DocuSigned by:  
  
 27582D06C904D3  
 Stanley Adams, MBA  
 Chief Financial Officer



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



### Select Header For This Contract\*

Administration

### Current Fiscal Year

2026

### Contract ID#\*

2024-0870

### Contractor Name\*

Innovation Network Technologies Corporation

### Renewal Term Start Date

4/1/2026

### Renewal Term End Date

3/31/2027

### 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 checked="" type="checkbox"/> Tag-On             |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven               |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other DIR-CPO-5689 |

### 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\* (?)**

\$ 123,825.00

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

**Unit(s) Served\***

1130

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

574000

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

CT144699

**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?\***

REDACTED

## 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	\$ 117,570.57	574000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable (?)

See attached

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)	Amount* (?)
2026	\$ 117,570.57

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 (?)

DIR-CPO-5689\_InNet.pdf

217.63KB

## Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

## Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Mustafa Cochunwala*

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

4/8/2026

# **EXHIBIT R-4**

# **MAY 2026 AMENDMENTS OVER 250k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT AMENDMENTS  
MORE THAN \$250,000

MAY 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	McKesson Medical Surgical, Inc.	Agency-Wide Medical Surgical Supplies	\$225,419.00	\$33,243.00	\$258,662.00	9/1/2025 - 8/31/2026	Private Grant	Tag-On GPO through Provista, Inc.	Amendment to existing contract to increase the funds for the new program, Emancipation Center and for the Jail Diversion program.
2	Metropolitan Landscape Management, Inc.	Agency Wide Landscaping Services	\$268,000.00	\$5,900.00	\$273,900.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for additional services for the new Emancipation Center located at 419 Emancipation Ave.
3	Ultra Medical Cleaning & Environmental Services Inc.	Agency Wide Janitorial Services	\$1,028,067.07	\$38,415.75	\$1,066,482.82	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE for additional services for the new Emancipation Center located at 419 Emancipation Ave.
	<b>CPEP/CRISIS SERVICES</b>								
4	Aramark Correctional Service, LLC	Facility Food Services	\$518,304.00	\$173,070.00	\$691,374.00	9/1/2025 - 8/31/2026	County	Tag-On Harris County Sheriff's Office	Amendment to increase the FY26 NTE for additional services for the new Emancipation Center located at 419 Emancipation Ave.
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
	<b>MENTAL HEALTH</b>								
	<b>LEASES</b>								



# Executive Contract Summary

## Contract Section



### Select Header For This Contract\*

Administration

### Contractor\*

McKesson Medical Surgical, Inc.

### Contract ID #\*

7137

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

5/19/2026

### Parties\* (?)

McKesson Medical Surgical, 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 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 GPO through Provista, Inc. |

### 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\***

\$ 225,419.00

**Increase Not to Exceed\***

\$ 33,243.00

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

\$ 258,662.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 258,662.00

**Funding Source\***

Private Grant

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

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

**Contract Owner\***

Kia Walker

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

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

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

na

**Vendor/Contractor Contact Person**



**Name\***

Sarah Zujic

**Address \***

Street Address

PO Box 933027

Address Line 2

City

Atlanta

Postal / Zip Code

31193

State / Province / Region

GA

Country

USA

**Phone Number \***

800 950 9223

**Email \***

Sarah.Zujic@mckesson.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9901	\$ 17,243.00	547002

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9404	\$ 16,000.00	547002

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

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

na

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

na

Requester Name

Singh, Patricia

Submission Date

4/30/2026

**Budget Manager Approval(s)**

Approved by

*Priscilla M. Ramirez*

Approval Date

5/1/2026


**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval** 

Approved by

*Kia Demae Walker*

Approval Date

5/1/2026

**Contracts Approval** 

Approved by

*Belinda Stude*

Approval Date

5/1/2026



# Executive Contract Summary

## Contract Section

**Contractor\***

Metropolitan Landscape Management, Inc

**Contract ID #\***

2024-0927

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Metropolitan 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 checked="" type="checkbox"/> Tag-On          |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <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\***

\$ 268,000.00

**Increase Not to Exceed\***

\$ 5,900.00

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

\$ 273,900.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 273,900.00

**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\* (?)**

adding services to the 419 Emancipation Location - see attached quotes. Weekly services for remainder of 2026 \$190.00 x 18 = \$3420.00 plus \$680.00 mulch and \$1800.00 initial one time clean up for \$5900.00 in unit 1899 gl code 569003, adding total to PO CT#145265 for new 2026 NTE of \$273,900.00

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

2016 to present - landscaping

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

- PROPOSAL- 419 Emancipation- Lawn maintenance 4-23-26.docx 47.01KB
- Quote- 419 Emancipation- Harris Center- One time clean up- 3-25-26.docx 49.78KB

**Vendor/Contractor Contact Person**



**Name\***

Metropolitan Landscape Management, Inc / Jerry Thompson

**Address \***

Street Address

3439 W Benders Landing Blvd

Address Line 2

City

Spring

Postal / Zip Code

77386-1765

State / Province / Region

TX

Country

US

**Phone Number \***

8324525854

**Email \***

jerrythomp@gmail.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 5,900.00	569003

**Budget Manager**

Campbell, Ricardo

**Secondary Budget Manager**

Moynihan, Kelly

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

see attachments - \$5900.00 in 1899/569003

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

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

4/23/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

4/23/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Ben Mendez*

Approval Date

4/23/2026

**Contracts Approval**

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/23/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Ultra Medical Cleaning & Environmental Services Inc

**Contract ID #\***

2022-0559

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Ultra 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 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                     |

**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\***

\$ 1,028,067.07

**Increase Not to Exceed \***

\$ 38,415.75

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

\$ 1,066,482.82

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 1,066,482.70

**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 PO CT145339

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

need to increase PO CT145339 for Ultra contract 2022-0559 to include services at the 419 Emancipation location thru end of FY2026 contract - services per quote for staff are \$7,483.15 x 4 months for \$29,932.60 plus \$8,483.15 for supplies and cleaning kitchen for a total addition of \$38,415.75 making the new NTE for FY26 \$1,066,482.70 in unit 1899/gl code 569002

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

2012 (possibly earlier?) to present - janitorial services

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Ultra quote for Emancipation.pdf

236.14KB

**Vendor/Contractor Contact Person**



**Name\***

Ultra Medical Cleaning / Kanal Puri

**Address\***

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

US

**Phone Number\***

2813250666

**Email\***

narin@ultrabuildingsvc.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 38,415.75	569002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Moynihan, Kelly	

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

see attached quote to add services at janitorial plus supplies/kitchen cleaning not reflected on quote

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

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

4/22/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

4/22/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Ben Mendez*

Approval Date

4/23/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/23/2026

## Executive Contract Summary

### Contract Section

---

**Contractor \***

Aramark Correctional Service, LLC

**Contract ID # \***

7849

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

5/19/2026

**Parties \* (?)**

Aramark Correctional Service, LLC and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s) \***

Check all that Apply

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

**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 \***

\$ 518,304.00

**Increase Not to Exceed \***

\$ 173,070.00

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

\$ 691,374.00

---

**Fiscal Year \* (?)**

2026

**Amount \* (?)**

\$ 691,374.00

---

**Funding Source \***

County

**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 add the Emancipation Center location and funding to the contract for fy26.

**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

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

---

**Name\***

Tim Tran

**Address\***

Street Address

2400 Market Street

Address Line 2

City

Philadelphia

State / Province / Region

PA

Postal / Zip Code

19103

Country

US

**Phone Number\***

832-244-7440

**Email\***

tran-timothy1@aramark.com

Budget Section

---

Budget Units and Amounts Charged to each Budget Unit

---

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9901	\$ 173,070.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

---

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

na

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

na

Requester Name	Submission Date
Singh, Patricia	5/1/2026

Budget Manager Approval(s)

---

Approved by	Approval Date
<i>Priscilla M. Ramirez</i>	5/4/2026

Procurement Approval

---

File Upload (?)

Approved by	Approval Date
Sign	

### Contract Owner Approval

---

**Approved by**

*Kim KORNMEYER*

**Approval Date**

5/4/2026

### Contracts Approval

---

**Approve \***

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

**Approved by \***

*Belinda Stude*

**Approval Date \***

5/4/2026

# **EXHIBIT R-5**

# **MAY 2026 RENEWALS OVER 250k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT RENEWALS  
MORE THAN \$250,000

MAY 2026  
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ACCESS</b>							
	<b>ADMINISTRATION</b>							
1	Metropolitan Landscape Management, Inc.	Agency-Wide Landscaping Services	\$268,000.00	\$316,992.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Tag-On HCDE/CP	Annual renewal of agreement for Agency-Wide Landscaping Services.
2	Ultra Medical Cleaning and Environmental Services, Inc.	Agency-Wide Janitorial Services	\$1,028,067.07	\$1,262,286.03	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Proposal	Annual renewal of agreement for Agency-Wide Janitorial Services. [Third year renewal option].
	<b>CPEP/CRISIS SERVICES</b>							
3	Aramark Correctional Service, LLC	Facility Food Services for Jail Diversion, Emancipation Center, Respite, Rehab & Re-Entry Facility Programs.	\$518,304.00	\$1,900,957.00	9/1/2026 - 8/31/2027	County	Tag-On Harris County #16/0297	Annual renewal of Agreement to provide food services to consumers for the Jail Diversion, Respite, Rehab, Re-Entry Facility and for the Emancipation Center.
	<b>FORENSICS</b>							
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>							
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>							
	<b>MENTAL HEALTH</b>							
4	P-Master Pool for YES Waiver CLS/Paraprofessional Services	Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver Program)	\$300,000.00	\$300,000.00	9/1/2026 - 8/31/2027	State	Request for Application	Annual renewal of Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver Program).
	<b>LEASES</b>							



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2024-0927

**Contractor Name\***

Metropolitan Landscape Management, Inc.

**Service Provided\* (?)**

Agency-Wide Landscaping Services. Tag-On via HCDE/Choice Partners (CP).

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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 checked="" type="checkbox"/> Tag-On          |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <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\* (?)**

\$ 268,000.00

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

Vary.

**Unit(s) Served\***

1899

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

569003

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

CT145265

**Contract Requestor\***

Sarah Harper

**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?\***

agency wide landscaping services

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 316,992.00	569003
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Moynihan, Kelly	

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

see attached spreadsheet for 2026-2027 pricing - total for annual mowing costs and mulch is \$226,992.00 plus \$90,000.00 in contingency for FY27 for a total NTE of \$316,992.00

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 316,992.00

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 (?)**

Copy of Metropolitan contract pricing sheet FY24-25 FY25-26 FY26-27.xlsx 19.55KB

**Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

Ben Mendez

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Contract Owner Approval**

**Approved by**

*Ben Mendez*

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

5/5/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2022-0559

**Contractor Name\***

Ultra Medical Cleaning and Environmental Services, Inc.

**Service Provided\* (?)**

Janitorial Services

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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 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"/> |

**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\* (?)

\$ 1,028,067.07

Rate(s)/Rate(s) Description

Unit(s) Served\*

1899

G/L Code(s)\*

569002

Current Fiscal Year Purchase Order Number\*

CT145339

Contract Requestor\*

Sarah Harper

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?\*

janitorial services agency wide

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 1,262,286.03	569002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Moynihan, Kelly	

Provide Rate and Rate Descriptions if applicable\* (?)  
 see attached quote for 2027 pricing  
 quote total \$1,182,286.03 plus \$80,000.00 contingency for  
 NTE \$1,262,286.03 for FY2027

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

Fiscal Year* (?)	Amount* (?)
2027	\$ 1,262,286.03

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 (?)

Ultra Revised\_Exhibit\_A2\_-\_Pricing\_Sheet\_FY27.docx

19.83KB

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Ben Mendez

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Ben Mendez*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/7/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

7849

**Contractor Name\***

Aramark Correctional Service, LLC

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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 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 Harris County #16/0297 |

**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\* (?)

\$ 518,304.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

9403

G/L Code(s)\*

543013

Current Fiscal Year Purchase Order Number\*

CT145262

Contract Requestor\*

Kim Kornmayer

Contract Owner\*

Kim Kornmayer

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  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? \*

Nutritional meals for homeless individuals in search of housing options.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 181,986.00	543013
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 121,324.00	543013
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 141,544.00	543013
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 101,103.00	543013
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 1,355,000.00	543013
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni

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

na

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

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 1,900,957.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

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

*Priscilla M. Ramirez*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/7/2026





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

6648

**Contractor Name\***

P-YES Waiver CLS/Paraprofessional

**Service Provided\* (?)**

Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver Program)

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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

- 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\* (?)**

\$ 300,000.00

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

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

**Unit(s) Served\***

4913

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

543064

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

CT145127

**Contract Requestor\***

Stella Olise

**Contract Owner\***

Stella Olise

**File Upload (?)****Evaluation of Current Fiscal Year Performance**

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

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

Per the requirements of the contract between HHSC and The Harris Center, the LMHA is required to develop and maintain an adequate provider network. This includes contracting qualified providers for the full YES Waiver service array, such as Specialized Therapies, Paraprofessional Services, Community Living Supports, and Family Supports.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

### Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 0.00	543064
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Smith, Janai	

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

CLS services are provided at the following rate: \$17.50/15 minutes.

Para services are provided at the following rate: \$5/15 minutes.

Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED. The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community.

The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors.

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

N/A

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2027	\$ 300,000.00

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

**Contract Funding Source\***

State

**Contract Content Changes**

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

Yes  No

**Please Explain\***

The YES Waiver Policy Manual was updated in December 2025.

**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 (?)**

Youth Empowerment Services (YES Waiver) Policy Manual - December 2025.pdf

1.81MB

**Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

Stella Olise

**Budget Manager Approval(s)**

**Approved by**

*Debbie Chambers Shelby*

**Contract Owner Approval**

**Approved by**

*Stella Olise*

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

5/7/2026

# **EXHIBIT R-6**

# **MAY 2026**

# **INTERLOCAL AGREEMENTS**

## THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
INTERLOCALSMAY 2026  
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	City of Houston - BARC Animal Shelter & Adoptions (BARC)	Pet Care Services and Educational Support Services for the Emancipation Center	New Contract	5/1/2026 - 5/1/2029	County	New Interlocal Agreement with BARC Animal Shelter will provide pet care services and educational support to pets belonging to unhoused individuals staying overnight at the Emancipation Center. [FY26 NTE: \$34,460.00; FY27 NTE: \$103,380.00; FY28 NTE: \$103,380.00, and FY29 NTE: \$68,920.00].
2	City of Houston Health Department	Mental Health First Aid Training Courses	New Contract	5/1/2026 - 8/31/2027	State Grant	New Agency's Community Training Department will provide Mental Health First Aid courses for its staff members.
3	Department of Family and Protective Services	Treatment for Adults (TRA) requirement for Substance Use Recovery Services (SURS) Program	New Contract	4/20/2026 - 8/31/2026	General Revenue (GR)	New MOU as part of the Agency's TRA funding requirement for substance use recovery services program. DFPS will assist the Agency with SURS referrals for adult outpatient services.
4	Harris County Detention Facilities and Administrative Office of the District Courts	Provides Court-Ordered Competency and Sanity Assessments & Evaluations for inmates in Harris County Jail	Renewal	10/1/2026 - 9/30/2027	County	Annual renewal of interlocal agreement to provide Court-Ordered Competency and Sanity Assessments & Evaluations for inmates in Harris County Jail. [FY27 Revenue NTE: \$2,700,000.00].
5	Harris County Juvenile Probation Department	Psychiatric and Medication Management Services	Renewal	9/1/2026 - 8/31/2027	County	Annual renewal of interlocal agreement to provide Psychiatric and Medication Management Services for youth in the Harris County Juvenile system. [FY27 Revenue NTE: \$616,250.00].
6	Harris County Office of County Administration	Community Mental Health Grant (CMHG) that covers the Joint Processing Center (JPC) and Outpatient Restoration (OCR) Programs.	Renewal	9/1/2026 - 9/1/2026	County	Annual renewal of Agreement for CMHG that covers the JPC and OCR Programs. [FY27 Revenue NTE: \$2,115,000.00].
7	Harris County Public Health	Mental Health Crisis Stabilization and Residential Inpatient Bed Services	Renewal	5/7/2026 - 5/6/2027	County	Annual renewal of interlocal agreement for Mental Health Crisis Stabilization and Residential Inpatient Bed Service. [FY26/27 Revenue NTE: \$217,928.00].
8	Harris County Sheriff Office	Community Assistance Referral Program ("CARP")	Amendment	1/1/2026 - 9/30/2026	County	New replacement agreement to provide CARP services for Harris County Joint Processing Center. Per the County all funds must be expensed by the end of September 2026. Contract will not be renewed. [FY26 Revenue NTE: \$30,000.00].
9	Harris County Sheriff's Office	CORE Program for Additional iPads for Goose Creek CISD.	Amendment	9/1/2025 - 8/31/2026	County	Amendment for the CORE Program for an additional 31 iPads (1 per school) for Goose Creek CISD. [FY26 Revenue NTE: \$856,600.00]
10	Harris County Sheriff's Office	CORE Program for 4 iPads with Friendswood Police Department	Amendment	9/1/2025 - 8/31/2026	County	Amendment for the CORE Program to Friendswood Police Department for an additional 4 iPads [FY26 Revenue NTE: \$853,600.00]
11	Harris County Sheriff's Office (HCSO)	Law Enforcement Services at 419 Emancipation, Houston, Texas 77003.	New Contract	5/16/2026 - 9/30/2026	County	New Interlocal Agreement to provide (10) officers to devote one hundred percent (100%) of their working time to provide law enforcement services at 419 Emancipation, Houston, Texas 77003. Services" include, but are not limited to, patrolling, preparing reports, appearing in court, investigating crimes, arresting persons, and transporting suspects. FY26/27 NTE: \$511,511.00].
12	Harris County Sheriff's Office (HCSO)	Law Enforcement Services at 6160 South Loop East, Houston, TX 77087.	New Contract	5/2/2026 - 9/30/2026	County	Interlocal Agreement to provide two (2) officers to devote one hundred percent (100%) of their working time to provide law enforcement services at 6160 South Loop East, Houston, TX 77087 for Law enforcement services. [FY26 NTE: \$112,833.00].
13	Prairie View A&M University	Internship for Social Work	New Contract	4/1/2026 - 8/31/2030	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Prairie View A&M University the College of Social Work to complete clinical field placements as part of their degree requirements.





# Executive Contract Summary

## Contract Section



**Contractor\***

City of Houston - BARC Animal Shelter & Adoptions (BARC)

**Contract ID #\***

na

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

City of Houston on behalf of BARC Animal Shelter & Adoptions (BARC) 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

**Does the following apply to the contract?**

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- Yes  No

*\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO*

**Funding Information\***

- New Contract  Amendment

Contract Term Start Date\* (?)

5/1/2026

Contract Term End Date\* (?)

5/1/2029

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

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 34,460.00

Fiscal Year\* (?)

2027

Amount\* (?)

\$ 103,380.00

Fiscal Year\* (?)

2028

Amount\* (?)

\$ 103,380.00

Fiscal Year\* (?)

2029

Amount\* (?)

\$ 68,920.00

Funding Source\*

County

Contract Description / Type\* (?)

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

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

BARC Animal Shelter will provide pet care services and educational support to pets belonging to unhoused individuals staying overnight at the Emancipation Center.

Contract Owner\*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Jarred Mears

**Address \***

Street Address

2700 Evella

Address Line 2

City

Houston

Postal / Zip Code

77026

State / Province / Region

TX

Country

US

**Phone Number \***

832.395.9084

**Email \***

jarrad.mears@houstontx.gov

**Budget Section**



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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9901	\$ 310,140.00	543078

**Budget Manager**

Ramirez, Priscilla

**Secondary Budget Manager**

Puente, Giovanni

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

BARC shall submit a reimbursement request on or before the twentieth (20th) calendar day of each calendar month during the term of the Agreement for the eligible costs incurred and paid during the preceding calendar month.

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

na

**Requester Name**

Singh, Patricia

**Submission Date**

5/5/2026

**Budget Manager Approval(s)**



**Approved by**

*Priscilla M. Ramirez*

**Approval Date**

5/5/2026

**Procurement Approval**



**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**



Approved by

*Kim Kornmayer*

Approval Date

5/5/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/5/2026



# Executive Contract Summary

## Contract Section



**Select Header For This Contract \***

Interlocal

**Contractor \***

City of Houston Health Department

**Contract ID # \***

N/A

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

5/19/2026

**Parties \* (?)**

The Houston Health Department and The Community Training Department

**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 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 \* (?)**

5/1/2026

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

8/31/2027

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

June thru August 2026

Fiscal Year\* (?)

Amount\* (?)

2026

\$ 0.00

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

Contract Owner\*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

HHD has a contract with MCOT for referrals

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

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

Mental Health First Aid is a class offered to our community to help support those struggling with a mental health challenge. Providing public health courses to our community members is aligned with our strategic plan.

Vendor/Contractor Contact Person



Name\*

Workforce and Organizational Development

Address\*

Street Address

8000 North Stadium Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-1823

State / Province / Region

TX

Country

US

Phone Number\*

832-386-0240

Email\*

HHDContracts@houston.tx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 0.00	549003
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

N/A no cost to HHD

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

N/A

Requester Name

Prasad, Carroll

Submission Date

4/24/2026

Budget Manager Approval(s)

Approved by

*Kevin Ilejay*

Approval Date

4/24/2026

IT Director Approval

Approved by

*Anthony Jones*

Approval Date

4/28/2026

IT Approval Comments

Approved - AJones

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Jennifer Battle*

Approval Date

4/30/2026

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

5/1/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Department of Family and Protective Services

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Department of Family and Protective Services  
Substance Use Recovery Services - 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 MOU

**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 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\* (?)**

4/20/2026

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

8/31/2026

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

Fiscal Year\* (?)

Amount\* (?)

2026

\$ 0.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- 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\* (?)

MOU with DFPS as part of our TRA (treatment for adults) funding requirement for SURS (substance use recovery services) programming. DFPS will assist with SURS referrals for adult outpatient services.

Contract Owner\*

Lance Britt

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

MOU-ARP-DFPS Interlocal.docx

78.95KB

Vendor/Contractor Contact Person



Name\*

Leshia Fisher

Address\*

Street Address

Texas Health and Human Services

Address Line 2

City

Austin

Postal / Zip Code

78751-2316

State / Province / Region

TX

Country

US

Phone Number\*

936-525-2170

Email\*

Leshia.Fisher@dfps.texas.gov

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

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

NA

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

NA

Requester Name

Boswell, Jennifer

Submission Date

4/13/2026

Budget Manager Approval(s)

Approved by

*Janai Lynette Smith*

Approval Date

4/15/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Britt, Lance*

Approval Date

4/16/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/16/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2023-0737

**Contractor Name\***

Harris County Detention Facilities and Administrative Office of the District Courts

**Service Provided\* (?)**

Provides Court-Ordered Competency and Sanity Assessments & Evaluations for inmates in Harris County Jail

**Renewal Term Start Date\***

10/1/2026

**Renewal Term End Date\***

9/30/2027

**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

- 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\* (?)**

\$ 2,700,000.00

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

N/A

**Unit(s) Served\***

N/A

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

N/A

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

N/A

**Contract Requestor\***

Sheenia Williams-Wesley

**Contract Owner\***

Sean McElroy

**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?\***

Promotes Integration of behavioral and primary health

**Does the following apply to the contract?**

**Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.**

Yes  No

*\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO*

**Renewal Information for Next Fiscal Year**



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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 2,700,000.00	540000

**Budget Manager\***

Williams-Wesley, Sheenia

**Secondary Budget Manager\***

Reyes, Elizabeth

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

n/a

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

n/a

Fiscal Year\* (?)

Amount\* (?)

2027

\$ 2,700,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

County

Contract Content Changes

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

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

Sean McElroy

Budget Manager Approval(s)

Approved by

*Shemica Williams Wesley*

Contract Owner Approval

Approved by

*Sean McElroy*

Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

4/22/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2025-1064

**Contractor Name\***

Harris County Juvenile Probation Department

**Service Provided\* (?)**

Psychiatric and Medication Management Services

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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 <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\* (?)

\$ 612,250.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served\*

N/A

G/L Code(s)\*

N/A

Current Fiscal Year Purchase Order Number\*

N/A

Contract Requestor\*

Sheenia Williams-Wesley

Contract Owner\*

Sean McElroy

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?\*

Expand program availability and services by providing crisis intervention, individual and family counseling for at-risk youth.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 408,250.00	540000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Williams-Wesley, Sheenia	Reyes, Elizabeth

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 208,000.00	540503

<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

Fiscal Year\* (?)

2027

Amount\* (?)

\$ 616,250.00

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

Sean McElroy

Budget Manager Approval(s)

Approved by

*Shemica Williams-Wesley*

Contract Owner Approval

Approved by

*Sean Medroy*

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/7/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

2025-1006

**Contractor Name\***

Harris County Office of County Administration

**Service Provided\* (?)**

Community Mental Health Grant (CMHG) that covers the Joint Processing Center (JPC) and Outpatient Restoration (OCR) Programs.

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

9/1/2026

Term for Off-Cycle Only (For Reference Only)

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

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

**Procurement Method(s)\***

Check all that Apply

- Competitive 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\* (?)**

\$ 4,230,000.00

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

N/A

**Unit(s) Served\***

N/A

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

N/A

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

N/A

**Contract Requestor\***

Priscilla Ramirez

**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?\***

Continuation funding of OCR and Joint Processing Center

**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.*
9402	\$ 681,527.00	403026

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 1,433,473.00	403026

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

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

Reimbursement revenue grant, \$2,115,000 in grant revenue and \$2,115,000 in kind match provided solely by HCSO for a total project cost of \$4,230,000.00

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

NA

Fiscal Year\* (?)

2027

Amount\* (?)

\$ 2,115,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

County

Contract Content Changes

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

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

*Priscilla M. Ramirez*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

4/15/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Select Header For This Contract \***

Interlocal

**Current Fiscal Year**

2026

**Contract ID# \***

2023-0817

**Contractor Name \***

Harris County Public Health

**Renewal Term Start Date**

5/7/2026

**Renewal Term End Date**

5/6/2027

**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

- 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\* (?)**

\$ 217,928.00

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

N/A

**Unit(s) Served\***

N/A

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

N/A

**Current Fiscal Year Purchase 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 collaboration with the Harris County Public Health Department to serve patients in the Crisis Stabilization Unit (CSU) and the Crisis Residential Units (CRUs) needing inpatient psychiatric treatment.

**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.*
9282	\$ 217,928.00	403005

**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\* (?)**

2027

**Amount\* (?)**

\$ 217,928.00

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

0

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

*Jodel Ostman*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

5/5/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County Sheriff Office

**Contract ID #\***

2023-0839

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Harris County Sheriff Office and The Harris Center for MH and IDD services

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <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

**Does the following apply to the contract?**

**Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.**

- Yes  No

*\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO*

**Funding Information\***

- New Contract  Amendment

Contract Term Start Date\* (?)

1/1/2026

Contract Term End Date\* (?)

9/30/2026

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

contract ending must expense all funding

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\* (?)

Contract is ending as of September 30, 2026, total funding was changed from \$36,200 to \$30,000. Per the County all funds must be expensed by the end of September 2026. Contract will not be renewed.

Contract Owner\*

Sean McElroy

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

1/1/24 - 12/31/25 offering services and referrals to assist felony defendant's nonappearance.

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\*

Karen B. Evans

**Address\***

Street Address

1001 Preston St

Address Line 2

Suite 500

City

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

United States

**Phone Number\***

8328903519

**Email\***

karen.evans@harriscountytexas.gov

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6003	\$ 30,000.00	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**

Williams-Wesley, Sheenia

**Submission Date**

5/4/2026

**Budget Manager Approval(s)**

**Approved by**

*Sheenia Williams Wesley*

**Approval Date**

5/4/2026

**Contract Owner Approval**

**Approved by**

*Sean McEvoy*

**Approval Date**

5/7/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

5/7/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County Sheriff's Office

**Contract ID #\***

na

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

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

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

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

**Procurement Method(s)\***

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On   |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em;"></span> |

**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\* (?)**

Amendment for the CORE Program to contract with the Goose Creek CISD.  
 This is a revenue contract in the amount of \$856,600.  
 iPads requested: 31 (1 per school)  
 Director: Kisha Lorio

**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\***

Dr. Precious L. Reimonenq, Director

**Address\***

Street Address

4544 I-10

Address Line 2

City

Baytown

Postal / Zip Code

77521

State / Province / Region

TX

Country

US

**Phone Number\***

281-707-3738

Email\*

precious.reimonenq@gccisd.net

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	Submission Date
Singh, Patricia	4/14/2026

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

4/14/2026

IT Director Approval

Approved by

*Anthony Jones*

Approval Date

4/20/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

*Kim Kopnmayer*

Approval Date

4/22/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/22/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County Sheriff's Office

**Contract ID #\***

na

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**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\* (?)**

Amendment for the CORE Program to contract with Friendswood Police Department, as a portion of this location is Harris County. The Galveston County portion will build a relationship with Gulf Coast LMHA.

This is a revenue contract in the amount of \$853,600.

iPad requested: 4

Director: Kisha Lorio

**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\***

Officer Rebecca Saenz

**Address\***

Street Address

1600 Whitaker Dr

Address Line 2

City

Friendswood

Postal / Zip Code

77546-4177

State / Province / Region

TX

Country

US

**Phone Number\***

832-704-7777

**Email\***

Rsaenz@friendswood.com

**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.

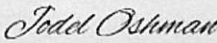
**Project WBS (Work Breakdown Structure)\* (?)**

na

Requester Name	Submission Date
Singh, Patricia	4/14/2026

**Budget Manager Approval(s)**

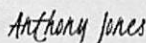
**Approved by**



**Approval Date**  
4/14/2026

**IT Director Approval**

**Approved by**



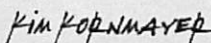
**Approval Date**  
4/20/2026

**IT Approval Comments**

Approved - AJones

**Contract Owner Approval**

**Approved by**



**Approval Date**  
4/22/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

4/22/2026



## Executive Contract Summary

### Contract Section



#### Select Header For This Contract \*

Interlocal

#### Contractor \*

Harris County Sheriff's Office (HCSO)

#### Contract ID # \*

na

#### Presented To \*

- Resource Committee  
 Full Board

#### Date Presented \*

5/19/2026

#### 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                     |

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 \* (?)

5/16/2026

Contract Term End Date \* (?)

9/30/2026

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

Fiscal Year\* (?)

Amount\* (?)

2026

\$ 511,511.00

Funding Source\*

County

Contract Description / Type\* (?)

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

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

Supporting Documentation Upload (?)

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

Support from HCSO will provide a safe access point for the unhoused to access services at the Emancipation Center.

Vendor/Contractor Contact Person



Name\*

Kevin Markowski

Address\*

Street Address

1019 Congress Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1700

State / Province / Region

TX

Country

US

Phone Number\*

713.274 3052

Email\*

kevin.markowski@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 511,511.00	583000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

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

The monthly installments are due and payable to the office of the County Treasurer, Dept. 101, P.O. Box 4354, Houston, TX 77210-4354. If the County provides the option, payment may be made by same time and date by electronic means to an account designated by the County.

- April 20, 2026 - \$60,178.00
- May 20, 2026 - \$112,833.00
- June 20, 2026 - \$112,833.00
- July 20, 2026 - \$112,833.00
- August 20, 2026 - \$112,834.00

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

na

Requester Name	Submission Date
Singh, Patricia	5/6/2026

Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

Approval Date

5/6/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim Kornmayer*

Approval Date

5/6/2026

Contracts Approval

Approved by

*Belinda Scude*

Approval Date

5/6/2026



## Executive Contract Summary

### Contract Section



#### Select Header For This Contract \*

Interlocal

#### Contractor \*

Harris County Sheriff's Office (HCSO)

#### Contract ID # \*

na

#### Presented To \*

- Resource Committee  
 Full Board

#### Date Presented \*

5/19/2026

#### Parties \* (?)

Harris County Sheriff's Office (HCSO) 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                     |

#### 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 \* (?)

5/2/2026

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

9/30/2026

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

Fiscal Year\* (?)

Amount\* (?)

2026

\$ 112,833.00

Funding Source\*

County

Contract Description / Type\* (?)

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

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

Supporting Documentation Upload (?)

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

Support from HCSO will provide a safe access point at the Diversion Center for individuals to access services.

Vendor/Contractor Contact Person



Name\*

Kevin Markowski

Address\*

Street Address

1019 Congress Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number\*

7130274 3052

Email \*

Kevin.Markowski@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 112,833.00	583000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

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

2 deputies at \$135,400/yr/deputy or approx. \$22,566 total per month.

The monthly installments are due and payable before 10:00 a.m. at the office of the County Treasurer, Dept. 101, P.O. Box 4354, Houston, TX 77210-4354. If the County provides the option, payment may be made by same time and date by electronic means to an account designated by the County.

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

na

Requester Name  
Singh, Patricia

Submission Date  
5/6/2026

Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

Approval Date

5/6/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim Kornmayer*

Approval Date

5/6/2026

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

5/6/2026



## Executive Contract Summary

### Contract Section

#### Contractor\*

Prairie View A&M University

#### Contract ID #\*

N/A

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

4/21/2026

#### Parties\* (?)

Prairie View 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

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

4/1/2026

Contract Term End Date\* (?)

8/31/2030

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

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

This agreement will allow students enrolled in Prairie View A&M University 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 \***

Danyette Hemanes

**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 (?)**

Field-Manual.docx	846.28KB
Updated -Standard Two-Year Program MSW 2021-2022 (version 1) (version 1).xlsx	14.82KB
Advanced Standing MSW Program.xlsx	14.36KB

**Vendor/Contractor Contact Person**

**Name \***

Beverly Spears, MSW Interim Field Director

**Address \***

Street Address

PO Box 519, Mail Stop 2203

Address Line 2

City

Praire View

Postal / Zip Code

77446

State / Province / Region

Texas

Country

United States

**Phone Number \***

713-824-0114

**Email \***

baspears@pvamu.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	4/15/2026

Budget Manager Approval(s)

Approved by	Approval Date
<i>Ricardo Campbell</i>	4/16/2026

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Danyette Hemanes</i>	4/20/2026

Contracts Approval

Approve\*

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

Approved by*	Approval Date*
<i>Belinda Stude</i>	4/21/2026



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Texas Parks and Wildlife

**Contract ID #\***

2022-0468

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

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

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

- Yes  No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Funding Information\***

- New Contract  Amendment

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

11/8/2021

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

6/30/2026

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

**Current Contract Amount\***

\$ 4,723,268.00

**Increase Not to Exceed\***

\$ 5,250,000.00

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

\$ 9,973,268.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 5,250,000.00

**Funding Source\***

State Grant

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract       | <input 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\* (?)**

additional ARPA grant money from TPWD and extend contract duration

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

FY21-FY26

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet requirements

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

2022-0468 TPDWD\_Contract CA 0003322 and CA 0003323 HC ARPA Grant  
Amendment 4.29.26 (FE).pdf

3.36MB

Vendor/Contractor Contact Person

Name\*

Texas Parks and Wildlife Department / Dana Lagarde

Address\*

Street Address

Texas Parks and Wildlife HQ

Address Line 2

4200 Smith School Road

City

Austin

Postal / Zip Code

78744-3218

State / Province / Region

TX

Country

US

Phone Number\*

5123898175

Email\*

Dana.Lagarde@tpwd.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4782	\$ 5,250,000.00	900040

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

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

see attachment

Current NTE: \$4,723,268

Increase by: \$5,250,000 Revenue

Revised NTE: \$9,973,268

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

4782.4782.01 NE Parks and Wildlife (Construction)

Requester Name

Harper, Sarah

Submission Date

4/30/2026

Budget Manager Approval(s)

Approved by



Approval Date

5/3/2026

Contract Owner Approval

Approved by

*Ben Mendez*

Approval Date

5/5/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/5/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Texas Parks and Wildlife Department

**Contract ID #\***

2022-0468

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

The Harris Center and TPWD

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

**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\* (?)**

11/8/2021

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

4/30/2026

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

Current contract ends 04/30/2026. An extension is in process, however we do not have the exact date. Once received, we will update Contracts

Fiscal Year\* (?)

2026

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\* (?)

Additional ARPA grant money from TPWD

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\*

FY21-FY26

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

- Yes
- No
- Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Texas Parks and Wildlife Department / Dana Lagarde

Address\*

Street Address

4200 Smith School Road

Address Line 2

City

Austin

Postal / Zip Code

78744-3218

State / Province / Region

TX

Country

US

Phone Number\*

512-389-8175

Email\*

Dana.Lagarde@tpwd.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4782	\$ 5,500,000.00	900040
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Campbell, Ricardo

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

Project WBS (Work Breakdown Structure)\* (?)  
FM24.01.4782

**Requester Name**  
Hurst, Richard

**Submission Date**  
4/7/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

**Approval Date**  
4/14/2026

Contract Owner Approval

Approved by

*Evanthe Collins*

**Approval Date**  
4/16/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

**Approval Date\***  
4/16/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2023-0735

#### Contractor Name\*

The University of Texas Health Science at Houston on behalf of its Department of Psychiatry and Behavioral Sciences

#### Service Provided\* (?)

Community Track Rotation for Residents Services

#### Renewal Term Start Date\*

7/1/2026

#### Renewal Term End Date\*

6/30/2027

#### 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

- 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\* (?)**

\$ 121,996.80

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

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

**Unit(s) Served\***

2208

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

540504

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

CT145178

**Contract Requestor\***

Danyalle Evans

**Contract Owner\***

Danyalle Evans

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

Community Track Rotation for Residents Services

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 158,595.84	540504
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Smith, Janai	Shelby, Debbie	

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

63.54 x 32 hours/weeks x 52 weeks

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

63.54 x 32 hours/week x 52 weeks = \$105,730.56

63.54 x 32 hours/week x 26 weeks = \$52,865.28

Total = \$158,595.84

Fiscal Year* (?)	Amount* (?)
2027	\$ 158,595.84

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

158,595.84

Contract Funding Source\*

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Danyalle Evans

Budget Manager Approval(s)

Approved by

*Janae Lynnette Smith*

Contract Owner Approval

Approved by

*Danyalle Evans*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/27/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2022-0466

#### Contractor Name\*

The University of Texas Health Science at Houston on behalf of its Department of Psychiatry and Behavioral Sciences

#### Service Provided\* (?)

Community Track Rotation for Residents Services

#### Renewal Term Start Date\*

7/1/2026

#### Renewal Term End Date\*

6/30/2027

#### 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

- 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\* (?)**

\$ 113,418.24

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

\$68.16 per hour for 32 hours per week

**Unit(s) Served\***

2209

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

54054

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

CT145308

**Contract Requestor\***

Danyalle Evans

**Contract Owner\***

Danyalle Evans

**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?\***

Med Ed Program

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2209	\$ 100,647.36	0
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Smith, Janai	Shelby, Debbie	

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

63.54 x 32 hours/week x 52 weeks

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

63.54 x 32 hours/week x 52 weeks

Fiscal Year* (?)	Amount* (?)
2027	\$ 100,647.36

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

100,647.36

Contract Funding Source\*

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Danyalle Evans

Budget Manager Approval(s)



Approved by

*Janae Lynnette Smith*

Contract Owner Approval



Approved by

*Danyalle Evans*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/27/2026



## Executive Contract Summary

### Contract Section


**Contractor\***

University of Texas Health Science Center at Houston

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

THC and UT

**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 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\* (?)

5/1/2026

Contract Term End Date\* (?)

6/30/2027

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

Not sure what this should be

Fiscal Year\* (?)

2027

Amount\* (?)

\$ 0.00

**Funding Source\***

Private Pay Source

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

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

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

The contract attached is the previously ended contract and is not being renewed but an example of previous agreement with other party. Contracted Clinical Outpatient Psychiatry Services for consumers in the CAS division and supervision of Child Fellows in the Department of Psychiatry

**Contract Owner\***

Danyalle Evans

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

Yes  No  Unknown

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

Numerous

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

Yes  No  Unknown

**Please provide an explanation\***

Numerous

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

FY22-23\_UTHSC\_ID\_7246\_Contract\_Renewal\_(Outpatient\_Clinic)(Fully Executed).pdf 544.31KB

**Vendor/Contractor Contact Person**

**Name\***

Mary Lopez

**Address\***

Street Address

Unknown

Address Line 2

City

Houston

Postal / Zip Code

Unknown

State / Province / Region

tx

Country

Unknown

Phone Number\*

713-486-2552

Email\*

Mary.Lopez@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.*
2405	\$ 0.00	0
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Shelby, Debbie	

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

16 hours per week for 52 weeks per year

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

NA

Requester Name

Evans, Danyalle

Submission Date

3/18/2026

Budget Manager Approval(s)

Approved by

*Janai Lynette Smith*

Approval Date

4/6/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Danyalle Evans*

Approval Date

4/6/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/13/2026

# **EXHIBIT R-7**

**MAY 2026**  
**AMENDMENTS 100k - 250k**





## Executive Contract Summary

### Contract Section


**Contractor\***

ABC Home and Commercial Services

**Contract ID #\***

2025-1078

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

ABC 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 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                     |

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\*

\$ 108,399.20

**Increase Not to Exceed\***

\$ 12,800.00

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

\$ 121,199.20

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 121,199.20

**Funding Source\***

General Revenue (GR)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding    | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor       | <input checked="" type="checkbox"/> Service/Maintenance            |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement             |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                                     |
| <input type="checkbox"/> Renewal of Existing Contract   | <input checked="" type="checkbox"/> Other PO CT145373              |

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

increasing the contract to add services at 419 Emancipation and to increase PO CT145373 by \$12,800.00 for monthly services and contingency for call outs thru the FY2026 contract period in unit 1899 gl code 569005 for a new NTE for FY2026 of \$121,199.50

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

2012 to present various years for pest control services

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet requirement

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Harris Center (419 Emancipation Ave).pdf

2.22MB

**Vendor/Contractor Contact Person**



**Name\***

ABC Home & Commercial Svcs / Steve Estrada

**Address \***

Street Address

11934 Barker Cypress Road

Address Line 2

City

Cypress

Postal / Zip Code

77433-1802

State / Province / Region

TX

Country

US

**Phone Number \***

2817309500

**Email \***

sestrada@goanteater.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1899	\$ 12,800.00	569005

**Budget Manager**

Campbell, Ricardo

**Secondary Budget Manager**

Moynihan, Kelly

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

see attached to add monthly services for Emancipation location

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

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

4/29/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

4/29/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Ben Mendez*

Approval Date

4/30/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/1/2026



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Waste Management of Texas, Inc.

**Contract ID #\***

2022-0455

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Waste Management and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote                               | <input checked="" type="checkbox"/> Tag-On  |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven  |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

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\*

\$ 105,500.00

**Increase Not to Exceed\***

\$ 30,655.80

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

\$ 136,155.80

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 136,155.80

**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 PO CT145102

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

need to increase Waste Management PO CT145102 for FY2026 to add the 419 Emancipation location and to add funds to cover overages and other costs to get us thru the end of FY2026. To add 419 Emancipation location per quote is \$1413.95 x 4 months for total of \$5655.80. Add \$25,000.00 to cover overages and other costs to get us through the end of FY2026. NTE of \$136,155.80 for FY26 in 1899/569006

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

2016 to present? - trash services

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center 419 Emancipation WM Agreement.PDF

23.27KB

**Vendor/Contractor Contact Person**



**Name\***

Waste Management / Ryan Ellis

**Address\***

Street Address

520 East Corporate Drive

Address Line 2

City

Lewisville

Postal / Zip Code

75057-6400

State / Province / Region

TX

Country

United States

**Phone Number\***

2816028365

**Email\***

rellis6@wm.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,655.80	569006
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Moynihan, Kelly	

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

see attached quote

\$5655.80 for services at 419 Emancipation

\$25,000.00 for overages and other costs to fund thru end of FY2026

NTE for PO CT145102 \$136,155.80 1899/569006

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

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

4/22/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

4/22/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Ben Mendez*

Approval Date

4/23/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/23/2026



## Executive Contract Summary

### Contract Section



#### Contractor\*

Western States Fire Protection Company

#### Contract ID #\*

2023-0744

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/19/2026

#### Parties\* (?)

The Harris Center for MH & IDD and Western States Fire Protection Company

#### 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                     |

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\* (?)

5/1/2026

Contract Term End Date\* (?)

8/31/2026

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

n/a

Current Contract Amount\*

\$ 150,000.00

**Increase Not to Exceed\***

\$ 3,162.00

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

\$ 153,162.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 153,162.00

**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\* (?)**

Agency Life Safety Systems Inspections and repairs - Adding 419 Emancipation location

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

2023-Present

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

Yes  No  Unknown

**Please provide an explanation\***

Does not qualify

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

419 Emancipation 2026 Inspection Pricing.pdf	612.7KB
419 Emancipation 2026 Monitoring Pricing.pdf	612.07KB

**Vendor/Contractor Contact Person**



**Name\***

WSFP - Matthew Davidson

**Address \***

Street Address

12320 Cutten Road

Address Line 2

140 A S. Houston Ave, STE 600

City

Houston

Postal / Zip Code

77066-1808

State / Province / Region

TX

Country

US

**Phone Number \***

251.599.7210

**Email \***

matthew.davidson@wsfp.us

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 3,162.00	569010

**Budget Manager**

Campbell, Ricardo

**Secondary Budget Manager**

Moynihan, Kelly

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

See Attached

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

n/a

**Requester Name**

Cantu-Espinoza, Lisa

**Submission Date**

4/28/2026

**Budget Manager Approval(s)**

Approved by



Approval Date

4/28/2026

**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Ben Mendez*

Approval Date

4/28/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/28/2026

# **EXHIBIT R-8**

**MAY 2026**  
**RENEWALS 100k - 250k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

MAY 2026  
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ACCESS</b>							
	<b>ADMINISTRATION</b>							
1	ABC Home & Commercial Services	Agency-Wide Pest Control and Bed Bug Treatment Services	\$88,399.20	\$135,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency-Wide Pest Control and Bed Bug Treatment Services. First year renewal option.
2	Innovation Network Technologies Corporation	REDACTED	\$123,825.00	\$117,570.57	4/1/2026 - 3/31/2027	General Revenue (GR)	Tag-On DIR-CPO-5689	Annual renewal of software.
3	J Taylor and Associates	Consulting Services	\$160,000.00	\$160,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	..	Annual renewal of Consulting Services for analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.
4	P-Master Pool Agreement for Recruitment and Temporary Staffing	Master Pooled Contract for HR recruitment, placement and temporary staffing agency wide.	\$225,000.00	\$225,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Tag-On	Annual renewal of master pool contract for HR recruitment, placement and temporary staffing agency wide.
5	Waste Management of Texas, Inc	Agency Wide Trash Collection and Dumpster/Removal Services	\$105,500.00	\$150,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Tag-On HCDE/CP No. 22/030SG-02	Annual renewal of agreement for Agency wide trash collection and dumpster/removal services.
	<b>CPEP/CRISIS SERVICES</b>							
6	Baylor College of Medicine Department of Family and Community Medicine	Physical Medical Evaluations for Crisis Stabilization Unit (CSU) Patients.	\$100,000.00	\$100,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Interlocal	Annual renewal of agreement to provide Physical Medical Evaluations.
	<b>FORENSICS</b>							
7	Amber Burks, MD d/b/a Texas Telepsychiatry Solutions	Telepsychiatry Services to Harris County Juveniles	\$208,000.00	\$208,000.00	9/1/2026 - 8/31/2027	County	--	Annual renewal of Agreement to provide Telepsychiatry services to juveniles within the placement facilities.
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>							
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>							
	<b>MENTAL HEALTH</b>							
8	Baylor College of Medicine - Department of Psychiatry and Behavioral Sciences	Psychiatric Resident Education Rotation Services	\$129,621.60	\$179,945.28	7/1/2026 - 6/30/2027	State Grant	..	Annual renewal of agreement for Psychiatric Resident Education Rotation Services.
9	Baylor College of Medicine Department of Psychiatry and Behavioral health	Community Track Rotation for Residents	\$184,304.65	\$164,695.70	7/1/2026 - 6/30/2027	State Grant	..	Annual renewal of agreement for Community Track Rotation for Residents.



Current Fiscal Year Contract Information 

## Current Fiscal Year

2026

## Contract ID# \*

2025-1078

## Contractor Name \*

ABC Home &amp; Commercial Services

## Service Provided \* (?)

Pest Control

## Renewal Term Start Date \*

9/1/2026

## Renewal Term End Date \*

8/31/2027

## 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 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"/> |

## 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\* (?)

\$ 88,399.20

Rate(s)/Rate(s) Description

Unit(s) Served\*

1899

G/L Code(s)\*

569005

Current Fiscal Year Purchase Order Number\*

CT145373

Contract Requestor\*

Sarah Harper

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?\*

agency wide pest control

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 135,000.00	569005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Moynihan, Kelly	

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

amount includes services at 6168 Apartments, and 419 Emancipation, plus extra to get us through for unplanned call-outs for bedbugs or other treatments

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 135,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Ben Mendez

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Ben Mendez*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/1/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



### Select Header For This Contract \*

Administration

### Current Fiscal Year

2026

### Contract ID# \*

2024-0870

### Contractor Name \*

Innovation Network Technologies Corporation

### Renewal Term Start Date

4/1/2026

### Renewal Term End Date

3/31/2027

### 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 checked="" type="checkbox"/> Tag-On             |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven               |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other DIR-CPO-5689 |

### 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\* (?)

\$ 123,825.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1130

G/L Code(s)\*

574000

Current Fiscal Year Purchase Order Number\*

CT144699

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?\*

Protects endpoints and Data Infrastructure

## 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	\$ 117,570.57	574000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable (?)

See attached

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)	Amount* (?)
2026	\$ 117,570.57

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 (?)**

DIR-CPO-5689\_InNet.pdf

217.63KB

## Contract Owner

**Contract Owner\* (?)**

Please Select Contract Owner

Mustafa Cochinwala

## Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Mustafa Cechinwala*

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

4/8/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2026-1188

#### Contractor Name\*

J Taylor and Associates

#### Service Provided\* (?)

Consulting Services for analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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

- 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\* (?)**

\$ 160,000.00

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

N/A

**Unit(s) Served\***

1108

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

542000

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

Ct145482

**Contract Requestor\***

Kip Baughman

**Contract Owner\***

Kip Baughman

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

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?\***

Phy Comp services in HR (and tied to the efforts in Accountig)

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 110,000.00	542000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 50,000.00	542000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2027	\$ 160,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

**Contract Content Changes**

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No


Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No


File Upload (?)

Contract Owner 

Contract Owner\* (?)


Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s) 

Approved by

*Kelly E. Meynihan*

Contract Owner Approval 

Approved by

*KIP BAUGHMAN*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/30/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2021-0224

#### Contractor Name\*

P-Recruitment

#### Service Provided\* (?)

Master Pooled Contract for HR recruitment, placement and temporary staffing agency wide.

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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 checked="" type="checkbox"/> Tag-On         |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

#### Contract Description / Type

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

\$ 225,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served\*

1108

G/L Code(s)\*

540500

Current Fiscal Year Purchase Order Number\*

CT145240

Contract Requestor\*

Danyette Hemanes

Contract Owner\*

Danyette Hemanes

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?\***

Using a temporary agency supports strategic people goals by providing workforce flexibility, rapid staffing, and continuity of operations while allowing internal staff to focus on core talent development and retention.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 225,000.00	540500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

vary

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

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 225,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No


Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No


File Upload (?)

Contract Owner 

Contract Owner\* (?)


Please Select Contract Owner

Danyette Hemanes

Budget Manager Approval(s) 

Approved by

*Ricardo Campbell*

Contract Owner Approval 

Approved by

*Danyette Hemanes*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/5/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2022-0455

#### Contractor Name\*

Waste Management of Texas, Inc

#### Service Provided\* (?)

Agency wide trash collection and dumpster/removal services

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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 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 HCDE/CP No. 22/030SG-02 |

#### 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\* (?)**

\$ 105,500.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1899

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

569006

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

CT145102

**Contract Requestor\***

Sarah Harper

**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?\***

trash service for agency

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 150,000.00	569006
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Moynihan, Kelly	

Provide Rate and Rate Descriptions if applicable\* (?)  
 amount includes adding services at 419 Emancipation and 6168 Apartments for a full year, plus additional costs for adjustments to services and any overages/additional charges we may incur

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

Fiscal Year* (?)	Amount* (?)
2027	\$ 150,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
 General Revenue (GR)

**Contract Content Changes**

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

Ben Mendez

Budget Manager Approval(s) 

Approved by

*Ricardo Campbell*

Contract Owner Approval 

Approved by

*Ben Mendez*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/29/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2023-0749

**Contractor Name\***

Amber Burks, MD dba Texas Telepsychiatry Solutions

**Service Provided\* (?)**

Telepsychiatry services to juveniles within the placement facilities

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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"/> |

**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\* (?)

\$ 208,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

6901

G/L Code(s)\*

540503

Current Fiscal Year Purchase Order Number\*

CT145099

Contract Requestor\*

Sheenia Williams-Wesley

Contract Owner\*

Sean McElroy

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

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

Provides Access, expanding program availability, and services, to provide psychiatric services to youth.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 208,000.00	540503

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Reyes, Elizabeth

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

\$200 per hour up to 20 hours per week

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 208,000.00

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

#### Contract Funding Source\*

County

## Contract Content Changes

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

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

Sean McElroy

Budget Manager Approval(s) 

Approved by

*Sheena Williams-Wesley*

Contract Owner Approval 

Approved by

*Sean McElroy*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/22/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID# \***

2024-0902

**Contractor Name \***

Baylor College of Medicine Department of Family and Community Medicine

**Service Provided\* (?)**

Physical Medical Evaluations for Crisis Stabilization Unit (CSU) Patients.

**Renewal Term Start Date \***

9/1/2026

**Renewal Term End Date \***

8/31/2027

**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

- 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\* (?)**

\$ 100,000.00

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

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

**Unit(s) Served\***

9209

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

543011

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

CT145173

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

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

Access: Expand program availability and services.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 100,000.00	543011

Budget Manager\*

Oshman, Jodel

Secondary Budget Manager\*

Ramirez, Priscilla

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

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

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

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/23/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2023-0736

**Contractor Name\***

Baylor College of Medicine - Department of Psychiatry and Behavioral Sciences

**Service Provided\* (?)**

Psychiatric Resident Education Rotation Services

**Renewal Term Start Date\***

7/1/2026

**Renewal Term End Date\***

6/30/2027

**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          |

**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\* (?)**

\$ 129,621.60

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

\$63.54 per hour

**Unit(s) Served\***

2208

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

540504

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

CT145179

**Contract Requestor\***

Danyalle Evans

**Contract Owner\***

Danyalle Evans

**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? \***

Medical Education Program

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 179,945.28	540504
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Smith, Janai	Shelby, Debbie	

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

63.54 x 16 hours/week x 56 weeks (13 rotations) =  
\$56,931.84

63.54 x 8 hours/week x 60 weeks (7 rotations) = \$30,499.20

63.54 x 28 hours/week x 52 weeks (1 rotation) = \$92,514.24

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

63.54 x 16 hours/week x 56 weeks (13 rotations) =  
\$56,931.84

63.54 x 8 hours/week x 60 weeks (7 rotations) = \$30,499.20

63.54 x 28 hours/week x 52 weeks (1 rotation) = \$92,514.24

Fiscal Year* (?)	Amount* (?)
2027	\$ 179,945.28

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

179,945.28

Contract Funding Source\*

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Danyalle Evans

Budget Manager Approval(s)

Approved by

*Janae Lynette Smith*

Contract Owner Approval

Approved by

*Danyalle Evans*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/27/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

2022-0465

**Contractor Name\***

Baylor College of Medicine Department of Psychiatry and Behavioral health

**Service Provided\* (?)**

Community Track Rotation for Residents

**Renewal Term Start Date\***

7/1/2026

**Renewal Term End Date\***

6/30/2027

**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

- 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\* (?)**

\$ 184,304.65

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

\$68.16 per hour x 52 hours/week

**Unit(s) Served\***

2209

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

540504

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

CT145309

**Contract Requestor\***

Danyalle Evans

**Contract Owner\***

Danyalle Evans

**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?\***

Medical Education Program

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2209	\$ 164,695.70	435056
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Smith, Janai	Shelby, Debbie	

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

\$63.54 x 52 hours/week x 52 weeks/year

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

\$63.54 x 52 hours/week x 52 weeks/year

Fiscal Year* (?)	Amount* (?)
2027	\$ 164,695.70

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

164695.7

Contract Funding Source\*

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Danyalle Evans

Budget Manager Approval(s)

Approved by

*Janae Lynette Smith*

Contract Owner Approval

Approved by

*Danyalle Evans*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/22/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

6650

**Contractor Name\***

P-YES Waiver Family Supports

**Service Provided\* (?)**

Master Pooled Contract for Family Supports, Respite Support and Supported Employment Services.

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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

- 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\* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served\*

4913

G/L Code(s)\*

543064

Current Fiscal Year Purchase Order Number\*

CT145113

Contract Requestor\*

Mohagany Bowser

Contract Owner\*

Stella Olise

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

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

Per the requirements of the contract between HHSC and The Harris Center, the LMHA is required to develop and maintain an adequate provider network. This includes contracting qualified providers for the full YES Waiver service array, such as Specialized Therapies, Paraprofessional Services, Community Living Supports, and Family Supports.

Does the following apply to the contract?

**Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.**

Yes  No

*\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO*

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 0.00	543064
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Smith, Janai	

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

Vary

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

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 100,000.00

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

**Contract Funding Source\***

State

**Contract Content Changes**

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

Yes  No

**Please Explain\***

The YES Waiver Policy Manual was updated in December 2025.

**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 (?)

Youth Empowerment Services (YES Waiver) Policy Manual - December 2025.pdf

1.81MB

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Stella Olise

Budget Manager Approval(s)



Approved by

*Debbie Chambers Shelby*

Contract Owner Approval



Approved by

*Stella Olise*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/7/2026

# **EXHIBIT R-9**

**MAY 2026**  
**NEW CONTRACTS**  
**UNDER 100k**





# Executive Contract Summary

## Contract Section



### Select Header For This Contract\*

ACCESS

### Contractor\*

LEAP Institute

### Contract ID #\*

NA

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

6/16/2026

### Parties\* (?)

LEAP Institute 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          |

### 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\* (?)

7/13/2026

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

7/14/2026

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

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 25,000.00

**Funding Source\***

Federal

**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                             |

**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 (?)**

LEAP Certified Trainer Parameters_v2026.pdf	274.71KB
LEAP TTT IP Virt_Harris Center TX 03-26-26.pdf	1.08MB

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

Contract will provide access to evidence-based training specifically designed to engage individuals with anosognosia. This training will help staff from across the agency improve client engagement including unhoused individuals, jail-based individuals and others with SMI.

**Vendor/Contractor Contact Person**

**Name\***

Gabriela Canedo Moreira

**Address\***

Street Address

2100 Travis Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

NA

Country

US

**Phone Number\***

866-415-6060

Email\*

trainersupport@leapinstitute.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 25,000.00	549005
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Puentes, Giovanni

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

\$25k: 150 staff/community partners trained + 12 staff certified as LEAP trainers

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

NA

Requester Name

Honsinger, Amber

Submission Date

4/30/2026

Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

Approval Date

4/30/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim Kornmayer*

Approval Date

5/1/2026

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

5/4/2026



**Due Diligence Project PUR-FY26-0475  
Request for Quotes  
2505 Southmoore Restoration  
(outside iron stair rails and walk-way fence)**

Purchasing received a request from James Session Operations Manager, Facilities Department on Monday, April 20, 2026, for 2505 Southmoore restoration of outside iron stair rails and walk-way fence. Product details include protective & marine coating paint. Services details include pressure washing all areas, wire brush all rusty areas, apply paint one time, and paint all areas around the staircase.

Three (3) vendor quotes were received:

- 1) Arg Services, LLC DBA/Arios Remodeling & Services Quote: \$31,050.00
- 2) Te-Ko Contractors Inc. Quote: \$36,579.00
- 3) Primetime Healthcare Compliance Services Quote: \$43,470.00

Facilities Department recommendation is to move forward with Arg Services, LLC DBA/Arios Remodeling & Services for 2505 Restoration of outside iron stair rails and walk-way fence.

Total NTE: \$31,050.00  
Funding Source is Unit: 1829 – 557001

**Submitted By:**

DocuSigned by:  
*Carlos Traslavina*  
\_\_\_\_\_  
AECAC014875B482...  
Carlos Traslavina  
Purchasing, Buyer I

**Recommended By:**

DocuSigned by:  
*Nina Cook*  
\_\_\_\_\_  
5183F4097377AC4...  
Nina Cook, MBA, CTCM, CTCD  
Director of Purchasing / Finance Department

DocuSigned by:  
*Stanley Adams*  
\_\_\_\_\_  
E758ED08CF04D3...  
Stanley Adams, MBA  
Chief Financial Officer



# Executive Contract Summary

## Contract Section



### Select Header For This Contract\*

Administration

### Contractor\*

ARG Services, LLC d/b/a Arios Remodeling & Services

### Contract ID #\*

n/a

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

5/19/2026

### Parties\* (?)

Arios 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\* (?)

5/1/2026

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

8/31/2026

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 31,050.00

**Funding Source\***

General Revenue (GR)

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

- |   |   |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant   |
| <input type="checkbox"/> Consumer Driven Contract       | <input checked="" type="checkbox"/> New Contract/Agreement  |
| <input type="checkbox"/> Memorandum of Understanding    | <input type="checkbox"/> Amendment to Existing Contract   |
| <input type="checkbox"/> Affiliation or Preceptor       | <input checked="" type="checkbox"/> Service/Maintenance   |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement  |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease  |
| <input type="checkbox"/> Renewal of Existing Contract   | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> |

**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 (?)**

ARIOS_REMODELING__SERVICES_16016.pdf	88.87KB
COI - ARG SERVICES LLC.pdf	93.86KB
Complete_with_Docusign_Due_Diligence_for_250.pdf	320.31KB
FRANCHISE TAX ACCOUNT STATUS.pdf	43.24KB
Project Request - Restoration of outside iron stair rails and walk-way fence.pdf	17.35KB
SAM.GOV ARG SERVICES, LLC.pdf	443.76KB
W-9 ARG SERVICES LLC DBA- ARIOS REMODELING & SERVICES.pdf	127.46KB

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

maintaining safety and appearance for the facility

**Vendor/Contractor Contact Person**



**Name\***

Arios Remodeling & Service

**Address\***

Street Address

18322 Grove Brook Lane

Address Line 2

City

Cypress

Postal / Zip Code

77429

State / Province / Region

TX

Country

USA

Phone Number\*

8214156886

Email\*

ariosremodelingandservices@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1829	\$ 31,050.00	557001
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Moynihan, Kelly

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

see attached quote

\$31,050.00 in 1829-557001

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

n/a

Requester Name

Harper, Sarah

Submission Date

4/23/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

4/23/2026

Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

4/27/2026

Contract Owner Approval

Approved by

*Ben Mendez*

Approval Date

4/27/2026

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

4/28/2026



**Due Diligence Project PUR-FY26-0472  
Request for Quotes  
Mailroom Equipment Upgrade**

Purchasing received a request from Sean McFarland, Mailroom Team Lead – Administrative Services, on Tuesday, April 7, 2026, for Mailroom Equipment Upgrade, for the purchase of a Relay 3500 Folding and Insertion machine. The Standard SLA-Equipment Service Agreement was quoted for \$1,260.55 annually.

Three (3) vendor quotes were received:

- 1) Pitney Bowes Quote: \$13,314.28 plus the Annual Service Agreement of \$1,260.55 (5/4/26 The mailroom decided to include the maintenance agreement)
- 2) ABS Automated Business Systems Quote: \$13,971.00 plus the Annual Service Agreement of \$1,075.00
- 3) Xerox Business Solutions Southwest Quote: \$19,019.50 plus the Annual Service Agreement of \$1,075.00

The Mailroom Team Lead recommendation is to move forward with Pitney Bowes provided the greatest performance utility and value for the cost.

Total NTE: \$14,574.83

Funding Source is Unit: 1107 – 551001 / 553001

**Submitted By:**

DocuSigned by:  
*Carlos Traslavina*  
AECAC014875B482  
Carlos Traslavina  
Purchasing, Buyer I

**Recommended By:**

DocuSigned by:  
*Nina Cook*  
5183E40913778CA  
Nina Cook, MBA, CTCM, CTCD  
Director of Purchasing / Finance Department

DocuSigned by:  
*Stanley Adams*  
E758EDDB8CF04D3  
Stanley Adams, MBA  
Chief Financial Officer



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Pitney Bowes, Inc.

**Contract ID #\***

n/a

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Pitney Bowes and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input 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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> |

**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\* (?)**

5/1/2026

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

4/30/2027

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

service agreement can only be done for one year, starting at installation

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 14,574.83

**Funding Source\***

General Revenue (GR)

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

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

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

Purchasing a letter folding and insertion machine from Pitney Bowes for \$13,314.28 in unit 1107, gl code 551001. We need to do an annual service agreement for \$1260.55 out of unit 1107, gl code 553001. NTE for both the machine and the contracted service agreement would be \$14,574.83. The service agreement starts on day of installation, and is good for one year, unable to extend the agreement, or shorten terms to keep it on cycle.

**Contract Owner\***

Ben Mendez

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

- Yes  No  Unknown

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

do not know all years, but use them for our postage meter and package tracking systems in the mail room

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

20260304 RELAY 3500 Folding and Inserton PB Harris Center.pdf	13.71KB
20260313 FORMAX Folding and Insertion ABS Rev 6.0.pdf	344.82KB
20260313 FORMAX Folding and Insertion Xerox Quote.pdf	1.92MB
Project Request - Mailroom Equipment Upgrade.pdf	49.31KB
20260326 PB Terms and conditions.pdf	280.81KB
COI Pitney Bowes, Inc..pdf	21.42KB
Complete_with_Docusign_Due_Diligence_for_Mai.pdf	305.33KB
PITNEY BOWES INC. FRANCHISE TAX ACCOUNT.pdf	54KB
PROJECT REQUEST- MAILROOM EQUIPMENT UPGRADES.pdf	503.52KB
SAM.GOV PITNEY BOWES.pdf	496.52KB
W-9 Pitney Bowes.pdf	101.46KB

**Vendor/Contractor Contact Person**



**Name\***

Pitney Bowes / Derek Allen

**Address\***

Street Address

1 Elmcroft Road

Address Line 2

City

Stanford

Postal / Zip Code

06826-0700

State / Province / Region

CT

Country

US

**Phone Number\***

9363715855

**Email\***

derel.allen@pb.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 13,314.28	551001

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 1,260.55	553001

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

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

see attached Pitney Bowes quote  
 1107/55 - for folding machine itself  
 1107/553001 for the service agreement  
 NTE of \$14, 574.83

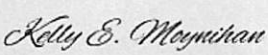
**Project WBS (Work Breakdown Structure)\* (?)**

n/a

Requester Name	Submission Date
Harper, Sarah	4/20/2026

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

4/21/2026

**Procurement Approval**

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

4/22/2026

Contract Owner Approval



Approved by

*Ben Mendez*

Approval Date

4/22/2026

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/22/2026



## Executive Contract Summary

### Contract Section

#### Contractor\*

Sugar Land Astros, LLC DBA/SL Baseball, LLC

#### Contract ID #\*

NA

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/19/2026

#### Parties\* (?)

The Harris Center for Mental Health and IDD and Sugar Land Astros, LLC DBA/SL Baseball, LLC

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

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

#### Procurement Method(s)\*

Check all that Apply

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

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

- Yes  No

#### Funding Information\*

- New Contract  Amendment

Contract Term Start Date\* (?)

10/1/2026

Contract Term End Date\* (?)

10/31/2026

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

Fiscal Year\* (?)

2027

Amount\* (?)

\$ 70,000.00

**Funding Source\***

Private Pay Source

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

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

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

This is the venue for our Employee Wellness Picnic

**Contract Owner\***

Kip Baughman

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

Yes  No  Unknown

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

2025-1112

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center 2026 - SL Baseball-FY26 Event License Agreement Sugar Land.docx 198.44KB

**Vendor/Contractor Contact Person**

**Name\***

Brandon McArthur

**Address\***

Street Address

1 Stadium Drive

Address Line 2

City

Sugar Land

Postal / Zip Code

77498-1852

State / Province / Region

TX

Country

US

**Phone Number\***

361-561-4694

**Email\***

bmcarthur@slspacecowboys.com

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1111	\$ 70,000.00	549009

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo


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

NA

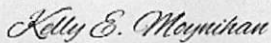
Project WBS (Work Breakdown Structure)\* (?)

NA

Requester Name	Submission Date
Abraham, Suja	5/1/2026


Budget Manager Approval(s) 

Approved by



Approval Date

5/4/2026


Procurement Approval 

File Upload (?)

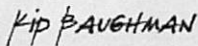
Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by



Approval Date

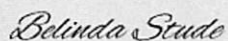
5/5/2026

## Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

5/5/2026



## Executive Contract Summary

### Contract Section



**Contractor\***

The Houston Museum of Natural Science

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

THC and The Houston Museum of Natural Science

**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 Retreat Venue

**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\* (?)**

6/5/2026

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

6/5/2026

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

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 650.00

**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\* (?)**

Team Building Retreat for MH Leadership Team

**Contract Owner\***

Danyalle Evans

**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 (?)**

06.05.26 Harris Center Invoice.pdf

142.15KB

**Vendor/Contractor Contact Person**

**Name\***

Sarah Stanton

**Address\***

Street Address

Museum of Natural Science

Address Line 2

City

Houston

Postal / Zip Code

77030-1718

State / Province / Region

TX

Country

US

**Phone Number\***

713-639-4788

**Email\***

aed@hmns.org

**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	\$ 650.00	549005

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

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

Mission to Mars - \$450  
Retreat Classroom - \$200

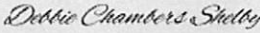
**Project WBS (Work Breakdown Structure)\* (?)**

Mission to Mars - \$450  
Retreat Classroom - \$200

<b>Requester Name</b>	<b>Submission Date</b>
Evans, Danyalle	4/21/2026

**Budget Manager Approval(s)**

**Approved by**

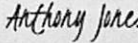


**Approval Date**

4/21/2026

**IT Director Approval**

**Approved by**



**Approval Date**

4/21/2026

**IT Approval Comments**

Approved - AJones

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**



**Approval Date**

4/21/2026

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

4/21/2026



**Due Diligence Project PUR-FY26-0471  
Request for Quotes  
Print Shop Equipment Upgrade**

Purchasing received a request from Sean McFarland, Mailroom Team Lead – Administrative Services, on Tuesday, April 7, 2026, for Print Shop Equipment Upgrade for the purchase of a Cut True 23S Electric Paper Cutter. The Standard Purchase Agreement is quoted as \$405.00 Annually. The Prints Shop believes that the Equipment upgrade will efficiently and safely meet the Print Shop customer demand.

Three (3) vendor quotes were received:

- 1) On Demand Business Equipment: \$6,725.00 (Annual Service Agreement of \$510.00)
- 2) ABS Automated Business Systems Quote: \$6,189.50 (Annual Service Agreement of \$505.00)
- 3) Xerox Business Solutions Southwest Quote: \$6,089.79 (Annual Service Agreement of \$405.00)

The Mailroom Team Lead recommendation is to move forward with Xerox Business Solutions Southwest because they provided the best value for the needed upgrade.

Total NTE: \$6089.79

Funding Source is Unit: 1107 – 551001

**Submitted By:**

DocuSigned by:  
*Jacqueline Hedge*  
F875B191C35498A  
Jacqueline Hedge, BAA  
Purchasing, Buyer I

**Recommended By:**

DocuSigned by:  
*Nina Cook*  
5183E40913774C8  
Nina Cook, MBA, CTCM, CTCD  
Director of Purchasing / Finance Department

DocuSigned by:  
*Stanley Adams*  
E768E0D8E8CF0403  
Stanley Adams, MBA  
Chief Financial Officer



## Executive Contract Summary

### Contract Section

#### Contractor\*

Xerox Corporation DBA Xerox Business Solutions LLC

#### Contract ID #\*

n/a

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/19/2026

#### Parties\* (?)

Xerox and The Harris Center

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

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

#### Procurement Method(s)\*

Check all that Apply

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

5/1/2026

Contract Term End Date\* (?)

4/30/2027

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

service agreement is only available as a 1 year option, so will be off cycle.

**Fiscal Year\* (?)**

2027

**Amount\* (?)**

\$ 6,089.79

**Funding Source\***

General Revenue (GR)

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

- |   |   |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant   |
| <input type="checkbox"/> Consumer Driven Contract       | <input checked="" type="checkbox"/> New Contract/Agreement  |
| <input type="checkbox"/> Memorandum of Understanding    | <input type="checkbox"/> Amendment to Existing Contract   |
| <input type="checkbox"/> Affiliation or Preceptor       | <input checked="" type="checkbox"/> Service/Maintenance   |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement  |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease  |
| <input type="checkbox"/> Renewal of Existing Contract   | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span> |

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

purchasing an Automatic Cutter to cut items in the print shop in unit 1107, gl code 551001 for \$5,684.79, there is also a 1 year service agreement in the amount of \$405.00 in unit 1107 gl code 553001 for an NTE of \$6,089.79

**Contract Owner\***

Ben Mendez

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

- Yes  No  Unknown

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

lease with Xerox for print shop printers, as well as with agency for multi-function devices, do not know all previous contract dates

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

- Yes  No  Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

COI XEROX CORPORATION.pdf	110.55KB
Comple With DocuSign Due Diligence for Print Shop Equipment Upgrade.pdf	266.87KB
FRANCHISE TAX ACCOUNT STATUS.pdf	30.17KB
Project Request Approved 267 - Print Shop Equipment Upgrade.msg	1.14MB
SAM.GOV XEROX CORPORATION.pdf	105.1KB
W9-XEROX CORPORATION DBA Xerox Business Solutions LLC.pdf	58.91KB

**Vendor/Contractor Contact Person**



**Name\***

Xerox / Kurt Gilbert

**Address \***

Street Address  
 PO Box 674911  
 Address Line 2

City

Dallas

Postal / Zip Code

75267-4911

State / Province / Region

TX

Country

USA

**Phone Number \***

2817722717

**Email \***

kurt.gilbert@xerox.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1107	\$ 5,684.79	551001

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1107	\$ 405.00	553001

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

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

see attached quote - machine cost for purchase is \$5,684.79  
 plus a service agreement of \$405.00 for an NTE of \$6089.79

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

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

4/22/2026

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

4/22/2026

**Procurement Approval**

**File Upload (?)**

Approved by

*Sharon Brauner*

Approval Date

4/22/2026

Contract Owner Approval



Approved by

*Ben Mendez*

Approval Date

4/22/2026

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/22/2026

# **EXHIBIT R-10**

# **MAY 2026**

## **RENEWALS UNDER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT RENEWALS  
LESS THAN \$100,000

MAY 2026  
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>ACCESS</b>								
1	P-MHFA Independent Certified Trainers	P-Master Pooled Contract for MHFA independent Certified Trainers needed for the Community Training Department.	\$5,000.00	\$5,000.00	9/1/2026 - 8/31/2027	State Grant	--	Annual renewal of master pool contract for additional MHFA independent Certified Trainers to support the mission and training needs of the Community Training Department.
2	Robert McIntyre	Crisis Line Debriefing Group Facilitation Services	\$6,000.00	\$6,000.00	9/1/2026 - 8/31/2027	State Grant	--	Annual renewal of agreement for Crisis Line Debriefing Group facilitation.
<b>ADMINISTRATION</b>								
3	Automated Logic Contracting Services, Inc.	Multi-Facility Building Automation System, Software and Maintenance.	\$42,000.00	\$42,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Quote	Annual renewal of Multi-Facility Building Automation System, Software and Maintenance services.
4	Carasoft Technology Corp.	Software and Hardware Equipment for Live Streaming	\$86,225.51		3/19/2026 - 3/19/2027		Tag-On DIR-TSO-4288	Annual renewal of Software and Hardware Equipment for Live Streaming.
5	Carco Group, Inc. DBA Precheck	Personnel Background Investigation Services.	\$75,000.00	\$75,000.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Proposal	Annual renewal of agreement to provide Personnel Background Investigation Services. [Third year renewal option].
6	CARGO Group, Inc. d/b/a PreCheck	Agency Wide Drug Screening and TB Testing Services	\$49,800.00	\$69,800.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Proposal	Annual renewal of agreement to provide Agency Wide Drug Screening and TB Testing Services to candidates and employees as needed. Final renewal option.
7	FMLASource, Inc.	Family and Medical Leave Act (FMLA) Administration Services	\$52,000.00	\$52,000.00	12/1/2026 - 11/30/2027	General Revenue (GR)	RFP through Benefits Broker. RFP through Benefits Broker.	Annual renewal of agreement to Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.
8	Humble Elevator Service Inc.	Elevator Maintenance and Inspection Services	\$18,203.88	\$22,823.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Quote	Annual renewal of agreement for elevator maintenance and inspection services.
9	P-Emergency Evacuation Services	Master Pooled Contract for Emergency Evacuation Services.	\$49,778.96	\$49,778.96	9/1/2026 - 8/31/2027	General Revenue (GR)	Request for Quote	Annual renewal of master pooled contract for Emergency Evacuation Services.
10	Pitney Bowes Global Financial Services LLC	Mail Room Postage Machine Equipment Lease	\$25,129.68	\$25,129.68	9/1/2026 - 8/31/2027	General Revenue (GR)	Tag-On	Annual renewal of equipment lease of the postage machine for the mail room.
11	TCG Consulting Services, LLC	Non-ERISA Institutional Investment Advisory Fiduciary Services	\$58,500.00	\$58,500.00	9/1/2026 - 8/31/2027	General Revenue (GR)	Tag-On Omnia Partners and Sourcewell	Annual renewal for non-ERISA 3(38) retirement advisory services.
12	Texas Suicide Prevention Collaborative	Training Services for Texas Suicide Prevention Collaboration	\$25,000.00	\$25,000.00	9/1/2026 - 8/31/2027	Federal Grant	--	Annual renewal for Zero Suicide Prevention Team collaboration to host AS+K and CALM Workshop Training for workshop leaders.
13	The Warring Group	Consulting Services	\$84,000.00	\$84,000.00	9/1/2026 - 8/31/2027	State	--	Annual renewal of agreement to provide Agency for Social Media services.
14	Trailant Operating, LLC	Software Agreement for Legal Training Employment Law	\$9,000.00	\$9,000.00	4/10/2026 - 4/10/2027	General Revenue (GR)	Request for Quote	Annual renewal of Software Agreement for Legal Training Employment Law.
<b>CPEP/CRISIS SERVICES</b>								
15	Autoclear, LLC	Security X-Ray Screening Equipment Order and Maintenance Services	\$5,200.00	\$6,400.00	8/18/2026 - 8/17/2027	General Revenue (GR)		Annual renewal of Maintenance Agreement for Security Inspection Equipment.
<b>FORENSICS</b>								
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

7407

**Contractor Name\***

P-MHFA Independent Certified Trainers

**Service Provided\* (?)**

Master Pooled Contract for additional MHFA independent Certified Trainers to support the mission and training needs of the Community Training Department.

**Renewal Term Start Date\***

4/22/2026

**Renewal Term End Date\***

4/22/2026

**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 Training Services.

**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\* (?)**

\$ 5,000.00

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

MHFA Instructors are reimbursed \$300.00 per completed course.

**Unit(s) Served\***

7010

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

543058

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

CT145194

**Contract Requestor\***

Millie Wong

**Contract Owner\***

Jennifer Battle

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\*** Yes  No**Were Services delivered as specified in the contract?\*** Yes  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?\*

Expand community training through additional curricula and number of people trained related to MH/SUD/IDD

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7010	\$ 5,000.00	543058

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

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

n/a

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

5000.00

Contract Funding Source\*

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No


Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No


File Upload (?)

Contract Owner 

Contract Owner\* (?)


Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s) 

Approved by

*Kevin Ilojay*

Contract Owner Approval 

Approved by

*Jennifer Battle*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/23/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2022-0580

**Contractor Name\***

Robert McIntyre

**Service Provided\* (?)**

Crisis Line Debriefing Group facilitation

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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 style="width: 200px;" 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 style="width: 200px;" type="text"/> |

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 6,000.00

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

\$100 per 1 hr debriefing group.

**Unit(s) Served\***

7001

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

549005

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

CT145100

**Contract Requestor\***

Janice Cote

**Contract Owner\***

Jennifer Battle

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\*** Yes  No**Were Services delivered as specified in the contract?\*** Yes  No**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?\***

The debriefing groups help support our team increasing the culture and team satisfaction.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 6,000.00	549005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

\$100 per debriefing session.

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

*Kevin Ileyay*

Contract Owner Approval



Approved by

*Jennifer Battle*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/21/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2021-0124

**Contractor Name\***

Automated Logic Contracting Services, Inc.

**Service Provided\* (?)**

Multi-Facility Building Automation System, Software and Maintenance.

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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 <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\* (?)**

\$ 42,000.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1124 &amp; 1899

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

551003 &amp; 569020

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

CT145212

**Contract Requestor\***

Sarah Harper

**Contract Owner\***

Mustafa Cochinwala

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\*** Yes  No**Were Services delivered as specified in the contract?\*** Yes  No**Did Contractor perform duties in a manner consistent with standards of the profession?\*** Yes  No**Did Contractor adhere to the contracted schedule?\*(?)** Yes  No**Were reports, billing and/or invoices submitted in a timely manner?\*(?)** 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?\***


building automation system for several locations to control HVAC systems

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year** 

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 12,000.00	551003
<b>Budget Manager*</b> Campbell, Ricardo		<b>Secondary Budget Manager*</b> Moynihan, Kelly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,000.00	569020
<b>Budget Manager*</b> Campbell, Ricardo		<b>Secondary Budget Manager*</b> Moynihan, Kelly

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

\$12,000.00 1124/551003 for the software for Multi-Facility BAS  
 \$30,000.00 1899/569020 maintenance/repairs to the BAS  
 TOTAL NTE \$42,000.00

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 42,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

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

Ben Mendez

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Ben Mendez*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/22/2026

Current Fiscal Year Contract Information 

## Current Fiscal Year

2026

## Contract ID#\*

2025-1026

## Contractor Name\*

Carasoft Technology Corp.

## Service Provided\* (?)

Software and Hardware Equipment for Live Streaming

## Renewal Term Start Date\*

3/19/2026

## Renewal Term End Date\*

3/19/2027

## 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 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 <input type="text" value="DIR-TSO-4288"/> |

## 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\* (?)**

\$ 86,225.51

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

N/A

**Unit(s) Served\***

1130

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

551000, 551003

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

CT144702

**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**Please Explain\***

submitted as an ST req

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

N/A

Budget Manager Approval(s)

Approved by

Sign

Contract Owner Approval

Approved by

*Mustafa Cechinwala*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/16/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2023-0742

#### Contractor Name\*

Carco Group, Inc. DBA Precheck

#### Service Provided\* (?)

Personnel Background Investigation Services.

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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 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                     |

#### 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\* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

FY27: \$57.00 bundle price per applicant. (FY26 was \$54.00 bundle price per applicant.)

Unit(s) Served\*

1108

G/L Code(s)\*

543025

Current Fiscal Year Purchase Order Number\*

CT145261

Contract Requestor\*

Danyette Hemanes

Contract Owner\*

Danyette Hemanes

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?\***

The background screening contract enables timely, compliant hiring aligned with our strategic people objectives.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 75,000.00	543025

Budget Manager*	Secondary Budget Manager*
Moynihan, Kelly	Campbell, Ricardo

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

\$57.00 bundle price per applicant.

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

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 75,000.00

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

#### Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

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

Yes  No

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

Yes  No


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

Yes  No

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

Yes  No

File Upload (?)

Contract Owner 

Contract Owner\* (?)


Please Select Contract Owner

Danyette Hemanes

Budget Manager Approval(s) 

Approved by

*Kelly E. Moynihan*

Contract Owner Approval 

Approved by

*Danyette Hemanes*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/5/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID# \*

2022-0476

#### Contractor Name \*

CARGO Group, Inc. d/b/a PreCheck

#### Service Provided\* (?)

provide drug screen and TB testing of candidates and employees as needed

#### Renewal Term Start Date \*

9/1/2026

#### Renewal Term End Date \*

8/31/2027

#### 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 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                     |

#### 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\* (?)**

\$ 49,800.00

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

-

**Unit(s) Served\***

1108

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

543025

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

CT145344

**Contract Requestor\***

Toby Hicks

**Contract Owner\***

Danyette Hemanes

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

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

Required as part of onboarding of new employees - in concordance with TAC Code and Agency Policy and Guidelines

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 69,800.00	543025

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

Fiscal Year* (?)	Amount* (?)
2027	\$ 69,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

Please Explain\*

Will need to add additional background screenings as dictated in contracts with Forensic Services and CPEP programs. Will require on going monitoring of TxDPS, DFPS, Abuse Registries and OIG

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

Danyette Hemanes

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Danyette Hemanes*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/4/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID# \***

2022-0449

**Contractor Name \***

FMLASource, Inc.

**Service Provided\* (?)**

Agreement to provide Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.

**Renewal Term Start Date \***

12/1/2026

**Renewal Term End Date \***

11/30/2027

**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 RFP through Benefits Broker. |

**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\* (?)**

\$ 52,000.00

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

Annual (on-cycle) funding term (9/1/2026 - 8/31/2027). \$1.41 per employee per month (PEPM) for approx. 2,512 Employees.

**Unit(s) Served\***

1108

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

543039

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

CT145285

**Contract Requestor\***

Kip Baughman

**Contract Owner\***

Kip Baughman

**File Upload (?)****Evaluation of Current Fiscal Year Performance**

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

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?\*

FMLA is required for a company of our size

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1108	\$ 52,000.00	543039
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2027	\$ 52,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No


Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No


File Upload (?)

Contract Owner 

Contract Owner\* (?)


Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s) 

Approved by

*Ricardo Campbell*

Contract Owner Approval 

Approved by

*KIP BAUGHMAN*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/1/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID#\***

2024-0908

**Contractor Name\***

Humble Elevator Service Inc

**Service Provided\* (?)**

Elevator Service

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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

- 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\* (?)**

\$ 18,203.88

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1899

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

569009

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

CT145107

**Contract Requestor\***

Sarah Harper

**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?\***

elevator service at several locations

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 22,823.00	569009
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Moynihan, Kelly	

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

see attached rates, includes addition of Emancipation location

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 22,823.00

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 (?)

Humble Elevator 2026 - 27 Billing Rates.pdf

99.48KB

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Ben Mendez

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Ben Mendez*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/1/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2021-0215

#### Contractor Name\*

P-Emergency Evacuation Services

#### Service Provided\* (?)

Master Pooled Contract for Emergency Evacuation Services.

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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\* (?)**

\$ 49,778.96

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

Vary.

**Unit(s) Served\***

Vary.

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

595031

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

N/A

**Contract Requestor\***

Veronica Billings

**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?\***

A bid will be put out to determine who will provide the services.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3390	\$ 6,222.37	595031
<b>Budget Manager*</b> Degracia, Ericka		<b>Secondary Budget Manager*</b> Collins, Evanthe
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 6,222.37	595031
<b>Budget Manager*</b> Oshman, Jodel		<b>Secondary Budget Manager*</b> Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 6,222.37	595031
<b>Budget Manager*</b> Oshman, Jodel		<b>Secondary Budget Manager*</b> Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 6,222.37	595031
<b>Budget Manager*</b> Ramirez, Priscilla		<b>Secondary Budget Manager*</b> Puentes, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 6,222.37	595031
<b>Budget Manager*</b> Ramirez, Priscilla		<b>Secondary Budget Manager*</b> Puentes, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 6,222.37	595031
<b>Budget Manager*</b> Ramirez, Priscilla		<b>Secondary Budget Manager*</b> Puentes, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 6,222.37	595031
<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>
9261	\$ 6,222.37	595031
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Puente, Giovanni	

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

Total Cost: \$49,778.98, Total allocated per unit \$6222.37.  
 Request for vendors submissions has been initiated by purchasing.

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

N/A

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2027	\$ 49,778.96

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**  
 49,778.96

**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

Ben Mendez

**Budget Manager Approval(s)** 

Approved by

*Ericka Degracia*

Approved by

*Jodel Ostman*

Approved by

*Priscilla M. Ramirez*

Contract Owner Approval



Approved by

*Ben Mendez*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/1/2026



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Select Header For This Contract\***

Administration

**Current Fiscal Year**

2026

**Contract ID#\***

2024-0957

**Contractor Name\***

Pitney Bowes Global Financial Services LLC

**Renewal Term Start Date**

9/1/2026

**Renewal Term End Date**

8/31/2027

**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 checked="" type="checkbox"/> Tag-On          |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <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\* (?)**

\$ 25,129.68

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

quarterly lease amount for postage and tracking equipment

**Unit(s) Served\***

1107

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

577000

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

CT145111

**Contract Requestor\***

Sarah Harper

**Contract Owner\***

Mustafa Cochinwala

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\*** Yes  No**Were Services delivered as specified in the contract?\*** Yes  No**Did Contractor perform duties in a manner consistent with standards of the profession?\*** Yes  No**Did Contractor adhere to the contracted schedule?\*(?)** Yes  No**Were reports, billing and/or invoices submitted in a timely manner?\*(?)** 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?\***

machines and programs for a move effective mailroom

## 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.*
1107	\$ 25,129.68	577000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

lease amounts and information from prior year are still good

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

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 25,129.68

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

Ben Mendez

## Budget Manager Approval(s)

Approved by

*Kelly E. Moynihan*

Contract Owner Approval



Approved by

*Ben Mendez*

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

5/1/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2025-1086

#### Contractor Name\*

TCG Consulting Services, LLC

#### Service Provided\* (?)

TCG Consulting Services, LLC for 3(38) retirement advisory services  
Replaces Leafhouse 3(21) retirement services

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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

- 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 Omnia Partners and Sourcewell

#### 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\* (?)

\$ 58,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1108

G/L Code(s)\*

543039

Current Fiscal Year Purchase Order Number\*

0

Contract Requestor\*

Kip Baughman

Contract Owner\*

Kip Baughman

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

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?\*

THC 3(38) advisor for retirement

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 58,500.00	543068
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2027	\$ 58,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

Are there any required changes to 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

Kip Baughman

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*KIP BAUGHMAN*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/23/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

2023-0610

**Contractor Name\***

Texas Suicide Prevention Collaborative

**Service Provided\* (?)**

Zero Suicide Prevention Team will host AS+K and CALM Workshop Training for workshop leaders

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

**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

- 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\* (?)**

\$ 25,000.00

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

Courses currently 22,500/course.

**Unit(s) Served\***

1182

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

542000

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

CT145245

**Contract Requestor\***

Trudy Leidich

**Contract Owner\***

Trudy Leidich

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

Zero Suicide Strategic Plan goal

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1182	\$ 25,000.00	542000
<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	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

Federal Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Trudy Leidich

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Trudy Leidich*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/23/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

2023-0719

**Contractor Name\***

The Warring Group

**Service Provided\* (?)**

Social Media services

**Renewal Term Start Date\***

9/1/2026

**Renewal Term End Date\***

8/31/2027

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

- 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\* (?)**

\$ 84,000.00

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

**Unit(s) Served\***

1109

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

542000

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

CT145141

**Contract Requestor\***

Nicole Lievsay

**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?\***

Strategic Plan Goal 5 - Community and Goal 4 - Access. Also Goal 2 - People.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 84,000.00	542000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2027	\$ 84,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

State

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Nicole Lievsay

Budget Manager Approval(s)

Approved by

*Kelly Moynihan*

Contract Owner Approval

Approved by

*NICOLE LIEVSAY*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/27/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



**Current Fiscal Year**

2026

**Contract ID# \***

2025-1131

**Contractor Name \***

Trailant Operating, LLC

**Service Provided\* (?)**

Software Agreement for Legal Training Employment Law

**Renewal Term Start Date \***

4/10/2026

**Renewal Term End Date \***

4/10/2027

**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 <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\* (?)**

\$ 9,000.00

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

\$8,797.80 annually per 200 learners

**Unit(s) Served\***

1108

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

549009

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

CT144798

**Contract Requestor\***

Danyette Hemanes

**Contract Owner\***

Kendra Thomas

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

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

Supports the People Pillar for the Agency strategic plan as it relates to engagement by supporting all of our Leaders with the basics fundamentals of employment law.

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 9,000.00	549009
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

\$8,797.80 annually per 200 learners

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

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 9,000.00

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

General Revenue (GR)

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**File Upload (?)****Contract Owner****Contract Owner\* (?)**


Please Select Contract Owner

Danyette Hemanes

Budget Manager Approval(s) 

Approved by

*Kelly E. Moynihan*

Contract Owner Approval 

Approved by

*Danyette Hemanos*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/9/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2026

**Contract ID#\***

7603

**Contractor Name\***

Autoclear, LLC

**Service Provided\* (?)**

Security X-Ray Screening Equipment Order and Maintenance Service.

**Renewal Term Start Date\***

8/18/2026

**Renewal Term End Date\***

8/17/2027

**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

- 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 Maintenance Agreement: Security Inspection Equipment.

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 5,200.00

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

\$5,200.00 Autoclear 6040 Machine - Full Coverage Plan.

**Unit(s) Served\***

9206

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

553001

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

N/A

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\*** Yes  No**Were Services delivered as specified in the contract?\*** Yes  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 maintain the safety of the patients, staff, and location.

**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	\$ 6,400.00	553001
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Ramirez, Priscilla

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

na

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

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 6,400.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source\*

General Revenue (GR)

**Contract Content Changes**



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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

**Contract Owner**



Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

**Budget Manager Approval(s)**



Approved by

*Jodel Osman*

Contract Owner Approval



Approved by

*KIM KORNMEYER*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/20/2026

Current Fiscal Year Contract Information 

## Current Fiscal Year

2026

## Contract ID# \*

2024-0853

## Contractor Name \*

Toni Falco Drysdale Dietitian Services, LLC

## Service Provided\* (?)

Toni Falco Drysdale Dietitian Services LLC will provide services to individuals (ages 0-3) that require a need for dietitian services. These services will supplement ECI services in the event there is an identified need for nutrition/dietary services."

## Renewal Term Start Date \*

9/1/2026

## Renewal Term End Date \*

8/31/2027

## 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 checked="" 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\* (?)**

\$ 450.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

3360

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

543013

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

-

**Contract Requestor\***

Ericka Degracia

**Contract Owner\***

Dr. Evanthe Collins

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\***

- Yes  No

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

- Yes  No

**Please Explain\***

N/A, Contract created 4-6-26 and services not utilized yet.

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

- Yes  No

**Please Explain\***

N/A, Contract created 4-6-26 and services not utilized yet.

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

- Yes  No

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

- Yes  No

**Please Explain\***

N/A, Contract created 4-6-26 and services not utilized yet.

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

- Yes  No

**Please Explain \***

N/A, Contract created 4-6-26 and services not utilized yet.

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

Yes  No

**Please Explain \***

N/A, Contract created 4-6-26 and services not utilized yet.

**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? \***

Toni Falco Drysdale Dietitian Services LLC will provide services to individuals (ages 0-3) that require a need for dietitian services. After one year, we will evaluate whether to review.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

*\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO*

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 450.00	543013
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Degracia, Ericka	Johnson, Kenyonika	

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

Please see attachment for information

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

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 450.00

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

0.00

**Contract Funding Source\***

State Grant

## Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

2-19-26 Executive Contract Summary SUB.pdf	302.45KB
2024-0~2.PDF	656.41KB
2026-2028 DRYSDALE LD LICENSE exp jan 31 2028.pdf	205.47KB
Feb2026 PROPOSAL CONTRACT RD TFDLLC.doc	47KB
W9 TFDLLC SIGNED dated 1-20-2026.pdf	525.5KB
202511~1.PDF	1.04MB

## Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

## Budget Manager Approval(s)

Approved by

*Ericka Degracia*

## Contract Owner Approval

Approved by

*Evanthe Collins*

## Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

4/30/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



#### Select Header For This Contract \*

Leases

#### Current Fiscal Year

2026

#### Contract ID# \*

7556

#### Contractor Name \*

The ARC of Greater Houston

#### Renewal Term Start Date

9/1/2026

#### Renewal Term End Date

8/31/2027

#### 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

- 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\* (?)**

\$ 0.00

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

0

**Unit(s) Served\***

1119

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

408000

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

0

**Contract Requestor\***

Christina Gerardo

**Contract Owner\***

Ernest Savoy

**File Upload (?)****Evaluation of Current Fiscal Year Performance**

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

 Yes  No

Were Services delivered as specified in the contract?\*

 Yes  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?\*

Provides special education advocacy support services to individuals in the community.

**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.*
1119	\$ 0.00	408000

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

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

Ernest Savoy

**Budget Manager Approval(s)**

Approved by

*Kelly E. Moynihan*

Contract Owner Approval



Approved by

*Ernest Savoy*

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

5/1/2026

# **EXHIBIT R-11**

# **MAY 2026**


## **AMENDMENTS UNDER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$100,000

MAY 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	Humble Elevator Services, Inc.	Elevator Maintenance and Inspection Services	\$18,203.88	\$2,000.00	\$20,203.88	5/1/2026 - 8/31/2026	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for additional services at the 419 Emancipation location.
2	Studio HR, LLC	Stretching Classes for Wellness Initiatives	\$2,500.00	\$2,500.00	\$5,000.00	5/1/2025 - 12/31/2026	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to cover services for FY26.
3	WEX Health, Inc. D/BA WEX	Agency-Wide COBRA Administration Services	\$28,000.00	\$10,000.00	\$38,000.00	1/1/2026 - 12/31/2026	General Revenue (GR)	Competitive Proposal	Amendment to increase the NTE to pay invoices for the remaining FY26.
4	WEX Health, Inc. D/BA WEX	Agency-Wide FSA Administration Services	\$40,000.00	\$25,000.00	\$65,000.00	1/1/2026 - 12/31/2026	General Revenue (GR)	..	Amendment to increase the NTE to pay remaining invoices for FY26
	<b>CPEP/CRISIS SERVICES</b>								
5	Angelica Padilla d/b/a Lice Care Solutions, LLC	Lice Removal Services for Consumers	\$3,300.00	\$2,722.50	\$6,022.50	9/1/2025 - 8/31/2026	Private Grant	Request for Quote	Amendment to increase the NTE for additional services for the new Emancipation Center located at 419 Emancipation Ave.
6	Principle HS LLC	Mobile X-Ray Services to Consumers	\$14,990.00	\$1,250.00	\$16,240.00	1/5/2026 - 8/31/2026	Private Grant	Request for Quote	Amendment to increase the FY26 NTE for additional services for the new Emancipation Center located at 419 Emancipation Ave.
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
	<b>MENTAL HEALTH</b>								
	<b>LEASES</b>								

Contract Section **Contractor\***

Humble Elevator Services, Inc.

**Contract ID #\***

2024-0908

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

The Harris Center for MH and IDD and Humble Elevator Services

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input 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"/> |

**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\* (?)**

5/1/2026

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

8/31/2026

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

n/a

**Current Contract Amount\***

\$ 18,203.88

**Increase Not to Exceed\***

\$ 2,000.00

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

\$ 20,203.88

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 20,203.88

**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\* (?)**

To Add 419 Emancipation location

**Contract Owner\***

Ben Mendez

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

Yes  No  Unknown

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

2015-Present

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

Yes  No  Unknown

**Please provide an explanation\***

Does not qualify

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

2026 02 AMENDMENT - Budgeting Estimate for 419 Emancipation.pdf

562.72KB

**Vendor/Contractor Contact Person**



**Name\***

Humble Elevator - Kasey A. LeDonne

**Address \***

Street Address

PO Box 2948

Address Line 2

140 A S. Houston Ave, STE 600

City

Humble

Postal / Zip Code

77347

State / Province / Region

Texas

Country

US

**Phone Number \***

281-540-2698

**Email \***

helpdesk@humbleelevator.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 2,000.00	569009
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Moynihan, Kelly	

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

\$150x4 Month Service through August 31, 2026  
 \$485.44 for one Annual Inspection  
 \$911.28 for Call outs  
 Total: \$2,000 Increase  
 See Attached

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

n/a

**Requester Name**

Cantu-Espinoza, Lisa

**Submission Date**

4/28/2026

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

4/28/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

### Contract Owner Approval



Approved by

*Ben Mendez*

Approval Date

4/28/2026

### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/28/2026



## Executive Contract Summary

### Contract Section


**Contractor\***

Studio HR, LLC

**Contract ID #\***

CT144860

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Studio HR, LLC also known as "Stretch Lab" 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 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\* (?)

12/31/2026

Contract Term End Date\* (?)

12/31/2027

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

Current Contract Amount\*

\$ 2,500.00

Increase Not to Exceed\*

\$ 2,500.00

Revised Total Not to Exceed (NTE)\*

\$ 5,000.00

Fiscal Year\* (?)

2026

Amount\* (?)

\$ 5,000.00

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\* (?)

Studio HR, LLC AKA Stretch Lab is an ongoing wellness vendor on a quarterly basis as part of our 2026 wellness initiatives. Current contract ends on 12/31/2026, however, need to increase PO from \$2,500 to \$5,000 to cover services for FY2026.

Contract Owner\*

Kip Baughman

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Luke Tobias

Address\*

Street Address

3316 University Blvd

Address Line 2

City

Houston

Postal / Zip Code

77005

State / Province / Region

TX

Country

USA

Phone Number\*

2107182525

Email\*

luke.cm@stretchlab.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1111	\$ 5,000.00	549009
<b>Budget Manager</b> Moynihan, Kelly	<b>Secondary Budget Manager</b> Campbell, Ricardo	

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

NA

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

NA

Requester Name

Abraham, Suja

Submission Date

4/15/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

4/16/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*KIP BAUGHMAN*

Approval Date

4/17/2026

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stuido*

Approval Date \*

4/17/2026



## Executive Contract Summary

### Contract Section

#### Contractor\*

WEX Health, Inc. D/BA WEX

#### Contract ID #\*

5748

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/19/2026

#### Parties\* (?)

WEX HEALTH, INC 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 In

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input checked="" 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 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\*

\$ 28,000.00

**Increase Not to Exceed\***

\$ 10,000.00

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

\$ 38,000.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 38,000.00

**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\* (?)**

ContractID# 5748 does not have enough funds to pay WEX invoices FY2026

**Contract Owner\***

Kip Baughman

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Amy Diedrich-Gouws

**Address\***

Street Address

700 26th Ave E

Address Line 2

City

West Fargo

Postal / Zip Code

58078

State / Province / Region

ND

Country

United States

Phone Number\*

6056901571

Email\*

amy.diedrich@wexhealthinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 10,000.00	543039
<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

Abraham, Suja

Submission Date

4/24/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

4/27/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*KIP BAUGHMAN*

Approval Date

4/28/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/28/2026



# Executive Contract Summary

## Contract Section

**Contractor\***

WEX Health, Inc. D/BA WEX

**Contract ID #\***

5749

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

WEX HEALTH, INC 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 Increase PO FY2026

**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\* (?)

1/1/2026

Contract Term End Date\* (?)

12/31/2026

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

Current Contract Amount\*

\$ 40,000.00

**Increase Not to Exceed\***

\$ 25,000.00

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

\$ 65,000.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 65,000.00

**Funding Source\***

General Revenue (GR)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant  |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement  |
| <input type="checkbox"/> Memorandum of Understanding    | <input checked="" type="checkbox"/> Amendment to Existing Contract                             |
| <input type="checkbox"/> Affiliation or Preceptor       | <input 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 <span style="background-color: #cccccc; padding: 2px;"> </span> |

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

ContractID# 5749 does not have enough funds to pay WEX invoices FY2026

**Contract Owner\***

Kip Baughman

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Amy Diedrich-Gouws

**Address\***

Street Address

700 26th Ave E

Address Line 2

City

West Fargo

Postal / Zip Code

58078

State / Province / Region

ND

Country

US

Phone Number\*

6056901571

Email\*

amy.diedrich@wexhealthinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	543039
<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

Abraham, Suja

Submission Date

4/24/2026

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

4/27/2026

Contract Owner Approval

Approved by

*Kip BAUGHMAN*

Approval Date

4/28/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/28/2026



# Executive Contract Summary

## Contract Section



**Contractor\***

Angelica Padilla d/b/a Lice Care Solutions, LLC

**Contract ID #\***

2025-1123

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Angelica Padilla d/b/a Lice Care Solutions, LLC and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input 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\* (?)**

9/1/2025

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

8/31/2026

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

**Current Contract Amount\***

\$ 3,300.00

**Increase Not to Exceed\***

\$ 2,722.50

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

\$ 6,022.50

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 6,022.50

**Funding Source\***

Private 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\* (?)**

Amendment to add a new location to the contract; Emancipation Center located at 419 Emancipation Ave

**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

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Angelica Padilla

**Address \***

Street Address

3262 Westheimer Road

Address Line 2

City

Houston

Postal / Zip Code

77098

State / Province / Region

TX

Country

US

**Phone Number \***

800-492-5423

**Email \***

billing@licecaresolutions.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9901	\$ 2,722.50	543053
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

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

na

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

na

**Requester Name**

Singh, Patricia

**Submission Date**

4/14/2026

**Budget Manager Approval(s)**

**Approved by**

*Priscilla M. Ramirez*

**Approval Date**

4/15/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Kim Kornmayer*

Approval Date

4/15/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/16/2026



## Executive Contract Summary

### Contract Section



#### Contractor\*

Principle HS LLC

#### Contract ID #\*

2025-1154

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/19/2026

#### Parties\* (?)

Principle HS LLC and The Harris Center for Mental Health and IDD

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

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

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input 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\* (?)

1/5/2026

Contract Term End Date\* (?)

8/31/2026

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

#### Current Contract Amount\*

\$ 14,990.00

**Increase Not to Exceed\***

\$ 1,250.00

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

\$ 16,240.00

**Fiscal Year\* (?)**

2026

**Amount\* (?)**

\$ 16,240.00

**Funding Source\***

Private 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\* (?)**

Amendment to add a new location to the contract; Emancipation Center located at 419 Emancipation Ave.

**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

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Chris Light

**Address\***

Street Address

16840 Buccaneer Lane

Address Line 2

City

Houston

Postal / Zip Code

77058-2562

State / Province / Region

TX

Country

US

**Phone Number\***

8329325968

**Email\***

clight@principlehs.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 1,250.00	543031

**Budget Manager**

Ramirez, Priscilla

**Secondary Budget Manager**

Puente, Giovanni

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

na

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

na

**Requester Name**

Singh, Patricia

**Submission Date**

4/14/2026

**Budget Manager Approval(s)**

**Approved by**

*Priscilla M. Ramirez*

**Approval Date**

4/15/2026

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Kim Kornmayer*

Approval Date

4/15/2026

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/16/2026

# **EXHIBIT R-12**

**MAY 2026**

**AFFILIATION AGREEMENTS,  
GRANTS, MOU'S AND  
REVENUES**

**INFORMATION ONLY**





## Executive Contract Summary

### Contract Section

**Contractor\***

Varnett Public School

**Contract ID #\***

NA

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Varnett Public School 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                     |

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\* (?)**

5/1/2026

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

8/31/2026

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 checked="" 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\* (?)**

The Harris Center for Mental Health and IDD will provide on-site services such as (perform screenings and clinical assessments, psychosocial services as needed, and follow-up services) and coordinate referrals with Barnett Public Charter School.

**Contract Owner\***

Tiffanie Williams-Brooks

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Deonna L Benton

**Address\***

Street Address

5600 South Willow Drive suite 201

Address Line 2

City

Houston

Postal / Zip Code

77035

State / Province / Region

TX

Country

US

**Phone Number\***

2816208328

**Email\***

dbenton@varnett.org

**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>
4323	\$ 0.00	000000

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

Provide Rate and Rate Descriptions if applicable\* (?)  
0.00

Project WBS (Work Breakdown Structure)\* (?)  
0.00

<b>Requester Name</b>	<b>Submission Date</b>
Bowser, Mohagony	4/22/2026

#### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

4/24/2026

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Stephan Williams-Brown, M.A., BSCS*

Approval Date

4/27/2026

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/27/2026



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Walden University

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

5/19/2026

**Parties\* (?)**

Walden University School Nursing & 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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span> |

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\* (?)

5/1/2026

Contract Term End Date\* (?)

4/30/2030

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 at Walden University, School of Nursing program 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\***

Danyette Hemanes

**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 (?)**

NRNP PRCM 6665_ Psychiatric Mental Health Nurse Practitioner Care Across the Lifespan I - Nursing Field Experience - Academic Gu.pdf	118.1KB
NRNP PRCM 6675_ Psychiatric Mental Health Nurse Practitioner Care Across the Lifespan II - Nursing Field Experience - Academic G.pdf	118.33KB
Clinical Skills and Procedures List.pdf	139.59KB
Psychiatric Mental Health Nurse Practitioner (PMHNP) Specialization Courses.docx	48.34KB

**Vendor/Contractor Contact Person**

**Name\***

Van Skaj

**Address\***

Street Address

100 Washington Ave S Suite 1210

Address Line 2

City

Minneapolis

Postal / Zip Code

55401

State / Province / Region

MN

Country

United States

Phone Number\*

855-593-9632

Email\*

sonaffiliation@mail.waldenu.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> Moynihan, Kelly		<b>Secondary Budget Manager</b> Campbell, Ricardo

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

N/A

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

N/A

Requester Name

Hemanes, Danyette

Submission Date

4/28/2026

Budget Manager Approval(s)

Approved by

*Kelly E. Moynihan*

Approval Date

4/28/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Danyette Hemanes*

Approval Date

4/28/2026

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/30/2026



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2026

#### Contract ID#\*

2021-0095

#### Contractor Name\*

Easter Seals of Greater Houston

#### Service Provided\* (?)

Care Coordination Agreement

#### Renewal Term Start Date\*

9/1/2026

#### Renewal Term End Date\*

8/31/2027

#### 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 checked="" 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\* (?)**

\$ 0.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

9208

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

0

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

N/A

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? \*** Yes  No**Were Services delivered as specified in the contract? \*** Yes  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? \***

Expand program availability and services.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

Yes  No

\* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 0.00	0
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

na

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

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

*Jodel Ostman*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

4/27/2026