

Resource Committee Meeting
August 18, 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, July 21, 2026
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. FY'26 Year-to-Date Budget Report-July
(EXHIBIT R-2 Stanley Adams)
- B. August 2026 Contract Amendments Over 250K
(EXHIBIT R-3 Ernest Savoy)
- C. August 2026 Contract Renewals Over 250K
(EXHIBIT R-4 Ernest Savoy)
- D. August 2026 Interlocal Agreements
(EXHIBIT R-5 Ernest Savoy)
- E. Agency Wide Moving and Storage Services RFP
(EXHIBIT R-6 Stanley Adams)
- F. Agency Wide Clinical Laboratory Services RFP
(EXHIBIT R-7 Stanley Adams)

V. EXECUTIVE SESSION-

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

VI. RECONVENE INTO OPEN SESSION

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

VIII. INFORMATION ONLY

- A. August 2026 New Contracts 100K-250K
(EXHIBIT R-8)
- B. August 2026 Contracts Amendments 100K-250K
(EXHIBIT R-9)
- C. August 2026 New Contract Under 100K
(EXHIBIT R-10)
- D. August 2026 Contract Amendments Under 100K
(EXHIBIT R-11)

E. August 2026 Contract Renewals Under 100K
(*EXHIBIT R-12*)

F. August 2026 Affiliation Agreement, Grants, MOU's and Revenues
Information Only
(*EXHIBIT R-13*)

IX. ADJOURN

Veronica Franco

Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, JULY 21, 2026
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:13 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

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

1. CALL TO ORDER

Mr. G. Womack called the Resource Committee meeting to order at 9:13 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. J. Lankford and Dr. K. Bacon 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 May 19, 2026.

MOTION: LANKFORD SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, May 19, 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-June

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative votes,

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

B. July 2026 Contract Amendments Over 250K

MOTION: GEARING SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED July 2026 Contract Amendments Over 250K, as presented under R-3, are approved and recommended to the Full Board.

C. July 2026 Contract Renewals Over 250K

MOTION: GEARING SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED July 2026 Contract Renewals Over 250K, as presented under R-4, are approved and recommended to the Full Board.

D. July 2026 Interlocal Agreements

Dr. Lankford recused himself from items #5 Harris County Hospital District d/b/a Harris Health System, #6 Harris County Hospital District d/b/a Harris Health System, #22 The University of Texas Health Science Center at Houston, #23 The University of Texas Health Science Center at Houston on behalf of its Cizik School of Nursing, #24 The University of Texas Health Science Center at Houston on behalf the Harris County Psychiatric Center and #25 University of Texas Health Science Center Houston for Behavioral Emergency and Addiction Research (CBEAR).

MOTION: GEARING SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED July 2026 Interlocal Agreements, as presented under R-5, are approved and recommended to the Full Board.

E. Courier Services-Mail & Pharmacy

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED Courier Services-Mail & Pharmacy, as presented under R-6, are approved and recommended to the Full Board.

7. EXECUTIVE SESSION-entered into Executive Session at 9:43am

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

- In accordance with §552.1391 of the Texas Government Code, review, discuss and approve cybersecurity measures. Ernest Savoy, Sr. Assistant General Counsel and Mustafa Cochinwala, Chief Information Officer.
- Pursuant to Texas Government Code § 551.074 (Personnel Matters) to deliberate the duties, compensation, evaluation, employment contract, resignation, transition services, and other terms and conditions of employment of the Chief Executive Officer. Dr. Robin Gearing, Board Chair

8. RECOVENE INTO OPEN SESSION- at 10:37am

9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION-No action taken

10. ADJOURN

MOTION: LANKFORD SECOND: BACON

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:37 am.

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

EXHIBIT R-2

The Harris Center for Mental Health and IDD

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

Stanley Adams

Chief Financial Officer

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

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State General Revenue	\$ 11,145,628	\$ 10,823,947	\$ (321,681)	-3%	\$ 122,601,908	\$ 123,113,959	\$ 512,051	0%
Harris County and Local	4,683,587	4,713,489	29,902	1%	51,519,457	51,077,095	(442,362)	-1%
Federal Contracts and Grants	4,466,048	4,225,645	(240,403)	-5%	49,126,528	45,929,605	(3,196,923)	-7%
State Contract and Grants	1,993,454	2,199,662	206,208	10%	21,927,994	20,194,836	(1,733,158)	-8%
Third Party Billing	3,465,049	3,287,042	(178,007)	-5%	38,115,539	36,184,795	(1,930,744)	-5%
Charity Care Pool	3,590,350	4,045,836	455,486	13%	39,493,850	44,503,046	5,009,196	13%
Directed Payment Programs	450,000	361,988	(88,012)	-20%	4,950,000	4,553,968	(396,032)	-8%
Patient Assistance Program (PAP)	1,098,200	1,653,814	555,614	51%	12,080,200	14,907,446	2,827,246	23%
Interest Income	277,083	226,021	(51,062)	-18%	3,047,913	2,324,036	(723,877)	-24%
Revenues, total	\$ 31,169,399	\$ 31,537,444	\$ 368,045	1%	\$ 342,863,389	\$ 342,788,786	\$ (74,603)	0%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 22,642,108	\$ (2,161,508)	-11%	\$ 225,286,600	\$ 229,357,996	\$ (4,071,396)	-2%
Contracts and Consultants	1,260,282	533,016	727,266	58%	13,863,102	10,027,004	3,836,098	28%
Contracts and Consultants-HCPC	3,960,586	3,913,348	47,238	1%	43,566,446	44,412,396	(845,950)	-2%
Supplies	354,213	297,755	56,458	16%	3,896,343	4,263,727	(367,384)	-9%
Drugs	2,310,715	3,330,861	(1,020,146)	-44%	25,417,865	29,322,018	(3,904,153)	-15%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	102,160	53,894	35%	1,716,594	1,961,469	(244,875)	-14%
Building	281,354	463,580	(182,226)	-65%	3,094,894	3,061,582	33,312	1%
Vehicle	90,602	91,182	(580)	-1%	996,622	871,698	124,924	13%
Software	346,270	62,154	284,116	82%	3,808,970	3,027,641	781,329	21%
Telephone and Utilities	318,602	393,099	(74,497)	-23%	3,504,622	3,471,602	33,020	1%
Insurance, Legal and Audit	209,827	247,130	(37,303)	-18%	2,308,097	2,400,114	(92,017)	-4%
Travel & Training	252,185	280,026	(27,841)	-11%	2,774,035	2,560,493	213,542	8%
Dues & Subscriptions	630,342	150,186	480,156	76%	6,933,762	5,732,755	1,201,007	17%
Other Expenditures	371,551	599,639	(228,088)	-61%	4,087,061	5,892,352	(1,805,291)	-44%
Expenditures, total	\$ 31,023,183	\$ 33,106,244	\$ (2,083,061)	-7%	\$ 341,255,013	\$ 346,362,847	\$ (5,107,834)	-1%
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ (1,568,800)	\$ (1,715,016)		\$ 1,608,376	\$ (3,574,061)	\$ (5,182,437)	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	-	146,216		1,608,376	1,754,588	(146,212)	
Capital outlay	-	136,408	(136,408)		-	12,913,488	(12,913,488)	
Other Financing Sources (Uses)								
Insurance proceeds	-	-	-		-	173,905	173,905	
Sale of Capital Assets	-	-	-		-	279,815	279,815	
Capital Contributions	-	-	-		-	10,832,482	10,832,482	
Other Financing Sources	-	55,288	55,288		-	720,625	720,625	
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ (81,120)	\$ 65,096		\$ (1,608,376)	\$ (2,661,249)	\$ (1,052,873)	
Change in Fund Balance/Net Position	\$ -	\$ (1,649,920)	\$ (1,649,920)		\$ -	\$ (6,235,310)	\$ (6,235,310)	

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

Results of Financial Operations and Comparison to Original Budget

A Patient Assistance Program (PAP)

Revenue from the Pharmacy **Patient Assistance Program** continues to trend favorable to budget. This is pass through revenue as the offset is **Drugs** expense.

B Salaries and Fringe Benefits

We budget Salaries and Fringe Benefits on a straight line basis. However, there were 23 working days in July which increased salary expense by approximately \$1.9M for the month. Additionally, we incurred \$229K in salary expense for Emancipation in July and this was not included in the original budget.

C Contracts and Consultants

July includes a pick up of nearly \$300K from Psychiatric Bed expense in which the actual invoice was lower than the amount accrued in prior month.

D Building (purchase, repair and maintenance)

The Agency incurred \$169K for non-routine building repair expense on a budget of \$42K.

E Other Expenditures

Other Expenditures include \$184K for our Respite Care program which is budgeted within **Contracts and Consultants** and \$192K in Security Services.

The Harris Center for Mental Health and IDD

Balance Sheet

July 31, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	June - 2026	July - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 7,700,335	\$ 9,312,562	\$ 1,612,227
Cash Equivalents	71,448,328	60,757,479	(10,690,849)
Cash and Cash Equivalents, total	\$ 79,148,663	\$ 70,070,041	\$ (9,078,622) AA
Inventories, Deposits & Prepaids	11,556,245	8,498,953	(3,057,292)
Accounts Receivable:			
Patient A/R, Net of Allowance	1,694,630	1,589,850	(104,780)
A/R from Other Governments - Local	12,058,953	12,642,998	584,045
A/R from Other Governments - Federal	14,579,242	11,454,006	(3,125,236) BB
A/R from Other Governments - State	5,241,822	5,708,905	467,083
Other A/R	859,052	982,327	123,275
Current Assets, total	\$ 125,138,607	\$ 110,947,080	\$ (14,191,527)
Restricted Cash and Cash Equivalents	19,973,558	19,973,558	-
Capital Assets:			
Land	21,064,529	21,064,529	-
Building and Improvements	81,657,701	81,657,701	-
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,202,069	8,202,069	-
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,546,075)	(41,546,075)	-
Capital Assets, net total	\$ 86,603,991	\$ 86,603,991	\$ -
Total Assets	\$ 231,716,156	\$ 217,524,629	\$ (14,191,527)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable	\$ 1,849,376	\$ 2,228,878	\$ 379,502
Accrued Liabilities	6,786,204	11,231,604	4,445,400
Unearned Revenues	43,378,158	25,900,391	(17,477,767) CC
Noncurrent Liabilities:			
Due within one year	14,541,652	14,640,369	98,717
Due in more than one year	28,948,986	28,961,526	12,540
Forgivable Long-Term Obligations	13,627,499	13,627,499	-
Liabilities, total	\$ 109,131,875	\$ 96,590,267	\$ (12,541,608)
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	11,556,245	8,498,953	(3,057,292)
Assigned	23,688,186	23,799,443	111,257
Unassigned/Unrestricted	5,573,471	8,519,506	2,946,035
Change in Fund Balance/Net Position	(4,585,389)	(6,235,310)	(1,649,921)
Fund Balance/Net Position, Total	\$ 122,584,281	\$ 120,934,360	\$ (1,649,921)
Total Liabilities & Fund Balance/Net Position	\$ 231,716,156	\$ 217,524,627	\$ (14,191,529)

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

Balance Sheet

AA Cash and Cash Equivalents

The decrease in cash is consistent with the additional payroll days.

BB A/R from Other Governments - Federal

The Agency received \$4.4M payment for Texas Parks and Wildlife funding, therefore decreasing accounts receivable.

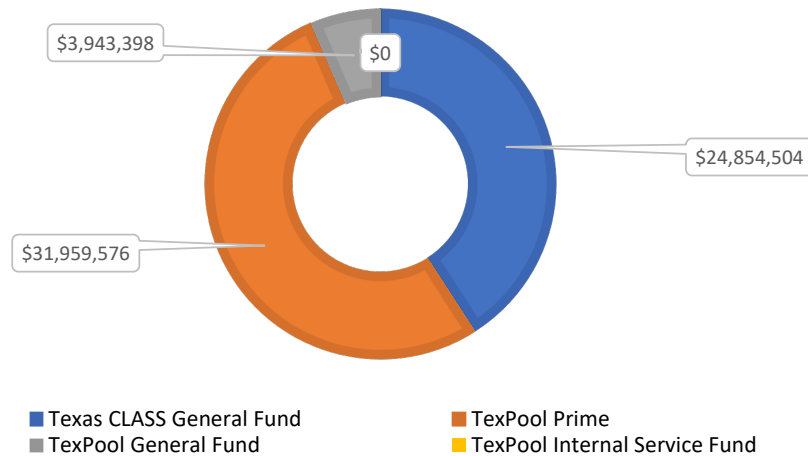
CC Unearned Revenues

The decrease in Unearned Revenue is consistent with month over month revenue allocations.

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

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	29,265,153	\$ -	\$ (4,500,000)	\$ 89,351	\$ 24,854,504	40.91%	3.77%
<i>TexPool</i>							
TexPool Prime	38,251,958		(6,400,000)	107,618	31,959,576	52.60%	3.81%
TexPool General Fund	3,931,217	-	-	12,181	3,943,398	6.49%	3.66%
TexPool Internal Service Fund	-		-		-	0.00%	
<i>TexPool Sub-Total</i>	42,183,175	-	(6,400,000)	119,799	35,902,974	59.09%	3.80%
Total Investments	\$ 71,448,328	\$ -	\$ (10,900,000)	209,150	\$ 60,757,478	100.00%	3.78%
Additional Interest on Checking Accounts				16,870			
Total Interest Earned during the current month				<u>226,020</u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.77%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	3.62%
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 July 31, 2026, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Roxanne Carr

Roxanne Carr
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions
July 31, 2026

Payment of Liabilities for Employee Benefits				
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jul-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,148,039	\$24,848,478
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$2,759,146	\$28,241,341
UNUM	Life Insurance	\$310,000	\$258,508	\$2,358,127

Local Government Investment Pool Transfers				
From	To	Date	Amount	Approval
TexPool Prime	JP Morgan Chase	7/8/2026	\$ 6,400,000	CFO
Texas Class	JP Morgan Chase	7/13/2026	\$ 1,300,000	CFO
Texas Class	JP Morgan Chase	7/22/2026	\$ 1,400,000	CFO
Texas Class	JP Morgan Chase	7/28/2026	\$ 1,800,000	CFO

Notes:

⁽¹⁾ 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.

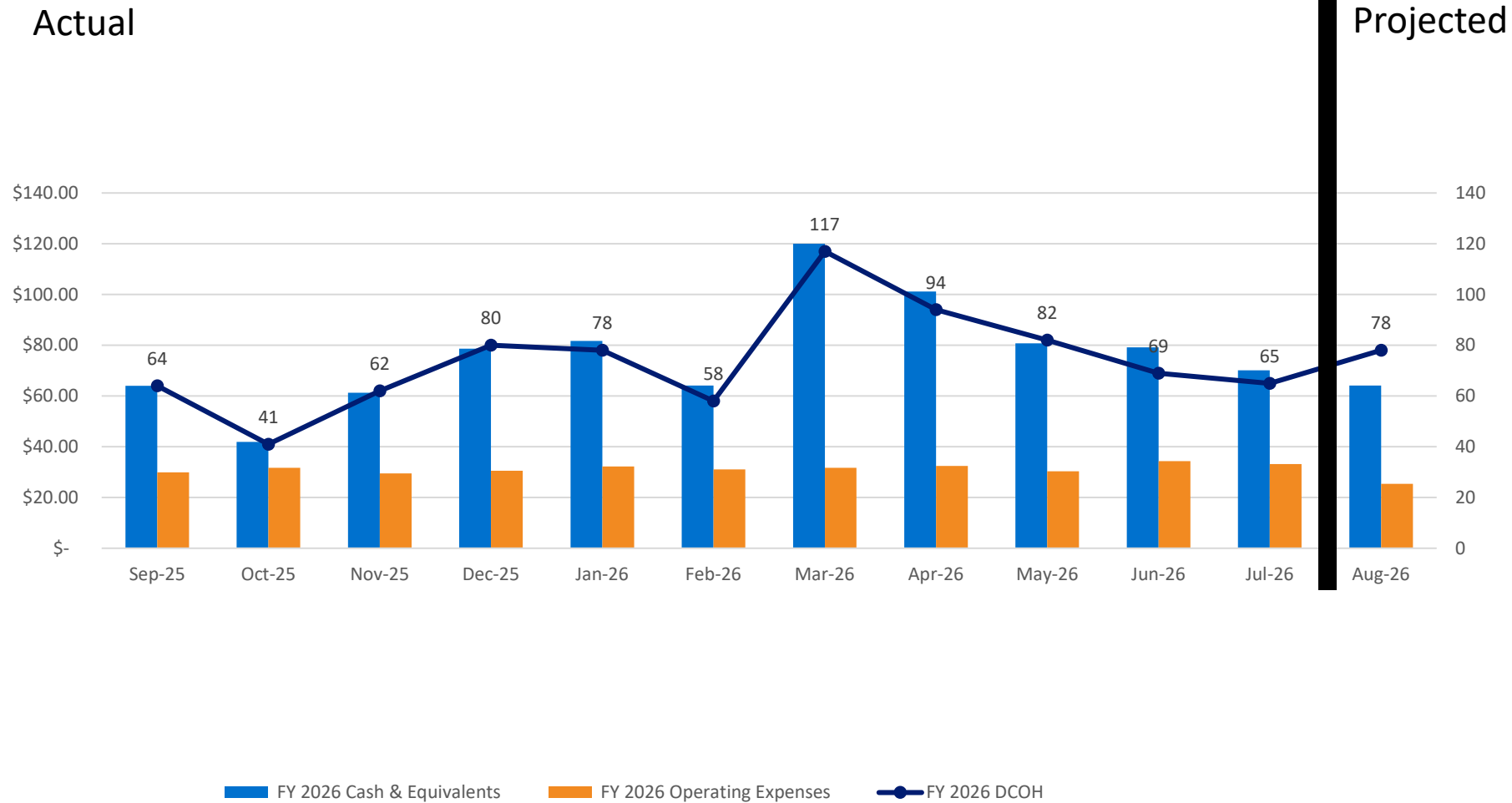
⁽²⁾ BCBS/Cigna - the invoices for FEB26 and MAR26 premiums were paid in March. The second payment was approved by the Board of Trustees.



Additional Analysis – JULY 2026

Days-Cash-On-Hand (DCOH)– as of 07/31/2026

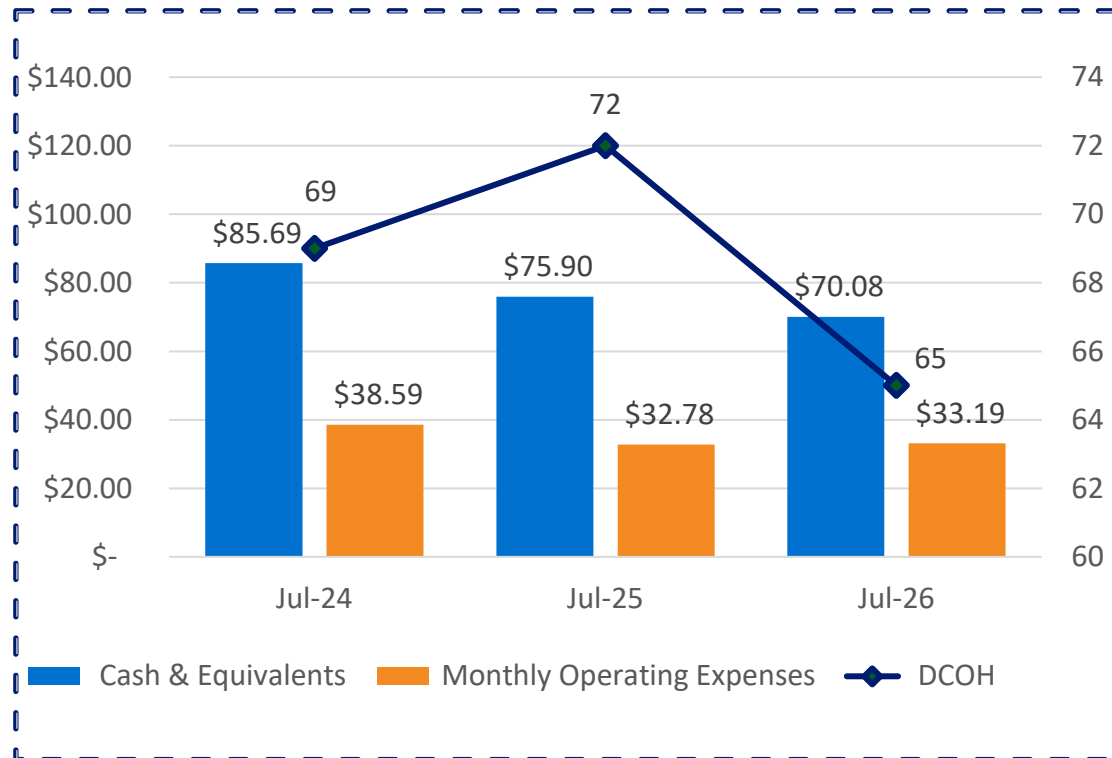
Month-over-month (“MoM”) (\$ amounts in millions)



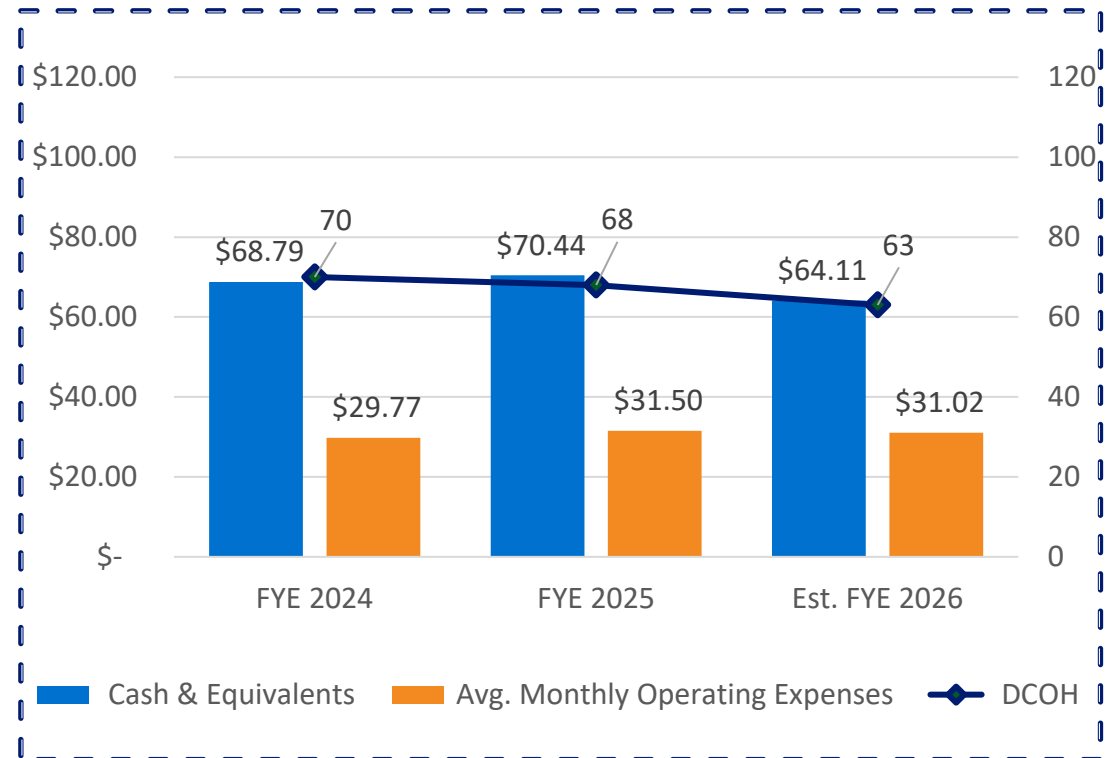
DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
 Months in FY 2026 after current Month are based on projections

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

For the Month Ending 7/31



For the Fiscal Year Ending 8/31



Capital Outlay – as of 07/31/2026

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	\$ 460,111
Fund Balance	460,111
IT Capital Projects	\$ 48,925
Fund Balance	48,925
6168 Apartments	\$ 921,583
CHC Grant (9271)	671,419
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	\$ 11,246,642
Bond Series 2024	1,098,373
TPWD Grant (4781)	4,866,054
TPWD Grant (4782)	5,282,214
NPC Renovation	\$ 95,983
Bond Series 2024	95,983
SW Foundation Repair	\$ 6,234
Bond Series 2024	6,234
SB30 3809 Main Street 1 (1501)	\$ 17,042
SB30 (150x)	17,042
SB30 Burnett Bayland Park (CWOP) (1503)	\$ 93,302
SB30 (150x)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	\$ 2,402
SB30 (150x)	2,402
SB30 Dennis Street (1505)	\$ 21,264
SB30 (150x)	21,264
Grand Total	\$ 12,913,488

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 509,036
Facilities Capital Projects	460,111
IT Capital Projects	48,925
Bond Series 2024	\$ 1,200,589
Northeast Clinic Design and Construction	1,098,373
NPC Renovation	95,983
SW Foundation Repair	6,234
CHC Grant (9271)	\$ 671,419
6168 Apartments	671,419
COH Loan (9272)	\$ 250,165
6168 Apartments	250,165
SB30 (150x)	\$ 134,010
SB30 3809 Main Street 1 (1501)	17,042
SB30 Burnett Bayland Park (CWOP) (1503)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	2,402
SB30 Dennis Street (1505)	21,264
TPWD Grant (4781)	\$ 4,866,054
Northeast Clinic Design and Construction	4,866,054
TPWD Grant (4782)	\$ 5,282,214
Northeast Clinic Design and Construction	5,282,214
Grand Total	\$ 12,913,488

EXHIBIT R-3

AUGUST 2026

AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section

Contractor*

The Council on Recovery

Contract ID #*

2026-1237

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

The Harris Center for Mental Health and IDD
The Council on Recovery

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| ☐ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☐ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other Substance Abuse Treatment - State Driven |

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Current Contract Amount*

\$ 779,929.00

Increase Not to Exceed*

\$ 13,125.00

Revised Total Not to Exceed (NTE)*

\$ 793,054.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 793,054.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

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

Increasing NTE to support ongoing collaboration between The Council on Recovery and The Harris Center to provide OSAR services to Texas Region 6 per state driven contract.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Ongoing subcontracting of OSAR services, current 3-yr contract cycle with HHSC began FY26

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Tracey Burnett-Greenup

Address*

Street Address

303 Jackson Hill Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77007-7407

Country

United States

Phone Number*

2812009329

Email*

tburnett-greenup@councilonrecovery.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2234	\$ 793,054.00	543061
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Smith, Janai

Submission Date

8/5/2026

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

8/5/2026

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/5/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stride

Approval Date*

8/5/2026

EXHIBIT R-4

AUGUST 2026 RENEWALS OVER 250k

[illegible]



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Select Header For This Contract*

Administration

Current Fiscal Year

2026

Contract ID#*

2022-0594

Contractor Name*

Rey de la Reza Architects, Inc. d/b/a RDLR Architect

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* (?)

\$ 545,036.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

CT144208

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? *

FM21.1126.18 NE Programming and Design (BP25.8001.01 NE Clinic Design and Construction - new clinic to better service consumers

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.*
1126	\$ 0.00	900040
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable (?)

CT144208 will roll over into FY2027 for continuity and dollar amount will reflect remaining balance on PO at that time

Project WBS (Work Breakdown Structure) (?)

FM21.1126.18 NE Programming and Design (BP25.8001.01 NE Clinic Design and Construction)

Fiscal Year* (?)	Amount* (?)
2027	\$ 545,036.00

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

Approved by

Belinda Stude

Approval Date

7/30/2026

EXHIBIT R-5

AUGUST 2026

INTERLOCAL AGREEMENTS



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2022-0467

Contractor Name*

Harris County Public Health

Service Provided* (?)

Accessing Coordinated Care and Empowering Self Sufficiency's ("ACCESS Harris County") Multi-Disciplinary Team ("IMDT"). (automatic renewal)

Renewal Term Start Date*

1/1/2027

Renewal Term End Date*

1/31/2028

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 275,000.00

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*

Janai Smith

Contract Owner*

Lance Britt

File Upload (?)

Renewal Determination



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

☒ Yes ☐ No

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

Contract supports providing SUDS services and care to clients by funding 3 LCDC positions within Behavioral 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.*
2370	\$ 275,000.00	403017
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2027

Amount* (?)

\$ 275,000.00

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

Please Explain*

Need to request of funder that contract language and approved budget details be amended to align allowable costs with actual costs that are incurred to support program.

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

Lance Britt

Budget Manager Approval(s)

Approved by

Janae Lynnette Smith

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/3/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2024-0973

Contractor Name*

Harris County Resources for Children and Adults

Service Provided* (?)

AWARE Harris Projective Narrative via SAMSHA Program for Agency's Clinicians to provide therapy, crisis intervention, substance abuse counseling, group therapy and education to children and adolescents.

Renewal Term Start Date*

10/1/2026

Renewal Term End Date*

10/1/2027

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 830,650.00

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*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

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?*

By increasing school safety through the development and expansion of evidence-based, violence prevention, reduction programs, and strategies to support school climate by maximizing resources, at no cost, and prevent duplication of services.

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.*
4110	\$ 680,953.00	435031
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 680,953.00

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Tanai Lynnette Smith

Contract Owner Approval

Approved by

Belinda Stude, M.A., LSC

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/13/2026



Executive Contract Summary

Contract Section

Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

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

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

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

- ☒ Yes ☐ No

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Funding Source*

County

Contract Description / Type* (?)

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

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

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

This is a revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 26/27 Fiscal year (County FY).

Amendment to extend the use of the CORE program to assess patient housed in Harris County jail on weekends and overnight when there are less clinicians to access the jail patients for housing assignments.

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*

Phillp Bosquez, Asst Chief of Detention Operations
Command

Address *

Street Address

1200 Baker Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number *

713-755-6044

Email *

Phillip.Bosquez@sheriff.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

7/22/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

7/22/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

7/23/2026

IT Approval Comments

Approved - AJones

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

KIMBERLY KORNMEYER

Approval Date

7/30/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/4/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1020

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Mental Health and Intellectual Developmental Disability services through the Crisis Intervention Response Team (CIRT)

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 953,030.00

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?***

This program, in which law enforcement officers and clinicians ride together in the field to provide assessments and treatment linkage for individuals in a mental health crisis, aims to decrease the number of people booked into the Harris County Jail system.

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.*
9228	\$ 953,030.00	403011
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)

2027

Amount* (?)

\$ 953,030.00

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

Jeddel 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*

8/4/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1043

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Jail Based Competency Restoration Program (JBRC) and for the expansion of the Forensic Single Portal Authority Program Services to Inmates Housed in the Detention Facilities Operated by the Harris County Sheriff's Office

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 998,239.87

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*

Krystin Holmes

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?*

To help individuals determined to be incompetent to stand trial and to reduce the number of individuals in the Harris County jail who are on the State Hospital waitlist.

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.*
6207	\$ 998,239.87	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	\$ 915,053.21
Fiscal Year* (?)	Amount* (?)
2028	\$ 83,186.66

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

Krystin Holmes

Budget Manager Approval(s)

Approved by

Sherrin Williams-Wesley

Contract Owner Approval

Approved by

Kristin Holmes

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/4/2026

EXHIBIT R-6

Agency Wide Moving & Storage Services RFP

Project# FY26-0382

Presented by: Stanley Adams, MBA
Chief Financial Officer



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept	30%
Understanding	25%
Financial Condition	10%
References	15%
Past Performance	10%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor #1	Vendor #2	Vendor #3
Evaluator 1	100	73	66
Evaluator 2	98	96	92
Evaluator 3	97	94	90
Evaluator 4	100	91	87
Average Evaluation Score	98.75	88.50	83.75

The total possible score is 100 points.

Note: We evaluated eight vendor proposals and shortlisted the top three to maintain a concise presentation. Full scoring matrices and pricing details are available upon request.

Vendor #1 RFP – Pricing

HOURLY SERVICE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Supervisor	Per Hour per Person	\$33.06	\$36.37	\$36.37	\$40.01
Lead Man	Per Hour per Person	\$18.00	\$18.00	\$18.00	\$18.00
Driver	Per Hour per Person	\$33.06	\$36.37	\$36.37	\$40.01
Mover(s) – Per Person	Per Hour per Person	\$25.00	\$27.50	\$27.50	\$30.25
Installer / Assembler	Per Hour per Person	\$30.00	\$33.00	\$33.00	\$36.30
Packing Service of All Common Areas and Records	Per Hour	\$18.00	\$18.00	\$18.00	\$18.00
Vehicle(s) – All types included	Per Hour per Vehicle	\$28.00	\$28.00	\$28.00	\$28.00
If other services, not listed above, are provided by your company, please list here:	UoM				
	STATE UNIT OF MEASURE				

Vendor #1 RFP – Pricing

MONTHLY WAREHOUSING AND STORAGE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
WAREHOUSING & STORAGE	MONTHLY BILLING	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Open Floor Gallery Storage – Climate Controlled	Per Square Foot per Month	\$0.65	\$0.65	\$0.65	\$0.65
Open Floor Gallery Storage – NON-Climate Controlled	Per Square Foot per Month	\$0.65	\$0.65	\$0.65	0.65
Enclosed Storage Vaults (7'x7'x6') – Stored in Climate Controlled Environment	Per Vault per Month	\$50.00	\$50.00	\$50.00	\$50.00
Enclosed Storage Vaults (7'x7'x6') – Stored in NON- Climate Controlled Environment	Per Vault per Month	\$50.00	\$50.00	\$50.00	\$50.00
Mobile Storage Trailer (48' long)	Per Trailer per Month				
If other storage options are provided by your company, please list here:	UoM				
	MONTHLY BILLING				

Vendor #1 RFP – Pricing

WAREHOUSE AND STORAGE “AFTER HOURS” ACCESS FEES					
Description of Fee(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		8/01/2028 to 8/31/2028	8/01/2028 to 8/31/2029	8/01/2029 to 8/31/2030	8/01/2030 to 8/31/2031
Warehouse & Storage “After Hours” Access Fee	Per Each Request for “After Hours” Access	\$25.00	\$25.00	\$25.00	\$25.00

Vendor #1 RFP – Pricing

MOVING SUPPLIES					
Description of Supplies	UoM	Unit Price	Unit Price	Unit Price	Unit Price
	STATE				
	STANDARD UNIT	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
	OF MEASURE (e.g. Per 300' roll, Per Package of 200, etc.)	8/01/2028 to 8/31/2028	8/01/2028 to 8/31/2029	8/01/2029 to 8/31/2030	8/01/2030 to 8/31/2031
Bins tri-wall all purpose containers		\$20.00	\$20.00	\$20.00	\$20.00
Book carton	Ea. (17x12x11)	\$2.50	\$2.50	\$2.50	\$2.50
Medium carton	Ea. (18x18x16)	\$3.00	\$3.00	\$3.00	\$3.00
Dish pack	Ea. (18x18x28)	\$8.00	\$8.00	\$8.00	\$8.00
Mirror carton	Ea. (37x3x61)	\$12.00	\$12.00	\$12.00	\$12.00
Large carton	Ea. (18x18x24)	\$3.50	\$3.50	\$3.50	\$3.50
Two-way, city wide radios	N/A	NC	NC	NC	NC
Corrugated wall covering	Each	\$50.00	\$50.00	\$50.00	\$50.00
Foam wrap wall covering	Per Roll	NC	NC	NC	NC
Blue, (3-M) or comparable mild adhesive tape	Per Roll	\$3.00	\$3.00	\$3.00	\$3.00
Masonite floor covering	Each	\$15.00	\$15.00	\$15.00	\$15.00
Door and corner guards	Each	NC	NC	NC	NC
Elevator guards	Each	NC	NC	NC	NC
Packing boxes for contents, interlocks	Each				
Colored moving labels	Roll (#250)	\$15.00	\$15.00	\$15.00	\$15.00
Large ziplock bags for IT Equipment/Cables/Phones	Each	\$2.00	\$2.00	\$2.00	\$2.00
Packing paper for delicate items	Per Pound	\$0.50	\$0.50	\$0.50	\$0.50
Bubble wrap for PC's (Anti-static)	Each	\$2.00	\$2.00	\$2.00	\$2.00
Foam wrap for packing and layering	Per Roll				
Shrink wrap and sealer	Per Roll (18' Wide)	\$25.00	\$25.00	\$25.00	\$25.00
Packing tape, general purpose	Per Roll	\$3.00	\$3.00	\$3.00	\$3.00
Peanuts, loose packing filler	Bag				
Heavy duty gondolas	Each	\$28.00	\$28.00	\$28.00	\$28.00
Paper pads for glass and art	48x72	\$28.00	\$28.00	\$28.00	\$28.00

Vendor #1 RFP – Pricing

MOVING SUPPLIES & DISPOSAL					
Description of Supplies		Unit Price	Unit Price	Unit Price	Unit Price
	UoM				
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
	STATE STANDARD UNIT OF MEASURE (e.g. Per 300' roll, Per Package of 200, etc.)	9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Wardrobes for maps, drawings, clothing	Each	\$12.00	\$12.00	\$12.00	\$12.00
List here if disposal services are offered	C-Van	\$200.00	\$200.00	\$200.00	\$200.00
List here if disposal services are offered	C-Van 1/2 Load	\$400.00	\$400.00		
List here if disposal services are offered	Bobtail Full Load	\$800.00	\$800.00	\$800.00	\$800.00
List here if disposal services are offered	Bobtail 1/2/Load	\$400.00	\$400.00	\$400.00	\$400.00

Vendor #2 RFP – Pricing

HOURLY SERVICE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Supervisor	Per Hour per Person	\$40.00	\$40.00	\$40.00	\$40.00
Lead Man	Per Hour per Person	\$32.00	\$32.00	\$32.00	\$32.00
Driver	Per Hour per Person	\$32.00	\$32.00	\$32.00	\$32.00
Mover(s) – Per Person	Per Hour per Person	\$28.00	\$28.00	\$28.00	\$28.00
Installer / Assembler	Per Hour per Person	\$35.00	\$35.00	\$35.00	\$35.00
Packing Service of All Common Areas and Records	Per Hour	\$28.00	\$28.00	\$28.00	\$28.00
Vehicle(s) – All types included	Per Hour per Vehicle	\$25.00	\$25.00	\$25.00	\$25.00
If other services, not listed above, are provided by your company, please list here:	UoM				
	STATE UNIT OF MEASURE				
IT Tech	Per Hour Per Person	\$35.00	\$35.00	\$35.00	\$35.00
Fuel Surcharge	Per Truck Per Day	\$75.00	\$75.00	\$75.00	\$75.00
Project Manager	Per Hour Per Person	\$60.00	\$60.00	\$60.00	\$60.00

Vendor #2 RFP – Pricing

MONTHLY WAREHOUSING AND STORAGE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
WAREHOUSING & STORAGE	MONTHLY BILLING	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Open Floor Gallery Storage – Climate Controlled	Per Square Foot per Month	\$1.75	\$1.75	\$1.75	\$1.75
Open Floor Gallery Storage – NON-Climate Controlled	Per Square Foot per Month	\$1.25	\$1.25	\$1.25	\$1.25
Enclosed Storage Vaults (7'x7'x6") – Stored in Climate Controlled Environment	Per Vault per Month	\$45.00	\$45.00	\$45.00	\$45.00
Enclosed Storage Vaults (7'x7'x6") – Stored in NON- Climate Controlled Environment	Per Vault per Month	\$30.00	\$30.00	\$30.00	\$30.00
Mobile Storage Trailer (48' long)	Per Trailer per Month	\$500.00	\$500.00	\$500.00	\$500.00
If other storage options are provided by your company, please list here:	UoM				
	MONTHLY BILLING				

Vendor #2 RFP – Pricing

WAREHOUSE AND STORAGE “AFTER HOURS” ACCESS FEES					
Description of Fee(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Warehouse & Storage “After Hours” Access Fee	Per Each Request for “After Hours” Access	\$80.00	\$80.00	\$80.00	\$80.00

Vendor #2 RFP – Pricing

MOVING SUPPLIES					
Description of Supplies	UoM	Unit Price	Unit Price	Unit Price	Unit Price
	STATE STANDARD UNIT OF MEASURE (e.g. Per 300' roll, Per Package of 200, etc.)	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		8/01/2028 to 8/31/2028	8/01/2028 to 8/31/2029	8/01/2029 to 8/31/2030	8/01/2030 to 8/31/2031
Bins tri-wall all purpose containers		\$0.00	\$0.00	\$0.00	\$0.00
Book carton	Ea. (17x12x11)	\$3.00	\$3.00	\$3.00	\$3.00
Medium carton	Ea. (18x18x16)	\$4.25	\$4.25	\$4.25	\$4.25
Dish pack	Ea. (18x18x28)	\$13.00	\$13.00	\$13.00	\$13.00
Mirror carton	Ea. (37x3x61)	\$15.00	\$15.00	\$15.00	\$15.00
Large carton	Ea. (18x18x24)	\$7.50	\$7.50	\$7.50	\$7.50
Two-way, city wide radios	N/A				
Corrugated wall covering	Each	\$110.00	\$110.00	\$110.00	\$110.00
Foam wrap wall covering	Per Roll				
Blue, (3-M) or comparable mild adhesive tape	Per Roll	\$14.00	\$14.00	\$14.00	\$14.00
Masonite floor covering	Each	\$0.00	\$0.00	\$0.00	\$0.00
Door and corner guards	Each	\$0.00	\$0.00	\$0.00	\$0.00
Elevator guards	Each	\$0.00	\$0.00	\$0.00	\$0.00
Packing boxes for contents, interlocks	Each	\$3.50	\$3.50	\$3.50	\$3.50
Colored moving labels	Roll (#500)	\$32.00	\$32.00	\$32.00	\$32.00
Large ziplock bags for IT Equipment/Cables/Phones	Each	\$2.00	\$2.00	\$2.00	\$2.00
Packing paper for delicate items	Per 25 pound bundle	\$30.00	\$30.00	\$30.00	\$30.00
Bubble wrap for PC's (Anti-static)	Each	\$6.00	\$6.00	\$6.00	\$6.00
Foam wrap for packing and layering	Per Roll				
Shrink wrap and sealer	Per Roll (18' Wide)	\$32.00	\$32.00	\$32.00	\$32.00
Packing tape, general purpose	Per Roll	\$3.50	\$3.50	\$3.50	\$3.50
Peanuts, loose packing filler	Bag	N/a	n/a	n/a	n/a
Heavy duty gondolas	Each	\$28.00	\$28.00	\$28.00	\$28.00
Paper pads for glass and art	48x72	\$5.00	\$5.00	\$5.00	\$5.00

Vendor #2 RFP – Pricing

MOVING SUPPLIES & DISPOSAL					
Description of Supplies		Unit Price	Unit Price	Unit Price	Unit Price
	UoM				
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
	STATE STANDARD UNIT OF (e.g. Per 300' roll, Per Package of 200, etc.)	9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Wardrobes for maps, drawings, clothing	Each	\$18.00	\$18.00	\$18.00	\$18.00
List here if disposal services are offered	C-Van	N/A	N/A	N/A	N/A
List here if disposal services are offered	C-Van 1/2 Load	N/A	N/A	N/A	N/A
List here if disposal services are offered	Bobtail Full Load	\$500.00	\$500.00	\$500.00	\$500.00
List here if disposal services are offered	Bobtail 1/2/Load	\$260.00	\$260.00	\$260.00	\$260.00

Vendor #3 RFP – Pricing

HOURLY SERVICE CHARGES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Supervisor	Per Hour / Per Person	\$75.00	\$75.00	\$75.00	\$75.00
Lead Man	Per Hour / Per Person	\$70.00	\$70.00	\$70.00	\$70.00
Driver	Per Hour / Per Person	\$60.00	\$60.00	\$60.00	\$60.00
Mover(s)	Per Hour / Per Person	\$60.00	\$60.00	\$60.00	\$60.00
Installer / Assembler	Per Hour / Per Person	\$75.00	\$75.00	\$75.00	\$75.00
Project Manager / Move Coordinator	Per Hour / Per Person	\$95.00	\$95.00	\$95.00	\$95.00
Packing Service – Common Areas and Records	Per Hour	\$60.00	\$60.00	\$60.00	\$60.00
Vehicle – Bobtail Truck	Per Hour / Per Vehicle	\$55.00	\$55.00	\$55.00	\$55.00
Vehicle – Tractor/Trailer	Per Hour / Per Vehicle	\$85.00	\$85.00	\$85.00	\$85.00
4-Hour Minimum Charge (all labor)	Per Move / Minimum	See Note	See Note	See Note	See Note

Vendor #3 RFP – Pricing

MONTHLY WAREHOUSING AND STORAGE CHARGES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
					9/01/2030 to 8/31/2031
Open Floor Gallery Storage – Climate Controlled	Per Sq Ft / Month	\$3.00	\$3.00	\$3.00	\$3.00
Open Floor Gallery Storage – NON-Climate Controlled	Per Sq Ft / Month	\$2.50	\$2.50	\$2.50	\$2.50
Enclosed Storage Vaults (7'x7'x6') – Climate Controlled	Per Vault / Month	\$175.00	\$175.00	\$175.00	\$175.00
Enclosed Storage Vaults (7'x7'x6') – NON-Climate Controlled	Per Vault / Month	\$135.00	\$135.00	\$135.00	\$135.00
Mobile Storage Trailer (48' long)	Per Trailer / Month	\$950.00	\$950.00	\$950.00	\$950.00

Vendor #3 RFP – Pricing

WAREHOUSE AND STORAGE "AFTER HOURS" ACCESS FEES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Warehouse & Storage "After Hours" Access Fee	Per Request	\$85.00	\$85.00	\$85.00	\$85.00

Vendor #3 RFP – Pricing

MOVING SUPPLIES					
Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Bins – Tri-wall all purpose containers	Each	\$18.00	\$18.00	\$18.00	\$18.00
Book carton (17x12x11)	Each	\$5.50	\$5.50	\$5.50	\$5.50
Medium carton (18x18x16)	Each	\$4.25	\$4.25	\$4.25	\$4.25
Dish pack (18x18x28)	Each	\$6.50	\$6.50	\$6.50	\$6.50
Mirror carton (37x3x61)					\$8.00
Large carton (18x18x24)					\$5.00
Two-way, city wide radios	N/A	N/C	N/C	N/C	N/C
Corrugated wall covering	Each	\$12.00	\$12.00	\$12.00	\$12.00
Foam wrap wall covering	Per Roll	\$22.00	\$22.00	\$22.00	\$22.00
Blue (3-M) or comparable mild adhesive tape	Per Roll	\$9.50	\$9.50	\$9.50	\$9.50
Masonite floor covering	Each	\$18.50	\$18.50	\$18.50	\$18.50
Door and corner guards	Each	\$5.00	\$5.00	\$5.00	\$5.00
Elevator guards	Each	\$35.00	\$35.00	\$35.00	\$35.00
	Each	\$4.50	\$4.50	\$4.50	\$4.50
	Roll (#250)	\$8.00	\$8.00	\$8.00	\$8.00
	Each	\$1.25	\$1.25	\$1.25	\$1.25
	Per Pound	\$2.50	\$2.50	\$2.50	\$2.50
	Each	\$14.00	\$14.00	\$14.00	\$14.00
Foam wrap for packing and layering	Per Roll	\$18.00	\$18.00	\$18.00	\$18.00
Shrink wrap and sealer	Per Roll (18" Wide)	\$30.00	\$30.00	\$30.00	\$30.00
Packing tape, general purpose	Per Roll	\$3.50	\$3.50	\$3.50	\$3.50
Peanuts, loose packing filler	Bag	\$9.00	\$9.00	\$9.00	\$9.00
Heavy duty gondolas	Each	\$45.00	\$45.00	\$45.00	\$45.00
Paper pads for glass and art (48x72)	Each	\$8.50	\$8.50	\$8.50	\$8.50
Wardrobes for maps, drawings, clothing	Each	\$12.00	\$12.00	\$12.00	\$12.00

Vendor #3 RFP – Pricing

DISPOSAL SERVICES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Disposal Services – Bobtail Full Load	Bobtail Full Load	\$750.00	\$750.00	\$750.00	\$750.00
Disposal Services – Bobtail Half Load	Bobtail 1/2 Load	\$550.00	\$550.00	\$550.00	\$550.00

Award Recommendation

DocuSign Envelope ID: 21611DAB-91A6-8D69-8365-52CA8B23859F



Award Recommendation Agency Wide Moving and Storage Services RFP Project# FY26-0382

The Request for Proposal opened for Agency Wide Moving and Storage Services on, June 10, 2026, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sarah Harper, Services Project Coordinator, Karen Hurst, Assistant Director Facility Services, Benjamin Mendez, Director Facility Services and Mustafa Cochinala, Chief Information Officer.

One hundred and sixty-nine (169) vendors were identified in this area of interest by our procurement software, Bonfire. Thirty-four (34) vendors were identified from buyer research, and the previous vendor list was also contacted. The specifications were posted on four (4) local newspapers, The Harris Center's website, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC), and Houston Business Journal.

Eight (8) responses received and zero (0) did not participate. Eight (8) responses were deemed responsive and evaluated by the project team.

Recommended Vendor:

A-Rocket Moving & Storage, Inc.

The team members rated each response using a qualitative approach. After weighing all categories, it was determined that A-Rocket has a good understanding of what is needed by the Agency. This vendor offers the most cost-effective solution among the proposals, combined with a highly collaborative working style and exceptional responsiveness.

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

The total NTE (Not to Exceed) for five (5) years is \$350,000.00 to be funded annually subject to availability of the budget each year. Forecast for each year is:

August 2026 Board

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FY27: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY27: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

FY28: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY28: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

FY29: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY29: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

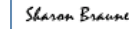
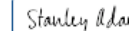
FY30: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY30: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

FY31: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY31: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

Submitted By:

DocuSigned by:
 7/10/2026
James Blunt, C.P.M.
Buyer II

Recommended By:

DocuSigned by:
 7/10/2026
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager
 7/10/2026
Stanley Adams, MBA
Chief Financial Officer

August 2026 Board

EXHIBIT R-7

Agency Wide Clinical Laboratory Services RFP

Project# FY26-0273

Presented by: Stanley Adams, MBA
Chief Financial Officer



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Complete Proposal	10%
References	10%
Performance History	10%
Standards Compliance	10%
Electronic Medical Record (EMR) Interface	30%
Laboratory Test	20%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor #1
Evaluator 1	98
Evaluator 2	94
Evaluator 3	76
Average Evaluation Score	89.33

The total possible score is 100 points.

Vendor Pricing-

	Vendor #1
NTE for 5 Years	\$1,784.835.00

Vendor #1 RFP – Pricing (Additional Pricing on Slides 6-9)

TEST NAME	PRICE PER TEST " WITHOUT" PHLEBOTOMY	DISCOUNT		PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT	
		MORE THAN			MORE THAN	
		ONE TEST			ONE TEST	
ALBUMIN/CRT RATIO,RNDM UR	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50
ALKALINE PHOSPHATASE ISO	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
AMITRIPTYLINE	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00
AMMONIA	\$ 13.25	\$ 13.25	\$ 13.25	\$ 13.25	\$ 13.25	\$ 13.25
ANTI-NUCLEAR ANTIBODIES	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
AUTO UA W/ MICROSCOPIC	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
AUTOMATED HEMOGRAM	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
BASIC METABOLIC PANEL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
BRAIN NATRIURETIC PEPTIDE	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00
BUN	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
CANDIDA BY PCR	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00
CARBAMAZEPINE,TOTAL	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
CBC W/MANUAL DIFF	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
CBC W/O DIFF,WITH PLATE	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
CBC WIT ABSOLUTE	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
BV, CANDIDA, CT/NG,TRICH	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00
CHROMOSOME ANALYSIS	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00
CHLAMYDIA, TMA URINE AND SWAB	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CHLAMYDIA,TMA,SIMPLESWAB	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CHLAMYDIA,TMA,THINPREP	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CHLAMYDIA,TMA,URINE	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CK, TOTAL	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.75
CLOZARIL (CLOZAPINE)	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
COMP METABOLIC PANEL	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25
COMPLETE BLOOD COUNT	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
CPR, HIGH SENSIT	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
C-REACTIVE PROTEIN	\$ 4.75	\$ 4.75	\$ 4.75	\$ 4.75	\$ 4.75	\$ 4.75
CREATININE	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
CT/NG,TMA,SIMPLESWAB	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
CT/NG,TMA,THINPREP	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
CT/NG,TMA,URINE	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
CULTURE URINE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
CULTURE,HERPES SIMPLEX	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50
CULTURE,URINE & SENS ALL	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
DESIPRAMINE	\$ 13.90	\$ 13.90	\$ 13.90	\$ 13.90	\$ 13.90	\$ 13.90
DHEA SULFATE	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25
DIFFERENTIAL	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
DNA AB ANTI-DNA SS IgG, AB, QN	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
DRUG ABUSE 11 W/ETOH,NO	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
DRUG ABUSE SCRIN 10 RFLX	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00
DRUG ABUSE SCRIN 8 W/CONF	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
DRUG SCREEN,SERUM	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
ELECTROLYTES PANEL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
ESTRADIOL	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
FECAL IMMUNOCHEMICAL TEST (FIT)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
FERRITIN	\$ 5.50	\$ 5.50	\$ 5.50	\$ 5.50	\$ 5.50	\$ 5.50
FOLATE, RBC	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
FOLIC ACID	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
FREE T3	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00

TEST NAME	PRICE PER TEST "WITHOUT" PHLEBOTOMY	DISCOUNT		PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT	
		MORE THAN ONE TEST			MORE THAN ONE TEST	
		ONE TEST			ONE TEST	
FREE T4 (THYROXINE)	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	
FSH + LH PROFILE	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	
GABAPENTIN, SERUM	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	
GENERAL HEALTH PANEL	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	
GGT	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	
GLUC FOR LACT TOL,1HR	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	
GLUCOSE	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	
GLUCOSE,FASTING NDDG	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	
GONORRHEA,TMA,SIMPLESWAB	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
GONORRHEA,TMA,THINPREP	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
GONORRHEA,TMA,URINE	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
H PYLORI BREATH TEST	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	
HCG QUANTITATIVE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
HCG,QUALITATIVE,SERUM	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
HEMOGLOBIN A1C	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATIC FUNCTION PANEL	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	
HEPATITIS A TOTAL AB	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	
HEPATITIS A TOTAL AB,RFLX	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	
HEPATITIS A VIRAL AB (IGM	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS B CORE IGM	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50	
HEPATITIS B CORE TOTAL AB	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS B DELTA AB	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	
HEPATITIS B E ANTIBODY	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	
HEPATITIS B E ANTIGEN	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	
HEPATITIS B QUANT BY PCR	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	
HEPATITIS B SURF AB	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS B SURF AG	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	
HEPATITIS B SURF AG	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	
HEPATITIS Bs AB QUANT	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS C ANTIBODY	\$ 9.25	\$ 9.25	\$ 9.25	\$ 9.25	\$ 9.25	
HEPATITIS C GENOTYPE	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
HEPATITIS C RNA BY PCR, Q	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	
HEPATITIS PROFILE (A,B, C)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	
FRAGILE X SCREENING	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	

TEST NAME	PRICE PER TEST "WITHOUT" PHLEBOTOMY	DISCOUNT	PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT
		MORE THAN ONE TEST		MORE THAN ONE TEST
HEPATITIS C RNA PCR QUAL	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
HEPATITIS PANEL,ACUTE	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
HEPATITIS PROFILE(A,B,C)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
HIV	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
HIV 1/2 4TH GEN,RFLX CONF	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
HOMOCYSTINE	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00
HPV HI RISK GENOTYPE, SP	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
HPV HI RISK GENOTYPE, TP	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
IMIPRAMINE	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
IRON+IBC+SATURATION %	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50
LEAD, BLOOD, INDUSTRIAL	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
LEAD,BLOOD,CAPILLARY	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80
LEAD,BLOOD,VENIPUNCTURE	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
LIPASE	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
LIPID PANEL	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
LITHIUM	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
LYME ANTIBODY,IgG/IgM	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00
MAGNESIUM	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
MANUAL RETIC	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
MANUAL SEDRATE	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
MANUAL UA W/MICRO	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
MC DIABETES SCRNM FAST GLU	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
MC PRE-DIAB SCRNM FAST GLU	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
METHYLMALONIC ACID	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00
MHA-TP (T PALLIDUM AB)	\$ 14.50	\$ 14.50	\$ 14.50	\$ 14.50
NORTRIPTYLINE (PAMELOR)	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00
OCC BLD,FECAL,IMM DX	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
OCC BLD,FECAL,IMM MC SCRNM	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
PAP SMEAR WITH HPV	\$ 46.00	\$ 46.00	\$ 46.00	\$ 46.00
PAP SMEAR WITH RELEX	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PAP TEST,SUREPATH,IMAGED	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PAP,SUREPATH,MC 1YR,IMAGE	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PTH, INTACT	\$ 28.00	\$ 28.00	\$ 28.00	\$ 28.00
PAP TEST,THIN PREP, IM & HPV	\$ 46.00	\$ 46.00	\$ 46.00	\$ 46.00

TEST NAME	PRICE PER TEST "WITH OUT" PHLEBOTOMY	DISCOUNT	PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT
		MORE THAN		MORE THAN
		ONE TEST		ONE TEST
PAP,SUREPATH,MC 2YR,IMAGE	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PAP,SUREPATH,MC DIAG,IMAG	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PHENYTOIN (DILANTIN)	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
PREGNANCY TEST, URINE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
PROLACTIN	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
PROTHROMBIN TIME	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
PSA TOTAL,SCRN MEDICARE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
PSA, TOTAL	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
PTH INTACT W/CA	\$ 28.00	\$ 28.00	\$ 28.00	\$ 28.00
PTT	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
RANDOM GLUCOSE	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
REFLX CBC W/MANUAL DIFF	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RENAL FUNCTION PANEL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RETICULOCYTE COUNT	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
RHEUMATOID FACTOR	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
RPR	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RPR reflex to Titer	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RX ANTIPSYCH SCRNL/RFLX	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00
SEDIMENTATION RATE	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
SERUM IRON	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
SGOT (AST)	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
SGPT (ALT)	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
SJOGREN'S SS-A ANTIBODY	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00
SJOGREN'S SS-B ANTIBODY	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00
STAT HANDLING FEE	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
T4	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
TESTOSTERONE	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
TESTOSTERONE,FR/TOT W/SBG	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00
THC, QUANT, URINE	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
THINPREP PAP,IMAGED	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
THINPREP PAP,IMAGED MC 1Y	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
THINPREP PAP,IMAGED MC 2Y	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PHOSPHORUS	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00

TEST NAME	PRICE PER TEST "WITHOUT" PHLEBOTOMY	DISCOUNT	PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT
		MORE THAN		MORE THAN
		ONE TEST		ONE TEST
THINPREP,IMAGED MC DIAG	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
THYROID I PROFILE	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
THYROID II PROFILE	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
THYROID PEROXIDASE AB	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00
THYROID STIMULATING HORMONE	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
TROPONIN T	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
TSH	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
TSH REFLEX TO FREE T4	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
T-UPTAKE	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
UA MANUAL DIPSTICK	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
UA MICROSCOPIC & RFLX CUL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
UPT	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
URIC ACID	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
URINALYSIS W/REFLEX MICRO	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
URINALYSIS WITH MICROSCOP	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
URINE MICROALBUMIN	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
URINE,CULT IF INDICATED	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
UROGRAM	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
VALPROIC ACID (DEPAKENE)	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
VITAMIN B-12	\$ 6.75	\$ 6.75	\$ 6.75	\$ 6.75
VITAMIN D, 25-HYDROXY	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
WHITE BLOOD COUNT	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00

Award Recommendation

Docusign Envelope ID: 02056AC4-5B89-8B4C-82CE-4D57BF353BEA



Award Recommendation Request For Proposal Agency Wide Clinical Laboratory Services Project#FY26-0273

A Proposal Opening for Agency Wide Clinical Laboratory Services was held on Wednesday, June 17, 2026.

Four hundred forty-two (442) vendors were identified in this area of interest from our procurement Software EUNA/Bonfire and were notified of this opportunity. Sixteen (16) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on five (5) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC). One (1) proposal was received. One (1) deemed responsive. The vendor who submitted a responsive proposal is Clinical Pathology Laboratories.

There were 35 Document Takers, 3 Intent to Bid and 1 Proposal Received. To better understand the lack of participation, Purchasing conducted follow-up outreach with vendors.

Intent to Bid Vendors

StatCare Urgent & Walk-In Medical Care PLLC

- Contacted by Purchasing.
- No response was received regarding why a proposal was not submitted.

Accu Reference Medical Lab

- Contacted by Purchasing.
- Vendor stated they were unable to participate because they do not maintain offices in the Houston area.

Additional Document Takers Contacted

LabCorp

- Follow-up performed regarding non-participation- no response.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Kia Walker, Chief Nursing Officer, Yen Phan, Nurse Director, and Rick Hurst, Sr. Director of IT Infrastructure.

Seven (7) areas were evaluated: Complete Proposal, References, Performance History, Standards Compliance, Electronic Medical Record (EMR) Interface, Laboratory Test, and Cost. Clinical Pathology Laboratories' platform is fully integrated with our system (Epic), ensuring compatibility and continuity of services.

Based on the project team's evaluation of the responses received, it is recommended that the contract be awarded to Clinical Pathology Laboratories, Inc.

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

Docusign Envelope ID: 02056AC4-5B89-8B4C-82CE-4D57BF353BEA

The initial fiscal year budget requested is \$356,967.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$1,784,835.00 funded annually. The charges will be allocated for various units using the service.

FY27 NTE-\$356,967.00
FY28 NTE-\$356,967.00
FY29 NTE-\$356,967.00
FY30 NTE-\$356,967.00
FY31 NTE-\$356,967.00

DocuSigned by:
Rosalind Armstrong
Rosalind Armstrong, BSBA
Buyer II

DocuSigned by:
Mina Cook
Mina Cook, MBA, CTCM, CTCD
Director of Purchasing

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

EXHIBIT R-8

AUGUST 2026
NEW CONTRACTS
100k – 250k

AUGUST 2026
FISCAL YEAR 2026

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Bread of Life, Inc.

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Bread of Life, Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

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* (?)

8/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 14,017.50

Fiscal Year* (?)

2027

Amount* (?)

\$ 168,210.00

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* (?)

Bread of Life will support internal operations through activity coordination, client services, resident monitoring, and life-skills education, to promote resident stability, self-sufficiency, and engagement among residents. Cost will support the salaries of one (1) Community Care Coordinators & two (2) Community Health Worker including administrative and management oversight, program support, and necessary travel and mileage expenses associated with service delivery.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☒ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Harris Housing Community Care Staffing Proposal.pdf

486.92KB

Memo for Record Bread of Life EUL.docx

52.86KB

Email - Memo for Record Bread of Life.pdf

3.8MB

Vendor/Contractor Contact Person



Name*

Camille Chappell

Address*

Street Address

2019 Crawford Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

Phone Number*

832-939-7477

Email*

camille.c@breadoflifeinc.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 182,227.50	543080
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

not available

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

7/30/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

8/3/2026

Procurement Approval

File Upload (?)

Approved by

Brauner, Sharon

Approval Date

8/4/2026

Contract Owner Approval

Approved by

KIMBERLY KORNMEYER

Approval Date

8/4/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/4/2026



Proposal for Community Care Staffing Partnership

Submitted by Bread of Life, Inc.

July 14, 2026

Community Care Coordinator & Community Health Workers

Proposal Request:

Bread of Life, Inc. is pleased to submit this proposal to partner with Harris Housing by providing a dedicated Community Care Team. The team will support residents through case management, health education, resource navigation, and community engagement. Our goal is to empower residents to achieve long-term stability by connecting them with essential resources, improving their overall well-being, and providing educational opportunities that promote self-sufficiency.

The proposed staffing model consists of the following:

one (1) Community Care Coordinator and

two (2) Community Health Workers (CHWs)

Position 1: Community Care Coordinator

Reports to: The Community Care Coordinator will report to both Bread of Life, Inc. and the Harris Housing Leadership team.

Work Schedule: Hybrid (On-site and Remote)

Position Overview:

The Community Care Coordinator serves as the primary leader of the Community Care Team and is responsible for coordinating resident services, supervising Community Health Workers, maintaining quality standards, tracking program outcomes, and ensuring residents receive comprehensive support. This role serves as the liaison between Bread of Life, Inc., Harris Housing, and community partners.

Primary Responsibilities:

- Supervise and manage two Community Health Workers.
- Develop weekly schedules and assign resident caseloads.
- Conduct regular team meetings and provide ongoing coaching.
- Monitor resident engagement and program participation.
- Coordinate referrals to community resources and partner agencies.
- Build relationships with healthcare providers, workforce agencies, educational institutions, and social service organizations.
- Develop and maintain a comprehensive community resource directory.
- Ensure Community Health Workers have educational materials and resources available for residents.
- Monitor program performance through data collection and reporting.
- Prepare monthly reports outlining resident outcomes, service utilization, and program impact.
- Collaborate with Harris Housing staff to identify resident needs and develop supportive programming.
- Assist with crisis intervention and problem-solving when needed.
- Ensure all client documentation remains accurate, confidential, and compliant.

Key Expectations:

- Provide consistent leadership and supervision.
- Maintain regular communication with Bread of Life, Inc. and Harris Housing.
- Ensure timely follow-up with residents.
- Promote resident engagement and participation.
- Maintain professional documentation and reporting standards.
- Foster a collaborative, resident-centered environment.

Positions 2 & 3: Community Health Workers (2)**Reports to:** Community Care Coordinator**Work Schedule:** On-site (Monday-Friday)**Position Overview**

Community Health Workers serve as trusted community advocates who provide direct support to residents through education, resource navigation, client engagement, and ongoing follow-up. Their primary responsibility is to help residents identify barriers to stability while connecting them with services that improve their quality of life.

Primary Responsibilities: Each Community Health Worker will maintain an assigned caseload of residents and will:

- Build positive relationships with residents.
 - Conduct resident outreach and engagement.
 - Perform routine follow-up visits and wellness check-ins.
 - Assist residents in setting personal goals toward stability.
 - Connect residents with community resources and supportive services.
 - Maintain regular follow-up with assigned residents.
 - Document resident progress and outcomes.
 - Distribute educational materials and community resources.
 - Assist with workshops, community events, and wellness activities.
-

Resident Education & Sustainability Courses:

The general purpose of the Resident Life Skills Courses is to assist residents in establishing long-term goals and skills. The skills established will be beneficial to maintaining their permanent housing and assisting in their major life transition from homelessness to permanent housing. This curriculum consists of 5 courses and 10 activities that rotate every 2 weeks. This format will allow all residents to experience all courses at least once before receiving their temporary housing.

Topics may include:

- | | |
|---|--|
| • Financial Stability | ○ How to maintain personal hygiene |
| ○ How to budget finances based on necessities | ○ How to manage mental health within a new environment |
| • Employment Readiness | ○ Promote healthy social skills |
| ○ Resume writing and interview training | |
| • Housing Sustainability | • Life Skills |
| ○ How to clean and organize personal space | • Family Support |
| • Health & Wellness | • Digital Literacy |
| | • Community Engagement |
-

EXHIBIT R-9

AUGUST 2026

AMENDMENTS 100k - 250k

[illegible]

Contract Section

Contractor*

Otis Elevator Company

Contract ID #*

6093

Presented To*

- ☒ Resource Committee
- ☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

The Harris Center for MH and IDD and Otis Elevator 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

- | | |
|--|---|
| ☐ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☐ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other By assignment-9401 SW property acquisition. |

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* (?)

11/1/2025

Contract Term End Date* (?)

10/31/2026

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

11/1/2025-10/31/2026

Current Contract Amount*

\$ 106,588.65

Increase Not to Exceed*

\$ 20,834.64

Revised Total Not to Exceed (NTE)*

\$ 127,423.29

Fiscal Year* (?)

2026

Amount* (?)

\$ 122,005.97

Fiscal Year* (?)

2027

Amount* (?)

\$ 127,423.29

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* (?)

Contract crosses fiscal year.

Increase needed for FY26 to pay July and August 2026 monthly invoices of \$2,708.66 and for repairs of violations on the Annual Inspection in the amount of \$10,000 - Total \$15,417.32

Increase needed for FY27 to pay September and October 2026 monthly invoices of \$2,708.66 - Total \$5,417.32

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*

not eligible

Community Partnership* (?)

☐ Yes
 ☒ No
 ☐ Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Shea Baker

Address*

Street Address

1289 North Post Oak Road suite 100

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77040

Country

US

Phone Number*

1-346-315-6655

Email*

shea.baker@otis.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 20,834.64	569009

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Moynihan, Kelly

Provide Rate and Rate Descriptions if applicable* (?)

Same as current contract

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

7/20/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/20/2026

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

7/21/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/21/2026



Executive Contract Summary

Contract Section

Contractor*

P-Master Pool Agreement

Contract ID #*

2021-0224

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

P-Master Pool Agreement & The Harris Center for Mental Health & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- ☐ Yes ☒ No

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* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 225,000.00

Increase Not to Exceed*

\$ 25,000.00

Revised Total Not to Exceed (NTE)*

\$ 250,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 250,000.00

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 This is a request to increase existing PO for FY26

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

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.

Contract Owner*

Danyette Hemanes

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Current

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Re_NEED INCREASE ON PO CT145240.pdf

538.13KB

Vendor/Contractor Contact Person



Name*

Danyette Hemanes

Address*

Street Address

9401 Southwest Fwy

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

Phone Number*

713970-7304

Email*

danyette.hemanes@theharriscenter.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 250,000.00	540500
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Vary

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hemanes, Danyette

Submission Date

7/10/2026

Budget Manager Approval(s)**Approved by***Kelly E. Moynihan***Approval Date**

7/10/2026

Procurement Approval**File Upload (?)****Approved by**

Sign

Approval Date**Contract Owner Approval**

Approved by

Danyette Hemanes

Approval Date

7/10/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/13/2026



Executive Contract Summary

Contract Section

Contractor*

Houston Recovery Center (HRC)

Contract ID #*

2026-1251

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

The Harris Center for Mental Health & IDD and Houston Recovery Center (HRC)

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of 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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

9/1/26 - 6/30/27

Current Contract Amount*

\$ 111,113.00

Increase Not to Exceed*

\$ 26,973.60

Revised Total Not to Exceed (NTE)*

\$ 138,086.60

Fiscal Year* (?)

2027

Amount* (?)

\$ 138,086.60

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

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

*Increase of \$5,000 from Houston Recovery Center for Employee Benefits

Houston Recovery Center providing weekend intake EMT coverage (2.12 FTEs total, 2 EMTs, 0.12 Manager) at 419 Emancipation.

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 (?)

419 Emancipation Budget (2 employees only).xlsx

74.42KB

Vendor/Contractor Contact Person



Name*

Susana Deltoro, CEO

Address *

Street Address

150 North Chenevert Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-2219

Country

United States

Phone Number *

832-695-7259

Email *

sdeltoro@houstonrecoverycenter.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9901	\$ 138,086.60	543079
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Provide Rate and Rate Descriptions if applicable * (?)

\$138,086.60 (rounded up to \$138,087) to include an estimated \$107,534.45 in salaries & wages, \$10,484.61 in payroll taxes, and \$20,067.54 in employee benefits for 2.12 FTE employees, annually.

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name

Singh, Patricia

Submission Date

7/30/2026

Budget Manager Approval(s)**Approved by***Priscilla M. Ramirez***Approval Date**

8/3/2026

Procurement Approval**File Upload (?)****Approved by**

Sign

Approval Date**Contract Owner Approval**

Approved by

KIMBERLY KORNMEYER

Approval Date

8/3/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/4/2026

EXHIBIT R-10

AUGUST 2026
NEW CONTRACTS
UNDER 100k

AUGUST 2026
FISCAL YEAR 2026

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Provider Solutions & Development

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Provider Solutions & Development and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- ☐ Yes ☒ No

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 70,000.00

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* (?)

Time sensitive and high in demand Physician Recruitment services. - We reached out to a total of (3) vendors. Provider Solutions & Development were the leading experts in Physician Recruitment and most cost effective. The Reserves Network, a current vendor, does not and cannot staff our Physician's needs, per their response back when we inquired. Another vendor, Kinetix HR, is triple the cost and required access to our systems to complete the recruitment efforts. Currently, providing an outside recruitment vendor with our HR systems access to recruit physicians does not align with the immediate goals. All attachments provided. We'd like to move forward with Provider Solutions & Development.

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 (?)

PSD recruitment proposal_ Harris Center.pdf	1.59MB
Recruitment agreement _ Harris Center _ PSD.docx	47.23KB
RE_ The Harris Center for Mental Health- Psychiatric Physician Recruitment Services .pdf	394.67KB
The Harris Group for Mental Health & IDD Pricing.pdf	751.95KB

Vendor/Contractor Contact Person

Name*

Josh Erde-Wollheim

Address*

Street Address

1730 Minor Ave ste 400

Address Line 2

City

Seattle

State / Province / Region

WA

Postal / Zip Code

98101-1498

Country

US

Phone Number*

503-203-0816

Email*

Josh.Erde-Wollheim@psdconnect.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 70,000.00	592000
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hemanes, Danyette

Submission Date

7/7/2026

Budget Manager Approval(s)**Approved by***Kelly E. Moynihan***Approval Date**

7/8/2026

Procurement Approval**File Upload (?)****Approved by***Brauner, Sharon***Approval Date**

7/8/2026

Contract Owner Approval

Approved by

Danyette Hemanus

Approval Date

7/8/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/9/2026



Executive Contract Summary

Contract Section

Contractor*

Sedgwick Claims Management Services, Inc.

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Sedgwick and The Harris Center for Mental Health & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 12,000.00

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* (?)

Engaging a professional unemployment claims vendor is a highly cost-effective operational strategy. The measurable reduction in unemployment tax liability, combined with streamlined administrative processes and reduced legal risk. - Our team reached out to 3 other vendors: When we reached out to different employment claims servicers, (4) companies, Sedgwick is the only company that could meet our service needs. Other simply said that could not service us from an inquiry and another we met with stated they could not due to our HRIS. Companies our team reached out to for this service: ADP, Equifax, Experian, & Sedgwick

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 (?)

4_21_26_The Harris Center for Mental Health and IDD_Sedgwick
unemployment_proposal.pdf

543.95KB

Harris Center for Mental Health and IDD, The 2026-2029 UC 6.12.2026.docx

51.73KB

Vendor/Contractor Contact Person



Name*

Jeffrey Burmeister

Address *

Street Address

8125 Sedgwick Way

Address Line 2

City

Memphis

State / Province / Region

TN

Postal / Zip Code

38125

Country

US

Phone Number *

949-208-5785

Email *

Jeffrey.Burmeister@sedgwick.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 12,000.00	553002
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

Hemanes, Danyette

Submission Date

7/7/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

7/7/2026

Procurement Approval

File Upload (?)

Approved by

Brauner, Sharon

Approval Date

7/8/2026

Contract Owner Approval

Approved by

Danyette Hemanus

Approval Date

7/8/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/13/2026



Executive Contract Summary

Contract Section

Contractor*

Xerox Business Solutions, LLC

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

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

- | | |
|--|---|
| ☐ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☒ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other Choice Partners 25/018MF-79 |

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2031

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

2027

Amount* (?)

\$ 32,992.80

Fiscal Year* (?)

2028

Amount* (?)

\$ 32,992.80

Fiscal Year* (?)

2029

Amount* (?)

\$ 32,992.80

Fiscal Year* (?)

2030

Amount* (?)

\$ 32,992.80

Fiscal Year* (?)

2031

Amount* (?)

\$ 32,992.80

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

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

Replacing end of lease equipment in the Printshop

Contract Owner*

Mustafa Cochinwala

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

FY2021 - Current

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

N/A

Community Partnership* (?)☐ Yes ☐ No ☐ Unknown

Supporting Documentation Upload (?)

Xerox Business Solutions Southwest _#25_018MF-79 _ Choice Partners Cooperative.pdf	102.1KB
The Harris Center for Mental Health and IDD - PX300_B9136 Sales Order Package #20470327_r.pdf	513.42KB

Vendor/Contractor Contact Person

Name *

Kurt Gilbert

Address *

Street Address

14141 Southwest Freeway

Address Line 2

Suite 800

City

Sugar Land

Postal / Zip Code

77478-3493

State / Province / Region

TX

Country

US

Phone Number *

281-772-2717

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. *
1109	\$ 32,992.80	552002

Budget Manager

Moynihan, Kelly

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

\$2049.40 / Monthly

Pool 1 rates apply to the Xerox PX300

Pool 2 rates apply to the Xerox B9136

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hurst, Richard

Submission Date

7/21/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

7/22/2026

Procurement Approval



File Upload (?)

Approved by

Braunet, Sharon

Approval Date

7/22/2026

Contract Owner Approval



Approved by

Mustafa Cochinnala

Approval Date

7/28/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/29/2026



Executive Contract Summary

Contract Section

Contractor*

NAMI Greater Houston

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

NAMI Greater Houston and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 70,500.00

Funding Source*

State

Contract Description / Type* (?)

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

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

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

Peer to peer facilitated, psycho-education courses related to individual diagnosed to support best practices in the recovery process.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Sept 1, 2021 - July 15, 2026

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Angelina Hudson

Address *

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074

Country

US

Phone Number *

7139704419

Email *

abhudson@namigreaterhouston.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 20,500.00	542000

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Smith, Janai

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 8,090.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 3,371.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9274	\$ 5,000.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 14,831.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9502	\$ 3,708.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 15,000.00	543080
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

NAMI signature programming for 419 Emancipation (3 days a wk) - \$25,000

NAMI signature programming for jail diversion (3 days a wk) - \$30,000

NAMI Basics class (2) - \$3730 per class - total cost \$7460

Twenty (20) presentations of "In our own voice" presentations- total cost \$1440 (for consumer stipends and travel)

Peer to Peer training and classes (3 classes) - \$2200 per class - total cost \$6600

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Britt, Lance	7/15/2026

Budget Manager Approval(s)

Approved by

Tanai Lynnette Smith

Approval Date

7/17/2026

Approved by

Giovanni Puentes

Approval Date

7/17/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

7/20/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/3/2026

EXHIBIT R-11

AUGUST 2026

AMENDMENTS UNDER 100k

[illegible]



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

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 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



Executive Contract Summary

Contract Section

Contractor*

LEGAL FILES SOFTWARE, INC.

Contract ID #*

6298

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

The Harris Center and Legal Files Software, Inc.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of 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* (?)

1/6/2026

Contract Term End Date* (?)

1/5/2027

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

Current Contract Amount*

\$ 8,840.00

Increase Not to Exceed*

\$ 146.95

Revised Total Not to Exceed (NTE)*

\$ 8,986.95

Fiscal Year* (?)

2026

Amount* (?)

\$ 146.95

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* (?)

Rate increase.

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

12/30/2014 - to date

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Joe Wheeler

Address *

Street Address

801 South Durkin Drive

Address Line 2

P.O. Box 6292

City

Springfield

Postal / Zip Code

62704-6027

State / Province / Region

IL

Country

United States

Phone Number *

8005000537

Email *

joe@legalfiles.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1110	\$ 5,146.95	553002

Budget Manager

Moynihan, Kelly

Secondary Budget Manager

Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1119	\$ 3,840.00	553002

Budget Manager

Moynihan, Kelly

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Gerardo, Christina

Submission Date

6/29/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

7/1/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

7/1/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval



Approved by

Kendra Thomas

Approval Date

7/9/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/13/2026



Executive Contract Summary

Contract Section

Contractor*

Quantum Market Research, Inc.

Contract ID #*

2023-0637

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Quantum Market Research, Inc. & The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

\$ 50,000.00

Increase Not to Exceed*

\$ 26,978.00

Revised Total Not to Exceed (NTE)*

\$ 76,978.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 76,978.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Quantum: there is a 7% increase applied for 2027's renewal, FY27 annual subscription cost to (Contract \$56,978); Adding Quantum new product "Succession Planning and Performance Management Module" estimated cost, \$20,000.

Contract Owner*

Danyette Hemanes

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

Current

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)☐ Yes ☐ No ☐ Unknown**Community Partnership* (?)**☐ Yes ☐ No ☐ Unknown**Supporting Documentation Upload (?)**

Annual Renewal Evaluation.pdf	393.85KB
Quantum Workplace & The Harris Center - Succession Planning, Talent	
Reviews and Growth - 700 Users - Addendum.pdf	849.05KB
RE_ACTION NEEDED_ Quantum Contract.pdf	805.15KB

Vendor/Contractor Contact Person

Name *

Matt Dougherty

Address *

Street Address

13810 FNB Parkway, Suite 401

Address Line 2

City

Omaha

State / Province / Region

NE

Postal / Zip Code

68154-5216

Country

US

Phone Number *

402-983-9238

Email *

matt.dougherty@quantumworkplace.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 76,978.00	553002
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

Hemanes, Danyette

Submission Date

7/7/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

7/7/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Danyette Hemanus

Approval Date

7/7/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/8/2026



Executive Contract Summary

Contract Section



Select Header For This Contract*

Administration

Contractor*

Robert E Wehmeyer IID d/b/a AED123, LLC

Contract ID #*

2026-1061

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

The Harris Center and AED123

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| ☒ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☒ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other TX Buy Board Purchasing Cooperative |

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* (?)

5/21/2026

Contract Term End Date* (?)

5/31/2027

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

5/21/2026 End: 5/31/2027

Current Contract Amount*

\$ 26,510.00

Increase Not to Exceed*

\$ 31,680.00

Revised Total Not to Exceed (NTE)*

\$ 58,190.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 10,080.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 31,680.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contract Owner*

Eunice Davis

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 (?)

Quote for The Harris Center - Purchase of new AEDs (003).pdf

136.75KB

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

Keeps Agency in Compliance with State/Government Regulations.

Vendor/Contractor Contact Person**Name***

Annie McMahon

Address*

Street Address

1319 Motor Circle

Address Line 2

City

Dallas

Postal / Zip Code

75207

State / Province / Region

TX

Country

US

Phone Number*

2148845439

Email*

amcmahon@aed123.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 10,080.00	595000
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Year 1 \$26510.00- Monthly Rate \$2209.16

Year 2 \$26510.00- Monthly Rate \$2209.16

Year 3 \$26510.00- Monthly Rate \$2209.16

Annual Funding for a three-year commitment

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Bailey, Christan

Submission Date

7/24/2026

Budget Manager Approval(s)**Approved by***Kelly E. Moynihan***Approval Date**

7/24/2026

Procurement Approval**File Upload (?)****Approved by**

Sign

Approval Date**Contract Owner Approval**

Approved by

Davis, Eunice

Approval Date

7/24/2026

Contracts Approval



Approved by

Belinda Stude

Approval Date

7/24/2026



Executive Contract Summary

Contract Section

Contractor*

Snappy App, Inc.

Contract ID #*

7362

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Snappy App, Inc. and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

☐ Yes ☒ No

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* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 42,000.00

Increase Not to Exceed*

\$ 4,300.00

Revised Total Not to Exceed (NTE)*

\$ 46,300.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 46,300.00

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* (?)

Increase needed to cover incoming invoices for the remainder of FY26.

Contract Owner*

Danyette Hemanes

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

current

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

RE_PO Increase Request re_ Snappy Contract ID7362; PO CT145226

Final.pdf

319.91KB

Vendor/Contractor Contact Person



Name*

Jeff Goldfarb

Address*

Street Address

50 West 17th Street

Address Line 2

City

New York

State / Province / Region

New York

Postal / Zip Code

10011

Country

US

Phone Number*

212 318 2000

Email*

billing@snappy.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 33,747.80	549009
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

varies

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hemanes, Danyette

Submission Date

7/28/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

7/28/2026

Contract Owner Approval

Approved by

Danyette Hemanes

Approval Date

7/28/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/30/2026

EXHIBIT R-12

AUGUST 2026 RENEWALS UNDER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2024-0891

Contractor Name *

NLUC, LLC

Service Provided* (?)

Workers Compensation Medical Treatment 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 | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☒ Request for Quote | ☐ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☐ Other |

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 5,525.00

Rate(s)/Rate(s) Description

\$50.00 Drug Screen, \$40.00 Breath Alcohol Test, \$90.00

Total Drug/Alcohol Screening, \$75.00 X-Ray Chest

Unit(s) Served*

1117

G/L Code(s)*

543024

Current Fiscal Year Purchase Order Number*

CT145238

Contract Requestor*

Christan Bailey

Contract Owner*

Eunice Davis

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ 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 health and safety of all agency employees.

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.*
1117	\$ 7,000.00	543024
Budget Manager*	Secondary Budget Manager*	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Initial Rate for Drug/Alcohol Screens - \$85 and X-Rays \$75.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 7,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Copy of 1-Pricing Sheet (BT-47FH).xlsx

38.5KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Eunice Davis

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Davis, Eunice

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/13/2026

EXHIBIT R-13

AUGUST 2026

**AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES**

INFORMATION ONLY

[illegible]



Executive Contract Summary

Contract Section

Select Header For This Contract*

MOU

Contractor*

The Crime and Justice Institute at Community Resources for Justice, Inc.

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

THC and CJI

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☒ Yes ☐ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

8/4/2026

Contract Term End Date* (?)

8/31/2028

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

Fiscal Year* (?)

2026

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

Contract Owner*

Dr. Scott Hickey

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 (?)

CJI-Harris Center MOU.docx

32.02KB

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

Attempt to reduce criminalization of mental illness

Vendor/Contractor Contact Person

Name*

Maja M. Vlajnic, Ph.D./Crime and Justice Institute A Division
of Community Resources for Justice

Address*

Street Address

355 Boylston St

Address Line 2

City

Boston

Postal / Zip Code

02116-3313

State / Province / Region

MA

Country

US

Phone Number*

Phone: 617.733.0732

Email*

mvlajnic@cjinstitute.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1148	\$ 0.00	N/A

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

No-cost MOU

Project WBS (Work Breakdown Structure)* (?)

See Above

Requester Name

Hickey, Scott

Submission Date

5/21/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/22/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

7/1/2026

IT Approval Comments

AJones - This will be a one-time data extraction.

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Scott Hickey

Approval Date

8/4/2026

Contracts Approval

Approved by

Belinda Stude

Approval Date

8/4/2026



Executive Contract Summary

Contract Section

Contractor*

Chamberlain University

Contract ID #*

2021-0108

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Chamberlain University and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

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 * (?)

5/1/2001

Contract Term End Date * (?)

4/30/2026

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

\$ 0.00

Increase Not to Exceed *

\$ 0.00

Revised Total Not to Exceed (NTE) *

\$ 0.00

Fiscal Year * (?)

2027

Amount * (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type * (?)

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

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

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

Renewal of existing contract -This agreement will allow students in the 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
Please add previous contract dates and what services were provided *

2021-2026

Vendor/Contractor a Historically Underutilized Business (HUB) * (?)
☐ Yes ☐ No ☒ Unknown
Community Partnership * (?)
☐ Yes ☐ No ☒ Unknown
Supporting Documentation Upload (?)

26-27_COI_Chamberlain University_GL_PL (1).pdf

27.09KB

-archive-catalog.pdf

6.11MB

Vendor/Contractor Contact Person

Name *

Chloe Hardeman

Address *

Street Address

12000 Shadow Creek Pkwy

Address Line 2

City

Pearland

Postal / Zip Code

77584

State / Province / Region

Texas

Country

United States

Phone Number *

832-664-7095

Email *

CHardeman@chamberlain.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

Hemanes, Danyette

Submission Date

7/28/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

7/28/2026

Contract Owner Approval

Approved by

Danyette Hemanes

Approval Date

7/28/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/29/2026



Executive Contract Summary

Contract Section

Contractor*

The Villas at Eastwood

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Villas at Eastwood and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

☐ Yes ☒ No

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 * (?)

9/1/2026

Contract Term End Date * (?)

8/31/2027

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

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 Villas at Eastwood is providing space for the BHRT program to provide on-site care for residents. Worth 30k

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

09/01/2022-08/31/2026

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

☐ Yes ☐ No ☒ Unknown

Community Partnership * (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name ***

Jamekia Albert, Community Manager

Address*

Street Address

1933 Hussion Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77003-5625

Country

US

Phone Number*

832.481.6670

Email*

no.email@address.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

7/20/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

7/21/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIMBERLY KORNHAYER

Approval Date

7/21/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/24/2026



Executive Contract Summary

Contract Section

Contractor*

Tony's Place

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

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

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- ☐ Yes ☒ No

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* (?)

6/1/2026

Contract Term End Date* (?)

8/31/2027

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

Auto renewals requested

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 0.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 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

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

The Harris Center will provide community-based services to qualifying consumers referred by Tony's Place through the Homeless Management Information System. This agreement shall specify that Tony's Place will provide office space for The Harris Center to conduct individual therapy sessions and that consumers will be served directly by the Behavioral Health Response Team.

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*

Carrie Rai

Address*

Street Address

1429 Hawthorne Street

Address Line 2

City

Houston

Postal / Zip Code

77006-3711

State / Province / Region

TX

Country

US

Phone Number*

832-866-3369

Email*

Carrie.Rai@TonysPlace.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

7/20/2026

Budget Manager Approval(s)**Approved by***Priscilla M. Ramirez***Approval Date**

7/21/2026

Contract Owner Approval**Approved by***KIMBERLY KORNMAIER***Approval Date**

7/21/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/30/2026



Executive Contract Summary

Contract Section

Contractor*

UPLIFT Recovery and Wellness Center, Inc.

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

UPLIFT Recovery and Wellness Center, Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

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* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2028

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Provide substance abuse services for individuals staying at 419 Emancipation.

Program Director: Xavier Bowman

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*

Candice Crowder

Address*

Street Address

6220 Westpark Dr. #172

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77057

Country

US

Phone Number*

409-457-1518

Email*

candice@upliftrecovery.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Singh, Patricia

Submission Date

7/22/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

7/24/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIMBERLY KORNMAIER

Approval Date

7/30/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2026



Executive Contract Summary

Contract Section

Contractor*

Aptive Resources, LLC

Contract ID #*

n/a

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

Aptive Resources, 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

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

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

☐ Yes ☒ No

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* (?)

7/31/2026

Contract Term End Date* (?)

9/14/2028

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

Fiscal Year* (?)

2027

Funding Source*

Federal

Contract Description / Type* (?)

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

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

Apptive is a contractor to SAMHSA and is contracted to conduct the 988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation, and to provide evaluation technical assistance and support to crisis service agencies participating in the evaluation for SAMHSA

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☒ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Apptive Resources - ACH Authorization Form.pdf	393.19KB
W9.pdf	140.24KB
Information to include in Invoice to Apptive.docx	18.83KB
SAMHSA 988 Evaluation Contact Recording Data Use Agreement.pdf	142.13KB
SAMHSA 988 Evaluation Memorandum of Understanding_v2.pdf	177.03KB

Vendor/Contractor Contact Person



Name*

Apptive Resources

Address*

Street Address

110 North Royal Street

Address Line 2

City

Alexandria

State / Province / Region

VA

Postal / Zip Code

22314-3274

Country

US

Phone Number*

734-904-6060

Email*

achelle.may-maki@aptiveresources.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 1,500.00	420000
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$1500 for both Client recruitment and contact recordings

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Wong, Millie

Submission Date

7/31/2026

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

7/31/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

8/3/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/4/2026