

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

## Full Board Meeting June 27, 2024 8:30 am

- I. DECLARATION OF QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
  - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, May 28, 2024 (EXHIBIT F-1)
- IV. BOARD CHAIR'S REPORT
- V. CHIEF EXECUTIVE OFFICER'S REPORT
- VI. REVIEW AND TAKE ACTION
  - A. FY'24 Year-to-Date Budget Report-May (EXHIBIT F-2)
  - B. June 2024 Contract Renewals over 250K (EXHIBIT F-3)
  - C. June 2024 Contracts Amendments Over 250K (EXHIBIT F-4)
  - D. June 2024 Contracts Interlocal Agreements (EXHIBIT F-5)
  - E. Award Recommendation-Security and Privacy Risk Management Services and Platform with Vendor Security Management Services RFP

(EXHIBIT F-6 Stanley Adams/Nina Cook)

- F. No Changes
  - Clinical Peer Review (EXHIBIT F-7)
  - 2. Closed Record Review Committee (EXHIBIT F-8)
  - Equal Employment Opportunity (EXHIBIT F-9)
  - 4. Inquiries on Employees (EXHIBIT F-10)
  - 5. Lactation Breaks (EXHIBIT F-11)
  - Medical Services (EXHIBIT F-12)
  - Obligation to Identify individuals or Entities Excluded from Participation in Federal Healthcare Program (EXHIBIT F-13)

- 8. Personal Property (EXHIBIT F-14)
- 9. Suicide/Homicide Prevention (EXHIBIT F-15)
- Termination of General Revenue Contract Providers with Harris Center-IDD Services (EXHIBIT F-16)

## G. Minor Changes

- 1. Court-ordered Outpatient Mental Health Services (EXHIBIT F-17)
- 2. Pharmacy Peer Review Policy (EXHIBIT F-18)
- 3. Resilience in Stressful Event (We Rise) Program (EXHIBIT F-19)
- 4. Risk Management Plan (EXHIBIT F-20)

## VII. REVIEW AND COMMENT

A. Facilities Capital (EXHIBIT F-21 Todd McCorquodale)

## **VIII. 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.
- In accordance with §551.074 of the Texas government Code, discussion of a personnel matter. Kendra Thomas, General Counsel
- In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel
- Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

## IX. RECONVENE INTO OPEN SESSION

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

## XI. INFORMATION ONLY

- A. June 2024 New Contracts 100k-250k (EXHIBIT F-22)
- B. June 2024 Contract Renewals 100k-250k (EXHIBIT F-23)
- C. June 2024 Contract Amendments 100k-250k (EXHIBIT F-24)
- D. June 2024 New Contracts Under 100k (EXHIBIT F-25)
- E. June 2024 Contract Renewals Under 100k (EXHIBIT F-26)
- F. June 2024 Contract Amendments Under 100k (EXHIBIT F-27)
- G. June 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT F-28)

## XII. ADJOURN

Veronica Franco, Board Liaison
Robin Gearing, Ph.D., Chair, Board of Trustees
The Harris Center for Mental Health and IDD



## EXHIBIT F-1

## THE HARRIS CENTER for Mental Health and IDD

## MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

PLACE OF MEETING:

Conference Room 109

9401 Southwest Freeway Houston, Texas 77074

TYPE OF MEETING:

Regular

DATE:

May 28, 2024

TRUSTEES

IN ATTENDANCE:

Dr. Robin Gearing, PhD-Chair

Dr. L. Moore, Vice Chairperson Mr. Jim Lykes, Vice Chairperson

Mrs. B. Hellums Mr. Gerald Womack

Dr. Luis A. Fernandez-Wische

Dr. Max Miller, Jr. Mrs. Natali Hurtado

TRUSTEES ABSENT:

Sheriff Ed Gonzalez

## I. Declaration of Ouorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:31 a.m. noting that a quorum of the Board was in attendance.

## II. Public Comments-

Zoe Clark and Alma Castillo provided public comment urging the Board Members to reject the Continuing Employee Communication and Engagement Policy. Sheronica Watson was called to speak but did not come forward when called.

## III. Approval of Minutes

MOTION BY: MOORE SECOND: LYKES

## With unanimous affirmative votes

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Tuesday, April 23, 2024 as presented under Exhibit F-1, are approved.

## IV. Chief Executive Officer's Report was provided by CEO Wayne Young

Board of Trustees May 28, 2024 MINUTES Page 1 of 4 Mr. Young provided a Chief Executive Officer report to the Board.

## V. Committee Reports and Action were presented by the respective chairs:

- A. Governance Committee Report and/or Action-J. Lykes
  - Dr. Gearing provided an overview of the topics discussed and the decisions made at the Audit Committee meeting on May 21, 2024.
- B. Resource Committee Report and/or Action-G. Womack, Chair Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on May 21, 2024.
- C. Quality Committee Report and/or Action-R. Gearing, Chair Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on May 21, 2024.
- D. Program Committee Report and/or Action-B. Hellums, Chair Dr. Gearing provided an overview of the topics discussed and the decisions made at the Program Committee meeting on May 21, 2024.
- E. Foundation Report and/or Action-N. Hurtado, Chair Mrs. Hurtado provided an overview of the topics discussed and the decisions made at the Foundation Committee meeting.

## VI. Consent Agenda

- A. Approve FY'24 Year-to-Date Budget Report-April
- B. May 2024 Contract Interlocal Agreements
- C. May 2024 Amendments Over 250K
- D. Continuing Employee Communication and Engagement
- E. Dressing and Grooming Policy
- F. Delegation in the Absence of the Chief Executive Officer (CEO)
- G. Delegation ad Supervision of Certain Nursing Acts
- H. Employment
- I. Employee Performance Evaluations
- J. Family and Medical Leave Act (FMLA)
- K. Nursing Staffing Advisory Committee
- L. Personal Relationships in the Workplace
- M. Pharmacy Peer Review Policy
- N. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation
- O. Physician Authority to Delegate Certain Medical Acts
- P. Relief Service Employees
- Q. Section 504 off the Rehabilitation Act ("The Act") and, the American with Disabilities Act ("ADA")(Consumers)
- R. Solicitation of/and Acceptance of Donations (Money, Goods, or Services)
- S. Weapons
- T. Work Force Reduction

MOTION: Mrs. Hurtado moved to approve Consent Agenda items A-C and E-T SECOND: Mrs. Hellums seconded the motion

With unanimous approval, Consent Agenda items A-C and E-T are approved.

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda item A-C and E-T is approved.

VII. Entered into executive session-Board Chair Dr. Gearing has requested to enter into Executive Session at 8:53 am regarding item D-Continuing Employee Communication and Engagement under Consent Agenda

 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.

## VIII. Reconvene into Open Session

Reconvened into Open Session at 10:02 am

## **MOTION #1**

Dr. Gearing has motioned to table the Continuing Employee Communication and Engagement Policy for one month and requested Mr. Young work with all employee constituents to obtain feedback about the policy.

SECOND: Mr. Womack second the motion

## With unanimous support, the motion passed.

## **MOTION #2**

Dr. Gearing moved the Board of Trustees adopt a resolution supporting employees' right to form a union.

**SECOND:** Mr. Womack second the motion

With unanimous support, the motion passed.

## IX. Review and Comment

- A. Wayne Young presented the Disaster Impact Update presentation to the Board of Trustees.
- B. Stan Williams presented the FY 2025 Budget Assumptions to the Board of Trustees.
- C. Kaufman, Hall & Associates, LLC presented the Financial Education presentation to the Board of Trustees.

## X. Board Chair's Report

Dr. Gearing provided the Board Chair's report to the Board. Dr. Gearing reported the Committee membership is revised to as follows:

## X. Executive Session

Entered into executive session at 11:54 am

• In accordance with §551.074 of the Texas government Code, discussion of a personnel matter. Kendra Thomas, General Counsel

- In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of personnel matter and contemplated litigation in Christian Thompson v. The Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel
- In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel

## XI. Reconvene into Open Session

Reconvene into Open Session at 12:47 pm. No action was taken.

## XII. ADJOURN

MOTION: HURTADO SECOND: LYKES

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:47 P.M.

Respectfully submitted,

Veronica Franco, Board Liaison
Dr. Robin Gearing, Chair, Board of Trustees
The HARRIS CENTER for Mental Health and IDD

## EXHIBIT F-2

## The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget May 31, 2024

Fiscal Year 2024

## 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 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, and has not been audited by an independent auditor.

Stanley Adams
Chief Financial Officer - interim

## The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget May 31, 2024

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

	For the Month Ended							
	Or	iginal Budget		Actual		Variance		
Revenues Expenditures	\$	28,619,834 28,536,501	\$	30,444,801 30,438,475	\$	1,824,967 (1,901,974)		
Excess (Deficiency) of revenues over expenditures	\$	83,333	\$	6,326	\$	(77,007)		
Other Sources (Uses) Debt payment Capital Outlay Other Sources (Uses)	\$	(83,333) - -	\$	- (1,064,308) 2,962	\$	83,333 (1,064,308) 2,962		
Change in Fund Balance/Net Position	\$	-	\$	(1,055,020)	\$	(1,055,020)		

		Fiscal Year to Date							
	Or	riginal Budget		Actual		Variance			
Revenues	\$	257,578,509	\$	256,051,346	\$	(1,527,163)			
Expenditures		256,828,509		255,694,913		1,133,596			
Excess (Deficiency) of revenues over									
expenditures	\$	750,000	\$	356,433	\$	(393,567)			
Other Sources (Uses)									
Debt payment	\$	(750,000)	\$	-	\$	750,000			
Capital Outlay		-		(4,802,033)		(4,802,033)			
Other Sources (Uses)		-		162,964		162,964			
Change in Fund Balance/Net Position	\$		\$	(4,282,636)	\$	(4,282,636)			

## The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget May 31, 2024

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

		For the Month Ended				11	Fiscal Year to Date							
				_										_
		Original			Variance				Original			Variance		
		Budget		Actual	\$	%			Budget		Actual	\$	%	╛
Operating Revenue														
State General Revenue	\$	10,145,271	\$	10,150,952	5,681	0%		\$	91,307,441	\$	91,307,528	87	0%	
Harris County and Local		5,420,027		6,892,019	1,471,992	27%			48,780,246		47,369,191	(1,411,055)	-3%	Α
Federal Contracts and Grants		4,034,513		6,512,494	2,477,981	61%			36,310,616		35,908,714	(401,902)	-1%	
State Contract and Grants		1,128,277		825,456	(302,821)				10,154,497		8,092,931	(2,061,566)	-20%	В
Third Party Billing		2,766,501		3,359,763	593,262	21%			24,898,505		28,064,831	3,166,326	13%	
Charity Care Pool		3,340,350		3,340,350	-	0%			30,063,152		30,063,155	3	0%	
Directed Payment Programs		726,250		(2,003,439)	(2,729,689)	-376%	•		6,536,250		4,795,930	(1,740,320)	-27%	C
PAP		833,578		981,924	148,346	18%			7,502,202		7,802,121	299,919	4%	
Interest Income		225,067		385,282	160,215	71%			2,025,600		2,646,945	621,345	31%	
Operating Revenue, total	\$	28,619,834	\$	30,444,801	1,824,967	6%	-	\$	257,578,509		256,051,346	(1,527,163)	-1%	
Operating Expenditures														
Salaries and Fringe Benefits	\$	19,926,500	\$	20,963,996	(1,037,496)	-5%		\$	179,338,506	\$	180,880,916	(1,542,410)	-1%	
Contracts and Consultants		2,089,012		2,060,314	28,698	1%			18,801,107		13,853,489	4,947,618	26%	
Contracts and Consultants-HPC		2,322,735		2,333,085	(10,350)	0%			20,904,612		20,902,003	2,609	0%	
Supplies and Drugs		1,531,755		2,463,617	(931,862)	-61%			13,785,794		20,151,005	(6,365,211)	-46%	D
Purchases, Repairs and Maintenance of	:													
Equipment		597,697		212,483	385,214	64%			5,379,275		3,943,609	1,435,666	27%	
Building		538,158		580,801	(42,643)	-8%			4,843,425		2,145,155	2,698,270	56%	
Vehicle		86,436		70,607	15,829	18%			777,925		680,794	97,131	12%	
Telephone and Utilities		317,951		276,744	41,207	13%			2,861,555		2,485,754	375,801	13%	
Insurance, Legal and Audit		166,175		253,566	(87,391)	-53%			1,495,579		1,599,940	(104,361)	-7%	
Travel		194,299		242,662	(48,363)	-25%			1,748,687		1,528,770	219,917	13%	
Other Expenditures		765,783		980,600	(214,817)	-28%			6,892,044		7,523,478	(631,434)	-9%	Ε
Operating Expenditures, total	\$	28,536,501	\$	30,438,475	\$ (1,901,974)	-7%		\$	256,828,509	\$	255,694,913 \$	1,133,596	0%	
Excess (Deficiency) of revenues over														
expenditures	\$	83,333	\$	6,326	(77,007)			\$	750,000	\$	356,433	(393,567)		
Other Sources (Uses)														
Debt payment	\$	(83,333)	\$	-	\$ 83,333			\$	(750,000)	\$	- \$	750,000		
Capital outlay	•	-	•	(1,064,308)	(1,064,308)			•	-		(4,802,033)	(4,802,033)		
Insurance proceeds		_		2,962	2,962				_		48,264	48,264		
Proceeds from Sale of Assets		-		=	-				-		114,700	114,700		
Change in Fund Balance/Net Position	\$	-	\$	(1,055,020)	\$ (1,055,020)	-		\$	-	\$	(4,282,636) \$			

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

Non-GAAP / Budgetary-Basis reporting

May 31, 2024

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

## A Harris County and Local Revenue

We have vacancies in certain cost-reimbursable contracts with Harris County totaling \$1.4MM.

### **B** State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to timing of expenditures for building costs for 6168 apartments.

## C Directed Payment Programs

DPP revenue shortfall is due to updating our accounting records to match the latest annual estimates provided by Texas Council in mid-May. The new annual estimated net revenue is \$6.2MM, \$2.5MM less than the \$8.7MM net revenue estimate published in November 2023. The decrease is driven by decrease in FMAP and reduced DPP-related claim throughput.

## D Supplies and Drugs

The primary driver of the net unfavorable variance in supplies is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$6.6MM and the billing program expense exceeds budget by (\$6.6MM).

## **E** Other Expenditures

The primary driver of the net unfavorable variance in other expenditures is related to dues and subscriptions and IT related spending.

## The Harris Center for Mental Health and IDD Balance Sheet May 31, 2024

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

\$ 26,830,571 74,866,008 101,696,579 9,285,559	\$	12,283,279 66,054,203 78,337,482	\$	(14,547,292) (8,811,805)
\$ 74,866,008 101,696,579	\$	66,054,203	\$	
\$ 74,866,008 101,696,579	\$	66,054,203	\$	
\$ 74,866,008 101,696,579	\$	66,054,203	\$	
 101,696,579				(8.811.805)
, ,		78,337,482		(-,,,
9,285,559				(23,359,097) AA
		4,657,879		(4,627,680)
				-
28,369,346		34,416,706		6,047,360 BB
 1,795,027		2,160,533		365,506
\$ 141,146,511	\$	119,572,600	\$	(21,573,911)
13,004,859		13,004,859		-
52,615,143		52,615,143		-
11,062,791		10,826,281		(236,510)
 5,764,164		5,764,164		
\$ 82,446,957	\$	82,210,447	\$	(236,510)
\$ 223,593,468	\$	201,783,047	\$	(21,810,421)
\$ 43,898,805	\$	28,472,702	\$	(15,426,103) CC
21,811,077		16,725,569		(5,085,508) DD
821,546		814,265		(7,281)
\$ 66,531,428	\$	46,012,536	\$	(20,518,892)
82,647,333		82,907,932		260,599
66,514,014		66,514,014		=
11,128,309		10,631,201		(497,108)
 (3,227,616)		(4,282,636)		(1,055,020)
\$ 157,062,040	\$	155,770,511	\$	(1,291,529)
\$ 223,593,468	\$	201,783,047	\$	(21,810,421)
\$ \$ \$	28,369,346 1,795,027 \$ 141,146,511 13,004,859 52,615,143 11,062,791 5,764,164 \$ 82,446,957 \$ 223,593,468 \$ 43,898,805 21,811,077 821,546 \$ 66,531,428 82,647,333 66,514,014 11,128,309 (3,227,616) \$ 157,062,040	28,369,346 1,795,027 \$ 141,146,511 \$ 13,004,859 52,615,143 11,062,791 5,764,164 \$ 82,446,957 \$ \$ 223,593,468 \$ \$ 43,898,805 21,811,077 821,546 \$ 66,531,428 \$ 82,647,333 66,514,014 11,128,309 (3,227,616) \$ 157,062,040 \$	28,369,346 1,795,027 2,160,533 \$ 141,146,511 \$ 119,572,600  13,004,859 52,615,143 11,062,791 5,764,164 \$ 82,446,957 \$ 82,210,447  \$ 223,593,468 \$ 201,783,047  \$ 43,898,805 \$ 21,811,077 821,546 \$ 66,531,428 \$ 46,012,536  82,647,333 82,907,932 66,514,014 11,128,309 (3,227,616) \$ 157,062,040 \$ 155,770,511	28,369,346 1,795,027 2,160,533 \$ 141,146,511 \$ 119,572,600 \$  13,004,859 52,615,143 11,062,791 5,764,164 \$ 82,446,957 \$ 82,210,447 \$  \$ 223,593,468 \$ 201,783,047 \$  \$ 43,898,805 \$ 21,811,077 821,546 \$ 66,531,428 \$ 46,012,536 \$  82,647,333 82,907,932 66,514,014 11,128,309 (3,227,616) \$ 157,062,040 \$ 155,770,511 \$

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

Non-GAAP / Budgetary-Basis reporting May 31, 2024

### **Balance Sheet**

### **AA Cash and Investments**

The decrease in cash and cash equivalents is primarily driven by the three pay periods in May, and the timing of when funds are received from the various revenue sources vs when funds are spent. The next quarterly allocation from state revenue is anticipated in June (approx \$21M).

## BB Accounts receivable, other

The increase in Accounts Receivable is due to normal fluctuations in billing and collection efforts on outstanding contract invoices.

## **CC** Unearned Revenues

Unearned income has decreased due to recognition of revenue related to allocations.

## **DD Accounts Payable and Accrued Liabilities**

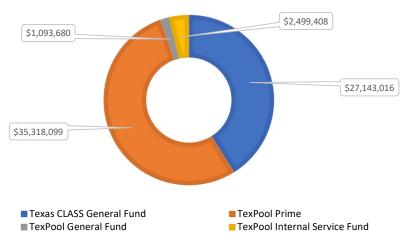
Accounts Payable and Accrued Liabilities has decreased due to timing of payment of salaries.

## The Harris Center for Mental Health and IDD Investment Portfolio May 31, 2024

## **Local Government Investment Pools (LGIPs)**

	Begi	nning Balance	7	Transfer In	1	Fransfer Out	Int	erest Income	Ending Value	Portfolio %	Monthly Yield
Texas CLASS		<u> </u>									
Texas CLASS General Fund	\$	35,086,185	\$	-	\$	(8,100,000)	\$	156,831	\$ 27,143,016	41.09%	5.43%
TexPool											
TexPool Prime		36,202,885				(1,050,000)		165,214	35,318,099	53.47%	5.45%
TexPool General Fund		1,088,764		-		-		4,916	1,093,680	1.66%	5.32%
TexPool Internal Service Fund		2,488,174		-		-		11,234	2,499,408	3.78%	5.32%
TexPool Sub-Total		39,779,823		-		(1,050,000)		181,364	38,911,187	58.91%	5.44%
Total Investments	\$	74,866,008	\$	-	\$	(9,150,000)	\$	338,195	\$ 66,054,203	100.00%	5.44%
	Addit	ional Interest o	n Che	ecking Accounts				47,087			
	Total	Interest Earne	d duri	ing the current r	nont	h	\$	385,282			





3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.44%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.28%
Interest Rate - Chase Hybrid Checking	3.70%
ECR - Chase	3.80%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of May 31, 2024, 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:

Thania D. Gonzalez

Controller

## The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits May 31, 2024

Vendor	Description	Monthly Not-To- Exceed <sup>(1)</sup>	May-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) <sup>(2)</sup>	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,897,148	\$18,820,504
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,484,726	\$22,319,308
UNUM	Life Insurance	\$300,000	\$207,137	\$1,865,651

## Notes:

<sup>&</sup>lt;sup>(1)</sup> As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective May 23, 2023.

<sup>(2)</sup> LFG Includes 05A & 05B payments

## EXHIBIT F-3

# JUNE 2024 RENEWALS OVER 250k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000 JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS			Tanlootti.				
	ADMINISTRATION							
1	Aptean, Inc.	Software License, Support & Maintenance for On-line Requisition & Approval Process (Formerly Ross)	\$463,533.64	\$352,000.00	10/25/2024 - 10/24/2026	General Revenue (GR)	7	Annual renewal of Software License, Support & Maintenance Agreement for On-line requisition & Approval process.
2	Centre Technologies, Inc.	Microsoft Azure DraaS- Disaster Recovery as a Service	\$310,000.00	\$420,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Service Agreement for Microsoft Azure DraaS- Disaster Recovery.
3	Centre Technologies, Inc.	Microsoft Office 365 Subscription	\$770,000.00	\$770,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Microsoft Office 365 Subscription.
4	ePlus Technology, Inc.	Checkpoint Infinity Protection Software	\$282,000.00	\$283,000.00	2/1/2025 - 1/31/2026	General Revenue (GR)	Tag-On	Annual renewal of Checkpoint Infinity Protection Software. [Tag on to TIPS #230105]
5	FreeIT Data Solutions	Varonis All in One Cybersecurity Platform	\$330,789.04	\$330,789.04	6/24/2024 - 6/23/2025	General Revenue (GR)	Tag-On	Annual renewal of Varonis for Windows All in One Cybersecurity Platform and M365 SaaS subscription services. [Tag-on to DIR-TSO-4229].
6	P-Recruitment	Master Pool Contract for HR Recruitment, Placement and Temporary Staffing Agency Wide	\$539,800.00	\$300,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Master Pool Agreement for HR recruitment, placement and temporary staffing agency wide. [Tag-on to Harris County Job No. 210389].
7	Rey de la Reza Architects, Inc. d/b/a RDLR Architect	Architect Programming and Design Services for the North East Clinic	\$1,461,782.00	\$891,113.12	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Renewal of Capital Project to complete the Design and Programming for the North East Clinic.
8	Set Solutions, Inc. (Trace3, LLC)	Crowdstrike Falcon Complete Threat Protection Software and Support Services	\$284,516.27	\$284,516.27	12/18/2024 - 12/17/2025	General Revenue (GR)	Request for Quote	Annual renewal of Crowdstrike Falcon Complete Threat Protection Software Agreement and Support Services. [Purchased through Choice Partners].
9	UKG Kronos Systems, LLC	HRMS Software including Time and Attendance	\$314,560.00	\$350,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of HRMS Software Agreement including Time and Attendance. [Tagon]
10	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$942,492.53	\$965,746.84	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Janitorial Services. [First year renewal option].
	CPEP/CRISIS SERVICES							
11	Aramark Correctional Service, LLC	Food Services for the Jail Diversion, Respite, Rehab & Re-Entry Facility Program	\$480,000.00	\$518,304.00	9/1/2024 - 8/31/2025	State Grant	Request for Proposal	Annual renewal of Agreement to provide food services. [Tag-On to Harris County #16/0297]
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
12		Respite/Day Habilitation/Transporation/Crisis Out of Home Respite/Individualized Skills and Socialization Services (ISS)	\$2,605,000.00	\$2,605,000.00	9/1/2024 - 8/31/2025	State	Request for Application	Annual renewal of IDD Supported Services Master Pool Agreement.
	MENTAL HEALTH							

HITARRIS CENTER

5.00	
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2024	
Contract ID#*	
6115	
Contractor Name*	
Aptean, Inc.	
Service Provided * (?)	
Software License, Support & Maintenance for On-line re	equisition & Approval process
(Ross).	
Renewal Term Start Date *	Renewal Term End Date*
10/25/2024	10/24/2026
Term for Off-Cycle Only (For Reference Only)	
A	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	250,000,00\
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	■ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Unknown
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement ☐ Lease
<ul><li>☐ Pooled Contract</li><li>☑ Renewal of Existing Contract</li></ul>	☐ Lease ☐ Other
Tonewal of Existing Contract	Name Street
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No     Unknown	

Contract NTE* (?) \$ 463,533.64	Annual Assessment Manager
Rate(s)/Rate(s) Description	Married Section 100
Unit(s) Served* 1130, 1147	CHILD CONTROL OF THE PERSON CONTROL OF THE P
G/L Code(s)* 553002, 900060, 900022	QUALITATION OF THE PERSON NAMED IN COLUMN 1
Current Fiscal Year Purchase Order Number* FY24 PO CT143258	named and other Persons and Ot
Contract Requestor* Rick Hurst	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN CO
Contract Owner*  Mustafa Cochinwala	-
File Upload (?)	-
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?*	-
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?)	
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	
Yes  No      No      No     No     No     No     No     No    No     No    No     No    No    No    No     No    No    No    No     No    No     No	
Did Contractor render services consistent with Agency policy and procedures?* (?)    Yes  No	
Maintained legally required standards for certification, licensure, and/or training?* (?)  See Yes No	
Renewal Determination	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Renewal Information for Next Fiscal Year	

Budget Units and Amour	nts Charged to	each Budget l	Jnit
Budget Unit Number* 1130	Amount Charge \$ 352,000.00	d to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budg Campbell, Ricard	
Provide Rate and Rate Description	ons if applicable * (?)		
Project WBS (Work Breakdown S N/A	Structure) * (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 352,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Po	ooled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	es		
Are there any required changes of Yes No Will the scope of the Services ch		rage?* (?)	
Yes No  Is the payment deadline different Yes No	t than net (45)?*		
Are there any changes in the Per	rformance Targets?*	•	
Are there any changes to the Su  Yes  No	bmission deadlines	for notes or suppo	orting documentation?*
File Upload (?)			
Contract Owner		De Autoria	•
Contract Owner* (?)			
Please Select Contract Owner  Mustafa Cochinwala			
Budget Manager Approv	/al(s)	Angle la design bonnanti construire con	

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2024	
Contract ID#*	
7709	
Contractor Name*	
Centre Technologies, Inc.	
Service Provided * (?)	
Microsoft Azure DraaS- Disaster Recovery as a Service	
	Renewal Term End Date*
Renewal Term Start Date*	
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	50.000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	20 autocato #=
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 Busi	ness (HUB) (?)
Yes	
No	
9 140	

Contract NTE * (?) \$ 310,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 574000
Current Fiscal Year Purchase Order Number* FY24 PO CT143260
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  © Yes ® No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)   Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $^{\star}$ (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)   Yes No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No
Renewal Information for Next Fiscal Year

Budget Units and Amou	ints Charged to ea	ach Budget Ui	nit
Budget Unit Number* 1130	Amount Charged \$ 420,000.00	to Unit*	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*
Provide Rate and Rate Descript	ions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?)	A CAMPAN TO PROPER PROPERTY AND A CAMPAN AND	Amount* (?)	
2025		\$ 420,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Poo	led Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Chang	ges	man militar market militare	<u> </u>
Are there any required changes  Yes No  Will the scope of the Services of		ge <b>?*</b> <sup>(?)</sup>	
Is the payment deadline differe	nt than net (45)?*		
Are there any changes in the Po	erformance Targets?*		
Are there any changes to the S	ubmission deadlines fo	r notes or support	ing documentation?*
File Upload (?)			
• 1			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Appro	oval(s)		

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u>^</u>
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>		
Approved by *		
	Approval Date*	
Belinda Stude	5/15/2024	

Current Fiscal Year Contract Information	•
Current Fiscal Year 2024	
Contract ID#* 7710	
Contractor Name* Centre Technologies, Inc.	
Service Provided* (?) Microsoft Office 365 Subscription	
Renewal Term Start Date* 9/1/2024	Renewal Term End Date* 8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>✓ Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type	
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 Busine  Yes  No  Unknown	ess (HUB) (?)

Contract NTE * (?) \$ 770,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 574000
Current Fiscal Year Purchase Order Number* FY24 PO CT143228
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*  ⊚ Yes ⊝ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ● No
Did Contractor render services consistent with Agency policy and procedures?* (?)  © Yes © No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)    Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amounts	s Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 770,000.00	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Descriptions	s if applicable * (?)	
Project WBS (Work Breakdown Str N/A	ucture)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 770,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	;
Contract Funding Source* General Revenue (GR)  Contract Content Changes	S	
Are there any required changes to  Yes No  Will the scope of the Services char  Yes No		
Is the payment deadline different to	han net (45)?*	
Are there any changes in the Perfo	rmance Targets?*	
Are there any changes to the Subn  Yes  No	nission deadlines for notes or su	oporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?)  Please Select Contract Owner  Mustafa Cochinwala		
Budget Manager Approva	l(s)	

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>		
Approved by*		
	Approval Date*	
Belinda Stude	5/15/2024	

Memai reauri and 1010	
Current Fiscal Year Contract Information	
Current Fiscal Year 2024	
Contract ID#* 2024-0830	
Contractor Name* ePlus Technology, Inc. (Checkpoint)	
Service Provided* (?) Checkpoint Infinity Protection Software; Tag on to TIPS #2	230105.
NOTE: Agreed to a 36 month term. Year 2 Rate is fixed. I'u funds are in place when the invoice is received around 1/2	
Renewal Term Start Date* 2/1/2025	Renewal Term End Date* 1/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or r  Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>Sole Source</li> <li>Request for Qualification</li> <li>✓ Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Contract Description / Type  Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	Consultant  New Contract/Agreement  Amendment to Existing Contract  Service/Maintenance  IT/Software License Agreement  Lease  Other

<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Contract NTE* (?) \$ 282,000.00
Rate(s)/Rate(s) Description Year 2 Rate.
Unit(s) Served* 1130
G/L Code(s) * 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143553
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See No.
Were Services delivered as specified in the contract?*
Yes No Did Contractor perform duties in a manner consistent with standards of the profession?*
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> </ul>
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>Yes No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> </ul>
<ul> <li>● Yes ○ No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ○ No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ○ No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ○ No</li> </ul>
<ul> <li>● Yes ○ No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ○ No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ○ No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> <li>● Yes ○ No</li> </ul>
<ul> <li>● Yes ○ No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ○ No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ○ No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> </ul>

Pudget Unite and Ame	ounts Charged to each Budge	Linit
Budget Unit Number*	ounts Charged to each Budge  Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 283,000.00	553002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* Irdo
Provide Rate and Rate Descri	ptions if applicable* (?)	
Project WBS (Work Breakdow N/A	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 283,000.00	
Contract Funding Source* General Revenue (GR)	d Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change		
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change  Yes  No	nges es to the contract language?* (?)	
Contract Funding Source * General Revenue (GR)  Contract Content Char  Are there any required change  Yes No  Will the scope of the Services	nges es to the contract language?* (?)	
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No	nges es to the contract language?* (?) change?*	
Contract Funding Source * General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the	nges es to the contract language?*(?) change?* rent than net (45)?*	
Contract Funding Source * General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No  Are there any changes to the	nges es to the contract language?*(?) change?* rent than net (45)?*	porting documentation?*
Contract Funding Source * General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No  Are there any changes to the Yes No	nges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*
Contract Funding Source * General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No	nges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochiunala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

Current Fiscal Year Contract Information	
Current Fiscal Year 2024	
Contract ID#* 2023-0627	
Contractor Name* FreeIT Data Solutions	
Service Provided * (?) Varonis for Windows/NAS + M365 SaaS subscription services	vices. DIR-TSO-4229.
Renewal Term Start Date * 6/24/2024	Renewal Term End Date* 6/23/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250.000.00 or Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)*	
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
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 Busine  Yes  No  Unknown	ess (HUB) (?)

Contract NTE* (?) \$ 330,789.04
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY23 PO CT142835
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See No.
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  See No.
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)   No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  © Yes © No
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to each Budge	et Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 330,789.04	Expense/GL Code No.* 574000		
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo			
Provide Rate and Rate Descriptions if applicable * (?) N/A				
Project WBS (Work Breakdown N/A	n Structure)* (?)			
Fiscal Year* (?) 2024	Amount* (?) \$ 330,789.04			
Next Fiscal Year Not to Exceed	I Amount for Master Pooled Contracts	3		
Contract Funding Source* General Revenue (GR)				
Contract Content Char	iges	<b>○</b>		
Are there any required change	s to the contract language?* (?)			
Will the scope of the Services  Yes No	change?*			
Is the payment deadline difference of the No.	ent than net (45)?*			
Are there any changes in the Performance Targets?*  Yes  No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*   No				
File Upload (?)				
Contract Owner		<b>⊘</b>		
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala				
Budget Manager Appro	oval(s)	<u> </u>		

Approved by	
Ricardo Campbell	
Contract Owner Approval	<b>©</b>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by*	
	Approval Date*
Belinda Stude	5/14/2024

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2021-0224 Contractor Name\* P-Recruitment Service Provided \* (?) Master Contract for HR recruitment, placement and temporary staffing agency wide. Renewal Term Start Date\* Renewal Term End Date\* 9/1/2024 8/31/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote ✓ Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type 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* (?) \$ 539,800.00
	Rate(s)/Rate(s) Description Vary.
	Unit(s) Served* 1108
	G/L Code(s)* 540500
	Current Fiscal Year Purchase Order Number* CT143223
	Contract Requestor* Ninfa Escobar
	Contract Owner* Ninfa Escobar
	File Upload (?)
and the same of	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*  No
	Were Services delivered as specified in the contract?*
	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? $^{\star}$ $^{(?)}$
	Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
	Yes No Maintained legally required standards for certification, licensure, and/or training?* (?)
Contract of the Contract of th	<ul><li>Yes ○ No</li><li>Renewal Determination</li></ul>
ANNEX	Is the contract being renewed for next fiscal year with this Contractor?* (?)
and the last of th	<ul> <li>Yes ○ No</li> <li>Renewal Information for Next Fiscal Year</li> </ul>
-	Treffewar who matter for treat real

Budget Units and Amou	unts Charged to each	n Budget Un	it
Budget Unit Number*	Amount Charged to 8 \$ 300,000.00	Jnit*	Expense/GL Code No.* 540500
Budget Manager* Campbell, Ricardo		condary Budget mpbell, Ricardo	Manager*
Provide Rate and Rate Descrip	tions if applicable* (?)		
Project WBS (Work Breakdown NA	structure)* (?)		
Fiscal Year* (?) 2025		ount* (?) 00,000.00	
Next Fiscal Year Not to Exceed 300,000	Amount for Master Pooled	Contracts	
Contract Funding Source * General Revenue (GR)			
Contract Content Chan	ges		<b>⊙</b>
Are there any required change	s to the contract language?	* (?)	
Will the scope of the Services	change?*		
Is the payment deadline difference of the Yes No	ent than net (45)?*		
Are there any changes in the P  Yes No	erformance Targets?*		
Are there any changes to the S  Yes No	submission deadlines for no	tes or supportir	g documentation?*
File Upload (?)			
Contract Owner		and an extension of the second	<u> </u>
Contract Owner* (?)			
Please Select Contract Owner Ninfa Escobar			
Budget Manager Appro	oval(s)	and the second second	<b>⊙</b>

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Ninfa Escobar		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/31/2024	

YesNoUnknown

Please provide the HUB status
WBE - Women owned business.
Contract NTE* (?)
\$ 1,461,782.00
Rate(s)/Rate(s) Description
breakdown \$1,081,132.00 total fees + \$310,650.00 optional additional services + \$70,000.00 contingency
Unit(s) Served*
1126
G/L Code(s)*
900040
Current Fiscal Year Purchase Order Number*
CT143180
Contract Requestor*
Sarah Harper
Contract Owner*
Todd McCorquodale
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*    Yes  No
<ul><li> Yes ● No</li><li>Were Services delivered as specified in the contract?*</li></ul>
<ul> <li>Yes ● No</li> <li>Were Services delivered as specified in the contract?*</li> <li>Yes ● No</li> </ul>
<ul> <li>Yes ● No</li> <li>Were Services delivered as specified in the contract?*</li> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> </ul>
<ul> <li>Yes ● No</li> <li>Were Services delivered as specified in the contract?*</li> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> </ul>
<ul> <li>Yes ● No</li> <li>Were Services delivered as specified in the contract?*</li> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> </ul>
<ul> <li>Yes ● No</li> <li>Were Services delivered as specified in the contract?*</li> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> <li>● Yes ● No</li> </ul>
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
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?*(?)
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
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?*(?)
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  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
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  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?*(?)
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  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

Renewal Information to	or Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number* 1126	Amount Charged to Unit* \$ 891,113.12	Expense/GL Code No.* 900040
Budget Manager*  Secondary Budget Manager*  Campbell, Ricardo  Campbell, Ricardo		
Provide Rate and Rate Descripts of 5/21/2024 \$891,113.12 is to showing on the PO CT#143180, amount on 9/1/2024 to start new payments made from this amount Project WBS (Work Breakdow	the remaining balance may need to change dollar FY as there will be nt from FY24	
FM21.1126.18 NE Programming	g and Design	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Excee	Amount* (?) \$ 891,113.12 d Amount for Master Pooled Contracts	
Fiscal Year <sup>*</sup> (?) 2025	\$ 891,113.12	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Excee Contract Funding Source*	\$ 891,113.12 d Amount for Master Pooled Contracts	•
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Chai	\$ 891,113.12 d Amount for Master Pooled Contracts	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Chai	\$ 891,113.12  d Amount for Master Pooled Contracts  nges es to the contract language?* (?)	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Char  Are there any required change  Yes  No  Will the scope of the Services	\$ 891,113.12  d Amount for Master Pooled Contracts  nges  es to the contract language?* (?)  change?*	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Char  Are there any required change  Yes  No  Will the scope of the Services  Yes  No  s the payment deadline differ	\$ 891,113.12  In display the contract of the contract language?*  Change?*  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the change is a seco	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Char  Are there any required change  Yes No  Will the scope of the Services  Yes No  s the payment deadline differ  Yes No  Are there any changes in the large of the services  No	\$ 891,113.12  In display the contract of the contract language?*  Change?*  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the contract language? \$\frac{1}{2}\$  The change is a second of the change is a seco	

Contract Owner* (?) Please Select Contract Owner Todd McCorquodale		
Budget Manager Approval(s)		<b>◇</b> 1
Approved by		
Ricardo Campbell		
Contract Owner Approval		<b>ે</b>
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission     Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/22/2024	

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2023-0813 Contractor Name\* Set Solutions, Inc. (Trace3, LLC) Service Provided\* (?) Crowdstrike Falcon Complete Threat Protection Software and Support Services. Purchased thru Choice Partners: 21/031KN-55. Renewal Term Start Date\* Renewal Term End Date\* 12/18/2024 12/17/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance ■ BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes  No  Unknown
Contract NTE* (?) \$ 284,516.27
Rate(s)/Rate(s) Description
Unit(s) Served* 1147
G/L Code(s)* 900022
Current Fiscal Year Purchase Order Number* FY24 PO CT143476
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?) ID 2023-0813 - Trace3 (Set Solutions) - Crowdstrike Threat Protection Complete Quote.pdf 295.41KB
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?*   No  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?* (?)
<ul> <li>Yes </li> <li>No</li> <li>Maintained legally required standards for certification, licensure, and/or training?* (?)</li> <li>Yes </li> <li>No</li> </ul>

# Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?\* (?) Yes 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.\* 570000 1130 \$ 284,516.27 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) 2025 \$ 284,516.27 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* General Revenue (GR) Contract Content Changes Are there any required changes to the contract language?\* (?) Yes No Will the scope of the Services change?\* Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) Contract Owner

Contract Owner* (?)	
Please Select Contract Owner	
Mustafa Cochinwala	
Budget Manager Approval(s)	<u> </u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

	Contract NTE* (?) \$ 314,560.00
	Rate(s)/Rate(s) Description
	Nate(S) Nate(S) Description
	Unit(s) Served* 1130, 1147
	G/L Code(s)* 553002, 900060
	Current Fiscal Year Purchase Order Number* FY24 PO CT143273
	Contract Requestor* Rick Hurst
	Contract Owner*  Mustafa Cochinwala
	File Upload (?)
	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Did Contractor adhere to the contracted schedule?* (?)  (*) Yes (*) No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)  ® 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?* (?)
1	
	Renewal Information for Next Fiscal Year

Budget Units and Amou	nts Charged to each Bu	dget Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 350,000.00	Expense/GL Code No.* 553002		
Budget Manager* Campbell, Ricardo		ry Budget Manager* I, Ricardo		
Provide Rate and Rate Descripti N/A	ons if applicable * (?)			
Project WBS (Work Breakdown N/A	Structure)* (?)			
Fiscal Year* (?) 2025	Amount* \$ 350,00			
Next Fiscal Year Not to Exceed	Amount for Master Pooled Cont	racts		
Contract Funding Source* General Revenue (GR)				
Contract Content Chang	ges	•		
Are there any required changes to the contract language?* (?)  Yes  No				
Will the scope of the Services co	hange?*			
Is the payment deadline differer  Yes  No	nt than net (45)?*			
Are there any changes in the Pe	rformance Targets?*			
Are there any changes to the Su  Yes No	ubmission deadlines for notes o	r supporting documentation?*		
File Upload (?)				
Contract Owner		•		
Contract Owner* (?) Please Select Contract Owner				
Mustafa Cochinwala				
Budget Manager Approv	val(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u>C</u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li></ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

Consultant

Lease

Other

New Contract/Agreement

Service/Maintenance

Amendment to Existing Contract

IT/Software License Agreement

Contract Description / Type

Personal/Professional Services

Consumer Driven Contract

Affiliation or Preceptor

BAA/DUA

Pooled Contract

Memorandum of Understanding

Renewal of Existing Contract

	Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes  No  Unknown
	Contract NTE* (?) \$ 942,492.53
	Rate(s)/Rate(s) Description 1899 \$ 856,811.39 569002; 1899 \$ 85,681.14 569002
	Unit(s) Served* 1899
	G/L Code(s)* 569002
	Current Fiscal Year Purchase Order Number* CT143639
	Contract Requestor* Lisa Cantu-Espinoza
	Contract Owner* Todd McCorquodale
	File Upload (?)
SECOND SECOND	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? $^{\star}$ (?)
	Yes  No  Did Contractor render services consistent with Agency policy and procedures?* (?)
	● Yes ● No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  (e) Yes (ii) No
SPECTAL SPECTAL SPECIAL SPECIA	Renewal Determination

Is the contract being renewed  Yes No	for next fiscal year with this Contract	or?* (?)
Renewal Information for	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit* \$ 877,951.67	Expense/GL Code No.* 569002
Budget Manager* Campbell, Ricardo	Secondary E Campbell, Ric	Budget Manager* cardo
Budget Unit Number*	Amount Charged to Unit* \$ 87,795.17	Expense/GL Code No.* 569002
Budget Manager* Campbell, Ricardo	Secondary E Campbell, Ric	Budget Manager* cardo
Provide Rate and Rate Descrip Exhibit A2 (Attached)\$867,559.6 Smartpod located in James Driv 10918 Bentley Street, Houston, \$10,392 plus 10% Contingency \$87,795.17. Total F \$965,746.84. Project WBS (Work Breakdow, N/A	To plus cleaning services to er Park at Texas 77093 (Attached) Texas Contract Amount of	
Fiscal Year* (?)	Amount* (?) \$ 965,746.84	
N/A Contract Funding Source*	d Amount for Master Pooled Contracts	
General Revenue (GR)  Contract Content Char	iges	
Are there any required change	es to the contract language?* (?)	
Will the scope of the Services  Yes No	change?*	
Is the payment deadline difference of the No.	ent than net (45)?*	
Are there any changes in the F  Yes No	Performance Targets?*	

	deadlines for notes or supporting document	nentation?*
Yes No		
File Upload (?)		
Ultra Medical Pricing Sheet FY25.pdf	146.36KB	
Smartpod Cleaning Quote.pdf	176.51KB	
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Todd McCorquodale		
Budget Manager Approval(s)		•
Approved by		
Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>		
Approved by *	·	
Puri C.	Approval Date*	
Belinda Stude	5/31/2024	

Current Fiscal Year  2024  Contract ID#*  7849  Contractor Name *  Aramark Correctional Service, LLC  Service Provided * (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date *  9/1/2024  Renewal Term End Date *  9/1/2024  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)  Grant Proposal	Menial Health and IDD		. Comment
Current Fiscal Year 2024  Contract ID#* 7849  Contractor Name* Aramark Correctional Service, LLC  Service Provided* (?) Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  9/1/2024  Renewal Term End Date*  9/1/2024  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)			
Contract ID#*  7849  Contractor Name*  Aramark Correctional Service, LLC  Service Provided* (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  9/1/2024  Renewal 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)	Current Fiscal Year Contract Information	on	٥
Contractor Name*  Aramark Correctional Service, LLC  Service Provided* (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  9/1/2024  Renewal 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)			
Contractor Name*  Aramark Correctional Service, LLC  Service Provided* (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  Renewal Term End Date*  9/1/2024  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)	2024		
Contractor Name *  Aramark Correctional Service, LLC  Service Provided * (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date *  9/1/2024 Renewal Term End Date *  9/1/2024 8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)	Contract ID#*		
Aramark Correctional Service, LLC  Service Provided * (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date * Renewal Term End Date *  9/1/2024 8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)	7849		
Service Provided* (?)  Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  Renewal Term End Date*  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)	Contractor Name*		
Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  9/1/2024  Renewal Term End Date*  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)	Aramark Correctional Service, LLC		
Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service  Renewal Term Start Date*  9/1/2024  Renewal Term End Date*  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)	Service Provided * (?)		
Renewal Term Start Date*  9/1/2024  Renewal Term End Date*  8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)		1 Service	
9/1/2024 8/31/2025  Term for Off-Cycle Only (For Reference Only)  Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)			
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)			
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)	9/1/2024	8/31/2025	
<ul> <li>Information Only (Total NTE Amount is Less than \$250,000.00)</li> <li>✓ Board Approval (Total NTE Amount is \$250,000.00 or more)</li> </ul>	Term for Off-Cycle Only (For Reference Only)		
<ul> <li>Information Only (Total NTE Amount is Less than \$250,000.00)</li> <li>✓ Board Approval (Total NTE Amount is \$250,000.00 or more)</li> </ul>			
Board Approval (Total NTE Amount is \$250,000.00 or more)	Agenda Item Submitted For: (?)		
	Information Only (Total NTE Amount is Less than \$250,000.00)		
Grant Proposal	Board Approval (Total NTE Amount is \$250,000.00	or more)	
	Grant Proposal		
Revenue			
SOW-Change Order-Amendment#			
Other	Other		
Procurement Method(s)*	Procurement Method(s)*		
Check all that Apply	Check all that Apply		
Competitive Bid Competitive Proposal	Competitive Bid	Competitive Proposal	
	Request for Proposal	Sole Source	
Request for Application Request for Qualification	Request for Application		
Request for Quote	The state of the s		
Interlocal Consumer Driven  Not Applicable (If there are no funds required) Other			
Not Applicable (if there are no funds required)	Not Applicable (if there are no funds required)	Guiei	
Contract Description / Type	Contract Description / Type		
Personal/Professional Services Consultant	Personal/Professional Services	Consultant	
Consumer Driven Contract  New Contract/Agreement			
Memorandum of Understanding  Amendment to Existing Contract			
☐ Affiliation or Preceptor ☐ Service/Maintenance ☐ IT/Software License Agreement			
■ BAA/DUA ■ IT/Software License Agreement ■ Pooled Contract ■ Lease		-	
Renewal of Existing Contract Other			
Vandar/Contractor a Ulinterically Understiller of Business (UUB) (2)	Vandari Cantractor - III-tII-II	incor (IIIID) (a)	
Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes		iness (HUB) (?)	
<ul><li>Yes</li><li>No</li></ul>			
Unknown			

	\$ 480,000.00
	Rate(s)/Rate(s) Description See Agreement
	Unit(s) Served* 9261, 9264, 9267, 9403, 9407, 9501, 9502
	G/L Code(s)* 543013
	Current Fiscal Year Purchase Order Number* FY24 PO CT143178
	Contract Requestor*  Priscilla Ramirez
	Contract Owner* Kim Kornmayer
	File Upload (?)
Section of the last	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	Yes      No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Did Contractor adhere to the contracted schedule?* (?)  No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $^{\star}$ (?)
	⊚ Yes ⊚ No
	Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
	Maintained legally required standards for certification, licensure, and/or training?* (?)
The second second	
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
の日本日の	Yes  No  Papawal Information for Next Eigen Van
N. Contraction	Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9403

\$ 143,530.00

543013

**Budget Manager\*** 

Secondary Budget Manager\*

Ramirez, Priscilla

Puente, Giovanni

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9261

\$ 95,687.00

543013

Budget Manager\*

Secondary Budget Manager\*

Ramirez, Priscilla

Puente, Giovanni

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9264

\$ 35,882.00

543013

Budget Manager\*
Ramirez, Priscilla

Secondary Budget Manager\*

Puente, Giovanni

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9501

\$ 39,870.00

543013

Budget Manager\*
Ramirez, Priscilla

Secondary Budget Manager\*

Puente, Giovanni

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9502

\$ 43,856.00

543013

Budget Manager\*
Ramirez, Priscilla

Secondary Budget Manager\*
Puente, Giovanni

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9267

\$ 31,896.00

Secondary Budget Manager\*

Budget Manager\*
Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9405

\$ 31,896.00

543013

543013

Budget Manager\*

Secondary Budget Manager\*

Ramirez, Priscilla

Puente, Giovanni

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9243

\$ 95,687.00

543013

**Budget Manager\*** 

Secondary Budget Manager\*

Ramirez, Priscilla

Puente, Giovanni

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

As per the attached notification, Aramark expects a 3% CPI (i.e. increase) to their rates.

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

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 518,304.00
Next Fiscal Year Not to Exceed Amount for Master F	Pooled Contracts
Contract Funding Source* State Grant	
Contract Content Changes	<u>~</u>
Are there any required changes to the contract lang    Yes   No	Juage?* (?)
Please Explain *	
The cost per meals has increased; please see the attactable.	ched
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	s for notes or supporting documentation?*
○ Yes ◎ No	
File Upload (?) Fw_ CPI for new contract year.pdf	243.47KB
Contract Owner	<b>⊘</b>
Contract Owner* (?)	
Please Select Contract Owner	
Kim Kornmayer	
Budget Manager Approval(s)	
Approved by	
Priscilla M. Ramirez	
2 1 12	
Contract Owner Approval	<u> </u>
Approved by	
KIM KORNMAYER	
Contracts Approval	

Approve\*

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

Approved by \*

Approval Date\* 5/24/2024

Current Fiscal Year Contract Information  Current Fiscal Year  2024	V.		
2024			
Contract ID#*			
6835			
Contractor Name *			
P-IDD Master Pool			
Service Provided * (?)			
IDD Consumer Services Master Pool			
Renewal Term Start Date*  Renewal Term End Date*			
9/1/2024 8/31/2025			
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
<ul> <li>Information Only (Total NTE Amount is Less than \$250,000.00)</li> <li>✓ Board Approval (Total NTE Amount is \$250,000.00 or more)</li> </ul>			
Grant Proposal			
Revenue			
SOW-Change Order-Amendment#			
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid Competitive Proposal			
Request for Proposal Sole Source			
Request for Quote Tag-On			
Interlocal Consumer Driven			
Not Applicable (If there are no funds required)			
Contract Description / Type			
Personal/Professional Services Consultant			
Consumer Driven Contract   New Contract/Agreement			
Memorandum of Understanding  Amendment to Existing Contract			
Affiliation or Preceptor  BAA/DUA  Service/Maintenance  IT/Software License Agreement			
■ BAA/DUA ■ IT/Software License Agreement  ✓ Pooled Contract ■ Lease			
Renewal of Existing Contract Other			
Vanday/Centractor a Historically Hyderytiller J. Burlinger (HIR)			
Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes			
No			

Contract NTE* (?)
\$ 2,605,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
3585, 3569, 3568, 3577
G/L Code(s)*
543008, 543005, 543014, 543005, 543010
Current Fiscal Year Purchase Order Number*  FY24 PO CT143202
Contract Requestor*
Margo Childs
Contract Owner*
Lance Britt
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Yes ○ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes     No
Did Contractor adhere to the contracted schedule?* (?)
Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes      No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes       No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

3585

\$ 20,000.00

543008

Budget Manager\*

Secondary Budget Manager\*

Johnson, Kenyonika

Kerlegon, Charles

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

3585

\$ 5,000.00

540503

**Budget Manager\*** Johnson, Kenyonika Secondary Budget Manager\*

Kerlegon, Charles

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

3585

\$ 5,000.00

543014

543005

**Budget Manager\*** Johnson, Kenyonika Secondary Budget Manager\*

Kerlegon, Charles

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

3569

\$ 2,540,000.00

Secondary Budget Manager\*

**Budget Manager\*** Johnson, Kenyonika

Kerlegon, Charles

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

3568

\$ 5,000.00

543005

Budget Manager\* Johnson, Kenyonika Secondary Budget Manager\*

Kerlegon, Charles

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

\$ 30,000.00

543010

**Budget Manager\*** 

Secondary Budget Manager\*

Kerlegon, Charles Johnson, Kenyonika

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

See attachments

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

N/A

Fiscal Year\* (?)

Amount\* (?)

2025

\$ 2,605,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2,605,000.00

Contract Funding Source\*

State

**Contract Content Changes** 

Are there any required changes to the contract language?* (?)  Yes No				
Will the scope of the Services change?*  Yes  No				
Is the payment deadline different than net (45)?*  Yes  No				
Are there any changes in the Performance Targe  Yes  No	ts?*			
Are there any changes to the Submission deadling Yes  No	nes for notes or supporting d	locumentation?*		
File Upload (?) PO_CT143202_638309894172923969.pdf	150.42KE	3		
Contract Owner			•	
Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins				
Budget Manager Approval(s)			0	
Approved by  Konyonika Tohnson				
Contract Owner Approval			•	
Approved by  Evanthe Cellins				
Contracts Approval				
Approve*  Yes  No, reject entire submission Return for correction				
Approved by*  Belinda Stude	Approval Date*			
Xeunaa Suae	5/24/2024			

# EXHIBIT F-4

# JUNE 2024 AMENDMENTS OVER 250k

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

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Centre Technologies, Inc.	Microsoft Azure DraaS-Disaster Recovery as a Service	\$215,000.00	\$95,000.00	\$310,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the NTE as a result of the move to cloud hosting for servers and databases from on-premises, Disaster Recovery and hosting costs are increasing.
2	Vaco LLC d/b/a Pivot Point Consulting	Consulting and IT Staffing Services	\$446,000.00	\$204,000.00	\$650,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE to be used to continue Epic form building and Telehealth on demand. [Tag-on to Harris County Hospital District d/b/a Harris Health System].
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH							16.8211.832	
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

## **Executive Contract Summary Contract Section** Contractor\* Centre Technologies, Inc. Contract ID #\* 7709 Presented To\* Resource Committee Full Board Date Presented\* 6/18/2024 Parties\* (?) The Harris Center and Centre Technologies Agenda Item Submitted For: \* (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information\* New Contract Amendment Contract Term Start Date \* (?) Contract Term End Date \* (?) 9/1/2023 8/31/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount\* \$ 215,000.00 Increase Not to Exceed\* \$ 95,000.00

Revised Total Not to Exceed (NTE)\*

\$ 310,000.00

Fiscal Year* (?)	Amount* (?)				
2024	\$ 310,000.00				
Funding Source*					
General Revenue (GR)					
Contract Description / Type * (?)					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
BAA/DUA	IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	Other				
Justification/Purpose of Contract/Descriptio	on of Services Being Provided* (?)				
With move to cloud hosting for servers and data					
and hosting costs are increasing.					
Contract Owner*					
Mustafa Cochinwala					
Previous History of Contracting with Vendor	r/Contractor*				
Yes  No  Unknown					
Please add previous contract dates and what services were provided*					
FY12 - FY24					
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)					
Yes  No Unknown					
Please provide an explanation*					
They were from FY11 - FY20.					
Community Partnership* (?)					
Yes No Unknown					
Supporting Documentation Upload (?)					
Vendor/Contractor Contact Perso	on i 🕒 🖟				
Name*					
Jamie Schanbachler					
Address*					
Street Address					
480 N. Sam Houston Parkwas					
Address Line 2					
Suite 310					
City	State / Province / Region				
Houston	TX				
Postal / Zip Code	Country				
970					

Phone Number*			
281-741-6389			
Email*			
jschanbachler@centretechnolog	ies.com		
Budget Section			<u> </u>
Budget Units and Amo	unts Charged to e	each Budget Ur	nit
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
1130	\$ 95,000.00		574000
Budget Manager		Secondary Budge	t Manager
Campbell, Ricardo		Campbell, Ricardo	
Provide Rate and Rate Descrip	otions if applicable * (?)		
N/A	A		
Project WBS (Work Breakdow	n Structure)* (?)		
N/A			
Requester Name		Submission Date	
Hurst, Richard		5/3/2024	
Budget Manager Appro	oval(s)		٥
Approved by			
		Approval Date	
Ricardo Campbell		5/3/2024	
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Appro	val		<b>©</b>
Approved by			
400		Approval Date	
		5/3/2024	
Contracts Approval			
Approve*			
Yes     No reject entire submission.			
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>			

Approved by \*

Belinda Stude

Approval Date\*
5/7/2024



Current Fiscal Year Contract Information	on.
Carrette 130ar fear Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2021-0145	
2021-0145	
Contractor Name*	
Pivot Point Consulting, A Vaco Company	
Service Provided * (?)	
	Him will are side Comings on an
Consulting and IT Staffing Services. Pivot Point Consuneeded basis for EPIC EHR Reporting and Data Extrac	
needed basis for Er to Er it Neporting and bata Extra	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
■ Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	,
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 Bus	iness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?)
\$ 640,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1158, 2626, 2426
G/L Code(s)*
542000, 900060
Current Fiscal Year Purchase Order Number*
CT143364
Contract Requestor*
Rick Hurst
Contract Owner*
Mustafa Cochinwala
File Upload (?)
The Option (1)
Evaluation of Current Finest Veer Performance
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
Panawal Datarmination
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amoun	its Charged to e	ach Budget U	nit			
Budget Unit Number*	Amount Charged \$ 100,000.00	I to Unit*	Expense/GL Code No.* 900060			
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*			
Provide Rate and Rate Description	ns if applicable*(?)					
Project WBS (Work Breakdown S IT24.1147.04 EPIC Optimization	tructure)* (?)					
Fiscal Year* (?) 2025		Amount* (?) \$ 100,000.00				
Next Fiscal Year Not to Exceed A	mount for Master Poo					
Contract Funding Source* General Revenue (GR)  Contract Content Change	es					
Are there any required changes to  Yes No  Will the scope of the Services cha		ge <b>?*</b> (?)				
<ul><li>Yes ● No</li><li>Is the payment deadline different</li><li>Yes ● No</li></ul>						
Are there any changes in the Peri	formance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See See No.						
File Upload (?)						
Contract Owner			<b>O</b>			
Contract Owner* (?) Please Select Contract Owner						
Mustafa Cochinwala  Budget Manager Approva	al(s)		<b>O</b>			

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/29/2024

# EXHIBIT F-5

# JUNE 2024 INTERLOCAL AGREEMENTS

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

# SNAPSHOT SUMMARY INTERLOCALS

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine Department of Family and Community Medicine	EKG Interpretation Services	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement for EKG Interpretation Services. [FY25 NTE: \$49,950.00].
2	Baylor College of Medicine Department of Family and Community Medicine	EKG Interpretation Services	Amendment	9/1/2023 - 8/31/2024	General Revenue (GR)	Amendment to increase the NTE funding to add New Start program unit and increase the allocation for the Northeast Clinic. [Revised NTE: \$52,450.00]
3	Baylor College of Medicine Department of Family and Community Medicine	Physical Medical Evaluations	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement for Physical Medical Evaluations. [FY25 NTE: \$100,000.00]
4	Community Health Choice, Inc.	Telephonic Crisis Line Services	Renewal	8/9/2024 - 8/8/2025	Private Pay Source	Annual renewal for telephonic crisis line revenue/ILA on behalf of Community Health Choice for Harris County Hospital District d/b/a Harris Health. [Revenue \$18,000].
5	Harris County Department of Education	Agency Wide Records Management Services	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of ILA and funding for Agency Wide Records Management Services. [FY25 NTE: \$19,902.25].
6	Harris County Hospital District d/b/a Harris Health System	Interlocal Agreement combining the current contracts with Harris Health System for Security, Janitorial and Nutrition services at the NeuroPsychiatic Center. NPC Lease Agreement is Contract ID 2020-0033.	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Interlocal Agreement for Security, Janitorial and Nutrition services provided at the NeuroPsychiatic Center. [FY25 NTE: \$1,026,191.17]
7	Harris County Office of Managed Assigned Counsel	Renewal	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Care Coordination Agreement with the Harris County Office of Managed Assigned Counsel.
8	Harris County Public Health	Interlocal Agreement for Screenings through Mobile Wellness Clinic for Houston Public Health Event	New Contract	5/16/2024 - 12/31/2024	County	New Interlocal Agreement with Harris County Public Health. The Harris Center for Mental Health & IDD is doing outreach to medically underserved communities through the use of the Mobile Wellness Clinic. The Harris Center will be participating in the Wellness on Wheels event hosted by Houston Public Health to conduct mental health screenings via PHQ-2 tool and provide health education.
9	Region 4 Education Service Center (ESC)	Provision of Office for Non-Physician Mental Health Professional	Renewal	9/1/2024 - 8/31/2025	State Grant	Annual renewal to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19. [FY25 NTE: \$7,284.00].
10	The University of Texas Health Science Center of Houston	A joint Providership with McGovern Medical School Office of Continuing Medical Education	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement with McGovern Medical School Office of Continuing Education (OCME) to provide Continuing Medical Education (CME) Activity. [FY25 NTE: \$6,750.00].
11	University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center	Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds	Amendment	9/1/2023 - 8/31/2024	State	Amendment to increase the NTE to cover the cost for additional in-patient psychiatric beds to increase the bed rate per day. Funding received from HHCS effective September 1, 2024. [Current FY24 NTE: \$36,717,873.80 increased by \$10,745,645.40; Revised FY24 NTE: \$47,463,519.20]

Current Fiscal Year Contract Information				
Select Header For This Contract*				
Interlocal				
Current Fiscal Year				
2024				
Contract ID#*				
2023-0727				
Contractor Name*				
Baylor College of Medicine Department of Family and Cor	nmunity Medicine			
Renewal Term Start Date	Renewal Term End Date			
9/1/2024	8/31/2025			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)				
Information Only (Total NTE Amount is Less than \$250				
Board Approval (Total NTE Amount is \$250,000.00 or	more)			
Grant Proposal				
Revenue				
SOW-Change Order-Amendment#				
Other				
Procurement Method(s)				
Check all that Apply				
Competitive Bid	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application	Request for Qualification			
Request for Quote	Tag-On			
✓ Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)			
Yes				
No No Notation No				
Unknown				

Contract NTE* (?) \$ 49,950.00
Rate(s)/Rate(s) Description \$38.40 PER ROUTINE CONSULTATION \$50.40 PER URGENT CONSULT
Unit(s) Served* 2212, 2213, 2214, 2215, 2301, 9205, 9209, 9210
G/L Code(s)* 543019
Current Fiscal Year Purchase Order Number* CT143283
Contract Requestor* Stacy Vincent
Contract Owner* Kia Walker
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   No
Were Services delivered as specified in the contract?*   No
Did Contractor perform duties in a manner consistent with standards of the profession?*    No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  ● Yes ● No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No
Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • 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.\* \$ 4,850.00 543019 2212 Secondary Budget Manager\* **Budget Manager\*** Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* \$ 4,000.00 543019 2213 Budget Manager\* Secondary Budget Manager\* Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 543019 2214 \$ 17,500.00 Secondary Budget Manager\* Budget Manager\* Shelby, Debbie Hooper Jr., Michael Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 2215 \$ 13,000.00 543019 Budget Manager\* Secondary Budget Manager\* Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 543019 2301 \$ 9,600.00 Budget Manager\* Secondary Budget Manager\* Shelby, Debbie Hooper Jr., Michael Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 9205 \$ 350.00 543019 Budget Manager\* Secondary Budget Manager\* Oshman, Jodel Ramirez, Priscilla Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 9209 \$ 350.00 543019 Budget Manager\* Secondary Budget Manager\* Oshman, Jodel Ramirez, Priscilla Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 9210 543019 \$ 300.00 Budget Manager\* Secondary Budget Manager\* Oshman, Jodel Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable (?) \$38.40/ROUTINE CONSULTATION; \$50.40/URGENT CONSULTATION; \$

Project WBS (Work Breakdown Structure) (?) N/A						
Fiscal Year* (?)	Amount* (?)					
2025	\$ 49,950.00					
Next Fiscal Year Not to Exceed Amount for Ma	ster Pooled Contracts					
Contract Funding Source*						
General Revenue (GR)						
Contract Content Changes						
Are there any required changes to the contract	t language?* (?)					
Will the scope of the Services change?*						
Yes No						
Is the payment deadline different than net (45)  Yes  No	?*					
Are there any changes in the Performance Tar	gets?*					
⊕ Yes ● No						
Are there any changes to the Submission deadlines for notes or supporting documentation?*						
	⊕ Yes ● No					
The Opioau (i)	File Upload (?)					
Contract Owner	<b>o</b>					
Contract Owner* (?)						
Please Select Contract Owner Kia Walker						
Budget Manager Approval(s)	<u> </u>					
Approved by	Approved by					
Debbie Chambers Shelby	Todel Oshman					
Contract Owner Approval	0					
Approved by						
Kia Denae Walker						
Contracts Approval						

Approved by	
Belinda Stude	Approval Date
Deunda Stude	5/29/2024
Final Board Report Comments	
Service Provided (?)	
EKG Interpretation Services	
Product/Service Description	
EKG Interpretation Services	
Revised Comments For Board Report*	
Annual renewal of Agreement for EKG Interp	oretation Services. [FY25 NTE: 49,950.00].
Exclude this Renewal from Board Report?	?*
⊚ Yes	
® No	

## **Executive Contract Summary**

мены неавилав 4719	Strategy, Charles Pro-Strategy and Control of the C
Contract Section	<u> </u>
Contractor*  Baylor College of Medicine Department of Family and Co	mmunity Medicine
Contract ID #* 2023-0727	
Presented To*  Resource Committee  Full Board	
Date Presented * 6/18/2024	
Parties* (?) Baylor College of Medicine Department of Family and Co Health and IDD	mmunity Medicine and The Harris Center for Mental
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Sole Source Request for Qualification
Request for Quote	
■ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 49,950.00	
Increase Not to Exceed* \$ 2,500.00	

Revised Total Not to Exceed (NTE)*	
\$ 52,450.00	
Fiscal Year* (?)	Amount* (?)
2024	\$ 52,450.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
	Consultant
Personal/Professional Services Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
	•
Justification/Purpose of Contract/Description of Ser	
Requesting an amendment to increase funding on PO C	Dright Library Control
through August 31, 2024. 1) add New START unit 6302 Northeast unit 2213 allocation by \$2000. All other units v	
	viii terriain as originally submitted.
Contract Owner*	
Kia Walker	
Previous History of Contracting with Vendor/Contracting	tor*
Yes  No Unknown	
Please add previous contract dates and what service	es were provided*
10+ years to present.	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
vendon/Contractor Contact r erson	
Name*	
LINDA TRAN DINH	
Address*	
Street Address	
1 Baylor Plaza	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77030-3411	US
THE PART OF THE PA	vec.ex

Phone Number\* 713-798-7777 Email\* LT3@bcm.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 543019 6302 \$ 500.00 Secondary Budget Manager **Budget Manager** Jiles, Monalisa Williams-Wesley, Sheenia Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 543019 2213 \$ 2,000.00 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) 0.00 Requester Name Submission Date Shelby, Debbie 5/1/2024 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Westey 5/6/2024 Approved by **Approval Date** Debbie Chambers Shelby 5/6/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** 

Approved by

Kia Denae Walker

Approval Date 5/9/2024

# Contracts Approval

### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 5/10/2024

#### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7521 Contractor Name\* Baylor College of Medicine Department of Family and Community Medicine Service Provided\* (?) Physical Medical Evaluations Renewal Term End Date\* Renewal Term Start Date\* 9/1/2024 8/31/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid 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* (?) \$ 100,000.00
Rate(s)/Rate(s) Description \$8,333.33 per month for Physical Examination, 2-5 Estimated Physical Examinations per day
Unit(s) Served* 9209
G/L Code(s)* 543011
Current Fiscal Year Purchase Order Number* CT143382
Contract Requestor* Patricia Singh
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • 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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No

Renewal Information for N	lext Fiscal Yea	r	<u>^</u>
Budget Units and Amount	ts Charged to e	each Budget	t Unit
Budget Unit Number* 9209	Amount Charge \$ 100,000.00	d to Unit <sup>*</sup>	Expense/GL Code No.* 543011
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisc	dget Manager* illa
Provide Rate and Rate Description \$8,333.33 per month for Physical Ex Estimated Physical Examinations pe	amination, 2-5 r day		
Project WBS (Work Breakdown St	ructure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 100,000.00	
Next Fiscal Year Not to Exceed An	nount for Master Po	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	S		•
Are there any required changes to  Yes No	the contract langua	age?* (?)	
Will the scope of the Services cha  ⊚ Yes   ● No	nge?*		
Is the payment deadline different to Yes  No	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subr	nission deadlines f	or notes or supp	porting documentation?*
File Upload (?)			
Contract Owner			<u>©</u>
Contract Owner* (?) Please Select Contract Owner			
Kim Kornmayer  Budget Manager Approva	l(s)		

Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kim KORNMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

HILIRES

Current Fiscal Year Contract Information	
Current Fiscal Year 2024	
Contract ID#*	
7535	
Contractor Name*	
Community Health Choice, Inc.	
Service Provided * (?)	
Telephonic Crisis Line Services to provide MH and IDD re	esources and support.
Renewal Term Start Date *	Renewal Term End Date*
8/9/2024	8/8/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven Other
Not Applicable (If there are no funds required)	- Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	☐ Lease ☐ Other
Renewal of Existing Contract	G Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
No	
Unknown	

	ontract NTE* (?) 0.00
R	ate(s)/Rate(s) Description
n/	nit(s) Served* /a //L Code(s)*
	/a
	urrent Fiscal Year Purchase Order Number* /a
	iontract Requestor*  lillie Wong
	contract Owner* ennifer Battle
F	ile Upload (?)
	Evaluation of Current Fiscal Year Performance
	lave there been any significant performance deficiencies within the current fiscal year?*  Yes  No
	Vere Services delivered as specified in the contract?*  Yes ② No
	old Contractor perform duties in a manner consistent with standards of the profession?*  Yes  No
	old Contractor adhere to the contracted schedule?* (?)  Yes  No
	Vere reports, billing and/or invoices submitted in a timely manner?* (?)  Yes  No
Α	old 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
	s the contract being renewed for next fiscal year with this Contractor?* (?)  Yes  No
	Renewal Information for Next Fiscal Year

Budget Units and Amount	ts Charged to each Bud	get Unit
Budget Unit Number* 7001	Amount Charged to Unit* \$ 18,000.00	Expense/GL Code No.* 420015
Budget Manager* Ilejay, Kevin	Secondar Campbell,	y Budget Manager* Ricardo
Provide Rate and Rate Description	ns if applicable* (?)	
Project WBS (Work Breakdown St	ructure)* (?)	
Fiscal Year* (?) 2025	Amount* \$ 18,000.0	
Next Fiscal Year Not to Exceed Ar	nount for Master Pooled Contra	acts
Contract Funding Source* Private Pay Source		
Contract Content Change	es :	<u> </u>
Are there any required changes to  Yes No  Will the scope of the Services cha		
Is the payment deadline different  Yes  No	than net (45)?*	
Are there any changes in the Perf	ormance Targets?*	
Are there any changes to the Sub  Yes No	mission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		<b>⊙</b>
Contract Owner* (?)		
Please Select Contract Owner  Jennifer Battle		
Budget Manager Approva	al(s)	<b>⊘</b>

Approved by		
kevin ilejay		
Contract Owner Approval		•
Approved by		
Tennifer Battle		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/16/2024	

Mental Health and IDD	ti da tana da mana ang mana ang mananana ang mananananan ang manananan ang manananan ang manananan ang mananan
Current Fiscal Year Contract Information	on the second
Current Fiscal Year	
2024	
Contract ID#*	
5080	
Contractor Name *	
Harris County Department of Education	
Service Provided* (?)	
Agency Wide Records Management Services (EVERGF	REEN)
Renewal Term Start Date * 9/1/2024	Renewal Term End Date* 8/31/2025
	6/3 1/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
No	
<ul><li>Unknown</li></ul>	

Contract NTE* (?)
\$ 27,484.75
Rate(s)/Rate(s) Description
Unit(s) Served*
1101, 1128, 1110, 1119, 1105
G/L Code(s)* 571002
Current Fiscal Year Purchase Order Number* FY24 PO CT143242
Contract Requestor*
Nina Cook
Contract Owner*
Nina Cook
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ◉ No
Were Services delivered as specified in the contract?*
⊚ Yes ○ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes     No
Did Contractor adhere to the contracted schedule?* (?)
Yes     No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes   No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes      No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes      No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
⊚ Yes ⊚ No
Renewal Information for Next Fiscal Year

Budget Unit Number* 1101	Amount Charged to Unit* \$ 1,655.32	Expense/GL Code No.* 571002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* urdo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 1,080.52	571002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1119	\$ 2,113.85	571002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	rdget Manager* ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1105	\$ 15,052.56	571002
*		
Budget Manager	Secondary Bu	dget Manager*
Campbell, Ricardo  Provide Rate and Rate Descri  Various based on the number of and unit requirements.	Campbell, Rica ptions if applicable (?) f boxes stored for each unit	ndget Manager*
Campbell, Ricardo  Provide Rate and Rate Descri  Various based on the number of and unit requirements.  Project WBS (Work Breakdow	Campbell, Rica ptions if applicable (?) f boxes stored for each unit	
Budget Manager* Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?)	Campbell, Rica ptions if applicable (?) f boxes stored for each unit	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A	Campbell, Rica ptions if applicable * (?) f boxes stored for each unit on Structure) * (?)	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?)	Campbell, Rica  ptions if applicable* (?)  f boxes stored for each unit  on Structure)* (?)  Amount* (?)	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?)  2025  Next Fiscal Year Not to Excee N/A	Campbell, Rica  ptions if applicable* (?)  f boxes stored for each unit  on Structure)* (?)  Amount* (?)  \$ 19,902.25	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*	Campbell, Rica  ptions if applicable * (?)  f boxes stored for each unit  an Structure) * (?)  Amount * (?)  \$ 19,902.25  d Amount for Master Pooled Contracts	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  State  Contract Content Chair  Are there any required change	Campbell, Rica  ptions if applicable * (?)  f boxes stored for each unit  an Structure) * (?)  Amount * (?)  \$ 19,902.25  d Amount for Master Pooled Contracts	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?)  2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  State  Contract Content Char  Are there any required change  Yes  No	campbell, Rica  ptions if applicable * (?)  f boxes stored for each unit  an Structure) * (?)  Amount * (?)  \$ 19,902.25  d Amount for Master Pooled Contracts  anges  es to the contract language? * (?)	
Campbell, Ricardo  Provide Rate and Rate Descri Various based on the number of and unit requirements.  Project WBS (Work Breakdow N/A  Fiscal Year* (?)  2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  State  Contract Content Chair	campbell, Rica  ptions if applicable * (?)  f boxes stored for each unit  an Structure) * (?)  Amount * (?)  \$ 19,902.25  d Amount for Master Pooled Contracts  anges  es to the contract language? * (?)	

Are there any changes in the Performance Target Yes No	gets?*		
Are there any changes to the Submission dead   Yes  No	llines for notes or su	pporting documentation?	?*
File Upload (?) HCDE FY25 BUDGET SUMMARY (LATEST) 5-15 The Harris Center NON-MEMBERSHIP 2024-202		65.5KB 70.5KB	5.
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner Nina Cook			
Budget Manager Approval(s)			<u> </u>
Approved by			
Ricardo Campbell			
Contract Owner Approval			<b>o</b>
Approved by			
Nina Cook			e e
Contracts Approval			
Approve*  Yes  No, reject entire submission  Return for correction			
Approved by *			
Belinda Stude	Approval Da 5/24/2024	ate "	

# Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes  No  Unknown
Contract NTE* (?) \$ 1,008,684.72
Rate(s)/Rate(s) Description
Unit(s) Served* 9206, 9209, 9211
G/L Code(s)* 583001, 569002, 543013
Current Fiscal Year Purchase Order Number* FY24 Po CT143442
Contract Requestor* Patricia Singh
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   No  No
Were Services delivered as specified in the contract?*
<ul> <li>Yes No</li> <li>No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> </ul>
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor perform duties in a manner consistent with standards of the profession?*  • Yes • No  Did Contractor adhere to the contracted schedule?* (?)
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?*(?)
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 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?*(?)
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?*(?)

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

Yes No

#### Renewal Information for Next Fiscal Year

<b>Budget Units and</b>	<b>Amounts</b>	Charged to	each	<b>Budget Unit</b>
Daaget Office and	/ IIIIO arito	Officing Cu to	Cuon	Duaget Omit

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9206

\$ 272,360.49

569002

Budget Manager\*

Secondary Budget Manager\*

Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9209

\$ 47,663.09

569002

Budget Manager\*

Oshman, Jodel

Secondary Budget Manager\*

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9211

\$ 20,427.04

569002 Secondary Budget Manager\*

Budget Manager\*
Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9206

\$ 278,171.80

543013
Secondary Budget Manager\*

Budget Manager\*

Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9209

\$ 69,542.95

543013

**Budget Manager\*** 

Ramirez, Priscilla

Oshman, Jodel

Marinez, i riscina

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

\$ 270,420.64

583001

Secondary Budget Manager\*

Secondary Budget Manager\*

Budget Manager\*

Ramirez, Priscilla

Oshman, Jodel

Amount Charged to Unit\*

Expense/GL Code No.\*

Budget Unit Number\* 9209

\$ 47,323.61

583001

Budget Manager\*

Secondary Budget Manager\*

Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9211

\$ 20,281.55

583001

Budget Manager\*

Secondary Budget Manager\*

Ramirez, Priscilla

Oshman, Jodel

odel Ramir

Provide Rate and Rate Descriptions if applicat	ole" (/)
Janitorial - \$340,450.62	
9206 \$272,360.49	
9209 \$47,663.09	
9211 \$20,427.04	
N (*** 0047.744.75	
Nutrition - \$347,714.75	*
9206 \$278,171.80	
9209 \$69,542.95	
Security - \$338,025.80	
9206 \$270,420.64	~
9209 \$47,323.61	
9211 \$20,281.55	
Project WBS (Work Breakdown Structure)* (?)	
na	
жено материализм не орган эксперия, на профененция при	***
Fiscal Year* (?)	Amount* (?)
2025	\$ 1,026,191.17
Next Fiscal Year Not to Exceed Amount for Ma	ster Pooled Contracts
Contract Funding Source *	e e
General Revenue (GR)	
Contract Content Changes	lacktriangle
The control of the second of the control of the second	
Are there any required changes to the contrac	t language?* (?)
⊚ Yes ⊚ No	
163 6 140	
Will the scope of the Services change?*	
Yes No	
103 9 140	
Is the payment deadline different than net (45)	?*
Yes       No	
Are there any changes in the Performance Tar	gets?*
Yes No	· X
Are there any changes to the Submission dead	dlines for notes or supporting documentation?*
Yes No	
File Upload (?)	
Contract Owner	<u>o</u>
Contract Owner* (?)	
Please Select Contract Owner	
Kim Kornmayer	
Budget Manager Approval(s)	

Approved by		
Todel Oshman		
Contract Owner Approval		0
Approved by		
Kin Kop NMAYER		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/21/2024	

#### **Annual Renewal Evaluation**

#### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2023-0700 Contractor Name\* Harris County Office of Managed Assigned Counsel Service Provided\* (?) This care coordination agreement serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Harris County Office of Managed Assigned Counsel. Renewal Term Start Date\* Renewal Term End Date\* 8/31/2025 9/1/2024 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* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 9208
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Patricia Singh
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No  Were Services delivered as specified in the contract?*
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?*
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?*(?)
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?*(?)
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
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
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		
Renewal Information for	or Next Fiscal Year	$\epsilon$
Budget Units and Amo	unts Charged to each Budge	t Unit
Budget Unit Number* 9208	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisc	idget Manager* illa
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdow na	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 0.00	
Contract Funding Source* General Revenue (GR)	d Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change		
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes  No	nges es to the contract language?* (?)	
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change  Yes  No  Will the scope of the Services  Yes  No	nges es to the contract language?* (?) change?*	
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change  Yes No  Will the scope of the Services  Yes No	nges es to the contract language?* (?) change?*	
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differed Yes No  Are there any changes in the F	nges es to the contract language?* (?) change?* ent than net (45)?*	
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differed Yes No  Are there any changes in the F	nges es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differed Yes No  Are there any changes in the Forest No  Are there any changes to the Services	nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differed Yes No  Are there any changes in the F  Yes No  Are there any changes to the S  Yes No  Are there any changes to the S  Yes No  Are there any changes to the S  Yes No  File Upload (?)	nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differed Yes No  Are there any changes in the Form Yes No  Are there any changes to the Services Yes No  Are there any changes to the Services	nges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	<u> </u>
Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kim KORNMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Approved by*	
Approved by	Approval Date*
Belinda Stude	5/30/2024

O Me	B	CE	RR NTI	3 IC
C	oı	ntr	ac	ct

Mental Health and IDD	
Contract Section	
Contractor*	
Harris County Public Health	
Contract ID #*	
2024-0887	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/18/2024	
Parties* (?)	
Houston Public Health and The Harris Center for Men	tal 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 Quote	Request for Qualification  Tag-On
✓ Interlocal	Consumer Driven
✓ Not Applicable (If there are no funds required)	☐ Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/16/2024	12/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
•	
Funding Source*	
County	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Service The Harris Center for Mental Health & IDD is doing outreac communities through the use of the Mobile Wellness Clinic	ch to medically underserved
participating in the Wellness on Wheels event hosted by H mental health screenings via PHQ-2 tool and provide healt	
Contract Owner*	
Janeth Martinez	
Previous History of Contracting with Vendor/Contractor	or *
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)
⊚ Yes ⊚ No ⊚ Unknown	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
200 TO CO OF TO 100 CO OF TO 10	
Houston Public Health	
Supporting Documentation Upload (?)	
Wellness on Wheels_JUNE_1P_OPI_2024 1.pdf	1.2MB
24GEN1096 - Wellness on Wheels - Harris Center.docx	46.9KB
HC_Planning Questionnaire- The Harris Center-5-8-2024.c	docx 72.77KB
Vendor/Contractor Contact Person	
Name*	
Eboni Sutherland	
Address*	
Street Address	
1111 Fannin Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002	USA
· · · *	
Phone Number*	
713-417-9472	
Email*	
Eboni.Sutherland@phs.hctx.net	

#### **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 2626 \$ 0.00 000000 **Budget Manager** Secondary Budget Manager Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) Requester Name Submission Date Martinez, Janeth 5/16/2024 Budget Manager Approval(s) Approved by **Approval Date** Debbie Chambers Shelby 5/16/2024 **Procurement Approval** File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** Approved by Approval Date Janeth Martinez 5/16/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 5/16/2024

Consultant

Lease

Other

New Contract/Agreement

Service/Maintenance

Amendment to Existing Contract

IT/Software License Agreement

Personal/Professional Services

Consumer Driven ContractMemorandum of Understanding

Renewal of Existing Contract

Affiliation or Preceptor

BAA/DUA

Pooled Contract

○ Vaa
Yes
No
● Unknown
Contract NTE* (?)
\$ 7,284.00
Rate(s)/Rate(s) Description
Total Cost represents a 119 sq. ft. office space monthly,
technical and print shop costs.
Unit(s) Served*
7003
G/L Code(s)*
425086
Current Fiscal Year Purchase Order Number*
CT143236
Contract Requestor*
Jennifer Battle
Jennifer Battle
Contract Owner*
Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊕ Yes ⊕ No
Were Services delivered as specified in the contract?*
Were Services delivered as specified in the contract?*  ⊚ Yes ⊚ No
<ul> <li>Yes</li> <li>No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> </ul>
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> </ul>
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> <li>Yes No</li> </ul>
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>Yes No</li> <li>No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> </ul>
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> <li>Yes No</li> </ul>
<ul> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ● No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ● No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the</li> </ul>
<ul> <li>Yes No</li> <li>No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>No</li> <li>Did Contractor adhere to the contracted schedule?* (?)</li> <li>Yes No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?)</li> <li>Yes No</li> </ul>
<ul> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ● No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ● No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the</li> </ul>
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> <li>No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>Yes No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>Yes No</li> <li>No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> </ul>
<ul> <li>● Yes ○ No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ○ No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ○ No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ○ No</li> </ul>
<ul> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ● No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ● No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ● No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> <li>● Yes ● No</li> </ul>
<ul> <li>● Yes ○ No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ○ No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ○ No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> <li>● Yes ○ No</li> <li>Maintained legally required standards for certification, licensure, and/or training?*(?)</li> </ul>
<ul> <li>● Yes ● No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>● Yes ● No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>● Yes ● No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>● Yes ● No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>● Yes ● No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> <li>● Yes ● No</li> </ul>

Is the contract being renewed	for next fiscal year with this Contractor	<b>?*</b> (?)
Renewal Information f	or Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budget	Unit
Budget Unit Number* 7003	Amount Charged to Unit* \$ 7,284.00	Expense/GL Code No.* 595000
Budget Manager* Ilejay, Kevin	Secondary Bu Campbell, Rica	dget Manager* rdo
Provide Rate and Rate Descri 7,284.00	ptions if applicable* (?)	
Project WBS (Work Breakdow NA	vn Structure)* (?)	
Fiscal Year* (?)	Amount*(?)	
2025	\$ 7,284.00	
Contract Content Cha	nges es to the contract language?* (?)	
Yes No		
Will the scope of the Services  Yes No	s change?"	
Is the payment deadline diffe	rent than net (45)?*	
Are there any changes in the  Yes  No		
	Performance Targets?*	
Are there any changes to the  Yes  No	Performance Targets?*  Submission deadlines for notes or supplements of the supplements o	porting documentation?*
		porting documentation?*
○ Yes ® No		porting documentation?*
● Yes ● No File Upload (?)		porting documentation?*

Budget Manager Approval(s)	
Approved by	
kevin ilejay	
Contract Owner Approval	
Approved by	
Tennsfer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/22/2024

#### Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2022-0361	
Contractor Name *	
The University of Texas Health Science Center of Houston	on.
	JII
Service Provided*(?)	
A joint providership arrangement with McGovern Medica Medical Education (OCME) to provide Continuing Medical	20 C C C C C C C C C C C C C C C C C C C
Renewal Term Start Date*	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25	
Board Approval (Total NTE Amount is \$250,000.00 or	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#  Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Consumer Driven Other
Not Applicable (if there are no funds required)	out of the state o
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	<ul> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
<ul> <li>Pooled Contract</li> <li>         ✓ Renewal of Existing Contract     </li> </ul>	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No     Helmann	
Unknown	

	Contract NTE* (?) \$ 6,600.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1101
	G/L Code(s)* 542000
	Current Fiscal Year Purchase Order Number* CT143387
	Contract Requestor* Annette Mayne
	Contract Owner* Luming Li
	File Upload (?)
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*  ⊚ Yes ⊚ No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?*    No
	Did Contractor adhere to the contracted schedule?* (?)   No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $^{\star}$ (?)
	● Yes ● No
	Did Contractor render services consistent with Agency policy and procedures?* (?)   No  Yes  No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  ® Yes  No
THE CHARLES	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
STREET, SALES	Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged \$ 6,750.00	I to Unit*	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo		Secondary Bud Campbell, Ricar	Carbon School Contractor	
Provide Rate and Rate Descript	tions if applicable * (?)			
Project WBS (Work Breakdown n/a	Structure)* (?)			
Fiscal Year* (?)	Ÿ	Amount* (?) \$ 6,750.00		
2025		φ 0,750.00		
Next Fiscal Year Not to Exceed	Amount for Master Poo	oled Contracts		
Contract Funding Source*				
General Revenue (GR)				
Contract Content Chan	ges		<b>⊙</b> .	
Are there any required changes  Yes No	s to the contract langua	ge?* (?)		
Will the scope of the Services of Yes  No	change?*			
Is the payment deadline differe	nt than net (45)?*			
Yes No				
Are there any changes in the Pe	erformance 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				
Luming Li				
Budget Manager Appro	val(s)		<u> </u>	

Approved by

\*\*Records Campbell\*\*

Contract Owner Approval

Approved by

\*\*Dt. Luning Le

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

\*\*Belinda Stude

Approval Date\*

5/23/2024

HARRIS CENTER,

#### **Executive Contract Summary**

Mental Health and IDD	
Contract Section	
Contractor*	
University of Texas Health Science Center @ Houston on	behalf of Harris County Psychiatric Center
Contract ID #* 5736	
Presented To*  Resource Committee  Full Board	
Date Presented* 6/27/2024	
Parties* (?) University of Texas Health Science Center @ Houston -	ICPC and The Harris Center for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or 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 Quote	<ul><li>Request for Qualification</li><li>Tag-On</li></ul>
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 36,717,873.80	
Increase Not to Exceed*	
\$ 10,745,645.40	

Revised Total Not to Exceed (NTE)*				
\$ 47,463,519.20				
Fiscal Year* (?)	Amount* (?)			
2024	\$ 47,463,519.20			
Funding Source*				
State				
State				
Contract Description / Type * (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Justification/Purpose of Contract/Description of S	Continue Roing Provided* (2)			
Increased cost for bed rate and additional beds. Secu	ired additional funding.			
Contract Owner*				
Lance Britt				
	* *			
Previous History of Contracting with Vendor/Cont	ractor			
Yes No Unknown				
Please add previous contract dates and what serv	vices were provided*			
Please add previous contract dates and what services were provided*  09-01-22 to 08-31-23				
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)			
Yes No Unknown				
Community Partnership* (?)				
Company Company - N. Server and Ref. Ended - V				
○ Yes ○ No ● Unknown				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Person				
*				
Name*				
Kevin Dillon, COO				
Address*				
Street Address				
DBA Harris County Psychiatric Center				
Address Line 2				
2800 South McGregor Way				
City	State / Province / Region			
Houston	TX			
Postal / Zip Code	Country			
77021	USA			
ez uscandrozatan	sensor (Ch			

Phone Number\* 713.741.5000 Email\* Kevin.Dillon@uth.tmc.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 2186 \$ 6,623,727.40 543002 **Budget Manager** Secondary Budget Manager Hooper Jr., Michael Shelby, Debbie Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 543069 \$ 1,240,023.00 2221 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 2,332,352.00 543056 2222 **Budget Manager** Secondary Budget Manager Shelby, Debbie Hooper Jr., Michael Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 9300 543056 \$ 549,543.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Provide Rate and Rate Descriptions if applicable \* (?) 0.00 Project WBS (Work Breakdown Structure)\* (?) 0.00 Requester Name Submission Date Shelby, Debbie 6/14/2024 Budget Manager Approval(s) Approved by

Approval Date

Debbie Chambers Shelby

6/14/2024

Contract Owner Approval



Approved by

Lance Britt

Approval Date 6/14/2024

#### Contracts Approval

#### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\*

6/14/2024

# EXHIBIT F-6

### Security and Privacy Risk Management Services and Platform with Vendor Security Management Services

Presented by: Stanley Adams, MBA June 18, 2024

### Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Software Tool/Platform	25%
Methodology/Approach	30%
History and References	10%
Cost	10%
TOTAL	100%

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

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Evaluator 1	87	70	56	52	35
Evaluator 2	100	58	36	49	18
Evaluator 3	95	53	41	41	22
Average Evaluation Score	94	60.33	43.33	47.33	25

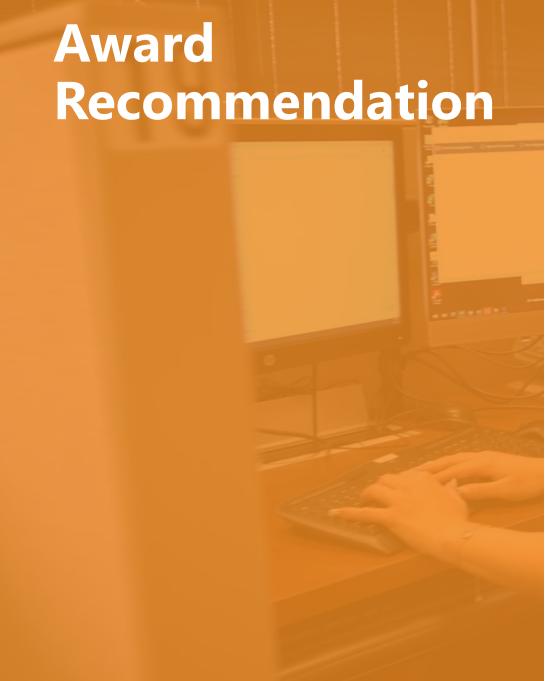
### Request for Proposal – Demo Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	86	77
Evaluator 2	82	63
Evaluator 3	95	65
Average Evaluation Score	87.67	68.33

## RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Pricing Proposal*	\$750,000.00	\$1,025,000.00	\$2,176,320.00	\$3,437,460.00	\$1,915,000.00

\*Pricing is for the full 5-year contract.



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Award Recommendation
Request for Proposal (RFP)

Security and Privacy Risk Management Services and Platform with Vendor Security Management Services

A Proposal Opening for Security and Privacy Risk Management Services and Platform with Vendor Security Management Services RFP was held on Tuesday, April 2, 2024.

Seventy-seven (77) vendors that identified this as an area of interest were notified of this opportunity via our procurement software. Of those, twenty-nine (29) were found in an extensive vendor search by the Buyer. Advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESBD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Seven (7) proposals were received. Five (5) were deemed responsive and evaluated by the project team. The vendors who submitted a responsive proposal are Carahsoft Technology Corporation, Clearwater Security, Cyber Leadership and Strategy Solutions, LLC, TrustXForce, and Naya Group, LLC.

The Project Team consisted of the following members: Wes Farris, Information Security and Enterprise Architect, Rita Alford, Privacy and Health Information Management, Mustafa Cochinwala, Chief Information Officer, and Frances Otto, Buyer II

Five (5) areas were evaluated: Overall Program, Software Tool/Platform, Methodology/Approach, History and References, and Cost.

Demos were requested of Clearwater Security and iTrustXForce and held in late April and early May 2024.

Based on the project team's evaluation of responses received, it is recommended to award Clearwater Security. This recommendation is based on the team's belief that Clearwater Security is the best value to The Harris Center.

The initial contract period is anticipated to begin upon award of contract for three (3) base years with two (2) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. The first contract year will begin September 1, 2024, and end on August 31, 2027, subject to budget approval. The initial fiscal year budget requested is \$150,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$750,000.00 funded annually. The Funding Source is Computer Maintenance User Fee (1130).

FY25 NTE: \$150,000.00 FY26 NTE: \$150,000.00 FY27 NTE: \$150,000.00 FY28 NTE: \$150,000.00 FY29 NTE: \$150,000.00

Francis Offe

Frances Otto, CTCD Buyer II Mina Look

Nina Cook, MBA, CTCM, CTCD

Director of Purchasing

- RocuSigned by

Stanley Adams

Interim Chief Financial Officer

Page 132 of 602

## EXHIBIT F-7

Status Pending PolicyStat ID 15838821

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 07/2023

Last N/A

Approved

Effective Upon

Approval

Last Revised 07/2023

Next Review 1 year after

approval

Owner Lance Britt: Dir

Area Assessment,

Care & Continuity

Document Agency Policy

Type

#### **ACC.A.16 Clinician Peer Review**

#### 1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer-driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

#### 2. POLICY:

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

#### 3. APPLICABILITY /SCOPE:

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

## 4. RELATED POLICIES/FORMS (for reference only):

**Professional Review Committee Policy** 

#### 5. PROCEDURES:

**Clinician Peer Review** 

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

**Texas State Board of Examiners of Professional Counselors.** <a href="https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html">https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html</a>

**Texas State Board of Psychologists.** <a href="https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html">https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html</a>

**Texas State Board of Social Worker Examiners.** <a href="https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html">https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html</a>

Licensed Chemical Dependency Counselor Program. <a href="https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration">https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration</a>

Licensed Chemical Dependency Counselors. 25 Tex. Admin. Code. Subchapter I.

#### **Approval Signatures**

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Initial Assignment	Kendra Thomas: Counsel	05/2024
Initial Assignment	Lance Britt: Dir	05/2024

## EXHIBIT F-8



HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 04/2008 Owner Gertrude Leidich: Vice President Last N/A Clinical Approved Transformation Effective Upon and Quality Approval **Medical Services** Area Last Revised 06/2023 **Agency Policy** Document

Next Review 1 year after approval

Туре

#### **MED.A.8 - Closed Record Review Committee Policy**

#### 1. PURPOSE:

To provide clinical peer review of all deaths of The Harris Center's consumers to ensure against inappropriate clinical care, and one that conforms to the highest quality standard of care and the Harris Center's policies and procedures.

#### 2. POLICY:

It is the policy of the Harris Center to ensure that the deaths of all consumers served in all Harris Center programs, including contracted placements, are peer-reviewed. All contract providers are responsible for adhering to the provisions of this policy and procedures.

The Harris Center's Closed Record Review Committee is responsible for the clinical peer review of all consumer deaths and making recommendations to the Chief Medical Officer for the improvement of The Harris Center's service delivery system. The Closed Record Review Committee is a subcommittee of the Professional Review Committee (PRC).

#### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, direct and contracted employees.

### 4. RELATED POLICIES/FORMS (for reference only):

**Incident Reporting** 

### 5. PROCEDURES:

**Closed Record Review Committee** 

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Deaths of Individuals Served by Community Mental Health Centers. Title 25. TEX. ADMIN. CODE. Chapter 405. Subchapter K.

#### **Approval Signatures**

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2024
Final Legal Review	Kendra Thomas: Counsel	06/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 03/1993

Last N/A

Approved

Effective Upon

Approval

Last Revised 06/2023

Next Review 1 year after

approval

Owner Toby Hicks

Area Human

Resources

Document Agency Policy

Type

## **HR.A.10 Equal Employment Opportunity**

### 1. PURPOSE:

The purpose of this policy is to extend equal employment opportunities, based on individual merit and qualifications, to all applicants for employment and to all The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employees.

#### 2. POLICY:

The Harris Center has a strong commitment to equal employment opportunity and fosters the concept of workforce diversity. It is the policy of The Harris Center to provide equal opportunity to all terms and conditions of employment including, but not limited to, recruitment, hiring, testing, compensation, transfer, promotion, upgrade, realignment, demotion, training, layoff, and discharge regardless of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. As defined by law, sex includes gender identity, sexual orientation, and transgender status. Sexual orientation, gender identity, and transgender status will not have any influence on Harris Center employment decisions or opportunities.

The Harris Center strictly prohibits and does not tolerate discrimination against employees, applicants or any covered person because of the protected classes described above. All Harris Center employees are prohibited from engaging in unlawful discrimination.

Additionally, the Harris Center complies with the Americans with Disability Act (ADA), as amended by the ADA Amendments Act, the Texas Commission on Human Rights Act, and all applicable state and local laws. Consistent with those requirements, The Harris Center will make reasonable accommodations for qualified individuals with a disability if such accommodation would allow the individual to perform the

essential functions of the job, unless doing so would result in an undue hardship to the Harris Center. Also, the Harris Center will, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

# 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

## 4. RELATED POLICIES/FORMS:

Employee Job Descriptions Transfers, Promotions, Demotions Personnel Requisition Action Form The Harris Center Application for Employment

- Creating a New Position
- · Filling a New Position
- · Filling a Vacant Position
- Changing a Current Position
- · Posting of Vacancies
- · Conditions of Employment

#### 5. PROCEDURES:

# 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e to 2000e-17
- The Americans with Disabilities Act, as amended by the ADA Amendment Act, 42 U.S.C. §12101-12213
- The Age Discrimination in Employment Act, 29 U.S.C. §§621-634
- The Genetic Information Nondiscrimination Act, 42 U.S.C. §§2000ff-2000ff-11
- Uniformed Services Employment Reemployment Rights Act, 38 U.S.C. §4311
- Section 1981 Civil Rights Act of 1866, 42 U.S.C. §1981
- The Equal Pay Act, 29 U.S.C. §206(d)
- Immigration Reform and Control Act, Pub.L. No. 99-603, 100 Stat. 3359 (1986)
- Texas Commission on Human Rights Act, Tex. Lab. Code Ann. §§21.101, 21.106, 21.051, & 21.402
- Employment Discrimination for Participating in Emergency Evacuation, Tex. Lab. Code Ch. 22
- Texas Worker's Compensation Act. Tex. Lab. Code, Ch. 451
- Texas Military Forces, § 437.204

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 03/2000

Last N/A Approved

Effective Upon

. Approval

Last Revised 05/2024

Next Review 1 year after

approval

Owner Toby Hicks

Area Human

Resources

Document Agency Policy

Type

## **HR.A.11 Inquiries on Employees**

### 1. PURPOSE:

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) has a responsibility to maintain a system to protect current and former employees' employment records. The purpose of this policy is to ensure a consistent process throughout the agency concerning the release of employment information.

#### 2. POLICY:

All inquiries regarding the employment information of current and former employees will be referred to an approved third-party vendor for official responses. In the event the third-party vendor is unable to provide the necessary documentation, then the inquiry will be sent to the Human Resources Department for completion. These inquiries include, but are not limited to, reference checks on current or past employment, working hours, salary verifications, credit and collection inquiries, requests pertaining to any solicitation of employees or distribution of material to employees, and all other requests for information that may be part of an employee's employment record. This list is illustrative only and not exhaustive.

# 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

# 4. RELATED POLICIES/FORMS:

HIM4A.IT.A.2 Information Security Policy

### 5. PROCEDURES:

# 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- · The Harris Center's Policy and Procedure Handbook
- Restrictions on Blacklisting, Texas Labor Code §52.031
- Disclosure by Employer of Information Regarding Certain Employees or Former Employees, Texas Labor Code §103
- Texas Public Information Act, Texas Government Code § 552

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 06/2020

Last N/A

Approved

Effective Upon

Approval

Last Revised 06/2023

Next Review 1 year after

approval

Owner Toby Hicks

Area Human

Resources

Document Agency Policy

Type

#### **HR.A.13 Lactation Breaks**

### 1. PURPOSE:

To ensure employees at The Harris Center for Mental Health and IDD (The Harris Center) have reasonable breaks to express breast milk at the workplace.

## 2. POLICY:

The Harris Center supports the right of nursing employees to receive break time to express breast milk and a private place, other than the bathroom, to pump at work. Under this policy, nursing employees may take reasonable breaks to express breast milk for up to one year following the birth of the employee's child each time such employee has a need to express breast milk. Employees who telecommute are eligible to take reasonable breaks to express breast milk like other employees.

Employees are encouraged to provide notice to their supervisor of their intent to take lactation breaks. The advance notice will give The Harris Center the time needed to create or designate the required space if the work location does not maintain a permanent space dedicated for use as a lactation room.

The space provided for use to express breast milk will be a quiet place, not a bathroom (even if private), and is shielded from view and free from intrusion from coworkers and the public. The room will be fitted with an electrical outlet for employees who use a pump that must be plugged in. The employee will have access to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment. Employees who telecommute will also be free from observation by any Harris Center provided or required video system, including a computer camera, security camera, or web conferencing platform.

The employee will have access to cool refrigeration for storage of the employee-expressed breast milk.

Employees storing milk in the refrigerator assume all responsibility for the safety of the milk and the risk of harm for any reason, including improper storage, refrigeration, and tampering. If the employee decides to store the milk in their own cooler, they may do so, and the Harris Center will provide a space to store the cooler and their supplies.

Employees are encouraged to reserve the lactation room at their respective program locations with their supervisor. The supervisor will share the information only on an as-needed basis, such as with facilities personnel who may be charged with creating the required space. When an employee is using break time at work to express breast milk, they either must be completely relieved from duty or must be paid for the break time. Employees who are provided paid breaks and use such break times to express breast milk shall be compensated in the same way that other employees are compensated for their break time.

The Harris Center may not suspend, discipline, intimidate, retaliate, or terminate the employment of, or otherwise discriminate, against an employee for requesting or taking lactation breaks or for filing a complaint for violation of this policy. If an employee feels they are subject to any conduct that they believe violates this policy, they should promptly contact the Human Resources Department.

The Human Resource Department is responsible for the administration of this policy. They will ensure that a prompt investigation is conducted and take prompt corrective action, if appropriate.

## 3. APPLICABILITY/SCOPE:

All The Harris Center employees.

## 4. RELATED POLICIES/FORMS:

#### 5. PROCEDURES:

# 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Fair Labor Standards Act of 1938, 29 U.S.C. §207(r)
- Title VII of the Civil Rights Act of 1964 as amended by the Pregnancy Discrimination Act of 1978, 42 U.S.C. §2000e
- Right to Express Breast Milk in the Workplace, Texas Government Code Chapter 619
- H.R.3110 Pump for Nursing Mothers Act. 117th Congress (2021-2022)

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Step Description Approver Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 10/1992

Last N/A

Approved

Effective Upon

. Approval

Last Revised 06/2023

Next Review 1 year after

approval

Owner Danyalle Evans

Area Medical Services

Document Agency Policy

Type

#### MED.A.1 Medical Services

### 1. PURPOSE:

To document The Harris Center's expectations for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's patients.

## 2. POLICY:

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs, PAs, or clinical pharmacy specialists working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Medical Peer Review Committee, Nursing Peer Review Committee, Incident Reports, System Quality, Safety and Experience Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

# 3. APPLICABILITY/SCOPE:

All Harris Center programs and clinical services.

### 4. PROCEDURES:

**Medical Services** 

# 5. RELATED POLICIES/FORMS (for reference only):

Behavior Supports
 Abnormal Involuntary Movement Scale
 Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) & (Spanish)

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part I, Ch. 2, Subchapter G
- Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, Division 3
- Provider Clinical Responsibilities Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415
- Consent to Treatment with Psychoactive Medication- Mental Health Services, 25
   Tex. Admin. Code, Part 1, Ch. 414, Subchapter I
- Use and Maintenance of the HHSC Psychiatric Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter G

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	06/2024
Final Legal Review	Kendra Thomas: Counsel	06/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Danyalle Evans	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 01/2012

Last N/A

Approved

Effective Upon

Approval

Last Revised 06/2023

Next Review 1 year after

approval

Owner Toby Hicks

Area Human

Resources

Document Agency Policy

Type

# HR.A.15 Obligation to Identify individuals or Entities Excluded from Participation in Federal Healthcare Program

## 1. PURPOSE:

The purpose of this policy is to establish guidelines, which prevent The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from federally funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department-Office of Inspector General (HHSC-OIG)

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center") to comply with state and federal rules to protect the interests of patients and the Harris Center.

The Harris Center shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

## 3. APPLICABILITY/SCOPE:

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

# 4. RELATED POLICIES:

**HR9A Employment** 

# 5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Social Security Act 42 U.S.C.A.1320a-7

Barring Vendor from Participation in State Contracts, Tex. Government Code §2155.077

Debarment, 34 Tex. Admin. Code Ch. 20, Subchapter G

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 02/2022

Last N/A

Approved

Effective Upon

Approval

Last Revised 06/2023

Next Review 1 year after

approval

Owner Lance Britt: Dir

Area Assessment,

Care & Continuity

Document Agency Policy

Type

### ACC.A.12 Personal Property

### 1. PURPOSE:

The purpose of this policy is to establish guidelines relating to the handling of excluded or allowable personal items brought into programs by both employees and visitors.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD ("Harris Center") to exclude all weapons, illegal drugs, and tobacco products from the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law. Items, including legal drugs and prescription medications, are allowable based on regulations and laws governing transport and storage.

The Harris Center for Mental Health and IDD will post a list of excluded items in a visible location in all facilities. Storage for items will be provided based on the setting as described in the Personal Property procedure.

#### Excluded items include:

- A. "Weapon(s)" include handguns, firearms, clubs, location-restricted knives, "prohibited weapons" defined in §46.05 of the Texas Penal Code, and all items or objects that have no specific purpose or relationship to the treatment of a patient and (i) may be presented as a weapon, or (ii) may be reasonably foreseen or expected to be used as a weapon.
- B. "Illegal drugs" include street drugs, alcohol (if under the legal drinking age), and drug paraphernalia.
- C. "Tobacco products" include cigarettes, cigars, chewing tobacco, and electronic cigarettes.

Allowable items include:

A. "Legal drugs" include prescription medications, over-the-counter drugs, vitamins, and herbs.

# 3. APPLICABILITY/SCOPE:

All Harris Center employees, contractors, volunteers, and visitors.

# 4. RELATED POLICIES/FORMS (for reference only):

**Incident Reporting** 

Statement of Weapon Confiscation

Least Restrictive Interventions and Management of Aggressive Behavior

MH Outpatient Property Management Form

Neuropsychiatric Center Patient Property Management Form

## 5. PROCEDURES:

**Personal Property** 

# 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center's Policy and Procedure Handbook

Texas Penal Code - Sections 46.01, 46.02, 46.03, 46.05, 46.15, 30.06, and 30.07.

License to Carry a Handgun, Texas Government Code -- Chapter 411, Subchapter H

Restrictions on Prohibiting Employee Transportation or Storage of Certain Firearms or Ammunition-Texas Labor Code – Chapter 52, Sub-chapter G

Texas Controlled Substances ACT- Title 6, Subtitle C, Chapter 481, Sub-chapter A.

CARF: Section 2. Subsection A., General Program Standards

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Lance Britt: Dir	05/2024

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 11/2002 Last N/A

Last N/A Approved

Effective Upon

. Approval

Last Revised 07/2023

Next Review 1 year after

approval

Owner Keena Pace: Exec

Area Assessment,

Care & Continuity

Document Agency Policy

Type

#### ACC.A.10 - Suicide/Homicide Prevention

### 1. PURPOSE:

To ensure that patients engaged in treatment in any of our programs or residential settings who voice thoughts of harm to self or others or engage in high-risk behaviors are thoroughly assessed and dispositioned to the most appropriate and safe setting for further evaluation and treatment.

#### 2. POLICY:

It is the policy of The Harris Center to protect the health, safety, and well-being of patients and others by taking timely and prudent action to prevent, assess the risk of, intervene in, and respond to patients' threats of harm to self or others or high-risk behaviors.

# 3. APPLICABILITY/SCOPE:

This policy applies in all Harris Center mental health services, including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities and in other programs serving individuals with intellectual and developmental disabilities.

# 4. RELATED POLICIES/FORMS (for reference only):

**Incident Reporting** 

# 5. PROCEDURES:

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2024
Legal Review	Kendra Thomas: Counsel	06/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Keena Pace: Exec	05/2024



HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 05/2005

Last N/A

Approved

Effective Upon

Approval

Last Revised 06/2023

Next Review 1 year after

approval

Owner Kendra Thomas:

Counsel

Area Leadership

Document Agency Policy

Type

# LD.A.9 - Termination of General Revenue Contract Providers with Harris Center-IDD Services

## 1. PURPOSE:

The purpose of this policy is to protect the interests of The Harris Center and the health and safety of the individuals served.

#### 2. POLICY:

The Harris Center shall ensure that vendors and contractors suspended or debarred by the state or federal government are not awarded contracts with the Harris Center. When a vendor or contractor is suspended or debarred, the Harris Center shall terminate its contracts with debarred vendors and contracts as soon as possible, considering such factors as a need to procure replacement goods and services for an alternate vendor. Suspended or Debarred vendors are prohibited from participating in a procurement process or otherwise make offers to receive a contract or subcontract.

The Harris Center shall remove funded individuals served and suspend referrals to General Revenue ("GR") contractors and vendors who are notified by a licensing entity that they have been recommended for decertification. The Harris Center shall initiate the termination of the general revenue contract. In the event that the appeal is upheld, referrals and consumer choice may be reinstated after review and approval by Vice President of Intellectual and Developmental Disabilities.

# 3. APPLICABILITY/SCOPE:

This policy applies to all contractors and vendors who sell goods and services to the Harris Center.

# 4. PROCEDURES:

# **5. RELATED POLICIES/FORMS:**

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- · Debarment, 34 Tex. Admin. Code Chapter 20, Subchapter G
- Contract Management for Local Authorities, Title 40 Tex. Admin. Code Chapter 2, Subchapter
   B
- ICF/ID Programs--Contracting, 40 Tex. Admin. Code Chapter 6, Subchapter B.
- · Contracting for Community Services, Title 40 Tex. Admin. Code Chapter 49, Subchapter B

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Initial Assignment	Kendra Thomas: Counsel	05/2024



HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 06/2000

Last N/A

Approved

Effective Upon

Approval

Last Revised 05/2024

Next Review 1 year after

approval

Owner Shiela Oquin:

ExecAsst

Area Assessment,

**Care & Continuity** 

Document Agency Policy

Type

### **ACC.A.1 Court-Ordered Outpatient Mental Health Services**

### 1. PURPOSE:

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

### 2. POLICY:

It is the policy of The Harris Center that court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or risk associated with relapse or re-hospitalization, dangerous behavior, or deterioration.

# 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center, including, both direct and contracted employees.

# 4. RELATED POLICIES/FORMS (for reference only):

### 5. PROCEDURES:

Section I: Routes to Court-Ordered Out-Patient Mental Health Services

Section II: Order Following Hearing on Application for Temporary Mental Health Services

Section III: Modification of In-Patient to Out-Patient Commitment

Section IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment

Section V: Termination of Commitment

Section VI: Modification of Court Ordered Out Patient Treatment to Court Ordered In-Patient Treatment

Section VII: Treatment Failure

Section VIII: Procedure for Transmitting Documents to Court Staff Training

Section IX: Staff Training

Section X: Review of Policy and Procedure

Section XI: References

Section XII: Forms

Section XIII: Attachments

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574

CARF: Section 1. Subsection E., Legal Requirements

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Shiela Oquin: ExecAsst	05/2024

HARRIS CENTER for Mental Health and IDD

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Transforming Lives

Origination 01/2023

Last N/A

Approved

Effective Upon

Approval

Last Revised 05/2024

Next Review 1 year after

approval

Owner Tanya White: Mgr

Area Medical Services

Document Agency Policy

Type

### MED.PHA.A.6 Pharmacy Peer Review Policy

### 1. PURPOSE:

The purpose of this policy is to establish a pharmacy peer review process to evaluate the quality of pharmacy services, the competency of pharmacists, and identify opportunities to enhance patient care through the pharmacy systems.

#### 2. POLICY:

It is the policy of The Harris Center to consistently assess pharmacy operations, the quality of pharmacy-related activities and causal factors underlying quality-related activities or error occurrences to ensure the highest quality of care for all patients of The Harris Center. The deliberations of the pharmacy peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations regarding the confidentiality and privileged nature of pharmacist peer review communications, records, reports, deliberations, and proceedings. The Pharmacy Peer Review Committee is the Professional Review Committee (PRC) subcommittee.

## 3. APPLICABILITY/SCOPE:

This policy applies to any employed and contracted licensed pharmacists.

# 4. RELATED POLICIES/FORMS (for reference only):

Professional Review Committee Policy Professional Review Committee Policy

# 5. PROCEDURES:

Pharmacy Peer Review Procedure

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Pharmacy Peer Review, Tex. Occ. Code §§564.001-564.006; §§564.101-564.106

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
Legal 1st Review	Obiajulu Enaohwo	06/2024
CEO/Board Approval	Wayne Young: Exec	05/2024
Legal 2nd Review	Kendra Thomas: Counsel	04/2024
Pharmacy &Therapeutic Committee	Angela Babin: Dir	04/2024
Pharmacy Department Review	Tanya White: Mgr	03/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2024
Initial	Tanya White: Mgr	02/2024



HARRIS CENTER for Mental Health and IDD

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Origination N/A

Last N/A

Approved

Effective Upon

Approval

Last Revised N/A

Next Review 1 year after

approval

Owner Evelyn Locklin:

Dir

Area Administrative

**Directives** 

Document Agency Policy

Type

# ACC.A.21 Resilience In Stressful Events (We RISE) Program Policy

### 1. PURPOSE:

The Purpose of this Policy is to ensure services and programs are supportive of Caregivers in Distress by integrating a Peer Support System within their own unique environment.

#### 2. POLICY:

The Harris Center will create and maintain the <u>We</u> RISE Program which will offer free, confidential and timely peer support to any employee who may have encountered a stressful, patient-related event.

# 3. APPLICABILITY/SCOPE:

The policy is applicable to all Harris Center staff, volunteers, interns and contractors.

# 4. RELATED POLICIES/FORMS (for reference only)::

N/A

## 5. PROCEDURE:

Resilience In Stressful Events (We RISE) Program Procedure

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

## **Approval Signatures**

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Evelyn Locklin: Dir	05/2024

# EXHIBIT F-20

Status Pending PolicyStat ID 15055290

HARRIS CENTER for Mental Health and IDD

Transforming Lives

Origination 11/2022

Last N/A

Approved

Effective Upon

. Approval

Last Revised 06/2024

Next Review 1 year after

approval

Owner Eunice Davis: Dir

Area Environmental

Management

Document Agency Plan

Type

## **EM.P.1 Risk Management Plan**

#### 1. Purpose

The purpose of the Risk Management Program is to strengthen The Harris Center for Mental Health and IDD's (The Harris Center) mission and vision related to consumer safety, clinical risk, and the safety of visitors, employees, property, and operations.

## 2. Guiding Principles

The Risk Management Program supports The Harris Center's philosophy that safety and risk management is everyone's responsibility. Employees shall observe safe work practices, rules, policies, and procedures to provide a safe environment for everyone at The Harris Center's facilities or properties. Employees shall assist individuals served at The Harris Center and our visitors in complying with these procedures and activities.

## 3. Program Goals and Objectives

The Harris Center's goal is to provide employees, consumers, and visitors a safe environment. The Harris Center is committed to continuous improvement of quality of care, safety and minimizing or preventing errors through risk management activities.

The Harris Center's Risk Management Program aims to reduce the frequency of losses and severity of accidents. Root Cause Analyses will guide implementation of appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention is the practice of setting up a self insurance program and Commercial Insurance Program to pay for losses as they occur. Risk transfer is a risk management and control strategy that involves contractually shifting risk, potential loss from an adverse outcome and financial responsibility that may or may not occur to a contractor. The Harris Center uses an Agent of Record to analyze the insurance market on an annual basis and make recommendations for

appropriate coverage of exposures to its programs, personnel, consumers, and assets.

## 4. Leadership

Following the lead of the Board of Trustees, employees of The Harris Center are committed to promoting the safety of all consumers, visitors, employees, volunteers and other individuals participating in organizational operations. The responsibilities of the Board of Trustees, executive leadership, directors, managers, supervisors, and employees are established in the Risk Management Program. The Harris Center's executive leadership is committed to the effectiveness of The Harris Center's Risk Management plan and its role in serving the Harris County community.

## 5. Role of the Risk Management Director

The Risk Management Director is empowered by The Harris Center to implement the functions and activities of the Risk Management Plan. The role of the Risk Management Director is to maintain a proactive Risk Management Program under the guidance of the VP of Enterprise Risk Management that complies with the provisions of federal, state, and local laws and regulations. The Risk Management Director is responsible for creating, implementing, and evaluating the outcomes of the Risk Management Plan. The Risk Management Director shall utilize reports, audits, inspections, and reviews for evidence-based decisions. The Risk Management Director shall serve on the System Quality, Safety and Experience Committee and Safety and Risk Management Committee to provide information and trends learned from the The Harris Center's incident reportreporting system.

#### 6. Components of the Risk Management Program

The Harris Center Risk Management Program includes the following components:

- A. Designated Risk Management Director and System Quality, Safety and Experience Committee and Safety and Risk Management Committee shall perform the following responsibilities:
  - 1. Demonstrate training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis.
  - 2. Review, identify, monitor, and minimize risks, and potential risks associated with injury, infectious disease, medication errors, property damage or loss, and harm to individuals being served.
  - 3. Document all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring, and actions taken to reduce risk.
- B. Incident Reporting System ("IRS") is utilized for reporting incidents involving consumers, employees, or property. Employees are required to report all events in The Harris Center Incident Reporting system as outlined in the Harris Center's Incident Reporting policy. Clinical Risk Management reviews are required for incidents that indicate follow-up is necessary. Clinical reviews are conducted by the Professional Review Committee and its subcommittees. Employees are required to complete an incident report training during orientation. The incident report training includes when to complete an incident report, how to complete an incident report, and consequences for failure to report a serious injury or incident.
- C. **Annual Risk Assessment** is conducted annually to help identify and bring attention to the likelihood of a risk event occurring and the potential impact if the risk event occurs. A Risk

Event refers to any unforeseen or unexpected occurrence that can cause losses for the Harris Center. Classifications of the likelihood of risk range from "rare to almost certain", with consequences of likely risks ranging from "insignificant to severe". This type of risk assessment assists the organization's response to certain practices, situations, and policies that may help reduce the risk of harm to consumers, employees, visitors, and property.

- D. **Ongoing Monitoring and Data Analysis** of harm and potential harm to identify and promptly respond to risks.
- E. Root Cause Analyses: The Harris Center is committed to the utilization of improvement models, tools, and techniques such as root cause analysis (RCA). Sources of data will include prospective, concurrent, and retrospective reviews of records and events, reports from regulatory and contracting agencies relating to care deficiencies, complaints, grievances, and clinical reviews of sentinel events.
- F. **Life Safety Inspections** are performed annually at each service location owned, rented or leased by The Harris Center. The Facility Services Department oversees that applicable permits required by local government are maintained for fire safety surveys, alarms, fire box keys, intrusion alarms, and sprinkler systems. Rented or leased facilities are governed through risk transfer administered by the Contract Services Department.
- G. Death Mortality Reviews of the deaths of consumers served in The Harris Center programs, including consumers served in The Harris Center contracted placements, are conducted by the Closed Records Committee [See MED16A & MED16B Policy and Procedures for Closed Records Committee.] Closed Record reviews are conducted to identify clinically related problems requiring correction and opportunities to improve the quality of care pursuant to requirements of the TexaTexas Administrative Code (TAC)[See Community Centers: Clinical Death Review 25 TAC §405.274.]
- H. Commercial Insurance Program: The Harris Center carries the following lines of coverage:
  - Workers' Compensation coverage responds to injuries to center employees who are injured on the job while in the course of their employment. Workers' compensation covers medical bills, rehabilitative, and lost income benefits for center employees.
  - Liability coverage includes automobile liability (AL), general liability (GL), medical malpractice
    for both mental health and primary health care (PL), public official's errors & omissions (E&O)
    coverage, and Excess Liability (EL) to provide additional limits of insurance of the underlying
    liability policies.
  - Property coverage includes buildings, office contents, computers, contractor's equipment, and vehicles owned by The Harris Center. Basic crime coverage is included within property coverage.
  - Cyber Liability coverage includes the response to an incident with forensics, attorneys, notification, and public relations strategies. Coverage is also provided for damage caused by a breach, penalties or fines and injury to the public from a breach.
  - **Flood** coverage provides property coverage to The Harris Center properties that are within federally identified flood zones.
  - The Texas Council Risk Management Fund also provides safety consulting, assistance with auditing processes for determining premiums, leadership training, risk management consulting, claim service, and the ability of The Harris Center to have input in the claim

management and settlement practices.

## 7. Risk Management in Operational Units

The following risk management elements are in place and support the Risk Management Plan and its reach and mission.

#### A. Compliance and Financial Risk Management

The Harris Center follows legal and fiscal requirements of all funders and regulatory agencies. Operational units are audited by Internal Audit and Compliance departments.

- B. **Health and Safety** The Harris Center safety program includes the following:
  - System Quality, Safety and Experience Committee and Safety and Risk Management Committee
  - · Incident Reporting
  - Prevention and Management of Aggressive Behavior (PMAB) 25 TAC §417.515
    - The Harris Center uses Handle with Care to comply with this requirement.
  - Vehicle and Driver Safety Campaign
  - · Slips, Trips and Falls Campaign
  - Accident Investigation
  - Infection Control and Prevention
  - Emergency Response and Disaster Preparedness
  - Online Training
    - Electrical Safe Practices
    - Hazardous Materials
    - Chair ergonomics and safety
  - Security Officers
  - Entrapment prevention environment review

## C. Risk Management in Clinical Setting

 Physicians and nurses at The Harris Center provide leadership and oversight for medical and nursing practices through continuous monitoring of the quality of care and peer review. Clinic spaces are equipped and staffed for consumer treatment. Medical supplies and pharmaceuticals are secured with access control measures. Clinic spaces are to be cleaned in accordance to the Infection Control and Prevention Plan overseen by the Chief Nursing Officer.

## D. Contracting Practices

The Harris Center contracts shall be reviewed by the Contracts Services Department.
 Contracts shall contain indemnification language and minimum insurance coverages and amounts that contractors shall carry. The Harris Center Board of Trustees reviews and approves all contracts within its authority.

## E. Security of Information including Client Confidentiality

 The Harris Center follows federal and state laws and regulations regarding privacy and consumer information. The Information Security Officer and Health Information Management Department oversee policies and procedures to protect consumer information.

#### F Conflict of Interest

The Harris Center has policies and procedures to protect against conflicts of
interests [LD12A Code of Ethics, LD5A Solicitation of/and Acceptance of Donations,
FM19B Requisitioning Requisitioning and Purchasing of Goods and/ or Services,
MED10B Pharmaceutical Representatives]. All contractors or vendors are surveyed
for conflicts of interest and employees on vendor selection committees are required
to sign a conflict of interest acknowledgement form. The Harris Center Board of
Trustees are required to complete Conflict of Interest Disclosure forms.

## G. **Employment Practices**

• Leadership training is offered to employees online that covers topics such as discrimination, sexual harassment, and retaliation at work.

## H. Inter-agency Collaborations or Joint Ventures

• The Harris Center has inter-agency collaborations with city, county, and state public health and emergency management agencies.

#### **I. Public Relations Risk Management**

 The Harris Center has policies on Communications (LD2A Communications with the Media and Other Entities) and Social Media (LD13A Social Media Use). Requests for information, interviews, or postings on social media sites shall be forwarded to the Communications Department per policy.

## J. Risk Management Monitoring and Metrics

- Incident Reporting assists in monitoring the frequency of events. The incident reporting process at The Harris Center has three main purposes:
- 1. Quality Control related to the services and people affected by risk events;
- 2. Use data about risk events to revise or modify processes, premises, or services; and
- 3. Provide measures of the effectiveness of risk control efforts.

Data is used by Risk Management and Clinical Transformation & Quality to provide improvements at The Harris Center. Internal reporting of incidents and external claims records provided by the Texas Council Risk Management Fund assist in the risk management process. The Harris Center shall conduct an annual Risk Analysis in collaboration with the Texas Council Risk Management Fund to identify risk areas of improvement, progress, actions taken, and department responsibility for operational leaders that shall be incorporated into this plan by reference. The Risk Management Plan shall operate in conjunction with the Infection Control Plan.

## **Approval Signatures**

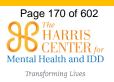
Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2024
Legal Review	Kendra Thomas: Counsel	06/2024
Initial Assignment	Eunice Davis: Dir	06/2024

# EXHIBIT F-21



# Facilities Capital Project Update Q3-FY24

Todd McCorquodale, Director of Facilities Services



## Capital Project Updates – Multi-Year

## Multi-Year Capital Projects

LOCATION	P <sub>rofes</sub>	Project Number	Potal Budget	NA BINGS	Connolation Project	O <sub>R</sub>	Procurenent	Constitution	Overell Progress	* lotal Aldger
NPC	Renovations	FM21.1126.02	\$ 6,200,000.00	\$ 3,481,093.00	FY2024 Q3	100%	100%	87%	96%	\$ 6,200,000.00
South Loop East RRR (6168)	Apartment Design & Build	FM21.1126.23	\$ 12,117,509.00	\$ 11,236,472.00	FY2025 Q3	100%	100%	30%	77%	\$ 12,117,509.00
Northeast Clinic (New)	Clinic Design & Build	FM21.1126.18	\$ 22,600,000.00	\$ 3,000,000.00	FY2025 Q4	90%	0%	0%	30%	\$ 1,461,782.00
Bristow	Renovations	FM24.1126.01	\$ 5,000,000.00	\$ 1,000,000.00	FY2028 Q4	25%		2%	9%	\$ 1,000,000.00
Center for Pursuit*	Coffee House 2 Center for Pursuit	FM23.1126.02	\$ 600,000.00	\$ 600,000.00	TBD	90%	0%	0%	30%	\$ 110,000.00
Southwest 9401	Loading Dock Foundation Repair	FM24.1126.02	\$500,000.00	\$487,650.00	FY2024 Q4	100%	50%		75%	\$ 500,000.00



## Capital Project Updates – FY 24 Strategic Goal

## FY24 Capital Projects

Cocation	A <sub>D/ex</sub>	Project Number	TOTAL BLOGGE	NA Balance	CONTRACTOR CO	O <sub>RRED</sub>	Procureners	Constitution	Overell Progress	S TOTAL PROPERTY
Dennis St	Elevator Modernization	FM23.1126.09	\$75,000.00	\$1,145.00	FY2024 Q2	100%	100%	100%	100%	\$ 75,000.00
SW Garage	Garage Assessment	FM23.1126.10	\$12,000.00	\$12,000.00	FY2024 Q1	100%	100%	100%	100%	\$ 12,000.00
6160 RRR	Roof Repair/Completion	FM24.1126.03	\$60,000.00	\$10,520.00	FY2024 Q3	100%	100%	100%	100%	\$ 60,000.00
Westbury House	Kitchen Remodel update	FM24.1126.04	\$60,000.00	\$55,000.00	FY2024 Q4	100%			33%	\$ 60,000.00
9401 Garage	Exit Gate Improvements	FM24.1126.05	\$60,000.00	\$59,380.00	FY2024 Q3	100%	100%	100%	100%	\$ 60,000.00
Dennis St. / IL	Kitchen Update	FM24.1126.06	\$12,000.00	\$12,000.00	FY2024 Q3					\$ 12,000.00
Bristow	Elevator Modernization	FM24.1126.01	\$84,582.50	(\$51,047.50)	FY2024 Q3	100%	100%	100%	100%	\$84,582.50
Southwest	Sign Replacement **	FM24.1126.07	\$160,000.00	\$160,000.00	FY2024 Q3	100%	100%	30%	77%	\$ 160,000.00

Number projects	7
Projects Completed	5
Percent Complete	71%



## Capital Project Updates – FY 24 Strategic Goal

## Capitalalized Projects

SE Sewerline Replacement	FM24.1126.08	\$19,960.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$19,960.00
Fire panel replacement	FM24.1126.09	\$13,100.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$13,100.00
Fire panel replacement	FM24.1126.10	\$3,100.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$3,100.00
Emergency lighting replacement	FM24.1126.11	\$24,500.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$24,500.00
Fire panel replacement	FM24.1126.12	\$5,800.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$5,800.00
Emergency lighting replacement	FM24.1126.13	\$4,850.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$4,850.00
UNIT 2 REPLACEMENT	FM24.1126.14	\$25,378.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$25,378.00
UNIT 3 REPLACEMENT	FM24.1126.15	\$18,458.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$18,458.00
UNIT 10 REPLACEMENT	FM24.1126.16	\$16,407.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$16,407.00
UNIT 6 REPLACEMENT	FM24.1126.17	\$49,000.00	\$0.00	FY2024 Q2					
					100%	100%	100%	100%	\$49,000.00
Fire panel replacement	FM24.1126.18	\$9,775.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$9,775.00
	Fire panel replacement  Fire panel replacement  Emergency lighting replacement  Fire panel replacement  Emergency lighting replacement  UNIT 2 REPLACEMENT  UNIT 3 REPLACEMENT  UNIT 10 REPLACEMENT  UNIT 6 REPLACEMENT	Fire panel replacement FM24.1126.09  Fire panel replacement FM24.1126.10  Emergency lighting replacement FM24.1126.11  Fire panel replacement FM24.1126.12  Emergency lighting replacement FM24.1126.13  UNIT 2 REPLACEMENT FM24.1126.14  UNIT 3 REPLACEMENT FM24.1126.15  UNIT 10 REPLACEMENT FM24.1126.16  UNIT 6 REPLACEMENT FM24.1126.17	Fire panel replacement         FM24.1126.09         \$13,100.00           Fire panel replacement         FM24.1126.10         \$3,100.00           Emergency lighting replacement         FM24.1126.11         \$24,500.00           Fire panel replacement         FM24.1126.12         \$5,800.00           Emergency lighting replacement         FM24.1126.13         \$4,850.00           UNIT 2 REPLACEMENT         FM24.1126.14         \$25,378.00           UNIT 3 REPLACEMENT         FM24.1126.15         \$18,458.00           UNIT 10 REPLACEMENT         FM24.1126.16         \$16,407.00           UNIT 6 REPLACEMENT         FM24.1126.17         \$49,000.00	Fire panel replacement         FM24.1126.09         \$13,100.00         \$0.00           Fire panel replacement         FM24.1126.10         \$3,100.00         \$0.00           Emergency lighting replacement         FM24.1126.11         \$24,500.00         \$0.00           Fire panel replacement         FM24.1126.12         \$5,800.00         \$0.00           Emergency lighting replacement         FM24.1126.13         \$4,850.00         \$0.00           UNIT 2 REPLACEMENT         FM24.1126.14         \$25,378.00         \$0.00           UNIT 3 REPLACEMENT         FM24.1126.15         \$18,458.00         \$0.00           UNIT 10 REPLACEMENT         FM24.1126.16         \$16,407.00         \$0.00           UNIT 6 REPLACEMENT         FM24.1126.17         \$49,000.00         \$0.00	Fire panel replacement         FM24.1126.09         \$13,100.00         \$0.00         FY2024 Q2           Fire panel replacement         FM24.1126.10         \$3,100.00         \$0.00         FY2024 Q2           Emergency lighting replacement         FM24.1126.11         \$24,500.00         \$0.00         FY2024 Q2           Fire panel replacement         FM24.1126.12         \$5,800.00         \$0.00         FY2024 Q2           Emergency lighting replacement         FM24.1126.13         \$4,850.00         \$0.00         FY2024 Q2           UNIT 2 REPLACEMENT         FM24.1126.14         \$25,378.00         \$0.00         FY2024 Q2           UNIT 3 REPLACEMENT         FM24.1126.15         \$18,458.00         \$0.00         FY2024 Q2           UNIT 10 REPLACEMENT         FM24.1126.16         \$16,407.00         \$0.00         FY2024 Q2           UNIT 6 REPLACEMENT         FM24.1126.17         \$49,000.00         \$0.00         FY2024 Q2	Fire panel replacement         FM24.1126.09         \$13,100.00         \$0.00         FY2024 Q2         100%           Fire panel replacement         FM24.1126.10         \$3,100.00         \$0.00         FY2024 Q2         100%           Emergency lighting replacement         FM24.1126.11         \$24,500.00         \$0.00         FY2024 Q2         100%           Fire panel replacement         FM24.1126.12         \$5,800.00         \$0.00         FY2024 Q2         100%           Emergency lighting replacement         FM24.1126.13         \$4,850.00         \$0.00         FY2024 Q2         100%           UNIT 2 REPLACEMENT         FM24.1126.14         \$25,378.00         \$0.00         FY2024 Q2         100%           UNIT 3 REPLACEMENT         FM24.1126.15         \$18,458.00         \$0.00         FY2024 Q2         100%           UNIT 10 REPLACEMENT         FM24.1126.16         \$16,407.00         \$0.00         FY2024 Q2         100%           UNIT 6 REPLACEMENT         FM24.1126.17         \$49,000.00         \$0.00         FY2024 Q2         100%           Eigen panel replacement         FM24.1126.18         \$9,775.00         \$0.00         FY2024 Q2	Fire panel replacement FM24.1126.09 \$13,100.00 \$0.00 FY2024 Q2 100% 100% 100% Fire panel replacement FM24.1126.10 \$3,100.00 \$0.00 FY2024 Q2 100% 100% 100% Emergency lighting replacement FM24.1126.11 \$24,500.00 \$0.00 FY2024 Q2 100% 100% 100% Fire panel replacement FM24.1126.12 \$5,800.00 \$0.00 FY2024 Q2 100% 100% 100% Emergency lighting replacement FM24.1126.13 \$4,850.00 \$0.00 FY2024 Q2 100% 100% 100% UNIT 2 REPLACEMENT FM24.1126.14 \$25,378.00 \$0.00 FY2024 Q2 100% 100% 100% UNIT 3 REPLACEMENT FM24.1126.15 \$18,458.00 \$0.00 FY2024 Q2 100% 100% UNIT 10 REPLACEMENT FM24.1126.16 \$16,407.00 \$0.00 FY2024 Q2 100% 100% UNIT 10 REPLACEMENT FM24.1126.16 \$16,407.00 \$0.00 FY2024 Q2 100% 100% UNIT 6 REPLACEMENT FM24.1126.17 \$49,000.00 \$0.00 FY2024 Q2 100% 100% UNIT 6 REPLACEMENT FM24.1126.17 \$49,000.00 \$0.00 FY2024 Q2 100% 100% UNIT 6 REPLACEMENT FM24.1126.17 \$49,000.00 \$0.00 FY2024 Q2 100% 100% UNIT 6 REPLACEMENT FM24.1126.17 \$49,000.00 \$0.00 FY2024 Q2 100% 100% UNIT 6 REPLACEMENT FM24.1126.17 \$49,000.00 \$0.00 FY2024 Q2 100% 100% UNIT 6 REPLACEMENT FM24.1126.17 \$49,000.00 \$0.00 FY2024 Q2 100% 100% EV2024 Q2 100% 100% EV2024 Q2 100% 100% EV2024 Q2 100% 100% EV2024 Q2 100% E	Fire panel replacement FM24.1126.09 \$13,100.00 \$0.00 FY2024 Q2 100% 100% 100% 100% Emergency lighting replacement FM24.1126.11 \$24,500.00 \$0.00 FY2024 Q2 100% 100% 100% 100% Fire panel replacement FM24.1126.11 \$24,500.00 \$0.00 FY2024 Q2 100% 100% 100% 100% 100% Emergency lighting replacement FM24.1126.12 \$5,800.00 \$0.00 FY2024 Q2 100% 100% 100% 100% 100% 100% 100% 100	Fire panel replacement FM24.1126.09 \$13,100.00 \$0.00 FY2024 Q2 100% 100% 100% 100% 100% 100% 100% 100

## Page 173 of 602 HARRIS CENTER for Mental Health and IDD

## **6168 Apartments**







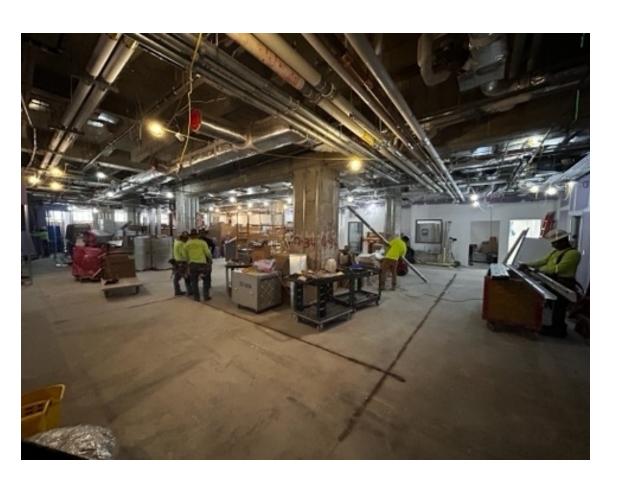
## **6168 Apartments**





## **NPC**







## **NPC**



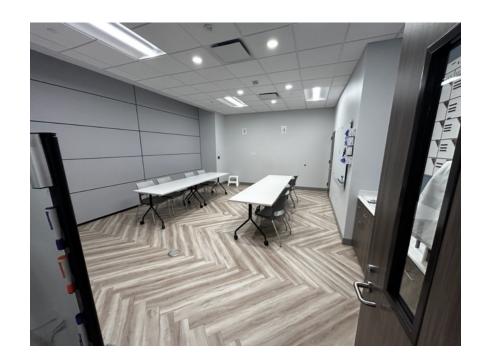






## **NPC**







Transforming Lives

## Thank You

# EXHIBIT F-22

# JUNE 2024 NEW CONTRACTS 100k-250k

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

	T	Τ		Τ	Ι	Ι		T	Ι		н			
						LEAGES	IENCEC	INENTAL HEALTH SERVICES-ECT	MENTAL DEALTH SERVICES ECI	MENTAL HEALTH	CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Pursuit Foundation	ADMINISTRATION	ACCESS	CONTRACTOR
											New Lease Agreement utilizing the premises of the Wellness Building located at 4430 Harrisburg Blvd, Suite 110, Houston, TX 77011, to provide early childhood services, including counseling and behavioral support for children ages 3 - 8 years of age with autism spectrum disorder and delays in language, motor skills, academic skills, as well as in appropriate classroom behaviors.			PRODUCT/SERVICE DESCRIPTION
											\$100,000.00			NTE AMOUNT
											7/1/2024 - 8/31/2025			CONTRACT PERIOD
											County			FUNDING
											Consumer Driven			BID/TAG-ON
											Consumer Driven New Lease Agreement with the Pursuit Foundation on behalf of the Center for Pursuit to utilize space at the Wellness Building located at 4430 Harrisburg Blvd., 110, Houston, TX 77011, to provide early childhood services, including counseling and behavioral support for children ages 3 - 8 years of age with autism spectrum disorder and delays in language, motor skills, academic skills, as well as in appropriate classroom behaviors for the RISE program. [County and ARPA funding.]			COMMENTS

Mental Health and IDD  Executive Contract Sum	nmary
Contract Section	
Contractor*	
Pursuit Foundation	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented*	
6/27/2024	
Parties* (?)	
Pursuit Foundation and The Harris Center for Mental He	ealth and IDD
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$2.	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	□ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Lease Agreement
Funding Information*	
New Contract   Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
7/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
N/A	
Fiscal Year* (?)	Amount* (?)
2024	\$ 100,000.00
Funding Source*	
County	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	✓ Lease ○ Other
Renewal of Existing Contract	es other
Justification/Purpose of Contract/Description of	f Services Being Provided* (?)
For the purpose of utilizing the premises of the Wel Harrisburg Blvd, Suite 110, Houston, TX 77011, to pincluding counseling and behavioral support for chi spectrum disorder and delays in language, motor si appropriate classroom behaviors.  See attachment for additional content pertinent to the second	Iness Building located at 4430 provide early childhood services, Idren ages 3 - 8 years of age with autism kills, academic skills, as well as in
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Co	ntractor*
- 100 March 100	muactor
Yes  No  Unknown	
Please add previous contract dates and what se	ervices were provided*
An array of service agreements for residential, empetc. during fiscal year 2024 (09/01/23 to present).	loyment,
Vendor/Contractor a Historically Underutilized E	Business (HUB)* (?)
. * (2)	
Community Partnership * (?)	
Yes    No    Unknown	
Specify Name*	
Pursuit Foundation	
Supporting Documentation Upload (?)	
7.1.2024_Harris Center Lease Document_HW LVL	1.pdf 661.52KB
7.7.202 I Trainio Conter Ecologi Document Travelle	1.501
Vendor/Contractor Contact Person	
Name*	
Charles Njuguna, CEO	
Address*	
Street Address	
4400 Harrisburg Blvd	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77011	US
And a stable	545000
Phone Number*	
713-525-8401	

## Email\* cnjuguna@thecenterforpursuit.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Budget Unit Number\* Expense/GL Code No.\* 3530 \$ 100,000.00 126006 **Budget Manager** Secondary Budget Manager Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) See attachment for rate and rate description. Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name 6/12/2024 Childs, Margo Budget Manager Approval(s) Approved by Approval Date Kenyonika Tohnson 6/12/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** Approved by Approval Date Evanthe Collins 6/12/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction

Approved by \*

Belinda Stude

Approval Date\*
6/12/2024

# EXHIBIT F-23

## JUNE 2024 RENEWALS 100k - 250k

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

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

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION							
1	Absorb Software North America, LLC	Learning Management System Software for The Harris Center	\$15,275.00	\$117,750.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Renewal of Learning Management System Software Agreement. First year full implementation period.
2	AT&T Corp.	AT&T Ethernet on Demand Services and AT&T Circuits at 14 Agency Locations	\$150,000.00	\$150,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of AT&T Ethernet on Demand Services and AT&T Circuits Agreement at 14 Agency Locations and pricing schedule.
3	Cardinal Health Pharmacy Services, LLC	Remote Order Pharmacy Support Services	\$132,000.00	\$132,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide remote order Pharmacy support services.
4	CenturyLink Communications d/b/a Lumen Technologies Group	Back-up Data Circuits Services for EPIC	\$106,484.00	\$120,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Back-up Data Circuits Agreement for EPIC.
5	Comcast	Agency Wide Internet and Data	\$220,000.00	\$220,000.00	9/1/2024 - 8/31/2025	General	Sole Source	Annual renewal of multiple internet service and data circuits Services Agreement
6	Creative Financial Staffing, LLC	Circuits Services Consulting Services	\$60,000.00	\$100,000.00	9/1/2024 - 8/31/2025	Revenue (GR)  General  Revenue (GR)	Request for Quote	including for EPIC EHR.  Annual renewal of Consulting Services Agreement for the Grants Department.
7	Dahill Office Technology Corporation d/b/a Xerox Business	Agency-Wide Multifunctional Device Lease and Services	\$220,933.08	\$220,933.08	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Multifunctional Device Lease and Service Agreement.
8	DataVox, Inc.	Lifesize Audio Conferencing and Cloud Subscription	\$110,000.00	\$125,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of of Lifesize Audio Conferencing and Cloud Subscription services. [Tag-on to TIPS].
9	Granite Telecommunications, LLC	POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills	\$170,000.00	\$172,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement to manage the POTS and AT&T telephone bills.
10	M Strategic Partners	Project Management Consultant Services for the Northeast Community Clinic Project	\$333,423.75	\$116,953.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of Project Management Consultant Services Agreement for the Northeast Community Clinic Project.
11	Mobile Communications America (Formerly Knight Security Systems)	Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.	\$148,714.00	\$148,714.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Access Control and Other System Related Services Agreement including Pharmacy Intrusion Alarm Monitoring Services.
12	Pivot Point Consulting, A Vaco Company	Consulting and IT Staffing Services.	\$640,000.00	\$100,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal for Consulting and IT Staffing Services Agreement as needed for EPIC EHR Reporting and Data Extraction.
13	P-Professional Services Master Pool	Master Pooled Contract for Architectural and Engineering Services	\$300,000.00	\$175,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of Master Pooled Contract for Architectural and Engineering Services. Second year renewal option.
14	Web-head Technologies, Inc. d/b/a Webhead	Design, Develop and Manage the Agency's New Website	\$195,595.20	\$180,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Renewal of Agreement to Design, Develop and Manage the Agency's new website.
	CPEP/CRISIS SERVICES							
	FORENSICS			(columnication				

## 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* (?) \$ 15,275.00
Rate(s)/Rate(s) Description  FY24: \$15,275.00 one-time fees. FY25: \$117,750.00 due  Sept. 2024
Unit(s) Served* 1975
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT143703
Contract Requestor* Ninfa Escobar
Contract Owner* Ninfa Escobar
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*  ● Yes ● No
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes   No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No

Renewal Information for N	ext Fiscal Year	<b>○</b>				
Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*				
1975	\$ 117,750.00	553002				
Budget Manager*		Secondary Budget Manager*				
Campbell, Ricardo	Campbell, Ri	Campbell, Ricardo				
Provide Rate and Rate Descriptions if applicable * (?) NA						
Project WBS (Work Breakdown Str NA	ucture)*(?)					
Fiscal Year* (?)	Amount* (?)					
2025	\$ 117,750.00					
Next Fiscal Year Not to Exceed Am  Contract Funding Source*  General Revenue (GR)	ount for Master Pooled Contract	S				
Contract Content Changes  Are there any required changes to the contract language?*(?)  Yes No						
Will the scope of the Services char  Yes No	nge ?					
Is the payment deadline different to Yes  No	han net (45)?*					
Are there any changes in the Performance Targets?*  Yes No						
Are there any changes to the Subn  Yes No	nission deadlines for notes or su	pporting documentation?*				
File Upload (?)						
Contract Owner		•				
Contract Owner* (?)						
Please Select Contract Owner Ninfa Escobar						
Budget Manager Approva	l(s)	٥				

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Minfa Escobar	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/23/2024

## HILLING.

## **Annual Renewal Evaluation**

## **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7611 Contractor Name\* AT&T Corp. Service Provided\* (?) AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renew Pricing Schedule Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other None Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No No Unknown

Contract NTE* (?) \$ 150,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 564004
Current Fiscal Year Purchase Order Number* FY24 CT143232
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)    Yes  No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
⊚ Yes ⑤ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number* 1130	Amount Charged to U \$ 150,000.00	d to Unit* Expense/GL Code No.* 564004				
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo				
Provide Rate and Rate Description N/A	s if applicable * (?)					
Project WBS (Work Breakdown Str N/A	ucture)*(?)					
Fiscal Year* (?) 2025		ount* (?)				
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)?*						
Are there any changes in the Performance Targets?*   No						
Are there any changes to the Submission deadlines for notes or supporting documentation?*   Yes  No						
File Upload (?)						
Contract Owner			0			
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala						
Budget Manager Approva	(S)					

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochiuwala	4
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024
Belinda Stude	5/16/2024
Belinda Stude	5/16/2024

Current Fiscal Year Contract Information	
Current Fiscal Year 2024	
Contract ID#* 7828	
Contractor Name* Cardinal Health Pharmacy Services, LLC	
Service Provided * (?) Remote Order Pharmacy Support Services	
Renewal Term Start Date* 9/1/2024	Renewal Term End Date* 8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or regreted from the second of the se	
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	Consultant  New Contract/Agreement  Amendment to Existing Contract  Service/Maintenance  IT/Software License Agreement

Pooled Contract Renewal of Existing Contract

- IT/Software License Agreement
- Lease
- Other .

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

- Yes
- No
- Unknown

	Contract NTE* (?)
	\$ 132,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1135
	G/L Code(s)* 553002
	Current Fiscal Year Purchase Order Number* FY24 PO CT143293
	Contract Requestor* Teri Gleason
	Contract Owner* Angela Babin
	File Upload (?)
The second	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*  No
	Were Services delivered as specified in the contract?*   No
	Did Contractor perform duties in a manner consistent with standards of the profession?*   No
	Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	Did Contractor render services consistent with Agency policy and procedures?* (?)
	Yes  No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
-	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
-	Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1135	Amount Charged \$ 132,000.00	d to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Bud Campbell, Rica	dget Manager* rdo
Provide Rate and Rate Descri	ptions if applicable * (?)		
Project WBS (Work Breakdown/a	n Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 132,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Poo	oled Contracts	
Contract Funding Source*  General Revenue (GR)			
Contract Content Cha	nges		•
Are there any required change	es to the contract langua	age?* (?)	
Will the scope of the Services  Yes No	change?*		
Is the payment deadline differ	rent than net (45)?*		
Please provide the net days*			
Are there any changes in the  Yes  No	Performance Targets?*		
Are there any changes to the  Yes No	Submission deadlines fo	or notes or supp	porting documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Angela Babin			
Budget Manager Appr	oval(s)		<u>^</u>

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

## Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on.
Current Fiscal Year	
2024	
Contract ID#*	
7802	
Contractor Name*	
CenturyLink Communications d/b/a Lumen Technologie	es Group
Service Provided* (?)	
Back-up Data Circuits for EPIC	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Unknown
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 Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)
<ul><li>Yes</li></ul>	
No	
Unknown	

Contract NTE* (?)
\$ 106,484.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 564004
Current Fiscal Year Purchase Order Number* FY24 PO CT143245
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ⊚ No
Were Services delivered as specified in the contract?*
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?* (?)
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?* (?)
Renewal Information for Next Fiscal Year

<b>Budget Units and Amounts</b>	s Charged to ea	ich Budget Un	it
Budget Unit Number* 1130	Amount Charged (	to Unit*	Expense/GL Code No.* 564004
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Str N/A	ucture)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 120,000.00	
Next Fiscal Year Not to Exceed Am			
Contract Funding Source* General Revenue (GR)			
Contract Content Changes	Š		<b>⊙</b>
Are there any required changes to  Yes No	the contract languag	ge?*(?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different the Yes No	nan net (45)?*		
Are there any changes in the Perfo  Yes No	rmance Targets?*		
Are there any changes to the Subm	nission deadlines for	notes or supportin	ng documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Approval	l(s)		

Approved by

Contract Owner Approval

Approved by

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Approved by\*

Approval Date\*

5/16/2024

# Harris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
2022-0549	
Contractor Name*	
Comcast	
Service Provided* (?)	
Master PO for (4) Comcast Contract IDs:	
7696 - Data Circuits for EPIC EHR	are.
6529 - Agency Wide Internet Service; Multiple Sales Ord 7612 - New Data Circuits; Primary & Redundant Circuits	
7486 - Network Connectivity for 911 Crisis Diversion Cen	ter
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25 □ Paged Approval (Total NTE Amount is \$350,000,000	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 or</li> <li>Grant Proposal</li> </ul>	more
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole Source Request for 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  Memorandum of Understanding	<ul> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>
Affiliation or Preceptor	Service/Maintenance
□ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other

	Yes
	No
	Unknown
	Contract NTE* (?) \$ 220,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served*
	1130
	G/L Code(s)*
	564004
	Current Fiscal Year Purchase Order Number*
	FY24 PO CT143259
	Contract Requestor*
	Rick Hurst
	Contract Owner*
	Mustafa Cochinwala
	File Upload (?)
-	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	○ Yes @ No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	● Yes ○ No
	Did Contractor adhere to the contracted schedule?* (?)
	<b>*</b>
	Were reports, billing and/or invoices submitted in a timely manner?* (?)
	Were reports, billing and/or invoices submitted in a timely manner? (?)  • Yes • No
	<ul> <li>Yes No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the</li> </ul>
	Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	<ul> <li>Yes  No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li> <li>Yes  No</li> </ul>
	<ul> <li>Yes No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li> <li>Yes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> </ul>
	<ul> <li>Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li> <li>Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes ○ No</li> </ul>
	<ul> <li>Yes No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li> <li>Yes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes No</li> <li>No</li> <li>Maintained legally required standards for certification, licensure, and/or training?* (?)</li> </ul>
	<ul> <li>Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li> <li>Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes ○ No</li> </ul>

Renewal Information	for Next Fiscal Year	<u> </u>
Budget Units and Am	ounts Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 220,000.00	Expense/GL Code No.* 546004
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	udget Manager* ardo
Provide Rate and Rate Descr	iptions if applicable * (?)	
Project WBS (Work Breakdov N/A	wn Structure)* (?)	
	48100 - 5430 - 4010, ABLES A COLOR DE LE LEBERT DE LE	
Fiscal Year* (?)	Amount* (?)	
2025  Next Fiscal Year Not to Excer  Contract Funding Source*  General Revenue (GR)	\$ 220,000.00  ed Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excercontract Funding Source* General Revenue (GR) Contract Content Cha	\$ 220,000.00  ed Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excercontract Funding Source* General Revenue (GR) Contract Content Cha	\$ 220,000.00  ed Amount for Master Pooled Contracts  anges  ges to the contract language?* (?)	
Next Fiscal Year Not to Excercontract Funding Source* General Revenue (GR)  Contract Content Character there any required change Yes No  Will the scope of the Service Yes No	\$ 220,000.00  ed Amount for Master Pooled Contracts  anges  ges to the contract language?* (?)  s change?*	
Next Fiscal Year Not to Excer  Contract Funding Source*  General Revenue (GR)  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Service  Yes No  Is the payment deadline differ	\$ 220,000.00  ed Amount for Master Pooled Contracts  anges  ges to the contract language?* (?)  s change?*	
Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 220,000.00  ed Amount for Master Pooled Contracts  anges  ges to the contract language?* (?)  s change?*  erent than net (45)?*	
Next Fiscal Year Not to Excer  Contract Funding Source* General Revenue (GR)  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Service  Yes No  Is the payment deadline difference of the Service of the Service of the Service of the Service of	\$ 220,000.00  ed Amount for Master Pooled Contracts  anges  ges to the contract language?* (?)  s change?*  erent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Excer  Contract Funding Source* General Revenue (GR)  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Service  Yes No  Is the payment deadline difference of the Service of the Service of the Service of the Service of	\$ 220,000.00  ed Amount for Master Pooled Contracts  anges  ges to the contract language?* (?)  s change?*  erent than net (45)?*  e Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/15/2024

HIARRIS CENTER ...

### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2023-0816 Contractor Name\* Creative Financial Staffing, LLC Service Provided \* (?) Grant Accounting consulting detailed review of grants and oversight of grant process. Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services 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* (?) \$ 60,000.00
Rate(s)/Rate(s) Description initial consulting services of 40 hours per week for 3 months and expected to be reduced over time. Bill Rate: \$64.60
Unit(s) Served* 1122
G/L Code(s)* 540500
Current Fiscal Year Purchase Order Number* CT143529
Contract Requestor* Rachel Beasley
Contract Owner* Rachel Beasley
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ● No
Were Services delivered as specified in the contract?*
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> </ul>
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor perform duties in a manner consistent with standards of the profession?*   No
Did Contractor perform duties in a manner consistent with standards of the profession?*  No  Did Contractor adhere to the contracted schedule?* (?)
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?*(?)
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 perform duties in a manner consistent with standards of the profession?*  Yes No  No  No  Were reports, billing and/or invoices submitted in a timely manner?*(?)  Yes No  No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)
Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  No  No  Were reports, billing and/or invoices submitted in a timely manner?* (?)  Yes No  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?* (?)
Did Contractor perform duties in a manner consistent with standards of the profession?*  No  Pid 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
Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  No  No  Were reports, billing and/or invoices submitted in a timely manner?* (?)  Yes No  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?* (?)
Did Contractor perform duties in a manner consistent with standards of the profession?*  No  Pid 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 Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged to Unit* \$ 100,000.00	Expense/GL Code No.* 540500			
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo			
Provide Rate and Rate Description Attached	Provide Rate and Rate Descriptions if applicable* (?) Attached				
Project WBS (Work Breakdown Str Attached	ructure)* (?)				
Fiscal Year* (?) 2025	Amount* \$ 100,000				
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contra	acts			
Contract Funding Source*					
General Revenue (GR)  Contract Content Changes					
Are there any required changes to	the contract language?* (?)				
Will the scope of the Services cha	nge?*				
Please Explain* Scope of services to include any acc staffing not limited to grants - no cha					
Is the payment deadline different to Yes No	than net (45)?*				
Are there any changes in the Performance Targets?*   Yes  No					
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.					
File Upload (?)					
Price List.doc		43KB			
Harris Center SOW - Initial.docx		27.69KB			
Contract Owner					

Please Select Contract Owner Rachel Beasley  Budget Manager Approval(s)  Approved by  Recardo Campbell  Contract Owner Approval  Approved by  Rachel Beasley  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	Contract Owner* (?)	
Budget Manager Approval(s)  Approved by  Contract Owner Approval  Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	Please Select Contract Owner	
Approved by  Ricardo Campbell  Contract Owner Approval  Approved by  Raciel Beasley  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	Rachel Beasley	
Contract Owner Approval  Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	Budget Manager Approval(s)	<b>⊙</b>
Contract Owner Approval  Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	Approved by	
Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	Ricardo Campbell	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	Contract Owner Approval	•
Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction  Approved by *	Approved by	,-
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	Rachel Beasley	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	Contracts Approval	
No, reject entire submission Return for correction  Approved by *	Approve*	
Return for correction  Approved by *	Yes	
Approved by *	No, reject entire submission	
	Return for correction	
The state of the s	Approved by *	
		Approval Date*
Belinda Stude 5/10/2024	Belinda Stude	5/10/2024

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#### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2023-0740 Contractor Name\* Dahill Office Technology Corporation d/b/a Xerox Business Service Provided\* (?) Agency-Wide Multifunctional Device Lease and Service Agreement Renewal Term Start Date\* Renewal Term End Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) ■ Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 220,933.08
Rate(s)/Rate(s) Description
Unit(s) Served*
1130  G/L Code(s)*  552002
Current Fiscal Year Purchase Order Number* FY24 Po CT143383
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See 1. No.
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No     Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ⊕ No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  © Yes © No
Renewal Information for Next Fiscal Year

<b>Budget Units and Amour</b>	nts Charged to e	ach Budget U	nit
Budget Unit Number* 1130	Amount Charged \$ 220,933.08	I to Unit*	Expense/GL Code No.* 552002
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	A 200 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Provide Rate and Rate Description	ons if applicable * (?)		
Project WBS (Work Breakdown S N/A	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 220,933.08	
Next Fiscal Year Not to Exceed A	mount for Master Poo	oled Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Chang	es		•
Are there any required changes of the Yes  No  Will the scope of the Services ch		ge <b>?*</b> <sup>(?)</sup>	
<ul><li>Yes <a>®</a> No</li><li>Is the payment deadline different</li><li>Yes <a>®</a> No</li></ul>	t than net (45)?*		
Are there any changes in the Per	rformance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approv	val(s)	erchens and Vocable spanish spanish than	

Approved by	
Ricardo Campbell	
Contract Owner Approval	<b>⊙</b>
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

# HIVE STATE

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
7718	
Contractor Name*	
DataVox, Inc.	
Service Provided* (?)	
Lifesize Audio Conferencing and Cloud Subscription (TIPS	S). TIPS Tag-On.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
1 88 db - 1/2 \*	
Procurement Method(s)*  Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
<ul><li>Yes</li></ul>	
No	
Unknown	

Contract NTE* (?) \$ 110,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143120
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ● No
Did Contractor render services consistent with Agency policy and procedures?* (?)    Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  © Yes © No
Renewal Information for Next Fiscal Year

Budget Units and Amor	unts Charged to ea	ch Budget U	nit
Budget Unit Number* 1130	Amount Charged t \$ 125,000.00	o Unit*	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo		Secondary Budg Campbell, Ricardo	
Provide Rate and Rate Descrip	ntions if applicable * (?)		
Project WBS (Work Breakdown N/A	n Structure)* (?)		
Fiscal Year* (?) 2025	-	Amount* (?) § 125,000.00	
Next Fiscal Year Not to Exceed	i Amount for Master Poole	ed Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chan	iges		<b>○</b>
Are there any required change  Per Property No	es to the contract languag	e?*(?)	
Will the scope of the Services  Yes No	change?*		
Is the payment deadline difference of the No	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S	Submission deadlines for	notes or suppor	ting documentation?*
File Upload (?)			
Contract Owner		dalmettas i ilga esti masseman anno ann	<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala  Budget Manager Appro	oval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

HILLIER

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Informatio	n 🤝
Current Fiscal Year 2024	
Contract ID#* 6825	
Contractor Name* Granite Telecommunications, LLC	
Service Provided* (?) POTS and AT&T bills transferred to Granite who manag	es the Agency's telephone bills.
Renewal Term Start Date * 9/1/2024	Renewal Term End Date* 8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2	50 000 00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
■ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)
∀es	
No	
Unknown	

Contract NTE* (?) \$ 170,000.00	-
Rate(s)/Rate(s) Description	-
Unit(s) Served* 1171	
G/L Code(s)* 564000	
Current Fiscal Year Purchase Order Number* CT143249	
Contract Requestor* Shawnti Boswell	
Contract Owner*  Mustafa Cochinwala	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?*  © Yes ® No	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?)  See 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	
Maintained legally required standards for certification, licensure, and/or training?* (?)  Solution Yes Solution No.	
Renewal Determination	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Renewal Information for Next Fiscal Year	-

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charge (	d to Unit*	Expense/GL Code No.* 564000	
Budget Manager* Campbell, Ricardo		Secondary Budg Campbell, Ricardo	10 °C	
Provide Rate and Rate Descript	tions if applicable * (?)			
Project WBS (Work Breakdown N/A	Structure)* (?)			
Fiscal Year* (?) 2025		Amount* (?) \$ 172,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source* General Revenue (GR)				
Contract Content Chan	ges		•	
Are there any required changes to the contract language?* (?)  Yes  No  Will the scope of the Services change?*				
<ul> <li>Yes ■ No</li> <li>Is the payment deadline different than net (45)?*</li> <li>Yes ■ No</li> </ul>				
Are there any changes in the Performance Targets?*   Yes  No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.				
File Upload (?)				
Contract Owner				
Contract Owner* (?) Please Select Contract Owner				
Mustafa Cochinwala				
Budget Manager Approval(s)				

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
Mustafa Cochinwala		
Contracts Approval		
Approve*		
Yes		
<ul> <li>No, reject entire submission</li> </ul>		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	5/15/2024	

### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2021-0194 Contractor Name\* M Strategic Partners Service Provided\* (?) Project Management Consultant Services for the Northeast Community Clinic Project. Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On Consumer Driven Interlocal 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 IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Con	tract NTE*(?)
\$ 33	33,423.75
Rate	e(s)/Rate(s) Description
E020 50	
	(s) Served*
1126	
	Code(s)*
9000	
	rent Fiscal Year Purchase Order Number*
	4 CT143296
	tract Requestor*
	th Harper
	tract Owner*
Todo	d McCorquodale
File	Upload (?)
Ev	aluation of Current Fiscal Year Performance
L-V	aluation of Current riscar real renormance
Hav	e there been any significant performance deficiencies within the current fiscal year?*
Y     Y	'es ◉ No
Wer	e Services delivered as specified in the contract?*
⊕ Y	′es ○ No
Did	Contractor perform duties in a manner consistent with standards of the profession?*
	∕es ⊚ No
Did	Contractor adhere to the contracted schedule?* (?)
0 \	∕es ○ No
Wer	e reports, billing and/or invoices submitted in a timely manner?* (?)
	res ⊚ No
Did	Contractor provide adequate or proper supporting documentation of time spent rendering services for the
	ency?* (?)
	′es ◎ No
Did	Contractor render services consistent with Agency policy and procedures?* (?)
0	∕es ⊚ No
Mai	ntained legally required standards for certification, licensure, and/or training?* (?)
(e) \	∕es ⊚ No
Re	newal Determination
le fl	ne contract being renewed for next fiscal year with this Contractor?* (?)
	res No
Re	newal Information for Next Fiscal Year

Budget Units and Amo	Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged to \$ 116,953.00	o Unit*	Expense/GL Code No.* 900040	
Budget Manager* Campbell, Ricardo		econdary Budg ampbell, Ricardo	Budget Manager* cardo	
Provide Rate and Rate Descrip amount left of PO as of 5/1/2024 amount on 9/1/2024 to reflect re- invoices are paid Project WBS (Work Breakdow FM21.1126.18 NE Programming	n Structure)* (?)			
Fiscal Year* (?)	A	mount* (?)		
2025	\$	116,953.00		
Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change  Yes No	and the second s	<b>;?*</b> (?)		
Will the scope of the Services  Yes No	change?*			
Is the payment deadline different than net (45)?*   Yes No				
Are there any changes in the Performance Targets?*  See 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 Todd McCorquodale				
Budget Manager Appr	oval(s)		<u> </u>	

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Todd McCorquedale	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

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

- Yes
- No
- Unknown

Contract NTE* (?) \$ 148,714.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1817
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* FY24 CT143590
Contract Requestor* Sarah Harper
Contract Owner* Todd McCorquodale
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
● Yes ○ No  Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged t \$ 148,714.00	o Unit*	Expense/GL Code No.* 553001	
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo		
Provide Rate and Rate Descriptions	ons if applicable * (?)			
Project WBS (Work Breakdown S	Structure)* (?)			
Fiscal Year* (?) 2025		Amount* (?) 5 148,714.00		
Next Fiscal Year Not to Exceed A	mount for Master Poole	ed Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Chang				
Are there any required changes to Yes  No	to the contract language	e <b>?*</b> <sup>(?)</sup>		
Will the scope of the Services ch  Yes  No	ange?*			
Is the payment deadline different than net (45)?*  Yes No				
Are there any changes in the Performance Targets?*  Yes No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes  No				
File Upload (?)				
Contract Owner			•	
Contract Owner* (?) Please Select Contract Owner				
Budget Manager Approv	al(s)		6	

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Todd McCorquodale	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/22/2024

Mental Health and IDD Annual Renewal Evaluat	ion
Current Fines I Very Contract Left months	
Current Fiscal Year Contract Information	<u>&amp;</u>
Current Fiscal Year	
2024	
2	
Contract ID#*	
2021-0145	
Contractor Name*	
Pivot Point Consulting, A Vaco Company	
Service Provided * (?)	
Consulting and IT Staffing Services. Pivot Point Consulting	g will provide Services on an as
needed basis for EPIC EHR Reporting and Data Extraction	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Town for Off Courts Only (For Bufferson Only)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	
	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 Interlocal	☐ Tag-On ☐ Consumer Driven
Interlocal  Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
<ul><li>No</li></ul>	
Unknown	

Contract NTE* (?) \$ 640,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1158, 2626, 2426
G/L Code(s)* 542000, 900060
Current Fiscal Year Purchase Order Number* CT143364
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*   No  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number*	Amount Charged \$ 100,000.00	to Unit*	Expense/GL Code No.* 900060			
Budget Manager*  Campbell, Ricardo  Secondary Budget Manager*  Campbell, Ricardo						
Provide Rate and Rate Descriptions if applicable * (?) Rates up to \$160.00 per hour						
Project WBS (Work Breakdown Structure)* (?) IT24.1147.04 EPIC Optimization						
Fiscal Year* (?) 2025		Amount* (?) \$ 100,000.00				
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts						
Contract Funding Source*  General Revenue (GR)						
Contract Content Changes						
Are there any required changes to the contract language?* (?)  (*) Yes (*) No						
Will the scope of the Services change?*						
Is the payment deadline different than net (45)?*  Yes  No						
Are there any changes in the Performance Targets?*  See Yes See No.						
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Second Se						
File Upload (?)						
Contract Owner						
Contract Owner* (?) Please Select Contract Owner						
Mustafa Cochinwala  Budget Manager Approval(s)						

Approved by  Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/29/2024

# Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Renewal Inf	ormation for Next Fiscal Year
<ul><li>Is the contract b</li><li>Yes</li><li>No</li></ul>	eing renewed for next fiscal year with this Contractor?* (?)
Renewal De	
Yes  No	
	lly required standards for certification, licensure, and/or training?* (?)
Yes No	
Did Contractor r	render services consistent with Agency policy and procedures?* (?)
Yes      No	
Did Contractor p	provide adequate or proper supporting documentation of time spent rendering services for the
<ul><li>Were reports, bi</li><li>Yes</li><li>No</li></ul>	ining and/or invoices submitted in a timely manner? 197
Yes  No  Were reports bi	lling and/or invoices submitted in a timely manner?* (?)
	adhere to the contracted schedule?* (?)
● Yes ○ No	perform duties in a manner consistent with standards of the profession?*
● Yes ● No	*
	elivered as specified in the contract?*
○ Yes ® No	
Have there been	any significant performance deficiencies within the current fiscal year?*
Evaluation o	of Current Fiscal Year Performance
File Upload (?)	
Todd McCorquod	ale
Contract Owner	*
Sarah Harper	
C1143132  Contract Reques	stor*
Current Fiscal Yo	ear Purchase Order Number*
<b>G/L Code(s)*</b> 569008, 569015	
Unit(s) Served* 1899	
Rate(s)/Rate(s) D Vary	Description
\$ 300,000.00	?)

Budget Units and Amounts Charged to each Budget Unit						
Amount Charged to Unit* \$ 100,000.00	Expense/GL Code No.* 569008					
5	Secondary Budget Manager* Campbell, Ricardo					
THE PARTY OF THE P	Expense/GL Code No.* 569015					
er* Secondary Budget Manager*  Campbell Ricardo						
Campbell, Ricardo Campbell, Ricardo						
Provide Rate and Rate Descriptions if applicable * (?)						
gineering services only						
icture)* (?)						
Amount* (?)						
\$ 175,000.00						
Contract Funding Source*  General Revenue (GR)  Contract Content Changes  Are there any required changes to the contract language?* (?)  Yes No  Will the scope of the Services change?*  Yes No						
an net (45)? ^						
rmance Targets?*						
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes  No						
File Upload (?)						
Contract Owner						
	Amount Charged to Unit* \$ 100,000.00  Secondary Br Campbell, Rice  Amount Charged to Unit* \$ 75,000.00  Secondary Br Campbell, Rice  if applicable* (?) gineering services only  acture)* (?)  Amount* (?) \$ 175,000.00  Sount for Master Pooled Contracts  the contract language?* (?)  ge?*  an net (45)?*  The mance Targets?*					

Approved by  Ricardo Campbell  Contract Owner Approval  Approved by  Field McCorquedale  Contracts Approval	
Contract Owner Approval  Approved by  Todd McCorquodale  Contracts Approval	2
Approved by  Fodd McCorquodale  Contracts Approval	8
Todd McCorquodale Contracts Approval	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
Approva	Date*
Belinda Stude 5/22/202	ł
and the second second	

HINRES.

# **Annual Renewal Evaluation**

# **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2022-0360 Contractor Name\* Web-head Technologies, Inc. d/b/a Webhead Service Provided\* (?) Design, Develop and Manage the Agency's new website Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Please provide the HUB status  WBE - Women owned business.
Contract NTE* (?) \$ 195,595.20
Rate(s)/Rate(s) Description
Unit(s) Served* 1130, 4780
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* FY24 Po CT143254
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*  © Yes © No
Did Contractor perform duties in a manner consistent with standards of the profession?*   Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ● No
Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ● No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes
No

# Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 1130 \$ 180,000.00 553003 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) \$ 180,000.00 2025 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 <a>®</a> No Will the scope of the Services change?\* Yes No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** Contract Owner\* (?) Please Select Contract Owner Mustafa Cochinwala Budget Manager Approval(s)

Ricardo Campbell Contract Owner Approval Approved by  Mustafa Cochinwala	
pproved by	<b>⊙</b>
Mustafa Cochinwala	
Contracts Approval	
approve*	
Yes	
No, reject entire submission	
Return for correction	
approved by *	
	Approval Date*
Belinda Stude	5/16/2024

# EXHIBIT F-24

# JUNE 2024 AMENDMENTS 100k - 250k

# THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							( Parameter	
	ADMINISTRATION								
1	CenturyLink Communications d/b/a Lumen Technologies Group	Back-Up Data Circuits for EPIC	\$71,084.00	\$35,400.00	\$106,484.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the NTE for additional services in FY23 but not implemented until November of FY24.
2	M Strategic Partners	Project Management Consultant Services for the Ben Taub NPC Renovation Project	\$147,856.00	\$20,832.00	\$168,688.00	6/25/2021 - 8/31/2024	General Revenue (GR)	Qualification	Amendment to increase the NTE due to delays and construction timeline was extended another 3 months. Increase is needed to see project to completion thru 8/31/2024.
3	Your Part-Time Controller, LLC	Temporary Placement Services for the Finance and Grant's Department	\$75,000.00	\$75,000.00	\$150,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for additional work needed for the Accounting Team and other services.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
_									
	L								

HARRIS Executive Contract Sum	mary
Contract Section	
Contractor* CenturyLink Communications d/b/a Lumen Technologies Contract ID #* 7802	Group
Presented To*  Resource Committee  Full Board	
Date Presented* 6/18/2024	
Parties* (?) Level 3 and The Harris Center	
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$25)  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
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
Funding Information*	
New Contract Amendment  Contract Term Start Date * (?)  9/1/2023  If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2024
Current Contract Amount* \$ 71,084.00  Increase Not to Exceed* \$ 35,400.00	
Revised Total Not to Exceed (NTE)* \$ 106,484.00	

Fiscal Year* (?)	Amount* (?)				
2024					
2024	\$ 106,484.00				
Funding Source*					
General Revenue (GR)					
Contract Description / Type * (?)					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
BAA/DUA	IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	■ Other				
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (2)				
Added services to contract last fiscal year, but the actual					
until November of FY24	services did not get implemented				
Contract Owner*					
Mustafa Cochinwala					
	*				
Previous History of Contracting with Vendor/Contraction	ctor				
Yes  No Unknown					
Please add previous contract dates and what services were provided*					
FY21-FY24					
Vendor/Contractor a Historically Underutilized Business (HUB) * (?)					
	, ,,				
Please provide an explanation*					
N/A					
Community Partnership * (?)					
Supporting Documentation Upload (?)					
Manage and the control of the contro					
Vendor/Contractor Contact Person					
Name*					
Time Wise					
Address*					
Street Address					
1025 Eldorado Boulevard					
Address Line 2					
City	State / Province / Region				
Broomfield	со				
Postal / Zip Code	Country				
80021	US				
925/2017	SECT				

Phone Number*			
713-395-1161			
Email* tim.wise@lumen.com			
Budget Section			
Budget Units and Amount	s Charged to e	each Budget Ur	nit
Budget Unit Number*	Amount Charge \$ 35,400.00	d to Unit*	Expense/GL Code No.* 564004
Budget Manager		Secondary Budget	t Manager
Campbell, Ricardo		Campbell, Ricardo	-
Provide Rate and Rate Description	s if applicable* (?)		
Express Route for Azure, Dedicated Harris Health			
Project WBS (Work Breakdown Str N/A	ucture)* (?)		
Requester Name		Submission Date	
Hurst, Richard		5/3/2024	
Budget Manager Approva	l(s)		
Approved by			
Ricardo Campbell		Approval Date 5/3/2024	
Muarae Campren		3/3/2024	
Contract Owner Approval			•
Approved by			
1100		Approval Date 5/3/2024	
VVV			
Contracts Approval			
Approve*			
<ul><li>Yes</li><li>No, reject entire submission</li></ul>			
Return for correction			
Approved by *			
Belinda Stude		Approval Date* 5/7/2024	
Aunau Nuae		J1112024	

# **Executive Contract Summary Contract Section** Contractor\* M Strategic Partners Contract ID #\* 2021-0150 Presented To\* Resource Committee Full Board Date Presented\* 6/18/2024 Parties\* (?) M Strategic Partners 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#

# Procurement Method(s)\*

Check all that Apply

Other

- 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

Contract Term End Date \* (?)

- Tag-On
- Consumer Driven
- Other

Funding Information\*

New Contract
Amendment

Contract Term Start Date \* (?)

8/31/2024

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

Current Contract Amount\*

\$ 147,856.00

6/25/2021

Increase Not to Exceed\*

\$ 20,832.00

Revised Total Not to Exceed (NTE)\*

\$ 168,688.00

Fiscal Year* (?)	Amount* (?)				
2024	\$ 168,688.00				
Funding Source*					
General Revenue (GR)					
Contract Description / Type * (?)					
i is.i					
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 Sen	vices Being Provided* (?)				
FM21.1126.02 NPC Renovations - due to delays, constru					
another 3 months. Increase of \$20,832.00 is needed to s					
8/31/2024. Current amount \$147,856.00, increase \$20,8					
*					
Contract Owner*					
Todd McCorquodale					
Previous History of Contracting with Vendor/Contracting	ctor*				
Yes  No  Unknown					
Please add previous contract dates and what services were provided*					
2021 to current					
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)					
Yes No Unknown					
Please provide an explanation*					
does not meet criteria					
does not meet chtena					
Community Partnership * (?)					
Supporting Documentation Upload (?)					
mSP_NPC_ASR-2-R1_Extended_CA_2024.05.16.pdf	223.66KB				
Vendor/Contractor Contact Person	$^{\circ}$				
*					
Name*					
M Strategic Partners / Stephen Cheatham					
Address*					
Street Address					
9977 West Sam Houston Parkway North ste 105					
Address Line 2					
City	State / Province / Region				
Houston	TX				
Postal / Zip Code	Country				
77064-7509	US				

Phone Number\* 8324304020 Email\* stephen.cheatham@mstrategicpartners.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 900040 1126 \$ 20,832.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) increase contract by \$20,832.00, see attached proposal Project WBS (Work Breakdown Structure)\* (?) FM21.1126.02 NPR Renovations Submission Date Requester Name Harper, Sarah 5/20/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 5/20/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Fodd McCorquodale 5/20/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction

Approved by \*

Belinda Stude

**Approval Date\*** 5/21/2024

DISTRIBUTE	HARRIS Executive Contract Summ	nary
Name and Address of the Owner, where		
-	Contract Section	
-	Contractor*	
	Your Part-Time Controller, LLC	
STATES OF THE PERSON NAMED IN	Contract ID #* 2023-0705	
	Presented To*	
	Resource Committee	
	Full Board	
	Date Presented*	
	6/18/2024	
	Parties* (?)	
	YPTC and The Harris Center	
	Agenda Item Submitted For: * (?)	
		0,000.00)
-	Board Approval (Total NTE Amount is \$250,000.00 or	more)
	Grant Proposal	
	Revenue	
	SOW-Change Order-Amendment#  Other	
-		
	Procurement Method(s)*	
	Check all that Apply	
	Competitive Bid	<ul><li>☐ Competitive Proposal</li><li>☐ Sole Source</li></ul>
-	Request for Proposal Request for Application	Request for Qualification
1	Request for Quote	☐ Tag-On
	Interlocal	Consumer Driven
	Not Applicable (If there are no funds required)	Other
	Funding Information*	
	New Contract  Amendment	
	Contract Term Start Date * (?)	Contract Term End Date * (?)
-	9/1/2023	8/31/2024
Name and Address of the Owner, where	If contract is off-cycle, specify the contract term (?)	
	Current Contract Amount*	
Manager of the	\$ 75,000.00	
-	Increase Not to Exceed*	
-	\$ 75,000.00	
-	Revised Total Not to Exceed (NTE)*	
-	\$ 150,000,00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 150,000.00
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  Justification/Purpose of Contract/Description of Servi Financial and Grant Accounting require professionals with provide detailed review of grants and oversight of grant preview at a near senior level. Turnover has created additic Pooled vendors were not able to provide qualified candidated Contract Owner* Rachel Beasley  Previous History of Contracting with Vendor/Contract Yes No Unknown  Please add previous contract dates and what services same contract  Vendor/Contractor a Historically Underutilized Busines Yes No Unknown  Please provide an explanation* Professional Services Corportation  Community Partnership* (?) Yes No Unknown	n a specific skill set. Consultant will rocess or general ledger detail onal risk in our current process. ates.
Vendor/Contractor Contact Person	
Name* Ashley Garcia	

Address\* Street Address 2603 Augusta, Suite 1075 Address Line 2 City State / Province / Region Houston TX Postal / Zip Code Country 77057 **United States** Phone Number\* 713.351.5295 Email\* ashley.garcia@yptc.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 540500 1122 \$ 75,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) see rate sheet Project WBS (Work Breakdown Structure)\* (?) Requester Name Submission Date 6/3/2024 Beasley, Rachel Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 6/3/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** 

Approval Date

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Approval Date\*

6/3/2024

# EXHIBIT F-25

# JUNE 2024 NEW CONTRACTS UNDER 100k

# THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

# SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
1	KC Acquisition, LLC d/b/a Kaufman, Hall & Associates, LLC	Consultant Services	\$9,500.00	5/16/2024 - 12/31/2024	General Revenue (GR)	Consultant Services	New Consultant Agreement to provide financial education to the Harris Center Board of Trustees.
2	NLUC, LLC d/b/a Next Level Urgent Care	Agency Wide Workers Compensation Medical Treatment Services	\$5,200.00	9/1/2024 - 8/31/2025	General Revenue (GR)		A Request for Quote (RFQ) was completed for Agency Wide Workers Compensation Medical Treatment Services. The Project Team for Risk Managment consisted of Eunice Davis, Director of Risk Management, Dawnna Stemmer, Workers Compensation Administrator, and Eggla Mackinney, Executive Secretary. Two (2) vendor quotes were received. The Project Team recommends Next Level Urgent Care (NLUC) because of their extended hours of operation, number of locations and responsiveness to the Agency's concerns during the term of the Agreement. [The total NTE for five (5) years is \$27,950.00 to be funded annually subject to availability of the budget each year. Forecast for each year is: FY2025 - \$5,200.00; FY2026 - \$5,525.00; FY2027 - \$5,525.00; FY2028 - \$5,850.00; FY2029 - \$5,850.00]. The vendor is a Women Owned Business (WBE).
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
3	Shave Dental Houston PLLC, d/b/a Believe Dental	Comprehensive Dental Services to Consumers	\$20,000.00	5/29/2024 - 8/31/2024	State Grant	Consumer Driven	New Agreement for Dental Services to provide an evaluation and comprehensive dental services tailored to meet the unique and specialized needs of consumers at The Harris Center. Contractor will provide services to a minimum of 10 and maximum of 12 clients annually.
	MENTAL HEALTH		Eyeletica				
	MENTAL HEALTH SERVICES-ECI						
	LEASES						
-							

Contract Description / Type (1)	
Personal/Professional Services	
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Ser Provide financial education to the Harris Center Board	vices Being Provided* (?)
Contract Owner*	
Stanley Adams	
	*
Previous History of Contracting with Vendor/Contraction	ctor
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
Yes No Unknown	
Please provide an explanation*	
NA	
Community Partnership* (?)	
● Yes ● No ● Unknown	
Tes No Oliknown	
Supporting Documentation Upload (?)	
2024-0873_Kaufman Hall-	
HCMH_and_IDD_BOD_and_Mgmt_FY24_Agreement (I	Fully 600.41KB
Executed).pdf	
Vendor/Contractor Contact Person	
Name*	
Amanda Steele	
Address*	
Street Address	
433 West Van Buren Street	
Address Line 2	
Ste 330	
City	State / Province / Region
Chicago	IL
Postal / Zip Code	Country
60607-3920	United States
Phone Number*	
6318043405	
Email*	
ASteele@kaufmanhall.com	
Budget Section	6

Budget Units and Amou	nts Charged to e	ach Budget Un	it
Budget Unit Number* 1101	Amount Charged \$ 9,500.00	d to Unit*	Expense/GL Code No.* 542000
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descripti	ions if applicable* (?)		
Project WBS (Work Breakdown NA	Structure)* (?)		
Requester Name Oquin, Shiela		Submission Date 5/21/2024	
Budget Manager Approv	val(s)		•
Approved by  Ricardo Campbell		Approval Date 5/21/2024	
Procurement Approval		and the second s	<b>⊙</b>
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approv	al		0
Approved by  Stanley Adams		Approval Date 5/23/2024	
Contracts Approval			
Approve*  Yes  No, reject entire submission  Return for correction			
Approved by*  Belinda Stude		Approval Date* 5/23/2024	
	4		



# Due Diligence Agency Wide Workers Compensation Medical Treatment Services RFQ Request for Quote Project# FY24-0275

Purchasing received a request from The Harris Center Risk Management Department to solicit a new vendor for Agency Wide Workers Compensation Medical Treatment Services. The Team consists of Eunice Davis, Director of Risk Management, Dawnna Stemmer, Workers Compensation Administrator, and Eggla Mackinney, Executive Secretary.

Two (2) vendor quotes were received:

		Next Level Medical	Concentra (Occupational Health Centers of the Southwest, P.A.)
	Quantity	Unit	Unit
Items	Required	Price	Price
For Contract Period: 09/01	/2024 to 08/31/	Wild San	
Drug/Alcohol Screens	1	\$ 80	\$ 64
X-Ray Services	1	\$ 70	\$ 128
For Contract Period: 09/01	/2025 to 08/31/	/2026 (3)	
Drug/Alcohol Screens	1	\$ 85	\$ 67
X-Ray Services	1	\$ 72	\$ 134
For Contract Period: 09/01	/2026 to 08/31/	(2027 (3)	
Drug/Alcohol Screens	1	\$ 85	\$ 70
X-Ray Services	1	\$ 75	\$ 140
For Contract Period: 09/01	/2027 to 08/31/	2028 (3)	
Drug/Alcohol Screens	1	\$ 90	\$ 73
X-Ray Services	1	\$ 75	\$ 146
For Contract Period: 09/01	/2028 to 08/31/	2029 (3)	
Drug/Alcohol Screens	1	\$ 90	\$ 76
X-Ray Services	1	\$ 80	\$ 152

The project team for Risk Management recommends Next Level Urgent Care because of their extended hours of operation, number of locations and responsiveness to our concerns during the term of the agreement. Although Concentra is less expensive on its Drug/Alcohol Screenings, its X-RAY services are significantly more expensive, and X-RAYS are frequently required for many physical injuries. If no x-ray is needed, we would be paying between \$14.00 and \$18.00 more per visit at Next Level, but when an x-ray

is required, we would be paying \$58.00 to \$72.00 less at Next Level than we would at Concentra for that procedure.

The Project Team recommendation is to move forward with the vendor that met all the team's requirements such as a good overall program concept, quality of personnel and experience.

# **Next Level Medical**

The total NTE (Not to Exceed) for five (5) years is \$27,950.00 to be funded annually subject to availability of the budget each year. Forecast for each year is:

FY2025 - \$5,200.00 FY2026 - \$5,525.00 FY2027 - \$5,525.00 FY2028 - \$5,850.00 FY2029 - \$5,850.00

Funding Source: Unit 1117, GL Code 543024

Submitted By:

--- DocuSigned by:

James Blunt

5/29/2024

James Blunt, C.P.M.

Buyer II

Recommended By:

-- DocuSigned by:

Sharon Brauner

5/29/2024

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

Purchasing Manager

--- DocuSigned by:

Stanley adams

5/29/2024

Stanley Adams, MBA

Interim Chief Financial Officer

Contract Term Start Date \* (?)

9/1/2024

Contract Term End Date \* (?)

8/31/2025

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

Fiscal Year\* (?)

Amount\* (?)

2025

\$ 5,200.00

Funding Source\*

General Revenue (GR)

Contract Description / Type " (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of S	ervices Being Provided* (?)
Utilize the vendor for drug/alcohol screens, x-rays and	
when employees are involved in an accident or are inj	
Contract Owner*	
Kendra Thomas	
Previous History of Contracting with Vendor/Contr	ractor*
Yes  No Unknown	actor
Please add previous contract dates and what serv	ices were provided*
For the past five years Next Level has provided x-rays	
alcohol/drug screens and workers compensation treat	ment.
Vendor/Contractor a Historically Underutilized Bus	siness (HUB)* (?)
Yes No Unknown	
Please provide the HUB status*	
WBE - Women owned business.	
Community Partnership* (?)	
Yes No • Unknown	
Supporting Documentation Upload (?)	
Pricing Sheet (BT-47FH).xlsx	37.81KB
Due_Diligence_Letter-	
Workers_Compensation_Medical_Treatment_Service	s_RFQ_SIGNE 273.13KB
Vendor/Contractor Contact Person	
*	
Name*	
Allyson Waybright	
Address*	
Street Address	
5718 Westheimer Rd	
Address Line 2	
Ste. 1800	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77057-5745	United States
Phone Number*	
9366612061	
and the state of t	

Email\* awaybright@nlucc.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 1117 543024 \$ 5,200.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Initial Rate for Drug/Alcohol Screens - \$80 and X-Rays \$70. Thereafter, the rate changes for the following 4 renewal years. See attached. FY2025 - \$5,200.00 FY2026 - \$5,525.00 FY2027 - \$5,525.00 FY2028 - \$5,850.00 FY2029 - \$5,850.00 Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name MacKinney, Eggla 5/30/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 5/30/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sharon Brauner 5/30/2024 Contract Owner Approval Approved by Approval Date

5/31/2024

Kendra Thomas

# Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by\* Approval Date\* 5/31/2024

# HIMRIS Executive Contract Summary

Contract Section						
Contractor* Shave Dental Houston PLLC, d/b/a Believe Dental						
Contract ID #* N/A						
Presented To *  Resource Committee Full Board						
Date Presented* 5/21/2024						
Parties* (?) Shave Dental Huston PLLC, DBA Believe Dental and The	Harris Center for Mental Health and IDD					
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)  Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other						
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other					
Funding Information*  New Contract Amendment						
Contract Term Start Date * (?) 5/29/2024	Contract Term End Date* (?) 8/31/2024					
If contract is off-cycle, specify the contract term (?) N/A						
Fiscal Year* (?) 2024	Amount* (?) \$ 20,000.00					
Funding Source* State Grant						

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	
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 Servi	
Contracted providers (Believe Dental) will provide an eval	
services tailored to meet the unique and specialized need	
Center. Contractor will provide services to a minimum of 1	to and maximum of 12 clients
annually.  See attachments/supporting documentation for service page 2.	ackages and rates of the dental
services provider.	
*	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contract	tor*
○ Yes ◎ No ○ Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
***	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Shave Dental Houston, PLLC DBA Believe Dental	
Supporting Documentation Upload (?)	
Believe Dental Houston Rack Card 2023.10.pdf	360.97KB
Cert of Ins - Shave Dental 2024.11.18.pdf	100.13KB
Discount Price List.pdf	53.82KB
W-9 _ Shave Houston _ Center for Pursuit.pdf	411.51KB
W-9 _ Shave Houston _ FM 1960.pdf	412.99KB
Vendor/Contractor Contact Person	
Name *	
Jonathan Jardine	
*	
Address*	
Street Address	
14620 Huebner Rd	
Address Line 2	
City	State / Province / Region
San Antonio	Texas
Postal / Zip Code	Country
78230	USA
*	
Phone Number*	
210-697-7377 (office) 602-315-5838 (mobile)	

Email\* jonathan@believedental.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** \$ 10,000.00 543011 3350 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 543011 3609 \$ 10,000.00 **Budget Manager** Secondary Budget Manager Kerlegon, Charles Adams-Austin, Mamie Provide Rate and Rate Descriptions if applicable \* (?) See attached supporting documentation. Project WBS (Work Breakdown Structure)\* (?) N/A **Submission Date** Requester Name 5/2/2024 Childs, Margo Budget Manager Approval(s) Approved by **Approval Date** Charles Kerlegon 5/3/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 5/3/2024 Contracts Approval

Approve\*

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

Approved by \*

Belinda Stude

Approval Date\*
5/14/2024

# EXHIBIT F-26

# JUNE 2024 RENEWALS UNDER 100k

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
1	Charity Logic Corporation	Subscription Services	\$11,881.69	\$11,881.69	9/1/2024 - 8/31/2025	County	Sole Source	Annual renewal of subscription services which includes HIPAA compliance/security for the Crisis Line department.
2	P-MHFA Independent Certified Trainers	Master Pooled Contract for Additional Certified Trainers needed to support the mission and training needs of the Community Outreach department.	\$5,000.00	\$5,000.00	9/1/2024 - 8/31/2025	State Grant	Training Services.	Annual renewal of Master Pooled Contract for Additional Certified Trainers needed to support the mission and training needs of the Community Outreach department.
	ADMINISTRATION		Den e			7255078955855		
3	Affiliated Telephone, Inc.	Agency-Wide Mitel Telephone Equipment, Maintenance & Support Services	\$85,000.00	\$85,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement for Agency-wide Mitel telephone equipment, maintenance & support services.
4	American Business Forms, Inc. d/b/a American Solutions for Business	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.	\$21,117.50	\$21,117.50	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.
5	A-Rocket Moving & Storage, Inc	Agency Wide Moving and Relocation Services	\$70,000.00	\$70,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement for Agency Wide moving and relocation services. [Tagon to HCDE].
6	Automated Business Systems	Maintenance Services for the Formax fold/insert Machine in Revenue Management.	\$1,075.00	\$1,075.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Maintenance Services Agreement for Formax fold/insert machine in Revenue Management.
7	Automated Logic Contracting Services, Inc.	Multi-Facility Building Automation System, Software and Maintenance.	\$50,000.00	\$12,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Multi-Facility Building Automation System, Software and Maintenance.
8	Behavioral Tech Institute	Consultant Services to Provide Dialectical Behavior Therapy (DBT) Training to Staff	\$25,510.00	\$25,510.00	9/1/2024 - 8/31/2025	State Grant	Professional Services/Consulta nt	Annual renewal of Consulting Services to provide Dialectical Behavior Therapy (DBT) training to Agency Staff virtually.
9	Carahsoft Technology Corporation	DocuSignEnterpise Pro Software	\$27,684.79	\$35,000.00	10/2/2024 - 10/1/2025	General Revenue (GR)	Tag-On	Annual renewal of DocuSignEnterpise Pro Software License Agreement.
10	CareFusion Solutions, LLC	Software License, Equipment & Support Services for CPEP Pharmacy Medstations	\$67,058.00	\$77,781.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Software License Agreement, Equipment & Support Services for CPEP Pharmacy Medstations.
11	Centre Technologies, Inc.	Technical Consultant Services	\$30,000.00	\$50,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Technical Consultant Services Agreement. [Tag-on to DIR-TSO-4144].
12	Cerner Corporation	Archiving Services for Agency Wide Anasazi Software, Support & Maintenance	\$15,000.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Archiving Services for Agency Wide Anasazi Software, Support & Maintenance.
13	CU Solutions Group, Inc. d/b/a HR Performance Solutions	HR Performance Management Software to Support Documentation for Employee Performance	\$19,974.00	\$24,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of HR Performance Management Software agreement to support documentation for employee performance.
14	Datix (USA) Inc. d/b/a RL Datix	PolicyStat Software for Document Storage and Management System	\$31,834.69	\$33,426.42	12/1/2024 - 11/30/2025	General Revenue (GR)	Tag-On	Annual renewal of PolicyStat Software Agreement for Document Storage and Management System. [Tag-On]
15	Datix (USA), Inc. d/b/a RLDatix	Risk Incident Reporting System and Site Hosting Services	\$73,322.60	\$75,938.73	11/19/2024 - 11/18/2025	General Revenue (GR)	Tag-On	Annual renewal of Risk Incident Reporting System and Site Hosting Services Agreement.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
16	Dispensary of Hope	A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5).	\$37,500.00	\$37,500.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consumer Driven	Annual renewal of Charitable Pharmaceutical Program Agreement to provide access tomedications to Qualified Patients at no charge.
17	Ellen B. Kagen, MSW	Leadership and Consultant Services for the CEO	\$12,600.00	\$12,600.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement for Leadership and Consultant Services for the CEO.
18	Emergent Devices, Inc.	Agency Wide Purchase of Narcan	\$20,000.00	\$20,000.00	10/1/2024 - 9/30/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Agency Wide Purchases of Narcan.
19	ePlus Technology Inc. (formerly Future Com)	Maintenance and Support Services for the Gigamon Ethernet	\$33,782.67	\$50,000.00	10/1/2024 - 9/30/2025	General Revenue (GR)	Tag-On	Annual renewal of Maintenance and Support Services Agreement for the Gigamon Ethernet.
20	ePlus Technology Inc. (Formerly Future Com, LTD)	Digital Defense Assessments	\$27,540.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Digital Defense Assessments [Tag-on to TIPS].
21	ePlus Technology, Inc. (formerly Future Com, Ltd.)	Forescout Maintenance & Support Services	\$43,049.43	\$45,000.00	9/26/2024 - 9/25/2025	General Revenue (GR)	Tag-On	Annual renewal of Forescout software maintenance & support. [Tag-on to DIR contract].
22	Everbridge, Inc.	Agency's Mass Notification Incident Management Services as well as the Safety Connection Base Services	\$45,714.37	\$48,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of the Mass Notification Incident Management Services as well as the Safety Connection Base Service.
23	Feedtrail, Inc.	License Software for Administering and Monitoring for Consumer Satisfaction Survey	\$22,387.00	\$27,387.00	6/1/2023 - 5/31/2024	General Revenue (GR)	Request for Quote	Annual renewal for Consumer Satisfaction Survey Software.
24	FMLASource, Inc.	Agency Wide FMLA Administration and Information Services	\$49,000.00	\$49,000.00	12/1/2024 - 11/30/2025	General Revenue (GR)	RFP through Benefits Broker	Annual renewal of Agreement to provide Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.
25	Handle With Care Behavior Management System, Inc.	Behavior Management Instruction, Licensing and Training Services	\$4,300.00	\$4,300.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement to provide Behavior Management on-site training to Agency's staff and IDD Training Instructors on prevention and management of aggressive behavior resulting in instructor certification for selected Agency staff as required by the Texas Administrative Code.
26	Indigo Beam, LLC	Consulting Services for SharePoint	\$30,000.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Consulting Services Agreement for SharePoint [DIR Tag-on].
27	Inmar Rx Solutions, Inc.	Third Party Rx Reconciliation and Analytical Services	\$75,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Third Party Rx Reconciliation and Analytical Services.
28	InstaMed Communications, LLC	Agency Wide Payment Processing Setup for EPIC	\$35,000.00	\$35,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Payment Processing Setup for EPIC Agreement for Epic Agency Wide.
29	Knowledge Lake, Inc.	Sharepoint/HRIS related Software Support and Maintenance	\$43,125.00	\$46,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Sharepoint/HRIS related Software Support and Maintenance Agreement.
30	M Strategic Partners	Project Management Consultant Services for the 6168 South Loop East Apartment Project	\$227,155.00	\$78,139.50	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of Project Management Consultant Services Agreement for the 6168 South Loop East Apartment Project.
31	Maptician, Inc.	Office Space Allocation and Management Tool Software	\$5,400.00	\$5,400.00	3/23/2024 - 3/22/2025	General Revenue (GR)	Competitive Proposal	Annual renewal of Office Space Allocation and Management Tool Agreement.
32	MSX Group, LLC	Proprietary Budgeting Software to maintain internal control of Financial Operations	\$5,835.00	\$6,200.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Proprietary budgeting software to maintain internal control of financial operations.
33	NETSPI, LLC	Network Penetration Testing Services	\$36,431.00	\$40,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Network Penetration Testing Services.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
34	Parata Systems, LLC	Emergency replacement for Parata Max Robot at the NE Clinic	\$12,000.00	\$15,400.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of License and Support Services Agreement of the Parata Robot Pharmacy Equipment - NE Clinic.
35	Parata Systems, LLC	Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location	\$13,000.00	\$15,400.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of License and Support Services Agreement of the Parata Robot Pharmacy Equipment - SW Clinic.
36	Pingboard, Inc.	Organization charting and planning tool selected by The Harris Center's executive team.	\$43,000.00	\$43,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Software Agreement for Organization charting and planning tool selected by The Harris Center's Executive Team.
37	Pinnacle Business Solutions	Pharmacy Patient Medication Courier Services (Daily Route and On-Demand)	\$10,000.00	\$10,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Competitive Bid	Annual renewal of Agreement for Pharmacy Patient Medication Courier Services (Daily Route and On-Demand).
38	Pinnacle Business Solutions, LLC	Agency Wide Courier Services Mail, Pharmaceutical and Medical Records	\$86,434.46	\$86,434.46	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Courier Services Mail, Pharmaceutical and Medical Records.
39	Pitney Bowes	Mail Room Postage Machine Lease Agreement (The SendPro P3000)	\$9,233.88	\$9,233.88	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Mail Room Postage Machine Lease Agreement (The SendPro P3000).
40	P-NURSING II (LVNs, RNs, MAs)	Master Pooled Contract for Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).	\$70,000.00	\$70,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of temporary Nursing Personnel Services LVNs, RNs, MAs, LPNs and CNAs. [Tag-on to Harris County Hospital District (HCHD) d/b/a Harris Health System].
41	P-Pharmacists and Pharmacy Technicians	Temporary Pharmacists and Pharmacy Technicians	\$45,000.00	\$48,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal for master pooled agreement for Temporary Pharmacists and Pharmacy Technicians. First year renewal option.
42	Safeway Inc.	Pharmacy Drug Dispensing Services	\$115,000.00	\$50,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Pharmacy Drug Dispensing Services Agreement. Final renewal option.
43	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy Equipment for the SE Clinic	\$16,000.00	\$12,100.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Support & Maintenance Software Agreement for pharmacy equipment [SE Clinic].
44	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy equipment at the NW Clinic.	\$11,000.00	\$12,100.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Support & Maintenance Software Agreement for pharmacy equipment [NE Clinic].
45	Set Solutions, Inc.	CyberArk Privileged Access Management (PAM)	\$102,659.25	\$45,000.00	11/30/2024 - 12/1/2025	General Revenue (GR)	Tag-On	Annual renewal of CyberArk Privileged Access Management (PAM) - [Tag-On through Choice Partners Cooperative #21/031KN-55].
46	Skillsoft Corporation	Skillsoft Percipio Software	\$15,189.80	\$16,000.00	9/6/2022 - 9/5/2025	General Revenue (GR)	Tag-On	Annual renewal of Skillsoft Percipio Software Agreement.
47	Snappy App, Inc.	Gifts for Employees of the Agency Wide for Spot Rewards.	\$42,000.00	\$42,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement for Gifts for employees of the Agency for Spot Rewards.
48	Televox, Inc.	Televox Software Subscription Services for Agency Wide Phone Tree	\$72,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Televox Software Subscription Agreement for Agency Wide Phone Tree.
49	Texas Suicide Prevention Collaborative	Training Services	\$39,900.00	\$45,000.00	9/1/2024 - 8/31/2025	State Grant		Annual renewal of Agreement to provide AS+K and CALM Workshop Training services to workshop leaders.
50	the Beck Institute for Cognitive Behavior Therapy	CBT Suicide (virtual) Prevention Training Services	\$12,900.00	\$15,000.00	9/1/2024 - 8/31/2025	State Grant		Annual renewal of agreement for CBT Suicide (virtual) prevention training services.
51	The Healing Species of Texas	Animal Assisted Education Services.	\$35,000.00	\$35,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Animal Assisted Education Services Agreement for consumers.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
52	The McMillian Group LLC d/b/a Blue Mesa Group	Executive Coaching for Chief Medical Officer (CMO).	\$20,000.00	\$12,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Consultant Services for executive coaching.
53	Waste Management of Texas, Inc	Agency Wide Trash Collection and Dumpster/Removal Services	\$70,372.00	\$80,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement for Agency wide trash collection and dumpster/removal services. [Tag-on to HCDE/CP].
54	WEX Health Inc. d/b/a WEX	Agency Wide FSA Administration Services	\$35,000.00	\$35,000.00	1/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of FSA Administration Services Agreement.
55	WEX Health, Inc. d/b/a WEX	Agency-Wide COBRA Administration Services	\$25,000.00	\$25,000.00	1/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of Agreement for Agency-wide COBRA Administration Services.
56	Xerox Business Solutions Southwest	Print Shop Production Copiers (2)	\$16,978.05	\$16,978.05	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agency's Printshop Production Copiers Agreement.
	CPEP/CRISIS SERVICES							
57	Autoclear, LLC	Security X-Ray Screening Equipment and Maintenance Services for the NPC	\$4,900.00	\$4,400.00	8/18/2024 - 8/17/2025	General Revenue (GR)		Annual renewal of Agreement for security x-ray screening equipment and maintenance services for the NPC.
58	BHC Training, LLC	Training for Substance Use Recovery Programs for Outpatient, Detox and Residential Substance Use Programs	\$2,890.00	\$2,890.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Training Agreement for Substance Use Recovery Programs to include both outpatient, Detox and residential substance use programs as required by HHSC.
59	Crothall Facilities Management, Inc.	Medical Equipment Maintenance and Support Services for NPC	\$4,885.57	\$5,900.00	1/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of Medical Equipment Maintenance and Support Services Agreement.
60	Houston Recovery Center (HRC) LGC - Sobering Center	NARCAN spray administration training for SUDOP, CCSI, CCA and BHRT Program staff.	\$2,000.00	\$2,000.00	9/1/2024 - 8/31/2025	State Grant		NARCAN Spray Administration Training for SUDOP, CCSI, CCA and BHRT Program Staff.
61	P-Housing & Transition (CCAP)	Master Pool: Three (3) possible Vendors will provide Transitional Housing Services for CCAP Consumers (formerly HDMD).	\$5,000.00	\$5,000.00	9/1/2024 - 8/31/2025	Private Grant	Request for Application	Annual renewal of the Transitional Housing Master Pool for CCAP Consumers (formerly HDMD).
62	TC Practice Management, LLC	Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD)	\$90,000.00	\$90,000.00	9/1/2024 - 8/31/2025	State Grant	Consumer Driven	Annual renewal of Agreement for Medication-Assisted Treatment Services for the Be- Well Texas Program (MAT-AUD).
63	The Bill Clair Family Mortuary, Inc.	Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas	\$8,640.00	\$8,640.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Parking Space Lease Agreement at 2603 Southmore Street, Houston, Texas location.
	FORENSICS							
64	Betty Adams	Consulting Services	\$40,020.00	\$7,000.00	9/1/2024 - 8/31/2025	County	.Consultant	Annual renewal of Consulting Agreement to provide Leadership and Development training for new Juvenile Justice Program Managers/Practice Managers/ Directors.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
65	Easter Seals of Greater Houston	Day Camp and Respite Services for Consumers	\$11,300.00	\$11,300.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement to provide Day Camp and Respite Services for Consumers.
66	P-IDD Master Pool for Vocational Apprenticeship Hosting	Employment Apprenticeship Program	\$28,800.00	\$28,800.00	2/14/2024 - 3/31/2025	State	Consumer Driven	
67	The ARC of Harris County	Camp Champions Program for Consumers	\$47,000.00	\$47,000.00	9/1/2024 - 8/31/2025	County	Consumer Driven	Annual renewal of Agreement to provide two (2) Camp Champions Sessions for Consumers enrolled in the program.

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
68	The ARC of Harris County	Training/Recreational Services	\$98,700.00	\$98,700.00	9/1/2024 - 8/31/2025	County		Annual renewal of Agreement to provide Training/Recreational linkage to recreational activities up to 750 Consumers.
69	The ARC of Harris County	Overnight Respite Services	\$61,061.00	\$61,061.00	9/1/2024 - 8/31/2025	County		Annual renewal of Agreement to provide overnight Respite Services for up to ten (10) Consumers per weekend.
70	The Center For Pursuit d/b/a The Center	Residential Living Services for Consumers	\$35,374.00	\$35,374.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement to provide Residential Living Services.
	MENTAL HEALTH							
71	Network Sciences, Inc.	Sub-user Software Agreement	\$25,000.00	\$25,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consumer Driven	Annual renewal of Sub-user Software Agreement to access database for consumer's eligibility.
	MENTAL HEALTH SERVICES-ECI							
	LEASES							
								9

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## **Annual Renewal Evaluation**

Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2024	
Contract ID#*	
2022-0516	
Contractor Name*	
Charity Logic Corporation	
Service Provided* (?)	
We currently use the subscription service iCarol from this	is vendor
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
	0.0 1.2020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Affiliation or Preceptor BAA/DUA	✓ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	DEPART OF THE PART
No	
Unknown	

	Contract NTE* (?) \$ 11,881.69
	Rate(s)/Rate(s) Description  \$303.00 (prorated amount of add-on service for use from execution to end of current subscription period [Oct. 22, 2022] \$2000.00 (one-time setup fee) \$2988.00 (annual fee for add-on) \$6590.66 (current renewal amount)
	Unit(s) Served* 7001
	G/L Code(s)* 574000
	Current Fiscal Year Purchase Order Number* N/A
	Contract Requestor* Millie Wong
	Contract Owner*  Jennifer Battle
	File Upload (?)
Annual Property lies	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*   No
	Were Services delivered as specified in the contract?*   No  No
	Did Contractor perform duties in a manner consistent with standards of the profession?*   No  Yes  No
	Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)  ● Yes ● No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	■ Yes ■ No  Did Contractor render services consistent with Agency policy and procedures?* (?)
	Yes No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes
No

# Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 574000 7001 \$ 11,881.69 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Ilejay, Kevin Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) n/a Amount\* (?) Fiscal Year\* (?) \$ 11,881.69 2025 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 Jennifer Battle Budget Manager Approval(s)

Approved by	
kevin ilejay	
Contract Owner Approval	0
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	Approval Date*
	Approval Date* 5/16/2024
Approved by*	

### Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 🙆
Current Fiscal Year	
2024	
Contract ID#*	
7407	
Contractor Name *	
P-MHFA Independent Certified Trainers	
Service Provided* (?)	
Master Pooled Contract for Additional Certified Trainers	needed to support the mission and
training needs of the Community Outreach department.	nooded to support the mission and
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
,,,	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2.	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	act
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  Net Applicable (If these are no funda required)	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Training Services.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
<ul><li>■ BAA/DUA</li><li>✓ Pooled Contract</li></ul>	IT/Software License Agreement Lease
Renewal of Existing Contract  Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
⊚ Yes	
No     Unknown	
CHRIOWII	

Contract NTE* (?) \$ 5,000.00
Rate(s)/Rate(s) Description  MHFA Instructors are reimbursed at \$300.00 per completed course.
Unit(s) Served* 7003
G/L Code(s)* 543058
Current Fiscal Year Purchase Order Number* CT143138
Contract Requestor* Carrol Prasad
Contract Owner*  Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  Solution Yes Solution 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?* (?)  Solution   Solution
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No

Budget Units and Amo		
Budget Unit Number* 7003	Amount Charged to Unit* \$ 5,000.00	Expense/GL Code No.* 543058
Budget Manager*		dget Manager*
Ilejay, Kevin	Campbell, Rica	
Provide Rate and Rate Descri	ptions if applicable* (?)	
\$300 per training per instructor	* 0	
Project WBS (Work Breakdow n/a	n Structure) ** (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 5,000.00	
Contract Funding Source* State Grant	nges	
Yes No Will the scope of the Services	es to the contract language?* (?)	
Contract Funding Source* State Grant  Contract Content Char Are there any required change Yes No  Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Contract Funding Source* State Grant  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the	es to the contract language?* (?) change?* rent than net (45)?*	
Contract Funding Source* State Grant  Contract Content Char Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No  Are there any changes to the	es to the contract language?* (?) change?* rent than net (45)?*	porting documentation?*
Contract Funding Source* State Grant  Contract Content Char Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No  Are there any changes to the Yes No	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*
Contract Funding Source* State Grant  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No  Are there any changes to the Yes No  File Upload (?)	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*
Contract Funding Source* State Grant  Contract Content Char Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline differ Yes No  Are there any changes in the Yes No	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*

Approved by	
kevin ilejay	
Contract Owner Approval	<u> </u>
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
6 B : (	
Return for correction	
Approved by *	Approval Date*
	Approval Date* 5/16/2024
Approved by *	

HARRIS CENTER Jos Mental Health and IDD	Annual	Renev

HARRIS CENTER for Mental Health and IDD	tion
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
5722	
Contractor Name*	
Affiliated Telephone, Inc.	
Service Provided * (?)	
Agency-wide Mitel telephone equipment, maintenance 8	support services
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2.	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other  .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
<ul><li>☐ Pooled Contract</li><li>✓ Renewal of Existing Contract</li></ul>	☐ Lease ☐ Other
Nellewal of Existing Contract	G Other
Vendor/Contractor a Historically Underutilized Business	ness (HUB) (?)
Yes	
<ul><li>No</li></ul>	
Unknown	

Contract NTE* (?) \$ 85,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1171
G/L Code(s)* 564003
Current Fiscal Year Purchase Order Number* FY24 PO CT143158
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No     No     Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes     No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged to \$ 85,000.00	Unit*	Expense/GL Code No.* 564003
Budget Manager* Campbell, Ricardo		econdary Budge ampbell, Ricardo	t Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdown N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		mount* (?) 85,000.00	
Next Fiscal Year Not to Exceed	i Amount for Master Poole	d Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Char	iges		<u> </u>
Are there any required change  Yes No  Will the scope of the Services  Yes No		<b>?*</b> (?)	
Is the payment deadline difference of Yes No	ent than net (45)?*		
Are there any changes in the F  Yes  No	Performance Targets?*		
Are there any changes to the S  Yes  No	Submission deadlines for r	notes or support	ing documentation?*
File Upload (?)			
Contract Owner			0
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala		The state of the s	
Budget Manager Appro	oval(s)		<u> </u>

Contract Owner Approval  Approved by  Mustafa Cechinnala  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*  5/16/2024	Approved by	
Approved by  **Contracts Approval*  Approve*  * Yes  No, reject entire submission  Return for correction  Approved by **  Approval Date **	Ricardo Campbell	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Contract Owner Approval	
Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction  Approved by *  Approval Date*	Approved by	
Approve*  Yes  No, reject entire submission Return for correction  Approved by *  Approval Date*	Mustafa Cochinnala	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> <li>Approved by *</li> </ul> Approval Date *	Contracts Approval	
No, reject entire submission Return for correction  Approved by *  Approval Date *	Approve*	
Approved by *  Approval Date *	Yes	
Approved by *  Approval Date *		
Approval Date*	Return for correction	
	Approved by *	
Belinda Stude 5/16/2024		Approval Date*
	Belinda Stude	5/16/2024

Mental Health and IDD  Annual Renewal Evalua	ition	
Current Fiscal Year Contract Information	on	•
Current Fiscal Year		Egyetty verbuser et a
2024		
Contract ID#*		
7800		
Contractor Name*	6.8	
American Business Forms, Inc. d/b/a American Solution	ns for Business	
Service Provided* (?)		
Agency Wide Printing Services, Business Cards, Letter	head and Envelopes.	
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2024	8/31/2025	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2	50,000.00)	
Board Approval (Total NTE Amount is \$250,000.00 o	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
☐ Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA Pooled Contract	IT/Software License Agreement Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)	
Yes		
No     Unknown		
Challotti		

Contract NTE * (?)
\$ 21,117.50
Rate(s)/Rate(s) Description
Unit(s) Served* 1107
G/L Code(s)* 596001
Current Fiscal Year Purchase Order Number* CT143211
Contract Requestor* Nicole Lievsay
Contract Owner* Nicole Lievsay
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ⊚ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes      No
Maintained legally required standards for certification, licensure, and/or training?* (?)    Yes   No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1107	Amount Charged \$ 21,117.50	f to Unit*	Expense/GL Code No.* 596001
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	t Manager*
Provide Rate and Rate Description	ons if applicable * (?)		
Project WBS (Work Breakdown S NA	Structure) * (?)		
Fiscal Year* (?)		Amount* (?)	
2025		\$ 21,117.50	
Next Fiscal Year Not to Exceed A	Amount for Master Poo	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	es		•
Are there any required changes  Yes  No	to the contract langua	ge <b>?*</b> (?)	
Will the scope of the Services ch  ○ Yes ⑤ No	nange?*		
Is the payment deadline differen	t than net (45)?*		
Are there any changes in the Pe	rformance Targets?*		
Yes No			
Are there any changes to the Su  Yes No	bmission deadlines fo	or notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner		Tarak masak kacamatan	<b>O</b>
Contract Owner* (?)			
Please Select Contract Owner			
Nicole Lievsay			
Budget Manager Approv	/al(s)		<u> </u>

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
NICOLE LIEVSAY	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/23/2024
E 2. 1	

# Minnes Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n •
Current Fiscal Year	
2024	
Contract ID#*	
2021-0138	
Contractor Name*	
A-Rocket Moving & Storage, Inc	
Service Provided* (?)	
Agency moving and relocation services	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 or</li> <li>Grant Proposal</li> </ul>	more)
Grant Proposal  Revenue	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other  .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	<ul> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>
Renewal of Existing Contract	Other
	and (HIIP) (2)
Vendor/Contractor a Historically Underutilized Busin   Yes	ess (nub) (?)
⊚ No	
Unknown	

Please provide the HUB status HUB - State.
Contract NTE* (?) \$ 70,000.00
Rate(s)/Rate(s) Description Various
Unit(s) Served* 1124, 1899
G/L Code(s)* 571000
Current Fiscal Year Purchase Order Number* CT143386
Contract Requestor* Sarah Harper
Contract Owner* Todd McCorquodale
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* <ul> <li>Yes</li> <li>No</li> </ul>
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  ● 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?* (?)

## Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 1124 \$ 5,000.00 571000 **Budget Manager\*** Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo **Budget Unit Number\*** Expense/GL Code No.\* Amount Charged to Unit\* \$ 65,000.00 571000 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) see rates provided in RFP for contract 2021-0138 Project WBS (Work Breakdown Structure)\* (?) n/a Fiscal Year\* (?) Amount\* (?) \$ 70,000.00 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?\* 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		
Todd McCorquodale		
Budget Manager Approval(s)		on the second
Approved by		
Ricardo Campbell		
Contract Owner Approval		<b>•</b>
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission     Return for correction		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/21/2024	
* * * * * * * * * * * * * * * * * * * *		

HARRIS CENTER Mental Health and II	00	The		
IN ALPHANISH MILL	ж		$\frac{RRI}{R}$	S
MP3 (#191419 #16119 #1619   #1		<u> 4191946</u>	HILM:	1.0

Mental Health and IDD	ation
Current Figural Voor Contract Informati	
Current Fiscal Year Contract Information	011
Current Fiscal Year	
2024	
Contract ID#*	
7539	
Contractor Name *	
Automated Business Systems	
Service Provided * (?)	
Maintenance Service Agreement to provide maintenan	ice for Formax fold/insert machine in
Revenue Management.	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than S	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	o. mois,
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  Regled Contract	IT/Software License Agreement
<ul> <li>□ Pooled Contract</li> <li>☑ Renewal of Existing Contract</li> </ul>	Control Contro
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes No	
Unknown	
- Chanowii	

Contract NTE* (?)
\$ 1,075.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1107
G/L Code(s)*
553001
Current Fiscal Year Purchase Order Number*
CT143247
Contract Requestor*
Nicole Lievsay
Contract Owner*
Nicole Lievsay
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Yes      No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)  © Yes © No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes     No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes     No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 1,075.00	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo	Secondary Campbell, F	Budget Manager* Ricardo
Provide Rate and Rate Description	s if applicable * (?)	
Project WBS (Work Breakdown Str NA	ucture)* (?)	
Fiscal Year* (?)	Amount*	?)
2025	\$ 1,075.00	
Contract Funding Source* General Revenue (GR)  Contract Content Changes		
Are there any required changes to  Yes No  Will the scope of the Services chan 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		<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner		
Nicole Lievsay		
Budget Manager Approval(s)		

Ricardo Campbell Contract Owner Approval	
pproved by	
NICOLE LIEVSAY	
ontracts Approval	
pprove*	
Yes	
No, reject entire submission	
Return for correction	
pproved by *	
	Approval Date*
Belinda Stude	5/21/2024

HARRIS CENTER,

### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2021-0124 Contractor Name\* Automated Logic Contracting Services, Inc. Service Provided \* (?) Multi-Facility Building Automation System, Software and Maintenance. Renewal Term Start Date\* Renewal Term End Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE * (?)
\$ 50,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1126
G/L Code(s)* 900040
Current Fiscal Year Purchase Order Number* FY24 PO CT143196
Contract Requestor* Sarah Harper
Contract Owner* Todd McCorquodale
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*    Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*   Yes No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
● Yes ○ No
Renewal Information for Next Fiscal Year

Budget Offits and Affice	unts Charged to each Budge	5t G111t
Budget Unit Number* 1124	Amount Charged to Unit* \$ 12,000.00	Expense/GL Code No.* 551003
Budget Manager* Campbell, Ricardo	Secondary E Campbell, Ric	Budget Manager* cardo
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdown	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 12,000.00	
Next Fiscal Year Not to Exceed  Contract Funding Source*	Amount for Master Pooled Contracts	S
General Revenue (GR)		
Contract Content Chan	iges	0
Are there any required change  Yes No	s to the contract language?* (?)	
Will the scope of the Services  Yes No	change?*	
Is the payment deadline difference of the Yes No	ent than net (45)?*	
Are there any changes in the F  Yes No	Performance Targets?*	
Are there any changes to the S  Yes No	Submission deadlines for notes or su	pporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner Todd McCorquodale		
Budget Manager Appro		

Approved by	
Ricardo Campbell	
Contract Owner Approval	٥
Approved by	
Todd McCorquodale	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by*	
	Approval Date*
Belinda Stude	5/24/2024

## 90 HARRIS Annual Renewal Evaluation

Mental Health and IDD	
0	
Current Fiscal Year Contract Informatio	n ·
Current Fiscal Year 2024	
Contract ID#*	
2023-0707	
Contractor Name*	
Behavioral Tech Institute	
Service Provided* (?)	
Consultant shall provide Dialectical Behavior Therapy (D	DBT) training to staff virtually.
Renewal Term Start Date*	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25)	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue     SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Ø Other  .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (2)
Yes	
○ No	
Unknown	

Contract NTE* (?)
\$ 25,510.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1182
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143049
Contract Requestor* Tiffany Bittner
Contract Owner* Trudy Leidich
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)    Yes No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1182	Amount Charged to \$ 25,510.00	Unit*	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo		condary Budget ampbell, Ricardo	Manager*
Provide Rate and Rate Description Same as before	ns if applicable*(?)		
Project WBS (Work Breakdown St NA	tructure)* (?)		
Fiscal Year* (?) 2025		nount* (?) 25,510.00	
Next Fiscal Year Not to Exceed Ar 51020.00	mount for Master Pooled	l Contracts	
Contract Funding Source* State Grant			
Contract Content Change	es		•
Are there any required changes to	o the contract language?	<b>?*</b> (?)	
Will the scope of the Services change?*  ○ Yes ② No			
Is the payment deadline different than net (45)?*  Yes  No			
Are there any changes in the Performance Targets?*   Yes  No			
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes  No			
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Trudy Leidich			
Budget Manager Approval(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Trudy Leidich	*
Contracts Approval	
1	
Approve*	
Yes	
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	
<ul><li>Yes</li><li>No, reject entire submission</li></ul>	Approval Date*
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	Approval Date* 5/31/2024
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	

SCENIER Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year 2024	
Contract ID#* 7844	
Contractor Name*  Carahsoft Technology Corporation (DocuSign)	
Service Provided* (?) DocuSignEnterpise Pro Software	
Renewal Term Start Date*	Renewal Term End Date*
10/2/2024 Term for Off-Cycle Only (For Reference Only)	10/1/2025
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$20 Board Approval (Total NTE Amount is \$250,000.00 column Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*  Check all that Apply  Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	✓ Tag-On  Consumer Driven
<ul><li>Interlocal</li><li>Not Applicable (If there are no funds required)</li></ul>	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
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 Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE * (?) \$ 27,684.79
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143227 and CT143533
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See Yes  Pos  Pos  Pos  Pos  Pos  Pos  Pos  Po
Were Services delivered as specified in the contract?*  ⊚ Yes ○ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
⊚ Yes ⊚ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)  © Yes © No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  © Yes © No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1130	Amount Charged to Unit* \$ 35,000.00	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo	
Provide Rate and Rate Description	ns if applicable * (?)		
Project WBS (Work Breakdown St N/A	ructure)* (?)		
Fiscal Year* (?) 2025	Amount* \$ 35,000.		
	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts		
Contract Funding Source* General Revenue (GR) Contract Content Change	es :	<b>⊙</b>	
Are there any required changes to  Yes No  Will the scope of the Services cha	~		
Is the payment deadline different than net (45)?*  Yes  No			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.			
File Upload (?)			
Contract Owner		<b>⊙</b>	
Contract Owner* (?)  Please Select Contract Owner  Mustafa Cochinwala			
Budget Manager Approva	al(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li></ul>	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	5/16/2024

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

Yes

No

Unknown

Contract NTE* (?)
\$ 67,058.00
Rate(s)/Rate(s) Description
Unit(s) Served *
9205, 9209
G/L Code(s)*
552000, 553001
Current Fiscal Year Purchase Order Number*
FY24 PO CT143298
Contract Requestor*
Teri Gleason
Contract Owner*
Angela Babin
File Upload (?)
The opioid (1)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal fear Feriormance
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?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes    No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

9205	Amount Charged \$ 40,161.00	to Unit*	Expense/GL Code No.* 552000
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisc	ndget Manager* illa
Budget Unit Number* 9209	Amount Charged \$ 22,926.00	to Unit*	Expense/GL Code No.* 552000
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisc	dget Manager* illa
Budget Unit Number* 9205	Amount Charged \$ 8,547.00	to Unit*	Expense/GL Code No.* 553001
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisc	dget Manager* illa
Budget Unit Number* 9209	Amount Charged \$ 6,147.00	to Unit*	Expense/GL Code No.* 553001
Budget Manager* Oshman, Jodel		Secondary Bu	idget Manager* illa
Fiscal Year* (?)		Amount* (?)	
2025	d Amount for Master Poo	\$ 77,781.00	
2025  Next Fiscal Year Not to Excee  Contract Funding Source*	d Amount for Master Poo	\$ 77,781.00	
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)		\$ 77,781.00	
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Chai	nges	\$ 77,781.00	
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Char  Are there any required change  Yes No  Will the scope of the Services	nges es to the contract langua	\$ 77,781.00	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee  Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No  Is the payment deadline difference Yes No	nges es to the contract langua change?*	\$ 77,781.00	
Next Fiscal Year Not to Excee  Contract Funding Source* General Revenue (GR)  Contract Content Char  Are there any required change Yes No  Will the scope of the Services Yes No	nges . es to the contract langua change?* rent than net (45)?*	\$ 77,781.00	

Are there any changes to the Submission deadling  Yes  No	nes for notes or supporting d	locumentation?*
File Upload (?)		
Contract Owner		Ó
Contract Owner * (?)		
Please Select Contract Owner		
Angela Babin		
Budget Manager Approval(s)		<b>②</b>
Approved by		
Todel Oshman		
Contract Owner Approval		
Approved by		
,		
ANGELA BABIN		
Contracts Approval		
Approve*		1
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
0	Approval Date*	
Belinda Stude	5/21/2024	
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## **Annual Renewal Evaluation**

Membal Hesalth and 1191)	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
7773	
Contractor Name*	
Centre Technologies, Inc.	
Service Provided* (?)	
Technical Consultant Services (DIR Tag-on)	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
remited on-cycle only (i of Reference only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$25	(0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
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 Quote	<ul><li>■ Request for Qualification</li><li>✓ Tag-On</li></ul>
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement ☐ Lease
✓ Renewal of Existing Contract	Other Other
VandadO automatas - Iliatasia-Ilia III da akilia da Barta	Acce (HIIP) (2)
Vendor/Contractor a Historically Underutilized Busin  Yes	less (nob) (r)
No	
Unknown	

Contract NTE* (?) \$ 30,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* FY24 PO CT143222
Contract Requestor* Rick Hurst
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*     Yes   No
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No     No     Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  © Yes © No
Renewal Information for Next Fiscal Year

Budget Units and Amou	ints Charged to ea	ach Budget Ur	nit
Budget Unit Number* 1130	Amount Charged \$ 50,000.00	to Unit*	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo		Secondary Budger Campbell, Ricardo	t Manager*
Provide Rate and Rate Descript	tions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure)*(?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 50,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Poo	led Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chan	ges		
Are there any required changes	s to the contract langua	ge?* <sup>(?)</sup>	
Will the scope of the Services of the Yes  No	change?*		
Is the payment deadline differe	nt than net (45)?*		
Are there any changes in the P  Yes  No	erformance Targets?*		
Are there any changes to the S  Yes No	ubmission deadlines fo	r notes or support	ing documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala  Budget Manager Appro	oval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/15/2024

## 90 HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
5007	
Contractor Name*	
Cerner Corporation	
Service Provided* (?)	
Archiving Services for Agency Wide Anasazi Software, S	support & Maintenance.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
remittor on-cycle only (For Reference only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
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 Unknown
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	☐ Control of the con
Renewal of Existing Contract	- Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 15,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1130  G/L Code(s)*
553002  Current Fiscal Year Purchase Order Number*  FY24 PO CT143237
Contract Requestor* Rick Hurst
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)   Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • 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.  No.  No.  No.  No.  No.  No.  No
Yes    No  Maintained legally required standards for certification, licensure, and/or training?* (?)      No.    No.
⊚ Yes ⊙ No  Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amoun	ts Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 30,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Bo Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Description	ns if applicable * (?)	
Project WBS (Work Breakdown St N/A	ructure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 30,000.00	
Next Fiscal Year Not to Exceed Ar  Contract Funding Source*	nount for Master Pooled Contracts	
General Revenue (GR)		
Contract Content Change	s	<b>⊙</b>
Are there any required changes to	the contract language?* (?)	
Will the scope of the Services cha	nge?*	
Is the payment deadline different  Yes No	than net (45)?*	
Are there any changes in the Perf	ormance Targets?*	
Yes No		
Are there any changes to the Sub	mission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		<b>⊙</b>
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approva	al(s)	

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

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#### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7160 Contractor Name\* CU Solutions Group, Inc. d/b/a HR Performance Solutions Service Provided\* (?) HR Performance Management software to support documentation for employee performance Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) ☑ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Unknown Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 19,974.00
Rate(s)/Rate(s) Description
Unit(s) Served*  1130  G/L Code(s)*
553002
Current Fiscal Year Purchase Order Number* CT143256
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*   Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*   Yes No
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)   Yes No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)   Yes No
Renewal Information for Next Fiscal Year

Budget Units and Amounts	s Charged to eac	ch Budget Un	iit
Budget Unit Number* 1130	Amount Charged to \$ 24,000.00	o Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Str N/A	ucture)*(?)		
Fiscal Year* (?) 2025	37.3	Amount* (?) 5 24,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Poole	ed Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Changes	S		<b>o</b>
Are there any required changes to  Yes No	the contract language	e <b>?*</b> (?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different the Yes No	han net (45)?*		
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Subn  Yes No	nission deadlines for	notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala  Budget Manager Approva	l(s)		<u> </u>

Ricardo Campbell Contract Owner Approval	
a ann an mais an mainte ann an an an an an air air air an an an taith a tha e a deithean an an an air. T	
pproved by	
Mustafa Cochinnala	
Contracts Approval	
pprove*	
Yes	
No, reject entire submission	
Return for correction	
pproved by*	
	Approval Date*
00.	5/16/2024
Belinda Stude	

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### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	
Current Fiscal Year 2024	
Contract ID#* 7841	
Contractor Name * Datix (USA) Inc. dba RL Datix (PolicyStat)	
Service Provided* (?) PolicyStat Software, a document storage and management	nt system.
Renewal Term Start Date* 12/1/2024	Renewal Term End Date* 11/30/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or a Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply	
Competitive Bid 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 Busine  Yes  No  Unknown	ess (HUB) (?)

Contract NTE* (?) \$ 31,834.69
Rate(s)/Rate(s) Description
Unit(s) Served* 1102
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143710
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  ⊚ Yes ⊛ No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*  © Yes © No
Did Contractor adhere to the contracted schedule?* (?)  (e) Yes (ii) 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     Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)    Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amount	ts Charged to eac	ch Budget Ui	nit
Budget Unit Number* 1102	Amount Charged to \$ 33,426.42	o Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*
Provide Rate and Rate Description	ns if applicable* (?)		
Project WBS (Work Breakdown St N/A	ructure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) 3 33,426.42	
Next Fiscal Year Not to Exceed An	nount for Master Poole	ed Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Change	es:		
Are there any required changes to  Yes No  Will the scope of the Services cha		e <b>?*</b> (?)	
Is the payment deadline different  Yes No	than net (45)?*		
Are there any changes in the Perf	formance Targets?*		
Are there any changes to the Sub  Yes  No	mission deadlines for	notes or support	ing documentation?*
File Upload (?) RLDatix PolicyStat FY25.pdf		117.	48KB
Contract Owner			<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approva	al(\$)		<b>©</b>

Approved by	
Ricardo Campbell	
Contract Owner Approval	<b>⊙</b>
Approved by	
Mustafa Cochinwala	
Mustafa Cochinwala  Contracts Approval	
Contracts Approval	
Contracts Approval	
Contracts Approval  Approve*  Yes	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction	
Contracts Approval  Approve*  Yes  No, reject entire submission	Approval Date*
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction	Approval Date * 5/15/2024

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## Annual Renewal Evaluation

Mental Health and HDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
7824	
Contractor Name*	
Datix (USA), Inc. dba RLDatix	
Service Provided* (?)	
Risk Incident Reporting System and Site Hosting Service	es.
	Renewal Term End Date *
Renewal Term Start Date*	
11/19/2024	11/18/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
AND CONTRACTOR CONTRAC	Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
<ul><li>Personal/Professional Services</li></ul>	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Affiliation or Preceptor	☐ IT/Software License Agreement
BAA/DUA Pooled Contract	Lease
Renewal of Existing Contract	Other
- Notional of Existing Contract	
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
⊚ Yes	
No	
Unknown	

Contract NTE * (?) \$ 73,322.60
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143328
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*    Yes  No
Were Services delivered as specified in the contract?*    Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)  © Yes © No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amou	ints Charged to eac	ch Budget Un	it
Budget Unit Number* 1130	Amount Charged to \$ 75,938.73	Unit*	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo	
Provide Rate and Rate Descript	tions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?) 2025		mount* (?) 75,938.73	
Next Fiscal Year Not to Exceed	Amount for Master Poole	d Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Chan-	ges		
Are there any required changes  Yes  No		<b>??</b> *(?)	
Will the scope of the Services of Yes   No	change?*		
Is the payment deadline differe	nt than net (45)?*		
Are there any changes in the P  Yes No	erformance Targets?*		
Are there any changes to the S  Yes No	Submission deadlines for	notes or supporti	ng documentation?*
File Upload (?) RLDatix Safety IncidentReports I	=Y25.pdf	128K	KB
Contract Owner			<b>⊘</b>
Contract Owner* (?)  Please Select Contract Owner			
Mustafa Cochinwala  Budget Manager Appro	oval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

HIARRIS.

# **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year 2024	
Contract ID#* 7166	4
Contractor Name* Dispensary of Hope	
Service Provided* (?)  A Charitable Pharmaceutical Program that facilitates logis medications to Qualified Patients free of charge. DOH dis (pharmaceutical) Products to Agency Access Sites, current	tributes the donated
Renewal Term Start Date* 9/1/2024	Renewal Term End Date * 8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	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* (?) \$ 37,500.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143305
Contract Requestor* Teri Gleason
Contract Owner* Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  © Yes © No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  ■ Yes ■ No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)  • Yes • No
Did Contractor render services consistent with Agency policy and procedures?* (?)  No  No
Maintained legally required standards for certification, licensure, and/or training?* (?)  ⊚ Yes ⊚ No
Panawal Determination

Renewal Information fo	or react isoar rear		
Budget Units and Amo	unts Charged to each Budget	t Unit	
Budget Unit Number* 1135	Amount Charged to Unit* \$ 37,500.00	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	adget Manager*	
Provide Rate and Rate Descrip	ptions if applicable * (?)		
Project WBS (Work Breakdown Structure)* (?) n/a			
Contract Funding Source* General Revenue (GR)	Amount* (?) \$ 37,500.00  d Amount for Master Pooled Contracts		
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Chai	\$ 37,500.00 d Amount for Master Pooled Contracts		
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Chai  Are there any required change  Yes No  Will the scope of the Services	\$ 37,500.00  d Amount for Master Pooled Contracts  nges  es to the contract language?* (?)		
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes  No Will the scope of the Services Yes  No	\$ 37,500.00  d Amount for Master Pooled Contracts  nges  es to the contract language?* (?)  s change?*		
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference of the Services Yes No Are there any changes in the	\$ 37,500.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?) change?*  rent than net (45)?*		
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Chal  Are there any required change  Yes No  Will the scope of the Services  Yes No  Is the payment deadline difference of the Services  Yes No  Are there any changes in the  Yes No  Are there any changes to the	\$ 37,500.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?) change?*  rent than net (45)?*	porting documentation?*	
Next Fiscal Year Not to Excee  Contract Funding Source *  General Revenue (GR)  Contract Content Chai  Are there any required change  Yes No  Will the scope of the Services  Yes No  Is the payment deadline difference of the Services  Yes No  Are there any changes in the  Yes No	\$ 37,500.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?) change?*  rent than net (45)?*  Performance Targets?*	porting documentation?*	

Approved by  Contract Owner Approval  Approved by  ANGELA PAPIN  Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction  Approved by*  Approval Date*  5/14/2024	Budget Manager Approval(s)	<u> </u>
Contract Owner Approval  Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Approved by	
Approved by  ANGELA PAPIN  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Ricardo Campbell	
ANGELA PAPIN  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by *  Approval Date*	Contract Owner Approval	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by *  Approval Date*	Approved by	
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *  Approval Date*	ANGELA BABIN	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> <li>Approved by *</li> <li>Approval Date *</li> </ul>	Contracts Approval	
No, reject entire submission Return for correction  Approved by *  Approval Date *	Approve*	
Approved by *  Approval Date *	Yes	
Approved by *  Approval Date *		
Approval Date*	Return for correction	
	Approved by *	
Belinda Stude 5/14/2024		Approval Date*
	Belinda Stude	5/14/2024

HARRIS CENTER,

#### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7842 Contractor Name\* Ellen B. Kagen, MSW Service Provided \* (?) Leadership and Consultant Services for the CEO. Renewal Term Start Date\* Renewal Term End Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) ☑ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) ✓ Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 12,600.00
Rate(s)/Rate(s) Description \$375.00 per hour
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143197
Contract Requestor* Veronica Franco
Contract Owner* Wayne Young
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
● Yes ◎ No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amou	nts Charged to each Budge	t Unit
Budget Unit Number* 1101	Amount Charged to Unit* \$ 12,600.00	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	ndget Manager* ardo
Provide Rate and Rate Description/a	ons if applicable * (?)	
Project WBS (Work Breakdown S	Structure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 12,600.00	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Change Are there any required changes Yes No  Will the scope of the Services changes Yes No  Is the payment deadline different Yes No  Are there any changes in the Pe	to the contract language?* (?) nange?* t than net (45)?*	
	bmission deadlines for notes or sup	porting documentation?*
Contract Owner		
Contract Owner* (?)  Please Select Contract Owner  Wayne Young		
Budget Manager Approv	/al(s)	•

Approved by		
Ricardo Campbell		
Contract Owner Approval		Ô
Approved by		
Contracts Approval		
Approve*		
Yes		
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>		
Approved by *		
	Approval Date*	
Belinda Stude	5/28/2024	

# Minaris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n .
Current Fiscal Year	
2024	
Contract ID#*	
2023-0767  Contractor Name *	
Emergent Devices, Inc.	
Service Provided* (?)	
Agency Wide Purchase of Narcan	
Renewal Term Start Date* 10/1/2024	Renewal Term End Date* 9/30/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$25	0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	•
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	<ul><li>Sole Source</li><li>Request for Qualification</li></ul>
✓ Request for Quote	Tag-On
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     Affiliation or Preceptor	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No     Halanawa	
Unknown	

Contract NTE* (?) \$ 20,000.00	
Rate(s)/Rate(s) Description \$47.50 per unit	
Unit(s) Served* 1136	
G/L Code(s)* 547001	
Current Fiscal Year Purchase Order Number* CT143334	
Contract Requestor* Teri Gleason	
Contract Owner* Angela Babin	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	)
Have there been any significant performance deficiencies within the current fiscal year?*	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?)     Yes  No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)  ■ Yes ■ No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	
Yes  No     Did Contractor render services consistent with Agency policy and procedures?* (?)	
Yes  No	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Renewal Determination	)
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No	
Renewal Information for Next Fiscal Year	)

Budget Units and Amo	unts Charged to ea	ach Budget U	nit
Budget Unit Number* 1136	Amount Charged \$ 20,000.00	to Unit*	Expense/GL Code No.* 547001
Budget Manager* Shelby, Debbie		Secondary Budge Hooper Jr., Michae	NIT/2
Provide Rate and Rate Descrip	ptions if applicable * (?)		
Project WBS (Work Breakdow n/a	n Structure)* (?)		
Fiscal Year* (?)		Amount* (?)	
2025		\$ 20,000.00	
Next Fiscal Year Not to Exceed	d Amount for Master Pool	ed Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Char	nges	and the same	<b>a</b>
Are there any required change	es to the contract languag	je <b>?*</b> (?)	
Will the scope of the Services  Yes No	change?*		
Is the payment deadline differ	ent than net (45)?*		
Are there any changes in the I	Performance Targets?*		
Yes No			
Are there any changes to the	Submission deadlines for	notes or support	ing documentation?*
Yes No			
File Upload (?)			
Contract Owner			Ó
Contract Owner* (?)			
Please Select Contract Owner			
Angela Babin			
Budget Manager Appro	oval(s)		

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	<u> </u>
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/29/2024

### HIARRIS CENTER

## **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	<b>⊙</b>
Current Fiscal Year 2024	
Contract ID#* 7016	
Contractor Name* ePlus Technology Inc (Future Com)	
Service Provided* (?)  Maintenance and Support for the Gigamon Ethernet	
Renewal Term Start Date* 10/1/2024	Renewal Term End Date* 9/30/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or good 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 Busine  Yes  No  Unknown	ess (HUB) (?)

	Contract NTE* (?) \$ 33,782.67
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1130
	G/L Code(s)* 553002
	Current Fiscal Year Purchase Order Number* FY24 PO CT142948
	Contract Requestor* Rick Hurst
	Contract Owner*  Mustafa Cochinwala
	File Upload (?)
	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*  Yes No
	Were Services delivered as specified in the contract?*     Yes  No
	Did Contractor perform duties in a manner consistent with standards of the profession?*     Yes   No
	Did Contractor adhere to the contracted schedule?* (?)  Solution Yes Solution 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?* (?)  (a) Yes (b) No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  © Yes © No
Assessment	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
	Renewal Information for Next Fiscal Year

Budget Units and Amounts	s Charged to each	n Budget Un	it
Budget Unit Number*	Amount Charged to U \$ 50,000.00	Unit*	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo		condary Budget mpbell, Ricardo	Manager*
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str N/A	ructure)* (?)		
Fiscal Year* (?) 2025		o,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled	Contracts	
Contract Funding Source* General Revenue (GR)		s	
Contract Content Change	S		•
Are there any required changes to  Yes No  Will the scope of the Services changes to		* (?)	
Is the payment deadline different t	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subr	mission deadlines for no	otes or supportin	ng documentation?*
File Upload (?)			
Contract Owner		mwanin shikari Wazari wanan ama	
Contract Owner* (?)			
Please Select Contract Owner  Mustafa Cochinwala			
Budget Manager Approva	l(s)	MANAGEM TO WITH LOND THE PROPERTY.	•

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

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			h an	

#### Annual Renewal Evaluation

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 5324 Contractor Name\* ePlus Technology Inc. (Formerly Future Com, LTD) Service Provided\* (?) Digital Defense Assessments (TIPS Tag On) Renewal Term Start Date\* Renewal Term End Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal ✓ Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

	540.00
Rate	(s)/Rate(s) Description
<b>Unit</b> (1130	s) Served*
G/L 6	Code(s)* 02
	ent Fiscal Year Purchase Order Number* PO CT143240
	tract Requestor* Hurst
	tract Owner* afa Cochinwala
File	Upload (?)
Eva	aluation of Current Fiscal Year Performance
	e there been any significant performance deficiencies within the current fiscal year?* es   No
	e Services delivered as specified in the contract?* es   No
	Contractor perform duties in a manner consistent with standards of the profession?* es   No
	Contractor adhere to the contracted schedule?* (?) es  No
	e reports, billing and/or invoices submitted in a timely manner?* (?) es  No
Age	Contractor provide adequate or proper supporting documentation of time spent rendering services for the ncy?* (?)
	es  No Contractor render services consistent with Agency policy and procedures?* (?)
	es No
	ntained legally required standards for certification, licensure, and/or training?* (?) es  No
Re	newal Determination
	e contract being renewed for next fiscal year with this Contractor?* (?)  See See No
Re	newal Information for Next Fiscal Year

Budget Units and Amounts	s Charged to eac	ch Budget Un	it
Budget Unit Number* 1130	Amount Charged to \$ 30,000.00	o Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		econdary Budget Campbell, Ricardo	Manager*
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str N/A	ucture)* (?)		
Fiscal Year* (?) 2025		Amount* (?) 30,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Poole	ed Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Changes	S		<b>⊙</b>
Are there any required changes to  Yes No  Will the scope of the Services char		e?* (?)	
Syes No  Is the payment deadline different to Yes No	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subn  Yes No	nission deadlines for	notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approva	l(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Contracts Approval	
Approve*  ● Yes  ● No, reject entire submission	
Approve*  Yes	
Approve*  Yes  No, reject entire submission  Return for correction	
Approve*  ● Yes  ● No, reject entire submission	Approval Date*
Approve*  Yes  No, reject entire submission  Return for correction	Approval Date* 5/16/2024
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	

HILLIANS.

#### **Annual Renewal Evaluation**

#### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 6670 Contractor Name\* ePlus Technology, Inc. (formerly Future Com, Ltd.) Service Provided \* (?) Forescout maintenance & support. Tag-on to DIR Tag on. Renewal Term End Date\* Renewal Term Start Date\* 9/25/2025 9/26/2024 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 ✓ Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 43,049.43
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* FY24 PO CT142947
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to ea	ich Budget U	nit
Budget Unit Number*	Amount Charged \$ 45,000.00	to Unit*	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Descrip	ptions if applicable * (?)		
Project WBS (Work Breakdow N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 45,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Pool	ed Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Chai	naes		
Are there any required change  Yes No  Will the scope of the Services  Yes No	es to the contract languag	ge?* (?)	
Is the payment deadline differ	ent than net (45)?*		
Are there any changes in the  Yes  No	Performance Targets?*		
Are there any changes to the  Yes  No	Submission deadlines for	notes or suppor	ting documentation?*
File Upload (?)			
Contract Owner			0
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Appr	oval(s)		•

Approved by	
Ricardo Campbell	
Contract Owner Approval	<b>⊙</b>
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
White	
Yes	
<ul><li>Yes</li><li>No, reject entire submission</li></ul>	
Yes	
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	
<ul><li>Yes</li><li>No, reject entire submission</li></ul>	Approval Date*
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	Approval Date* 5/16/2024
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	

HIMBIS Annual Renewal Evaluate Mental Beath and IDD	tion
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
7807	
Contractor Name*	
Everbridge, Inc.	
Service Provided* (?)	
Everbridge provides the Agency's Mass Notification Incides as the Safety Connection Base Service.	dent Management Service as well
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
	0/3/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$25  Board Approval (Total NTE Amount is \$250,000.00 o  Grant Proposal	
Revenue	
SOW-Change Order-Amendment#  Other	
Procurement Method(s) *  Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
∀es	
No     No	
Unknown	

Rate(s)/Rate(s) Description  Unit(s) Served * 1130  G/L Code(s)* 553002  Current Fiscal Year Purchase Order Number * FY24 PO CT143251  Contract Requestor * Rick Hurst  Contract Owner * Mustafa Cochinwala  File Upload (?)  Evaluation of Current Fiscal Year Performance  Have there been any significant performance deficiencies within the current fiscal year? * Yes ® No  Were Services delivered as specified in the contract? * Yes ® No  Did Contractor perform duties in a manner consistent with standards of the profession? * Yes ® No  Did Contractor adhere to the contracted schedule? * Yes ® No  Did Contractor perform duties in a manner consistent with standards of the profession? * Yes ® No  Did Contractor adhere to the contracted schedule? * Yes ® No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * Yes ® No  Did Contractor render services consistent with Agency policy and procedures? * Yes ® No  Maintained legally required standards for certification, licensure, and/or training? * Yes ® No  Renewal Determination  is the contract being renewed for next fiscal year with this Contractor? * Yes ® No  Renewal Determination	Contract NTE* (?) \$ 45,714.37
G/L Code(s)* 553002  Current Fiscal Year Purchase Order Number* FY24 PO CT143251  Contract Requestor* Rick Hurst  Contract Owner*  Mustafa Cochinwala  File Upload (?)  Evaluation of Current Fiscal Year Performance  Were Services delivered as specified in the contract?*  Yes No  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  Did Contractor adhere to the contracted schedule?*  Yes No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*  Yes No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*  Yes No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*  Yes No  No  Maintained legally required standards for certification, licensure, and/or training?*  Yes No  Renewal Determination	Rate(s)/Rate(s) Description
Current Fiscal Year Purchase Order Number* FY24 PO CT143251  Contract Requestor* Rick Hurst  Contract Owner* Mustafa Cochinwala File Upload (?)  Evaluation of Current Fiscal Year Performance  Have there been any significant performance deficiencies within the current fiscal year?* Yes ® No  Were Services delivered as specified in the contract?* Yes ® No  Did Contractor perform duties in a manner consistent with standards of the profession?* Yes ® No  Did Contractor adhere to the contracted schedule?* Yes ® No  Were reports, billing and/or invoices submitted in a timely manner?* Yes ® No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes ® No  Did Contractor render services consistent with Agency policy and procedures?* Yes ® No  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	**************************************
Contract Requestor* Rick Hurst  Contract Owner* Mustafa Cochinwala File Upload (?)  Evaluation of Current Fiscal Year Performance  Ave 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	50000 Day 6800 4 5
Contract Owner* Mustafa Cochinwala File Upload (?)  Evaluation of Current Fiscal Year Performance  Ave 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 Did Contractor adhere to the contracted schedule?*(?)  Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)  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	
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	
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	
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	File Upload (?)
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	Evaluation of Current Fiscal Year Performance
© 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  Contractor?*(?)	
<ul> <li>Yes ○ No</li> <li>Did Contractor adhere to the contracted schedule?*(?)</li> <li>Yes ○ No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?*(?)</li> <li>Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> <li>Yes ○ No</li> <li>Maintained legally required standards for certification, licensure, and/or training?*(?)</li> <li>Yes ○ No</li> <li>Renewal Determination</li> <li>Senewal Determination</li> </ul>	
<ul> <li>● Yes ● No</li> <li>Were reports, billing and/or invoices submitted in a timely manner?* (?)</li> <li>● Yes ● No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)</li> <li>● Yes ● No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>● Yes ● No</li> <li>Maintained legally required standards for certification, licensure, and/or training?* (?)</li> <li>● Yes ● No</li> <li>Renewal Determination</li> <li>►</li> <li>Sthe contract being renewed for next fiscal year with this Contractor?* (?)</li> </ul>	
<ul> <li>Yes ○ No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)</li> <li>Yes ○ No</li> <li>Did Contractor render services consistent with Agency policy and procedures?*(?)</li> <li>Yes ○ No</li> <li>Maintained legally required standards for certification, licensure, and/or training?*(?)</li> <li>Yes ○ No</li> <li>Renewal Determination</li> </ul>	
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	
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?* (?)	Agency?* (?)
<ul> <li>Yes No</li> <li>Maintained legally required standards for certification, licensure, and/or training?* (?)</li> <li>Yes No</li> <li>Renewal Determination</li> </ul>	
<ul> <li>Yes ○ No</li> <li>Renewal Determination</li> <li>Is the contract being renewed for next fiscal year with this Contractor?* (?)</li> </ul>	Yes  No
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
	Renewal Determination
● Yes ● No	
Renewal Information for Next Fiscal Year	

Budget Units and Amount	s Charged to ea	ach Budget Un	it
Budget Unit Number*	Amount Charged \$ 48,000.00	to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str N/A	ructure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 48,000.00	
Next Fiscal Year Not to Exceed Am	nount for Master Poo	led Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Change	c		
Are there any required changes to  Yes No  Will the scope of the Services changes to	the contract langua	ge?* (?)	
Is the payment deadline different t  Yes  No	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subr	mission deadlines fo	r notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner		an and many months of the state	•
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala  Budget Manager Approva	l(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

# HIMRIS

# **Annual Renewal Evaluation**

Current Fiscal Year  2024  Contract ID#*  7741  Contractor Name * Feedtrail, Inc.  Service Provided * (?)  Monitor patient satisfaction survey data.  Renewal Term Start Date *  6/1/2023 5/31/2024  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 Proposal  Request for Application  Request for Application  Request for Outole  Interfaced  Consumer Driven		Mental Health and IDD		and the same of
Contract ID#* 7741  Contractor Name* Feedtrail, Inc. Service Provided* (?) Monitor patient satisfaction survey data.  Renewal Term Start Date* Renewal Term End Date* 6/1/2023 5/31/2024  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 Application Request for Quote	SHOW NAMED IN	Current Fiscal Year Contract Information	1	9
Contract ID#*  7741  Contractor Name * Feedtrail, Inc.  Service Provided * (?)  Monitor patient satisfaction survey data.  Renewal Term Start Date *  6/1/2023 5/31/2024  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 Application  Request for Quote		Current Fiscal Year		
Contractor Name* Feedtrail, Inc.  Service Provided* (?) Monitor patient satisfaction survey data.  Renewal Term Start Date*  6/1/2023  5/31/2024  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		2024		
Contractor Name* Feedtrail, Inc.  Service Provided* (?) Monitor patient satisfaction survey data.  Renewal Term Start Date* Renewal Term End Date* 6/1/2023 5/31/2024  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 Proposal Request for Application Request for Quote		Contract ID#*		
Feedtrail, Inc.  Service Provided* (?)  Monitor patient satisfaction survey data.  Renewal Term Start Date*  6/1/2023 5/31/2024  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  Request for Quote		7741		
Feedtrail, Inc.  Service Provided* (?)  Monitor patient satisfaction survey data.  Renewal Term Start Date*  6/1/2023 5/31/2024  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  Request for Quote		Contractor Name *		
Monitor patient satisfaction survey data.  Renewal Term Start Date * Renewal Term End Date * 6/1/2023 5/31/2024  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				
Monitor patient satisfaction survey data.  Renewal Term Start Date * Renewal Term End Date * 6/1/2023 5/31/2024  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				
Renewal Term Start Date*  6/1/2023  5/31/2024  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				
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				
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  Tag-On				
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  Request for Quote		6/1/2023	5/31/2024	
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 Request for Application Request for Quote Tag-On		Term for Off-Cycle Only (For Reference Only)		
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 Request for Application Request for Quote Tag-On				
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  Tag-On		Agenda Item Submitted For: (?)		
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  Tag-On		Information Only (Total NTE Amount is Less than \$25	0,000.00)	
Revenue  SOW-Change Order-Amendment#  Other  Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Tag-On		Board Approval (Total NTE Amount is \$250,000.00 or	more)	
SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Request for Application Request for Quote Tag-On		Grant Proposal		
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Competitive Proposal  Sole Source  Request for Qualification		Revenue		
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Competitive Proposal  Sole Source  Request for Qualification  Tag-On		SOW-Change Order-Amendment#		
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Competitive Proposal  Sole Source  Request for Qualification		Other		
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Competitive Proposal  Sole Source  Request for Qualification		Dragurament Mathod(s)*		
Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Competitive Proposal  Sole Source  Request for Qualification  Tag-On				
Request for Proposal  Request for Application  Request for Quote  Sole Source  Request for Qualification  Tag-On		#007000000000000000	Competitive Proposal	
<ul> <li>Request for Application</li> <li>Request for Qualification</li> <li>✓ Request for Quote</li> </ul>		The Market Company of Market Company Company (Market Company		
✓ Request for Quote		10. 10.		
		100 C 100 100 C 10		
Interioral Street		Interlocal		
Not Applicable (If there are no funds required)		Not Applicable (If there are no funds required)	Other	
Contract Description / Type		Contract Description / Type		
Personal/Professional Services Consultant		2000 AND AND STATE OF THE STATE	Consultant	
Consumer Driven Contract  New Contract/Agreement				
■ Memorandum of Understanding     ■ Amendment to Existing Contract				
Affiliation or Preceptor Service/Maintenance		11.07 Scientific (14)		
BAA/DUA IT/Software License Agreement			IT/Software License Agreement	
Pooled Contract		Pooled Contract	Lease	
Renewal of Existing Contract Other		Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Business (HUB) (?)		Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)	
Yes			,	
No				
		Unknown		

Contract NTE * (?)
\$ 22,387.00  Rate(s)/Rate(s) Description
nate (a) mate (a) beautiful in
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY23 PO CT142904
Contract Requestor* Luc Josaphat
Contract Owner* Trudy Leidich
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)  © Yes © No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 27,387.00	553002
Budget Manager*	Secondary Bu	dget Manager*
Campbell, Ricardo	Campbell, Rica	rdo
Provide Rate and Rate Descrip	tions if applicable * (?)	
Gain organization-wide visibility in		
Build patient loyalty pre, during, Understand the "why" behind su		
Act swiftly for immediate and las		
Grow revenue by reducing no sl	hows, retaining and	
acquiring more patients  Identify provider-specific opport	unities such as coaching or	
highlighting best practices		
Support key initiatives, such as	missed appointments and	
access to care  • Drive public reviews and manage	ge online reputation	
Project WBS (Work Breakdown		
Real-time advanced reporting an		
☐ Ability to review PX data in ass		
provided		
through EMR interface (Sex, age  Analyze service recovery and of		
☐ Unlimited usage of reporting, a		
tools.		
<ul> <li>Unlimited admins and roles of Web, email, and phone support a</li> </ul>		
□ Dedicated Client Success Man		
Specialist		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 27,387.00	
summer moconstruction and the summer	ничным приничним плимоческом портористичного портористичного портористичного портористичного портористичного п	онивших видок от вленувно приняти подгология подгология приняти подгология подгология подгология подгология под
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts	
	Amount for Master Pooled Contracts	
Contract Funding Source*	I Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed  Contract Funding Source*  General Revenue (GR)	d Amount for Master Pooled Contracts	
Contract Funding Source*		
Contract Funding Source* General Revenue (GR) Contract Content Chan		
Contract Funding Source* General Revenue (GR) Contract Content Chan	nges	
Contract Funding Source* General Revenue (GR)  Contract Content Chan  Are there any required change  Yes  No	nges es to the contract language?* (?)	
Contract Funding Source* General Revenue (GR) Contract Content Chan Are there any required change	nges es to the contract language?* (?)	
Contract Funding Source* General Revenue (GR)  Contract Content Chan  Are there any required change  Yes No  Will the scope of the Services	nges es to the contract language?* (?) change?*	

Are there any changes in the Performance Targets?*
Please Explain*  Real-time advanced reporting and experience management Ability to review PX data in association with demographics provided through EMR interface (Sex, age, etc.) Analyze service recovery and question categories Unlimited usage of reporting, analytics & service recovery tools. Unlimited admins and roles of access  Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes No  File Upload (?)
Harris Center - Feedtrail Proposal XMinsights 05132024.pdf 1.19MB
Contract Owner* (?) Please Select Contract Owner
Trudy Leidich
Budget Manager Approval(s)
Approved by  Ricardo Campbell
Contract Owner Approval
Trudy Leidich  Contracts Approval
Approve*  Yes  No, reject entire submission Return for correction  Approved by *
Approval Date*  Selinda Stude 5/15/2024

NoUnknown

Contract NTE * (?)
\$ 49,000.00
Rate(s)/Rate(s) Description  Annual (on-cycle) funding, \$1.41 per employee per month
(PEPM) for approx. 2,512 Employees.
Unit(s) Served*
1108
G/L Code(s)*
543039
Current Fiscal Year Purchase Order Number*
CT143287
Contract Requestor*
Kip Baughman
Contract Owner*
Kip Baughman
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ® No
Were Services delivered as specified in the contract?*
● Yes ◎ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes  No
Yes No Did Contractor adhere to the contracted schedule?* (?)
Did Contractor adhere to the contracted schedule?* (?)
Did Contractor adhere to the contracted schedule?* (?)  • 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
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?*(?)
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 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?* (?)
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
Did Contractor adhere to the contracted schedule?*(?)  (i) Yes (ii) No  Were reports, billing and/or invoices submitted in a timely manner?*(?)  (ii) Yes (iii) No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)  (iii) Yes (iii) No  Did Contractor render services consistent with Agency policy and procedures?*(?)  (iii) Yes (iii) No  Maintained legally required standards for certification, licensure, and/or training?*(?)
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
Did Contractor adhere to the contracted schedule?*(?)  (i) Yes (ii) No  Were reports, billing and/or invoices submitted in a timely manner?*(?)  (ii) Yes (iii) No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)  (iii) Yes (iii) No  Did Contractor render services consistent with Agency policy and procedures?*(?)  (iii) Yes (iii) No  Maintained legally required standards for certification, licensure, and/or training?*(?)
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 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 \$ 49,000.00 543039 **Budget Manager\*** Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) NA. Vary by employees on staff. Project WBS (Work Breakdown Structure)\* (?) NA Amount\* (?) Fiscal Year\* (?) 2025 \$ 49,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source\* General Revenue (GR) **Contract Content Changes** Are there any required changes to the contract language?\* (?) Yes No Will the scope of the Services change?\* Yes No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) **Contract Owner** Contract Owner\* (?) Please Select Contract Owner Kip Baughman Budget Manager Approval(s)

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
FIP BAUGHMAN	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/30/2024
	R S

## HITTERIES Annual Renewal Evaluation

Mental Health and IDD		
Current Fiscal Year Contract Information		
Current riscar real Contract Information		
Current Fiscal Year		
2024		
Contract ID#*		
2023-0780		
Contractor Name*		
Handle With Care Behavior Management System, Inc.		
Service Provided* (?)		
Behavior management on-site training for the prevention	and management of	
aggressive behavior resulting in instructor certification for		
management training is required according to the Texas A	Administrative Code.	
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2024	8/31/2025	
Term for Off-Cycle Only (For Reference Only)	W.	
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		
Agenda Item Submitted For: (?)		
☑ Information Only (Total NTE Amount is Less than \$25	0 000.00)	
Board Approval (Total NTE Amount is \$250,000.00 or		
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 Pooled Contract	<ul> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>	
Renewal of Existing Contract	Other	

Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes  No  Unknown
Contract NTE* (?) \$ 4,300.00
Rate(s)/Rate(s) Description vary.
Unit(s) Served* 1975
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* CT143515
Contract Requestor* Ninfa Escobar
Contract Owner* Ninfa Escobar
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*    Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
<ul> <li>Yes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes No</li> </ul>
Maintained legally required standards for certification, licensure, and/or training?* (?)  Yes No
Renewal Determination

	or Next Fiscal Year	Ć
Budget Units and Amo	unts Charged to each Budge	t Unit
Budget Unit Number* 1975	Amount Charged to Unit* \$ 4,300.00	Expense/GL Code No.* 549005
Budget Manager* Campbell, Ricardo	Secondary Bo Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Descrip	otions if applicable* (?)	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 4,300.00	
Contract Content Char	1900	我们在这个大孩子们对他们的现在分词的自然的对象。
	es to the contract language?* (?)	
● Yes ● No Will the scope of the Services	es to the contract language?* (?)	
● Yes ● No  Will the scope of the Services  ● Yes ● No  Is the payment deadline difference	es to the contract language?* (?) change?*	
Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the R	es to the contract language?* (?) change?* ent than net (45)?*	
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the Form Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the Form	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Minfa Escopar	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/23/2024

HILLER

Current Fiscal Year Contract Informatio	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
7774	
Contractor Name*	
Indigo Beam, LLC	
Service Provided* (?)	
Pre-paid Consulting Services for SharePoint (DIR Tag-o	n).
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$25)	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
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	ness (HUB) (?)
○ Yes	
Unknown	

Contract NTE * (?) \$ 30,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* FY24 PO CT143368
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See 1. Yes 1. No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  9 Yes 9 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
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amou	Budget Units and Amounts Charged to each Budget Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 30,000.00	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo	
Provide Rate and Rate Descripti	ions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?) 2025	Amount* \$ 30,000.0		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contra	acts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	ges		
Are there any required changes  Yes No	to the contract language?* (?)		
Will the scope of the Services	hange?*		
Is the payment deadline difference  Yes  No	nt than net (45)?*		
Are there any changes in the Po	erformance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.			
File Upload (?)			
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Appro	val(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

Unknown

Contract NTE * (?)
\$ 75,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1135
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* Fy24 PO CT143365
Contract Requestor*
Teri Gleason
Contract Owner*
Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
● Yes ● No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)
Yes      No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes     No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1135	Amount Charge \$ 75,000.00	ed to Unit*	Expense/GL Code No.* 595014
Budget Manager* Campbell, Ricardo		Secondary Budg Campbell, Ricard	57 ST
Provide Rate and Rate Description n/a			
Project WBS (Work Breakdown Str n/a	ucture)* <sup>(?)</sup>		
Fiscal Year* (?)		Amount* (?)	
2025		\$ 75,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Po	poled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	S		<u> </u>
Are there any required changes to  Yes  No	the contract langu	uage?* (?)	
	0.*		
Will the scope of the Services char ⊚ Yes ® No	nge?"		
Is the payment deadline different t	han net (45)?*		
Yes No			
Are there any changes in the Perfo	rmance Targets?*	•	
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes  No			
File Upload (?)			
Contract Owner			<b>⊙</b>
Contract Owner* (?)			
Please Select Contract Owner			
Angela Babin			
Budget Manager Approva	l(s)		<u> </u>

Approved by	
Ricardo Campbell	
Contract Owner Approval	<b>③</b>
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

# HITARIES.

Mental Bealth and 1949	
Current Fiscal Year Contract Information	<b>⊙</b>
Current Fiscal Year	
2024	
Contract ID#*	
2021-0067	
Contractor Name*	
InstaMed Communications, LLC	
Service Provided* (?)	
Payment processing setup for EPIC and throughout Agen	су.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
term for our cycle citiy (i or reactioned citiy)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$250)	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 35,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 574000
Current Fiscal Year Purchase Order Number* FY24 PO CT143233
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  No
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?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)    Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amou	unts Charged to each	Budget Unit	
Budget Unit Number*	Amount Charged to 8 35,000.00	Jnit* Expens	se/GL Code No.*
Budget Manager* Campbell, Ricardo		ondary Budget Manage	er*
Provide Rate and Rate Descrip	tions if applicable* (?)		
Project WBS (Work Breakdown N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		ount* (?) 5,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled	Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chan	ges		
Are there any required change  Yes  No	s to the contract language?	* (?)	
Will the scope of the Services	change?*		
Is the payment deadline difference  Yes No	ent than net (45)?*		
Are there any changes in the P  Yes  No	erformance Targets?*		
Are there any changes to the S  Yes No	Submission deadlines for no	tes or supporting docu	mentation?*
File Upload (?)			
Contract Owner			<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala	-		
Budget Manager Appro	oval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	•
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

HILLER

Current Fiscal Year Contract Information	<b>⊙</b>
Current Fiscal Year 2024	
Contract ID#* 5039	
Contractor Name* Knowledge Lake, Inc.	
Service Provided* (?) Sharepoint/HRIS related Software Support and Maintenar	nce
Renewal Term Start Date* 9/1/2024	Renewal Term End Date* 8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or good	
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 Unknown
Contract Description / Type  Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract	Consultant  New Contract/Agreement  Amendment to Existing Contract  Service/Maintenance  IT/Software License Agreement  Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine  Yes  No  Unknown	ss (HUB) (?)

	Contract NTE* (?)
	\$ 43,125.00
	Rate(s)/Rate(s) Description
	Unit(s) Served*
	1130
	G/L Code(s)*
	553002
	Current Fiscal Year Purchase Order Number*
	FY24 PO CT143238
	Contract Requestor*
	Rick Hurst
	Contract Owner*
	Mustafa Cochinwala
	File Upload (?)
	Evaluation of Current Fiscal Year Performance
	*
	Have there been any significant performance deficiencies within the current fiscal year?*  Solution Yes  No
	Were Services delivered as specified in the contract?*
	Yes     No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	⊚ Yes ⊚ No
	Did Contractor adhere to the contracted schedule?* (?)
	● Yes → No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)
	● Yes ● No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
	Agency?* (?)  • Yes • No
	Did Contractor render services consistent with Agency policy and procedures?* (?)  No  Yes  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
No. of Lot	Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to ea	ich Budget Ui	nit
Budget Unit Number*	Amount Charged \$ 46,000.00	to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Descri	ptions if applicable * (?)		
Project WBS (Work Breakdow N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 46,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Poo	led Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Char	nges	Chicago Carlos C	
Are there any required change	es to the contract langua	ge <b>?*</b> <sup>(?)</sup>	
Will the scope of the Services  Yes No	change?*		
Is the payment deadline differ	rent than net (45)?*		
Are there any changes in the  Yes  No	Performance Targets?*		
Are there any changes to the  Yes  No	Submission deadlines for	r notes or support	ing documentation?*
File Upload (?)			
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Appr	oval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

## HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2021-0196	
Contractor Name *  M Strategic Partners	
Service Provided* (?) Project Management Consultant Services for the 6168 So	outh Loop East Apartment Project.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	
✓ Board Approval (Total NTE Amount is \$250,000.00 or  ✓ Count Board and I   ✓ Count Board and I  ✓ Count Boa	more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	<ul><li>☐ Competitive Proposal</li><li>☐ Sole Source</li></ul>
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
yes	
No     Halmanna	
Unknown	

Contract NTE* (?)	
\$ 227,155.00	
Rate(s)/Rate(s) Descr	ription
*	
Unit(s) Served*	
1126	
G/L Code(s)*	
900040	
Current Fiscal Year P	Purchase Order Number*
FY24 PO CT143294	
Contract Requestor*	
Sarah Harper	
Contract Owner*	
Todd McCorquodale	
File Upload (?)	
Evaluation of Cu	urrent Fiscal Year Performance
Have there been any	significant performance deficiencies within the current fiscal year?*
Yes No	
Wara Sanjicas daliya	ered as specified in the contract?*
<ul><li>Yes</li><li>No</li></ul>	red as specified in the contract:
	rm duties in a manner consistent with standards of the profession?*
Yes No	
	re to the contracted schedule?* (?)
Yes No	
Were reports, billing	and/or invoices submitted in a timely manner?* (?)
Yes No	
	de adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)	
Yes No	
Did Contractor rende	er services consistent with Agency policy and procedures?* (?)
Yes No	
Maintained legally red	quired standards for certification, licensure, and/or training?* (?)
Yes No	
Renewal Detern	nination
Is the contract being	renewed for next fiscal year with this Contractor?* (?)
Yes  No	
Renewal Inform	ation for Next Fiscal Year
- Kenewar Intolli	ation for Next riscal fear

Budget Units and Amoun	its Charged to each Bud	get Unit
Budget Unit Number*	Amount Charged to Unit* \$ 78,139.50	Expense/GL Code No.* 900040
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo
	* (2)	
Provide Rate and Rate Description amount left on PO as of May 1st but adjusted on 9/1/2024 as payments	t may need to be	
Project WBS (Work Breakdown S FM21.1126.23 6168 Apartments	tructure)* (?)	
Fiscal Year* (?)	Amount* \$ 78,139.5	
2025	\$ 70,139.5	00
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contra	acts
Contract Funding Source* General Revenue (GR)		
Contract Content Change	es	
Are there any required changes t	o the contract language?* (?)	
Yes  No		
Will the scope of the Services ch  Yes  No	ange?*	
Is the payment deadline different  Yes  No	than net (45)?*	
Are there any changes in the Per	formance Targets?*	
Yes No		
Are there any changes to the Sub	omission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner Todd McCorquodale		
Budget Manager Approv	al(s)	<u> </u>

Contract Owner Approval  Approved by	
Approved by	
Q.,,000	
Todd McCorquodale	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by*	
	Approval Date*
Belinda Stude	5/21/2024

HILLING S

Current Fiscal Year Contract Information	
Current Fiscal Year 2024	
Contract ID#* 2023-0656	
Contractor Name * Maptician, Inc.	
Service Provided* (?) Office Space Allocation and Management Tool	
Renewal Term Start Date* 3/23/2024	Renewal Term End Date * 3/22/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or a Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply  Competitive Bid  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 Busine  Yes  No  Unknown	ss (HUB) (?)

Contract NTE* (?) \$ 5,400.00
Rate(s)/Rate(s) Description 5400 Annually
Unit(s) Served* 2200, 1124
G/L Code(s)* 553002, 553003
Current Fiscal Year Purchase Order Number* CT142829
Contract Requestor* Anthony Jones
Contract Owner* Todd McCorquodale
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Were Services delivered as specified in the contract?*  ⊚ Yes ⊝ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)    Yes  No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
⊚ Yes ⊚ No
Did Contractor render services consistent with Agency policy and procedures?* (?)  9 Yes 9 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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amount	s Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit* \$ 5,400.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Description Flat rate of \$5,400.00 for maintenance		
Project WBS (Work Breakdown Str N/A	ructure)* (?)	
Fiscal Year* (?) 2024	Amount* (?) \$ 5,400.00	
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Change	S	<b>⊘</b> /
Are there any required changes to  Yes No	the contract language?* (?)	
Will the scope of the Services cha	nge?*	
Is the payment deadline different t  Yes  No	han net (45)?*	
Are there any changes in the Perfo	ormance Targets?*	
Are there any changes to the Subr	nission deadlines for notes or sup	pporting documentation?*
File Upload (?) Invoice 3837.pdf		24.47KB
Contract Owner	and the state of t	<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner Todd McCorquodale		
Budget Manager Approva	l(s)	•

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Toll	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/10/2024

HARRIS Annual Renewal Evalua	tion	
Current Fiscal Year Contract Informatio	n	<b>^</b>
Current Fiscal Year		
2024		
Contract ID#*		
7414		
Contractor Name *		
MSX Group, LLC		
Service Provided* (?)		
Proprietary budgeting software to maintain internal cont	rol of Financial operations.	
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2024	8/31/2025	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
✓ Information Only (Total NTE Amount is Less than \$2		
Board Approval (Total NTE Amount is \$250,000.00 c	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	✓ Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	IT/Software License Agreement	
□ Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)	
⊚ Yes		
No		
Unknown		

Contract NTE* (?) \$ 5,835.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1122
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143250
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  No  No
Were Services delivered as specified in the contract?*
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?* (?)  No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?)   No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)   No
Renewal Information for Next Fiscal Year

Budget Units and Amoun	ts Charged to eac	ch Budget Un	it
Budget Unit Number* 1122	Amount Charged to \$ 6,200.00	o Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		econdary Budget ampbell, Ricardo	Manager*
Provide Rate and Rate Descriptio	ns if applicable * (?)		
Project WBS (Work Breakdown St	tructure)* (?)		
Fiscal Year* (?) 2025		mount*(?) 6,200.00	
Next Fiscal Year Not to Exceed A	mount for Master Poole	ed Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	es		
Are there any required changes to  Yes No	o the contract language	e?* (?)	
Will the scope of the Services cha	ange?*		
Is the payment deadline different  Yes  No	than net (45)?*		
Are there any changes in the Peri	formance Targets?*		
Are there any changes to the Sub	mission deadlines for	notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner  Mustafa Cochinwala			
Budget Manager Approva	al(s)		•

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	5/16/2024

### **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7679 Contractor Name\* NETSPI, LLC Service Provided\* (?) Network Penetration Testing Services Renewal Term Start Date\* Renewal Term End Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services

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

- 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* (?) \$ 36,431.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT143253
Contract Requestor* Rick Hurst
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   No
Were Services delivered as specified in the contract?*   No  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $^{\star}$ (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?*(?)  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to eac	h Budget Un	it
Budget Unit Number* 1130	Amount Charged to \$ 40,000.00	Unit*	Expense/GL Code No.* 553003
Budget Manager* Campbell, Ricardo		econdary Budget ampbell, Ricardo	Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdown	n Structure)* (?)		
Fiscal Year* (?) 2025		mount* (?) 40,000.00	
Next Fiscal Year Not to Exceed	d Amount for Master Poole	d Contracts	
Contract Funding Source* General Revenue (GR)  Contract Content Char	nges		•
Are there any required change  Yes No  Will the scope of the Services		<b>?*</b> (?)	
○ Yes  No     Is the payment deadline differ			
<ul><li>Yes </li><li>No</li></ul> Are there any changes in the	Performance Targets?*		
Yes No			*
Are there any changes to the  Yes No	Submission deadlines for	notes or support	ng documentation?
File Upload (?)			
Contract Owner			<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Appr	roval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
,	
Return for correction	
Return for correction	
	Approval Date *
Return for correction	Approval Date * 5/16/2024
<ul> <li>Return for correction</li> <li>Approved by *</li> </ul>	

YesNoUnknown

Contract NTE* (?) \$ 12,000.00
Rate(s)/Rate(s) Description
, and (o), , and (o) = 3001, part of
Unit(s) Served*
1135
G/L Code(s) * 553002
Current Fiscal Year Purchase Order Number*
CT143309
Contract Requestor*  Teri Gleason
Contract Owner*
Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Yes     No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes     No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
⊚ Yes ◎ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amounts	Charged to ea	ich Budget Un	iit
Budget Unit Number* 1135	Amount Charged t \$ 15,400.00	to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	: Manager*
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stron/a	ucture)*(?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 15,400.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pool	ed Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Changes	•		
Are there any required changes to a  Yes No  Will the scope of the Services chan		ge <b>?*</b> <sup>(?)</sup>	
○ Yes ® No	-		
Is the payment deadline different the Yes No	an net (45)?*		
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See 1. Yes 1. No			
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?) Please Select Contract Owner Angela Babin			
Budget Manager Approval	(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\odot$
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

Current Fiscal Year Contract Information	00	
Sufferit Fiscar Fear Contract information		at Samuel Williams
Current Fiscal Year		
024		
Contract ID#*		
185		
Contractor Name *		
Parata Systems, LLC		
Service Provided* (?)		
	of the Devete Debat Dharmany	
Purchase, License and Support Contract Supplement of Equipment - SW Clinic location	of the Parata Robot Pharmacy	
Renewal Term Start Date*	Renewal Term End Date*	
/1/2024	8/31/2025	
erm for Off-Cycle Only (For Reference Only)		
Information Only (Total NTE Amount is Less than \$2		
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue		
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply		
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid	or more)	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
Information Only (Total NTE Amount is Less than \$3 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	

YesNoUnknown

Contract NTE* (?)
\$ 13,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1135
G/L Code(s)*
553002
Current Fiscal Year Purchase Order Number*
CT143315
Contract Requestor*
Teri Gleason
Contract Owner*
Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
● Yes ◎ No
Did Contractor adhere to the contracted schedule?* (?)
Yes      No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes  No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes      No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes      No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amount	Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged to Unit* \$ 15,400.00	Expense/GL Code No.* 553002		
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo		
Provide Rate and Rate Description	ns if applicable * (?)			
Project WBS (Work Breakdown St	ructure)* (?)			
Fiscal Year* (?) 2025	Amount* (?) \$ 15,400.00			
Next Fiscal Year Not to Exceed An				
Contract Funding Source* General Revenue (GR)  Contract Content Change	S	$\odot$		
Are there any required changes to  Yes No	the contract language?* (?)			
Will the scope of the Services cha	nge?*			
Is the payment deadline different to Yes No	han net (45)?*			
Are there any changes in the Perfo	ormance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.				
File Upload (?)				
Contract Owner		•		
Contract Owner* (?) Please Select Contract Owner Angela Babin				
Budget Manager Approva	l(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	6
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

Mental Health and IDD	Off
Current Fiscal Year Contract Information	<u>^</u>
Current Fiscal Year 2024	
2024	
Contract ID#*	
7323	
Contractor Name*	
Pingboard, Inc.	
Service Provided * (?)	
Organization charting and planning tool selected by The H	larris Center's executive team.
24	
Renewal Term Start Date * 9/1/2024	Renewal Term End Date* 8/31/2025
9/1/2024	0/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid Request for Proposal	<ul><li>☐ Competitive Proposal</li><li>☐ Sole Source</li></ul>
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Software Agreement/Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract     Service/Maintenance
Affiliation or Preceptor BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 43,000.00
Rate(s)/Rate(s) Description
Vary.
Unit(s) Served* 1108
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT143420
Contract Requestor* Kip Baughman
Contract Owner*  Kip Baughman
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  ⊚ Yes ⊚ No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charge \$ 43,000.00	ed to Unit*	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	dget Manager* ardo	
Provide Rate and Rate Description	ns if applicable * (?)			
Project WBS (Work Breakdown St NA	tructure)* (?)			
Fiscal Year* (?)		Amount* (?)		
2025		\$ 43,000.00		
Next Fiscal Year Not to Exceed Ar	mount for Master Po	poled Contracts		
Contract Funding Source*				
General Revenue (GR)  Contract Content Change	es .		•	
Are there any required changes to	o the contract langu	age?* (?)		
○ Yes ⑨ No				
Will the scope of the Services cha	ange?*			
Is the payment deadline different	than net (45)?*			
○ Yes ② No				
Are there any changes in the Performance Targets?*				
○ Yes ③ No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
⊚ Yes ⊚ No				
File Upload (?)				
Contract Owner			<b>⊙</b>	
Contract Owner* (?)				
Please Select Contract Owner				
Kip Baughman				
Budget Manager Approve	al(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Kip BAUGHMAN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/30/2024

# **Annual Renewal Evaluation**

Mental Healin and IDD	
Current Fiscal Year Contract Informatio	n <u>^</u>
Current Fiscal Year	
2024	
Contract ID#*	
2021-0288	
Contractor Name*	
Pinnacle Business Solutions (Pharmacy)	
Service Provided* (?)	1
Pharmacy Patient Medication Courier Services (Daily Ro	bute and On-Demand)
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25)	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
*	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement
<ul> <li>✓ Renewal of Existing Contract</li> </ul>	<ul><li>Lease</li><li>Other</li></ul>
Transwar of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE * (?) \$ 10,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 2200	
G/L Code(s)* 542000	
Current Fiscal Year Purchase Order Number* FY24 PO CT143362	
Contract Requestor* Teri Gleason	
Contract Owner* Angela Babin	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
Have there been any significant performance deficiencies within the current fiscal year?*   Yes No	
Were Services delivered as specified in the contract?*	
● Yes ● No	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
Yes  No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	е
● Yes ○ No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Yes  No	
Renewal Determination	٥
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No	
Renewal Information for Next Fiscal Year	0

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 2200	Amount Charged \$ 10,000.00	l to Unit*	Expense/GL Code No.* 542000
Budget Manager* Shelby, Debbie		Secondary Budge Hooper Jr., Michael	· · · · · · · · · · · · · · · · · · ·
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str	ructure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 10,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Poo	oled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Change	S		
Are there any required changes to  ⊚ Yes   ● No	the contract langua	ge <b>?*</b> (?)	
Will the scope of the Services char Yes No	Will the scope of the Services change?*  ○ Yes ○ No		
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*  Yes No			
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes No			
File Upload (?)			
Contract Owner			•
Contract Owner* (?)  Please Select Contract Owner  Angela Babin			
Budget Manager Approva	l(s)		

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/29/2024

Other

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

- Yes
- No
- Unknown

Renewal of Existing Contract

Contract NTE* (?)
\$ 86,434.46
Rate(s)/Rate(s) Description
Unit(s) Served* 1107
G/L Code(s)* 577000
Current Fiscal Year Purchase Order Number* FY24 Po CT143248
Contract Requestor* Nicole Lievsay
Contract Owner* Nicole Lievsay
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*    Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)   No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charge \$ 86,434.46	d to Unit*	Expense/GL Code No.* 577000
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Description	s if applicable*(?)		
Project WBS (Work Breakdown Str NA	ucture)* (?)		
Fiscal Year* (?)	100 A 8 8 A 100 A	Amount* (?)	
2025		\$ 86,434.46	
Next Fiscal Year Not to Exceed Am	ount for Master Po	oled Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Changes	S		<u> </u>
Are there any required changes to  Yes No	the contract langu	age?* (?)	
Will the scope of the Services char  Yes No	Will the scope of the Services change?*  O Yes  No		
Is the payment deadline different to	han net (45)?*		
Yes       No			
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Subn	nission deadlines f	or notes or support	ting documentation?*
Yes No			
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Nicole Lievsay			
Budget Manager Approval(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
NICOLE LIEVSAY	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Approved by *	
	Approval Date*
Belinda Scude	5/21/2024

NoUnknown

	Contract NTE* (?) \$ 9,233.88
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1107
	G/L Code(s)* 577000
	Current Fiscal Year Purchase Order Number* CT143117
	Contract Requestor*
	Nicole Lievsay
	Contract Owner*
	Nicole Lievsay
	File Upload (?)
-	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	○ Yes ⑨ No
	Were Services delivered as specified in the contract?*
	● Yes ○ No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Did Contractor adhere to the contracted schedule?* (?)
	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
1	
	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
,	Yes  No
	Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged to \$ 9,233.88	o Unit*	Expense/GL Code No.* 577000	
Budget Manager* Campbell, Ricardo		econdary Budge ampbell, Ricardo		
Provide Rate and Rate Descriptio	ns if applicable* (?)			
Project WBS (Work Breakdown St	tructure)* <sup>(?)</sup>			
Fiscal Year* (?)	A	mount* (?)		
2025	\$	9,233.88		
Next Fiscal Year Not to Exceed A	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  Contract Funding Source*			
General Revenue (GR)				
Contract Content Change	es		0	
Are there any required changes to   Yes No	o the contract language	<b>??*</b> (?)		
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 Peri	formance Targets?*			
Yes No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.				
File Upload (?)				
Contract Owner			<b>⊙</b>	
Contract Owner* (?)				
Please Select Contract Owner				
Nicole Lievsay				
Budget Manager Approval(s)				

Approved by		
Ricardo Campbell		
Contract Owner Approval	3.2	٥
Approved by		
NICOLE LIEVSAY		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
<ul> <li>Return for correction</li> </ul>		
Approved by *		
	Approval Date*	
Belinda Stude	5/21/2024	
The Market Company of the State	A TOTAL	

# **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	n 📀			
Current Fiscal Year				
2024				
Contract ID#*				
2021-0149				
Contractor Name*				
P-NURSING II (LVNs, RNs, MAs)				
Service Provided * (?)				
Master Pooled Contract. Tag-On to Harris County Hospital District (HCHD) DBA Harris Health Contract(s). Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).				
Renewal Term Start Date*	Renewal Term End Date*			
9/1/2024	8/31/2025			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)  Grant Proposal  Revenue  SOW-Change Order-Amendment#				
Procurement Method(s) *				
Check all that Apply				
Competitive Bid	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application Request for Quote	<ul><li>☐ Request for Qualification</li><li>☑ Tag-On</li></ul>			
Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
■ BAA/DUA  ✓ Pooled Contract	IT/Software License Agreement			
Renewal of Existing Contract	☐ Lease ☐ Other			
	- Outof			

○ Yes
No     Unknown
O O O O O O O O O O O O O O O O O O O
Contract NTE* (?)
\$ 70,000.00
Rate(s)/Rate(s) Description
Vary.
Unit(s) Served*
1153
G/L Code(s)*
540502
Current Fiscal Year Purchase Order Number*
CT143523
Contract Requestor*
Stacy Vincent
Contract Owner*
Kia Walker
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No  Were Services delivered as specified in the contract?*  No
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?*
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
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?*  Did Contractor adhere to the contracted schedule?*
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
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?*  Did Contractor adhere to the contracted schedule?*
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?*(?)
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
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?*(?)
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
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
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?*(?)
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?*(?)
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?*(?)
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?*(?)

Budget Unit Number*	ounts Charged to each Budge  Amount Charged to Unit*	Expense/GL Code No.*
1153	\$ 70,000.00	540502
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	ndget Manager* ardo
Provide Rate and Rate Desc	riptions if applicable * (?)	
Project WBS (Work Breakdo N/A	wn Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 70,000.00	
70,000.00  Contract Funding Source*  General Revenue (GR)  Contract Content Cha	anges	
Contract Funding Source* General Revenue (GR) Contract Content Cha	anges ges to the contract language?* (?)	
Contract Funding Source * General Revenue (GR)  Contract Content Cha  Are there any required chan  Yes No  Will the scope of the Service	ges to the contract language?* (?)	
Contract Funding Source * General Revenue (GR)  Contract Content Char  Are there any required chan  Yes No  Will the scope of the Service  Yes No	ges to the contract language?* (?)	
Contract Funding Source* General Revenue (GR)  Contract Content Character Charac	ges to the contract language?* (?) es change?* erent than net (45)?*	
Contract Funding Source* General Revenue (GR)  Contract Content Character	ges to the contract language?* (?) es change?* erent than net (45)?* e Performance Targets?*	norting documentation2*
Contract Funding Source* General Revenue (GR)  Contract Content Character	ges to the contract language?* (?) es change?* erent than net (45)?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Ka Denae Walker	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/23/2024

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

- 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 * (?) \$ 45,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 540501
Current Fiscal Year Purchase Order Number* CT143578
Contract Requestor* Teri Gleason
Contract Owner* Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*  ■ Yes □ No
Did Contractor perform duties in a manner consistent with standards of the profession?*     Yes   No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to ea	ich Budget	Unit
Budget Unit Number* 1135	Amount Charged \$ 48,000.00	to Unit*	Expense/GL Code No.* 540501
Budget Manager*	3	Secondary Bu	dget Manager*
Campbell, Ricardo	N N N N	Campbell, Rica	rdo
Provide Rate and Rate Descri n/a Project WBS (Work Breakdow n/a			
Fiscal Year* (?)		Amount* (?)	
2025	3	\$ 48,000.00	
General Revenue (GR)  Contract Content Char  Are there any required change  Yes No  Will the scope of the Services	es to the contract languag	ge?* (?)	
Yes No			
Yes No			
Are there any changes in the  Yes  No	Performance Targets?*		
Are there any changes to the  Yes No	Submission deadlines for	notes or supp	porting documentation?*
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Angela Babin			
Budget Manager Appr	oval(s)	(A)	

Approved by	
Ricardo Campbell	6.
Contract Owner Approval	$\hat{oldsymbol{\circ}}$
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li></ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

# Marris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
7757	
Contractor Name*	
Safeway Inc.	
Service Provided * (?)	
Pharmacy Drug Dispensing Services	
55	- · · · · · · · · · · · · · · · · · · ·
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	
<ul> <li>Board Approval (Total NTE Amount is \$250,000.00 o</li> <li>Grant Proposal</li> </ul>	r more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
<ul><li>Interlocal</li><li>Not Applicable (If there are no funds required)</li></ul>	Consumer Driven Other
The state of the s	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract  Memorandum of Understanding	<ul><li>New Contract/Agreement</li><li>Amendment to Existing Contract</li></ul>
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☑ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No     Unknown	
Unknown	

Contract NTE * (?)
\$ 115,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135, 2111
G/L Code(s)*
547003  Current Fiscal Year Purchase Order Number*  FY24 PO CT143353
Contract Requestor*
Teri Gleason  Contract Owner*
Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ® No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes      No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ◎ No
Did Contractor render services consistent with Agency policy and procedures?* (?)    Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged \$ 50,000.00	to Unit*	Expense/GL Code No.* 547003
Budget Manager*			dget Manager*
Campbell, Ricardo	The large content and the first the second content to the second c	Campbell, Rica	rdo
Provide Rate and Rate Descri	ptions if applicable * (?)		
Project WBS (Work Breakdown/a	n Structure)* (?)		
Fiscal Year* (?)		Amount* (?)	
2025		\$ 50,000.00	
Contract Funding Source*  General Revenue (GR)			
Contract Content Chai	nges	1457 1457 1457 1457 1457 1457 1457 1457	<u> </u>
Are there any required change	es to the contract languag	je?* <sup>(?)</sup>	
Yes       No			
Will the scope of the Services  ○ Yes ○ No	change?*		
Is the payment deadline differ	cent than not (45)2*		
Yes No	ent than het (45)?		
Are there any changes in the	Performance Targets?*		
Are there any changes to the	Are there any changes to the Submission deadlines for notes or supporting documentation?*		
Yes       No			
File Upload (?)			
Contract Owner		dans Production of the Police Constraints	
Contract Owner* (?)			
Please Select Contract Owner			
Angela Babin			
Budget Manager Appr	oval(s)		Ó

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

Current Fiscal Year Contract Informatio	on
Current Fiscal Year	
2024	
Contract ID#*	
5032	
Contractor Name*	
ScriptPro USA, Inc.	
Service Provided* (?)	
Support & Maintenance for pharmacy equipment for the	e SE Clinic.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	5.67.2020
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue	
SOW-Change Order-Amendment#  Other	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
The Control of Market and State of the Control of t	Request for Qualification
Request for Application	rioquoction addinioation
	☐ Tag-On
Request for Quote	☐ Tag-On
Request for Quote Interlocal	<ul><li>Tag-On</li><li>Consumer Driven</li></ul>
Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	<ul><li>Tag-On</li><li>Consumer Driven</li></ul>
Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	☐ Tag-On ☐ Consumer Driven ☑ Other .
Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract	☐ Tag-On ☐ Consumer Driven ☐ Other . ☐ Consultant
Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	☐ Tag-On ☐ Consumer Driven ☐ Other . ☐ Consultant ☐ New Contract/Agreement
Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	☐ Tag-On ☐ Consumer Driven ☐ Other . ☐ Consultant ☐ New Contract/Agreement ☐ Amendment to Existing Contract

NoUnknown

Contract NTE* (?) \$ 16,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
1135	
G/L Code(s)* 553001	
Current Fiscal Year Purchase Order Number*	
FY24 PO CT143331	
Contract Requestor*	
Teri Gleason	
Contract Owner*  Angela Babin	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	The same
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?*	
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?* (?)	
Renewal Determination	Total State of the last
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Yes  No	
Renewal Information for Next Fiscal Year	Acres de la constante

Budget Units and Amou	unts Charged to each	Budget Unit
Budget Unit Number*	Amount Charged to Ur \$ 12,100.00	hit* Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo		ndary Budget Manager* obell, Ricardo
Provide Rate and Rate Descrip	tions if applicable* (?)	
Project WBS (Work Breakdown	Structure)* (?)	
Fiscal Year* (?)		unt* (?)
2025	\$ 12,	100.00
Next Fiscal Year Not to Exceed  Contract Funding Source*	Amount for Master Pooled C	ontracts
General Revenue (GR)		
Contract Content Chan	ges	0
Are there any required change:  Yes  No	s to the contract language?*	(?)
Will the scope of the Services	change?*	
Is the payment deadline differe	nt than net (45)?*	
Are there any changes in the P  Yes No	erformance Targets?*	
Are there any changes to the S  Yes No	ubmission deadlines for note	s or supporting documentation?*
File Upload (?)		
Contract Owner		<u> </u>
Contract Owner* (?)		
Please Select Contract Owner		
Angela Babin		
Budget Manager Appro	val(s)	

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
• Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024
· ·	

## Minris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	$\hat{\mathbf{c}}'$
Current Fiscal Year	
2024	
Contract ID#*	
5031	
Contractor Name *	
ScriptPro USA, Inc.	
Service Provided* (?)	
Support & Maintenance for Pharmacy equipment at the N	W Clinic.
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?)
\$ 11,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1135
G/L Code(s)*
553001
Current Fiscal Year Purchase Order Number*
FY24 PO CT143306
Contract Requestor*
Teri Gleason
Contract Owner*
Angela Babin
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
Ponoval Determination
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
● Yes ◎ No
Renewal Information for Next Fiscal Year

Budget Units and Amou	ints Charged to e	ach Budget U	nit
Budget Unit Number*	Amount Charged \$ 12,100.00	I to Unit*	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Descript n/a	ions if applicable* (?)		
Project WBS (Work Breakdown n/a	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 12,100.00	
Next Fiscal Year Not to Exceed	Amount for Master Poo	oled Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	ges		<u> </u>
Are there any required changes  ○ Yes  ○ No	to the contract langua	ge <b>?*</b> (?)	
Will the scope of the Services c  Yes No	hange?*		
Is the payment deadline difference Yes No	nt than net (45)?*		
Are there any changes in the Pe	erformance Targets?*		
Are there any changes to the Su  Yes  No	ubmission deadlines fo	r notes or support	ting documentation?*
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?) Please Select Contract Owner			
Angela Babin			
Budget Manager Appro	val(s)		

Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
ANGELA BABIN		
Contracts Approval		
Approve*		
Yes		
<ul><li>No, reject entire submission</li></ul>		
Return for correction		
Approved by *		
453/2	Approval Date*	
Belinda Stude	5/21/2024	

# HIMERIS

#### **Annual Renewal Evaluation**

#### Current Fiscal Year Contract Information **Current Fiscal Year** 2024 Contract ID#\* 2021-0240 Contractor Name\* Set Solutions, Inc. Service Provided\* (?) CyberArk Privileged Access Management (PAM) - Tag On through Choice Partners Cooperative #21/031KN-55 Renewal Term End Date\* Renewal Term Start Date\* 11/30/2024 12/1/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification ✓ Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 102,659.25
Rate(s)/Rate(s) Description
Unit(s) Served* 1147
G/L Code(s)* 900022
Current Fiscal Year Purchase Order Number* FY22 PO CT141620
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)  Set Solutions - ID 2021-0240 - Choice Partner Tag On Addendum -  Fully Executed.pdf  1.24MB
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?*
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> </ul>
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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No

# Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 574000 1130 \$ 45,000.00 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure) \* (?) Fiscal Year\* (?) Amount\* (?) \$ 45,000.00 2025 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)?\* Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) Contract Owner Contract Owner\* (?) Please Select Contract Owner Mustafa Cochinwala Budget Manager Approval(s)

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/16/2024

### **Annual Renewal Evaluation** Current Fiscal Year Contract Information **Current Fiscal Year** 2024 Contract ID#\* 2022-0510 Contractor Name\* Skillsoft Corporation Service Provided\* (?) Skillsoft Percipio Software. Renewal Term End Date\* Renewal Term Start Date\* 9/5/2025 9/6/2022 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application ✓ Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement ■ BAA/DUA Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?)

YesNoUnknown

Contract NTE* (?) \$ 15,189.80
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143326
Contract Requestor* Rick Hurst
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*  ⊚ Yes ⊚ No
Did Contractor perform duties in a manner consistent with standards of the profession?*   No
Did Contractor adhere to the contracted schedule?* (?)  (i) Yes (ii) No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? $^*$ (?)
● Yes ● No
Did Contractor render services consistent with Agency policy and procedures?* (?)  (**) Yes (**) No
Maintained legally required standards for certification, licensure, and/or training?* (?)  © Yes © No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

<b>Budget Units and Amount</b>	s Charged to each	Budget Un	it
Budget Unit Number*	Amount Charged to U \$ 16,000.00	Jnit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		ondary Budget npbell, Ricardo	Manager*
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str N/A	ructure)*(?)		
Fiscal Year* (?) 2025		ount* (?) 6,000.00	
Next Fiscal Year Not to Exceed An	nount for Master Pooled	Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	S		<b>⊙</b>
Are there any required changes to  Yes No	the contract language?	* (?)	
Will the scope of the Services cha	nge?*		
Is the payment deadline different to Yes   No	than net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Sub	Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.		
File Upload (?)	File Upload (?)		
Contract Owner			<b>⊙</b>
Contract Owner* (?)			
Please Select Contract Owner  Mustafa Cochinwala			
Budget Manager Approva	al(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Contracts Approval	
Approve*	
Approve*  • Yes	
Approve*  Yes  No, reject entire submission  Return for correction	
Approve*  Yes  No, reject entire submission	Approval Date *
Approve*  Yes  No, reject entire submission  Return for correction	Approval Date* 5/16/2024

Current Fiscal Year Contract Informati	on	
Current Fiscal Year		
024		
Contract ID#*		
362		
Contractor Name *		
6nappy App, Inc.		
Service Provided * (?)		
Gifts for employees of the Agency for Spot Rewards.		
Renewal Term Start Date *	Renewal Term End Date*	
0/1/2024	8/31/2025	
Ferm for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)*		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply	or more)	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid	or more)	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source Request for Qualification	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven  Other .	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	

NoUnknown

Contract NTE* (?)
\$ 42,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1108
G/L Code(s)* 549009
Current Fiscal Year Purchase Order Number* CT143262
Contract Requestor* Ninfa Escobar
Contract Owner*
Kip Baughman
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  ② Yes ③ 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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1108	Amount Charged to U \$ 42,000.00		xpense/GL Code No.* 49009	
Budget Manager* Campbell, Ricardo		ondary Budget Ma	anager*	
Provide Rate and Rate Descrip	tions if applicable* (?)			
Project WBS (Work Breakdown	n Structure)* (?)			
Fiscal Year* (?)	Amo	ount* (?)		
2025	\$ 42	2,000.00		
Next Fiscal Year Not to Exceed  Contract Funding Source*  General Revenue (GR)	a double de la construcción de l			
Contract Content Chan	ges		<u> </u>	
Are there any required change  Yes No	s to the contract language?*	<sup>†</sup> (?)		
Will the scope of the Services  Yes No	change?*			
Is the payment deadline differe	ent than net (45)?*			
Are there any changes in the P  Yes  No	Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.				
File Upload (?)				
Contract Owner			<b>⊙</b>	
Contract Owner* (?)				
Please Select Contract Owner Ninfa Escobar				
Elizabeth de la companya de la comp	N22 (/a)			
Budget Manager Appro	oval(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	•
Approved by	
Ninja Escobar	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/23/2024

# HILLIAN Annual Renewal Evaluation

Current Fiscal Year Contract Information			
Current Fiscal Year			
2024			
Contract ID#*			
7451			
Contractor Name*			
Televox, Inc. (Intrado Interactive Services)			
Service Provided* (?)			
Televox Software Subscription Services, an omnichannel of software (client notifications via text, phone, email or live of and interface directly with our EHR System (EPIC).			
Renewal Term Start Date*	Renewal Term End Date*		
9/1/2024	8/31/2025		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250,000.00)  Board Approval (Total NTE Amount is \$250,000.00 or more)  Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other			
Procurement Method(s) * Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal Request for Application	<ul><li>Sole Source</li><li>Request for Qualification</li></ul>		
Request for Quote	Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract	☐ Lease ☐ Other		
Renewal of Existing Contract	es Outer		

Vendor/Contractor a Historically Underutilized Business (HUB) (?)
● Yes
● No  Unknown
Contract NTE* (?)
\$ 72,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1130
G/L Code(s)*
553002
Current Fiscal Year Purchase Order Number*
FY24 PO CT143381
Contract Requestor*
Rick Hurst
Contract Owner*
Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
® Yes ◎ No
Did Contractor adhere to the contracted schedule?* (?)
● Yes ◎ No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
⊚ Yes ⊚ No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ◎ No
Renewal Determination
Nellewal Determination

Renewal Information for Next Fiscal Year			
Budget Units and Amo	ounts Charged to each Budge	t Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1130	\$ 75,000.00	574000	
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	adget Manager*	
Provide Rate and Rate Descri	ptions if applicable * (?)		
Project WBS (Work Breakdow N/A	vn Structure)* (?)		
Fiscal Year* (?)	Amount* (?)		
2025	\$ 75,000.00		
Next Fiscal Year Not to Exceed  Contract Funding Source*  General Revenue (GR)	ed Amount for Master Pooled Contracts		
Next Fiscal Year Not to Excee  Contract Funding Source*  General Revenue (GR)  Contract Content Cha	ed Amount for Master Pooled Contracts		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Cha	ed Amount for Master Pooled Contracts		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR)  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Services	nges  to the contract language?* (?)		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Chat Are there any required chang Yes No Will the scope of the Services Yes No	nges ges to the contract language?*(?) s change?*		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR)  Contract Content Chan Are there any required chang Yes No  Will the scope of the Services Yes No  Is the payment deadline difference of the Services	nges  ges to the contract language?* (?)  s change?*  rent than net (45)?*		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Chan Are there any required chang Yes No Will the scope of the Services Yes No	nges  ges to the contract language?* (?)  s change?*  rent than net (45)?*		
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character Ch	nges  ges to the contract language?* (?)  s change?*  rent than net (45)?*	porting documentation?*	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character	nges ges to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	porting documentation?*	

Ricardo Campbell  ontract Owner Approval	
ontract Owner Approval	
pproved by	
Mustafa Cochinwala	
ontracts Approval	
pprove*	
Yes	
No, reject entire submission	
Return for correction	
pproved by*	
0 0 .	Approval Date*
Belinda Stude	5/14/2024

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### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
2023-0610	
Contractor Name*	
Texas Suicide Prevention Collaborative	
Service Provided* (?)	
Zero Suicide Prevention Team will host AS+K and CALM leaders	Norkshop Training for workshop
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On ☐ Consumer Driven
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	✓ Other .
Not Applicable (if there are no funds required)	a suici ,
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
<ul> <li>■ Affiliation or Preceptor</li> <li>■ BAA/DUA</li> </ul>	<ul> <li>Service/Maintenance</li> <li>IT/Software License Agreement</li> </ul>
Pooled Contract	Elease
Renewal of Existing Contract	Other
	Recorder of the Processing State of the Processing Sta
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
No     Hipknown	
Unknown	

	Contract NTE* (?) \$ 39,900.00
	Rate(s)/Rate(s) Description \$19,950.00 per Workshop
	Unit(s) Served* 1182
	G/L Code(s)* 542000
	Current Fiscal Year Purchase Order Number* CT143503
	Contract Requestor* Tiffany Bittner
	Contract Owner* Trudy Leidich
	File Upload (?)
September 1	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*  No
	Were Services delivered as specified in the contract?*  ⊚ Yes ⊜ No
	Did Contractor perform duties in a manner consistent with standards of the profession?*    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? $^{\star}$ (?)
	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
1	
	Renewal Information for Next Fiscal Year

Budget Unit Number* 1182	Amount Charged to Unit* \$ 45,000.00	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo	Secondary Campbell, R	Budget Manager* Ricardo
Provide Rate and Rate Descrip Current course rate: \$22,500 for		
Project WBS (Work Breakdow N/A	n Structure)* (?)	
Fiscal Year* (?) 2025	Amount* (? \$ 45,000.00	
Next Fiscal Year Not to Excee 84900.00	d Amount for Master Pooled Contrac	ets
Contract Funding Source* State Grant		
Contract Content Cha	nges	<b>⊙</b>
Are there any required change  One Yes  One No	es to the contract language?* (?)	
Will the scope of the Services  Yes  No	change?*	
Is the payment deadline differ	ent than net (45)?*	
Are there any changes in the  Yes  No	Performance Targets?*	
Are there any changes to the  Yes No	Submission deadlines for notes or s	supporting documentation?*
File Upload (?)		
Contract Owner		•
Contract Owner* (?) Please Select Contract Owner		
Trudy Leidich		

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Trudy Leidich	
Contracts Approval	
Contracts Approval  Approve*	
Approve*	
Approve* ⊚ Yes	
Approve*  Yes  No, reject entire submission  Return for correction	
Approve*  Yes No, reject entire submission	Approval Date*
Approve*  Yes  No, reject entire submission  Return for correction	Approval Date* 5/20/2024
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	

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## Annual Renewal Evaluation

Mental Health and (191)	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2024	
Contract ID#*	
2022-0345	
Contractor Name*	
Beck Institute for Cognitive Behavior Therapy	
Service Provided * (?)	
Beck Institute will provide CBT Suicide (virtual) preventic	on training workshops during the
(fiscal) year.	in training workshops during the
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Term for on-oydic only (i or reference only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25)	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	· emerced ·
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Manage Statistics of the Matter	Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other  .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
● No	
Unknown	

Contract NTE* (?) \$ 12,900.00
Rate(s)/Rate(s) Description \$12,000.00: Professional Workshop. \$900.00: Administrative Fee.12hrs virtual training. Number of attendees: 50.
Unit(s) Served* 1182
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143506
Contract Requestor* Tiffany Bittner
Contract Owner* Trudy Leidich
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
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? $\star$ (?)
<ul> <li></li></ul>
● Yes ○ No
Maintained legally required standards for certification, licensure, and/or training?* (?)  (a) Yes (a) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • 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.\* 542000 1182 \$ 15,000.00 Budget Manager\* Secondary Budget Manager\* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) At this time rates are same as before, increasing contract amount to account for changes if they occur Project WBS (Work Breakdown Structure) \* (?) N/A Amount\* (?) Fiscal Year\* (?) \$ 15,000.00 2025 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 27900.00 Contract Funding Source\* State Grant **Contract Content Changes** Are there any required changes to the contract language?\* (?) Yes No Will the scope of the Services change?\* Yes No Is the payment deadline different than net (45)?\* Yes No Are there any changes in the Performance Targets?\* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?\* Yes No File Upload (?) Contract Owner Contract Owner\* (?) Please Select Contract Owner Trudy Leidich Budget Manager Approval(s)

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Trudy Leidich	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/20/2024

HIMRIS

## Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2024	
Contract ID#*	
2023-0691	
Contractor Name *	
The Healing Species of Texas	
Service Provided * (?)	
Animal Assisted Education Services.	
	*
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	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	Other
Renewal of Existing Contract	- Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
∀es	
O No	
Unknown	

Contract NTE* (?) \$ 35,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1179
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* FY24 PO CT143302
Contract Requestor* Tiffany Bittner
Contract Owner* Trudy Leidich
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See No.
Were Services delivered as specified in the contract?*    No  No
Did Contractor perform duties in a manner consistent with standards of the profession?*   No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
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?* (?)
Renewal Information for Next Fiscal Year
Transmit information for Francisco Fedi

Budget Units and Amount	ts Charged to each Budge	et Unit
Budget Unit Number* 1179	Amount Charged to Unit* \$ 35,000.00	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo	Secondary E Campbell, Ri	Budget Manager* cardo
Provide Rate and Rate Description Rates are not changing, funding will	SECURIO EM <del>E</del> OF ELECTION CONTROL	
1179 and 1192  Project WBS (Work Breakdown St	ructure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 35,000.00	
Next Fiscal Year Not to Exceed An	nount for Master Pooled Contract	s
Contract Funding Source* General Revenue (GR)		
Contract Content Change  Are there any required changes to	an an distance of the contract	<b>⊘</b>
<ul><li>Yes ● No</li><li>Will the scope of the Services character</li></ul>		
Yes No		
Is the payment deadline different  Yes  No	than net (45)? ^	
Are there any changes in the Perf  Yes  No	ormance Targets?*	
Are there any changes to the Sub	mission deadlines for notes or su	pporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?) Please Select Contract Owner		
Trudy Leidich		
Budget Manager Approva	al(s)	

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Trudy Leidich	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/20/2024

HARRIS CENTER 100

### Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Select Header For This Contract*	
Administration	
Current Fiscal Year 2024	
Contract ID#* 2021-0195	¥
Contractor Name * The McMillian Group LLC d/b/a Blue Mesa Group	
Renewal Term Start Date	Renewal Term End Date
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250.000.00 or Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)	
Check all that Apply	Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 20,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* FY24 PO CT-143335
Contract Requestor* Annette Mayne
Contract Owner* Luming Li
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See No.
Were Services delivered as specified in the contract?*  ● Yes ● No
Did Contractor perform duties in a manner consistent with standards of the profession?*  • Yes • No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes     No
Maintained legally required standards for certification, licensure, and/or training?* (?)    Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amour	its Charged to eac	ch Budget Un	it
Budget Unit Number*	Amount Charged to \$ 12,000.00	o Unit*	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo		econdary Budget ampbell, Ricardo	Manager*
Provide Rate and Rate Description/a	ns if applicable (?)		
Project WBS (Work Breakdown S	tructure) (?)		
Fiscal Year* (?) 2025		mount* (?) 12,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Poole	d Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	es		0
Are there any required changes t  Yes No	o the contract language	?* (?)	
Will the scope of the Services ch  Yes No	ange?*		
Is the payment deadline different  Yes No	than net (45)?*		
Are there any changes in the Per	formance Targets?*		
Are there any changes to the Sul	omission deadlines for r	notes or supportin	ng documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Budget Manager Approv	al(s)		•

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
Luning Li		
Contracts Approval		0
Approved by		
Belinda Stude	Approval Date 5/23/2024	
Final Board Report Comments		•
Service Provided (?)		
Executive Coaching for Chief Medical Officer (CI	MO).	
Product/Service Description		
Executive Coaching for Chief Medical Officer (CI	MO).	
Revised Comments For Board Report*  Annual renewal of Consultant Services for execu	utive earthing	
	nive coaching.	
Exclude this Renewal from Board Report?*  Yes		
® No		

# Minnes Annual Renewal Evaluation

O CENTER por Mental Health and IDD	
Current Fiscal Year Contract Information	on (
Current Fiscal Year	
2024	
Contract ID#*	
2022-0455	
Contractor Name *	
Waste Management of Texas, Inc	
Service Provided * (?)	
Agency wide trash collection and dumpster/removal se	ervices.
B	Renewal Term End Date*
Renewal Term Start Date *	
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Lie Tube Charles and the Samuel Charles of Advance of the American Prof. ■ Or	
Check all that Apply	Competitive Proposel
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Affiliation or Preceptor BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE * (?)
\$ 70,372.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1899
G/L Code(s)* 569006
Current Fiscal Year Purchase Order Number* CT143288
Contract Requestor* Sarah Harper
Contract Owner* Todd McCorquodale
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  Yes  No
Were Services delivered as specified in the contract?*
Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)
Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes  No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ○ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes     No
Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ○ No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
● Yes ◎ No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1899	Amount Charged to Unit* \$ 80,000.00	Expense/GL Code No.* 569006	
Budget Manager* Campbell, Ricardo	Secondary Campbell, F	Budget Manager* Ricardo	
Provide Rate and Rate Description follow up with Karen Hurst if needed, the time this was sent and I do not hat Project WBS (Work Breakdown Strun/a	she is out of town at ve that info		
Fiscal Year* (?) 2025	Amount* (3 \$ 80,000.00		
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contrac	ts	
Contract Funding Source* General Revenue (GR)			
Are there any required changes to  Yes No  Will the scope of the Services changes to Yes No	the contract language?* (?)		
Is the payment deadline different t	han net (45)?*		
Are there any changes in the Perfo			
Are there any changes to the Subr	nission deadlines for notes or s	upporting documentation?*	
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Todd McCorquodale  Budget Manager Approva	l(s)		•

Approved by

Contract Owner Approval

Approved by

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\*

5/22/2024

10	0	ter		
K.	B	IN	RRI	S
O	O (	HA	CHE	R to
	nal H			

## Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 🖎
Current Fiscal Year	
2024	
Contract ID#*	
5749	
Contractor Name*	
WEX Health Inc. d/b/a WEX	
Service Provided * (?)	
FSA Administration Services Agency Wide.	
	•
Renewal Term Start Date*	Renewal Term End Date*
1/1/2024	12/31/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#  Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source Request for Qualification
Request for Application Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
No	
Unknown	

	Contract NTE* (?) \$ 35,000.00
	Rate(s)/Rate(s) Description
	N/A (off-cycle contract with on-cycle annual funding)  Unit(s) Served*
	1108
	G/L Code(s)*
	543039  Current Fiscal Year Purchase Order Number*
	CT143284
	Contract Requestor*
	Kip Baughman  Contract Owner*
	Kip Baughman
	File Upload (?)
and the same	Fighting of Compatibilities IV and Desformance
Total Control	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*  See No.
	Were Services delivered as specified in the contract?*
	Yes  No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	● Yes ○ No
	Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)
	Yes No  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
-	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
ı	Yes  No
	Renewal Information for Next Fiscal Year

Budget Units and Amour	nts Charged to ea	ch Budget Ur	nit
Budget Unit Number* 1108	Amount Charged t \$ 35,000.00	o Unit*	Expense/GL Code No.* 543039
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	t Manager*
Provide Rate and Rate Description	T0070		
Project WBS (Work Breakdown S	Structure)*(?)		
Fiscal Year* (?)		Amount* (?)	
Next Fiscal Year Not to Exceed A			
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	es		<b>O</b>
Are there any required changes  Yes No  Will the scope of the Services changes Yes No		e <b>?*</b> (?)	
Is the payment deadline differen	t than net (45)?*		
Are there any changes in the Per  Yes  No	rformance Targets?*		
Are there any changes to the Su  Yes  No	bmission deadlines for	notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			0
Contract Owner* (?)			
Please Select Contract Owner  Kip Baughman			
Budget Manager Approv	/al(s)	and many the same and	<u> </u>

Contract Owner Approval  Approved by  Fip Aveliman  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*  5/30/2024	Approved by	
Approved by    Fip   Aughman     Contracts Approval      Approve*   Yes   No, reject entire submission   Return for correction    Approved by*   Approval Date*	Ricardo Campbell	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Contract Owner Approval	$\circ$
Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction  Approved by*  Approval Date*	Approved by	
Approve*  Yes  No, reject entire submission Return for correction  Approved by *  Approval Date*	Kip BAUGHMAN	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> <li>Approved by *</li> <li>Approval Date *</li> </ul>		
No, reject entire submission Return for correction  Approved by *  Approval Date *		
Approved by *  Approval Date *		
Approved by *  Approval Date *		
Approval Date*		
Belinda Stude 5/30/2024		Approval Date*
	Belinda Stude	5/30/2024

## Markis Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2024	
Contract ID#*	
5748	
Contractor Name*	
WEX Health, Inc. d/b/a WEX	
Service Provided* (?)	
Agency-wide COBRA Administration Services.	
Renewal Term Start Date*	Renewal Term End Date*
1/1/2024	12/31/2024
Term for Off-Cycle Only (For Reference Only)	
reminer on eyele only (reminerence only)	
Agenda Item Submitted For: (?)	22,000,000
✓ Information Only (Total NTE Amount is Less than \$25	
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#  Other	
C. 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 Busir	ness (HUB) (2)
Yes	() (
No	
Unknown	

Contract NTE * (?)
\$ 25,000.00
Rate(s)/Rate(s) Description N/A.
Unit(s) Served* 1108
G/L Code(s)* 543039
Current Fiscal Year Purchase Order Number* CT143209
Contract Requestor* Kip Baughman
Contract Owner*  Kip Baughman
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)     Yes  No
Did Contractor render services consistent with Agency policy and procedures?* (?)    Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amounts	Charged to ead	ch Budget Un	it	
Budget Unit Number* 1108	Amount Charged to \$ 25,000.00	o Unit*	Expense/GL Code No.* 543039	
Budget Manager* Campbell, Ricardo		econdary Budget Campbell, Ricardo	Manager*	
Provide Rate and Rate Descriptions NA. Varies by number of COBRA eligi			•	
Project WBS (Work Breakdown Stru NA	icture)* (?)			
Fiscal Year* (?) 2025		amount* (?) 25,000.00		
Next Fiscal Year Not to Exceed Amo	ount for Master Poole	ed Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Changes			<b>்</b>	
Are there any required changes to t  Yes  No	he contract language	<b>?</b> * (?)		
Will the scope of the Services chan  Yes  No	ge?*			
Is the payment deadline different the Yes  No	an net (45)?*			
Are there any changes in the Performance of the Per	mance Targets?*			
Are there any changes to the Subm	ission deadlines for r	notes or supportir	ng documentation?*	
File Upload (?)				
Contract Owner		V-1	$\circ$	
Contract Owner* (?)				
Please Select Contract Owner				
Kip Baughman				
Budget Manager Approval(s)				

Approved by	
Ricardo Campbell	
Contract Owner Approval	6
Approved by	
Kip BAUGHMAN	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/30/2024

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

- Yes
- No
- Unknown

	Contract NTE * (?)
	\$ 16,978.05
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1107
	G/L Code(s)* 552002
	Current Fiscal Year Purchase Order Number* FY24 PO CT143214
	Contract Requestor* Nicole Lievsay
	Contract Owner* Nicole Lievsay
	File Upload (?)
-	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	Were Services delivered as specified in the contract?*
	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?* (?)
1	Yes      No
	Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged to \$ 16,978.05	o Unit*	Expense/GL Code No.* 552002		
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo			
Provide Rate and Rate Descrip	tions if applicable * (?)				
Project WBS (Work Breakdown	n Structure) * (?)				
Fiscal Year* (?) 2025		mount* (?) 16,978.05			
Next Fiscal Year Not to Exceed	Amount for Master Poole	d Contracts			
Contract Funding Source* General Revenue (GR)					
Contract Content Chan	ges				
Are there any required change  Yes No	s to the contract language	<b>?*</b> (?)			
Will the scope of the Services  Yes No	change?*				
Is the payment deadline differe	ent than net (45)?*				
Are there any changes in the P  Yes No	erformance Targets?*				
Are there any changes to the S	Submission deadlines for I	notes or supporti	ng documentation?*		
File Upload (?)					
Contract Owner			<b>○</b>		
Contract Owner* (?) Please Select Contract Owner					
Nicole Lievsay	Nicole Lievsay				
Budget Manager Approval(s)					

Approved by			
Ricardo Campbell			
Contract Owner Approval	A CALLER OF THE SAME LONG THE COMPANY		<u> </u>
Approved by			
NICOLE LIEVSAY			
Contracts Approval			
Approve*			
Yes			
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>			
Approved by *			
	Approval Date*		
Belinda Stude	5/21/2024		
to the second second		4.3	

# Minris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year 2024	
Contract ID#* 7603	
Contractor Name * Autoclear, LLC	
Service Provided* (?) Security X-Ray Screening Equipment Order and Mainter	nance Service.
Renewal Term Start Date* 8/18/2024	Renewal Term End Date* 8/17/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s) * Check all that Apply	
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Contract Description / Type	
Personal/Professional Services 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 Busin	ness (HUB) (?)
<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	

Contract NTE* (?) \$ 4,900.00
Rate(s)/Rate(s) Description
\$4,000.00: Autoclear 6040 Machine - Platinum Plan.
Unit(s) Served*
9206
G/L Code(s)*
553001
Current Fiscal Year Purchase Order Number* CT143317
Contract Requestor* Patricia Singh
Contract Owner*
Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ⊙ No
Were Services delivered as specified in the contract?*
Yes      No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes  No
Did Contractor adhere to the contracted schedule?* (?)
Yes     No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes     No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes  No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes      No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes      No
Renewal Information for Next Fiscal Year

Budget Units and Amounts	s Charged to ea	ach Budget Ur	nit
Budget Unit Number* 9206	Amount Charged \$ 4,400.00	to Unit*	Expense/GL Code No.* 553001
Budget Manager* Oshman, Jodel		Secondary Budget Ramirez, Priscilla	t Manager*
Provide Rate and Rate Description	s if applicable * (?)		,
Project WBS (Work Breakdown Str	ucture)* (?)		•
Fiscal Year* (?) 2025		Amount* (?) \$ 4,400.00	
Next Fiscal Year Not to Exceed Am	ount for Master Poo	led Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Changes	5		0
Are there any required changes to  Yes No	the contract languaç	ge <b>?*</b> (?)	
Will the scope of the Services char Yes No	nge?*		
Is the payment deadline different to  Yes No	han net (45)?*		
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Subn  Yes No	nission deadlines for	r notes or supporti	ing documentation?*
File Upload (?)			
Contract Owner	5		<u>©</u>
Contract Owner* (?) Please Select Contract Owner			
Kim Kornmayer  Budget Manager Approva	l(s)		

Approved by	
Todel Oshman	
Contract Owner Approval	٥
Approved by	
Kim Kopumayep	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/21/2024

Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2024		
Contract ID#*		
2024-0827		
Contractor Name *		
BHC Training, LLC		
Service Provided * (?)		
Training for HHSC for Substance Use Recovery Progra	ams to include both outpatient, Detox	
and residential substance use programs.		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2024	8/31/2025	
Tarres for Off Cooks Only (For Defending Only)		
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
	250,000.00)	
☑ Information Only (Total NTE Amount is Less than \$2		
<ul> <li>✓ Information Only (Total NTE Amount is Less than \$2</li> <li>☐ Board Approval (Total NTE Amount is \$250,000.00</li> <li>☐ Grant Proposal</li> <li>☐ Revenue</li> </ul>		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00)  Grant Proposal		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply	or more)	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)  ☐ Competitive Proposal	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal 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	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven  Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	

YesNoUnknown

Contract NTE* (?) \$ 2,890.00
Rate(s)/Rate(s) Description  Annual Subscription - \$1,000.00 annually Up to 63 students  @ \$30 p/seat = \$1,890.00
Unit(s) Served* 2200
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Evelyn Locklin
Contract Owner*  Lance Britt
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*  (a) Yes (ii) 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?* (?)

Renewal Information for	Next Fiscal Year	<b>⊙</b>
Budget Units and Amou	nts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit* \$ 2,890.00	Expense/GL Code No.* 549005
Budget Manager*		udget Manager*
Shelby, Debbie	Hooper Jr., Mi	
Provide Rate and Rate Descripti Annual renewal of \$1000 and \$30		
Project WBS (Work Breakdown S n/a	Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 2,890.00	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Change	<b>les</b>	
Are there any required changes  Yes No		
Will the scope of the Services cl	nange?*	
Is the payment deadline differen	t than net (45)?*	
Are there any changes in the Pe	rformance Targets?*	
Are there any changes to the Su	bmission deadlines for notes or sup	pporting documentation?*
File Upload (?)		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner  Evelyn Locklin		
Budget Manager Approv	/al(s)	<b>○</b>

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	<b>o</b>
Approved by	
Evelyn U. Locklin	
Contracts Approval	
Contracts Approval	
Approve*	
Approve*  • Yes	
Approve*  Yes  No, reject entire submission  Return for correction	
Approve*  ● Yes  ● No, reject entire submission	Approval Date*
Approve*  Yes  No, reject entire submission  Return for correction	Approval Date* 5/29/2024
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	

## Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#* 6638	
Contractor Name * Crothall Facilities Management, Inc.	
Service Provided * (?) Medical equipment maintenance and support services for	NPC.
Renewal Term Start Date* 1/1/2024	Renewal Term End Date* 12/31/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or no Grant Proposal Revenue SOW-Change Order-Amendment# Other	501 By
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 4,885.57
Rate(s)/Rate(s) Description \$4,885.32 Annual contract price. Off cycle contract with on- cycle annual funding.
Unit(s) Served* 9206, 9209
G/L Code(s)* 553000
Current Fiscal Year Purchase Order Number* CT143431
Contract Requestor* Patricia Singh
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   No
Were Services delivered as specified in the contract?*
● Yes ● No
<ul> <li>Yes No</li> <li>Did Contractor perform duties in a manner consistent with standards of the profession?*</li> <li>Yes No</li> </ul>
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor perform duties in a manner consistent with standards of the profession?*  © Yes © No  Did Contractor adhere to the contracted schedule?* (?)
Did Contractor perform duties in a manner consistent with standards of the profession?*  (a) Yes (a) No  Did Contractor adhere to the contracted schedule?*(?)  (a) Yes (a) No  Were reports, billing and/or invoices submitted in a timely manner?*(?)  (a) Yes (a) No  Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)
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
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?*(?)
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?*(?)

### Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 9206 \$ 2,950.00 553001 **Budget Manager\*** Secondary Budget Manager\* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 553001 9209 \$ 2,950.00 **Budget Manager\*** Secondary Budget Manager\* Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) na Amount\* (?) Fiscal Year\* (?) 2025 \$ 5,900.00 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?\* 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	
Todel Oshman	
Contract Owner Approval	<b>⊙</b>
Approved by	
KIM KOKNMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/29/2024
9	

#### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7860 Contractor Name\* Houston Recovery Center (HRC) LGC - Sobering Center Service Provided\* (?) NARCAN spray administration training for SUDOP, CCSI, CCA and BHRT Program staff. Renewal Term End Date\* Renewal Term Start Date\* 9/1/2024 8/31/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) ☑ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid 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 O No Unknown

	Contract NTE* (?) \$ 2,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 9263
	G/L Code(s)* 549005
	Current Fiscal Year Purchase Order Number* CT143289
	Contract Requestor* Patricia Singh
	Contract Owner* Kim Kornmayer
	File Upload (?)
ALTHOUGH PROPERTY.	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*   Yes  No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?*   No
	Did Contractor adhere to the contracted schedule?* (?)  (e) Yes (ii) 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? $^{\star}$ (?)
	Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
	Maintained legally required standards for certification, licensure, and/or training?* (?)  (e) Yes (!) No
	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
100	Yes  No  Parameter for New Fiscal Year
-	Renewal Information for Next Fiscal Year

Budget Units and Amount	s Charged to e	each Budget	Unit
Budget Unit Number* 9263	Amount Charge \$ 2,000.00	d to Unit*	Expense/GL Code No.* 549005
Budget Manager* Oshman, Jodel		Secondary Bud Ramirez, Priscil	
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str	ructure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 2,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Po	oled Contracts	
Contract Funding Source* State Grant			
Contract Content Changes	S	and the state of the state of	
Are there any required changes to <ul> <li>Yes</li> <li>No</li> </ul>	the contract langua	age <b>?*</b> (?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different to  Yes No	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subn  Yes No	nission deadlines fo	or notes or supp	orting documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Kim Kornmayer  Budget Manager Approva	l(s)		

Approved by	
Todel Oshman	
Contract Owner Approval	Ć.
Approved by	
Kin Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/30/2024

# HIMERIS

#### **Annual Renewal Evaluation**

#### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 7262 Contractor Name\* P-Housing & Transition (CCAP) Service Provided\* (?) Master Pool: Vendors will provide Transitional Housing Services for CCAP Consumers (formerly HDMD). Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 5,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
9238	
G/L Code(s)* 595031	
Current Fiscal Year Purchase Order Number* FY24 PO CT143190	
Contract Requestor* Patricia Singh	
Contract Owner*	
Kim Kornmayer  File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?*	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*    No	
Did Contractor adhere to the contracted schedule?* (?)   Yes No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • 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?* (?)	
Maintained legally required standards for certification, licensure, and/or training?* (?)  No	
Renewal Determination	
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No	
Renewal Information for Next Fiscal Year	CHIEF CONTROL

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 9238	Amount Charge \$ 5,000.00	d to Unit*	Expense/GL Code No.* 595031	
Budget Manager* Oshman, Jodel	\$2,24,2,00; 7 to 1,700 to 100	Secondary Budge Ramirez, Priscilla	t Manager*	
Provide Rate and Rate Descriptions na Project WBS (Work Breakdown Struna				
Fiscal Year* (?) 2025		Amount* (?) \$ 5,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 5000.00  Contract Funding Source *				
Private Grant  Contract Content Changes	3		<u> </u>	
Are there any required changes to the contract language?* (?)  Yes No  Will the scope of the Services change?*  Yes No				
Is the payment deadline different than net (45)?*  Yes  No				
Are there any changes in the Performance Targets?*				
Are there any changes to the Subn  Yes  No	nission deadlines f	for notes or support	ting documentation?*	
File Upload (?)				
Contract Owner				
Contract Owner* (?) Please Select Contract Owner Kim Kornmayer				
Budget Manager Approva	l(s)			

Approved by	
Todel Oshman	
Contract Owner Approval	•
Approved by	
fin for NMAYER	
Contracts Approval	
Approve*	
Approve*  • Yes	
Yes	
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	
<ul><li>Yes</li><li>No, reject entire submission</li></ul>	Approval Date*
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	Approval Date* 5/14/2024
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by *	

## HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2022-0456	
Contractor Name *	
TC Practice Management, LLC	
Service Provided*(?)	Taura Danner (MAT AUD)
Medication-Assisted Treatment Services for the Be-Well	Texas Program (MAT-AUD).
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
<ul><li>Interlocal</li><li>Not Applicable (If there are no funds required)</li></ul>	Consumer Driven Other
Hot Applicable (if there are no fullus required)	- Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding     Affiliation or Preceptor	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	·
● No	
Unknown	

Contract NTE* (?) \$ 90,000.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* 9363
G/L Code(s)* 543075
Current Fiscal Year Purchase Order Number* CT143441
Contract Requestor* Patricia Singh
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*    Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ○ No  Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
○ Yes    ○ No  Renewal Information for Next Fiscal Year

<b>Budget Units and Amounts</b>	s Charged to e	ach Budget Un	nit
Budget Unit Number* 9363	Amount Charged \$ 90,000.00	d to Unit*	Expense/GL Code No.* 543075
Budget Manager* Oshman, Jodel		Secondary Budget Ramirez, Priscilla	Manager*
Provide Rate and Rate Descriptions	s if applicable*(?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 90,000.00	
Next Fiscal Year Not to Exceed Amo	ount for Master Poo	oled Contracts	
Contract Funding Source* State Grant			
Contract Content Changes			<u> </u>
Are there any required changes to a  Yes  No	the contract langua	age <b>?*</b> (?)	
Will the scope of the Services chan  Yes No	ge?*		
Is the payment deadline different the Yes No	nan net (45)?*		
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Subm	nission deadlines fo	or notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			<b>⊙</b>
Contract Owner* (?)  Please Select Contract Owner  Kim Kornmayer			
Budget Manager Approval	(s)		•

Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kin Kopumayep	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
<ul> <li>Return for correction</li> </ul>	
Approved by *	
	Approval Date*
Belinda Stude	5/30/2024

HITTER Annual Renewal Evaluat	tion
Current Fiscal Year Contract Information	n 🕒
Current Fiscal Year	
2024	
Contract ID#*	
6541	
Contractor Name*	
The Bill Clair Family Mortuary, Inc.	
Service Provided* (?)	
Parking Space Lease Agreement. Spaces located at 260	03 Southmore Street, Houston,
Texas.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$25	50,000.00)
■ Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source Request for Qualification
Request for Application Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Parking Agreement
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
⊚ No	
Unknown	

Contract NTE* (?)	
\$ 8,640.00	-
Rate(s)/Rate(s) Description	
Unit(s) Served* 9810	
G/L Code(s)* 555000	
Current Fiscal Year Purchase Order Number* FY24 CT143185	
Contract Requestor*	
Patricia Singh	
Contract Owner*	
Kim Kornmayer	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ® No	
Were Services delivered as specified in the contract?*	
⊚ Yes ⊜ No	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
● Yes ⊝ No	
Did Contractor adhere to the contracted schedule?* (?)	
Yes      No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)  Solution Yes Solution No.	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the	
Agency?* (?)  Solve Yes Solve No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
Yes  No	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Yes  No	
Renewal Determination	)
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Yes     No	
Renewal Information for Next Fiscal Year	

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 9810	Amount Charge \$ 8,640.00	d to Unit*	Expense/GL Code No.* 555000	
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	et Manager*	
Provide Rate and Rate Description	ns if applicable*(?)			
Project WBS (Work Breakdown St	ructure)* <sup>(?)</sup>			
Fiscal Year* (?) 2025		Amount* (?) \$ 8,640.00		
Next Fiscal Year Not to Exceed Ar	nount for Master Po	ooled Contracts		
Contract Funding Source* General Revenue (GR)	· · · · · · · · · · · · · · · · · · ·			
Contract Content Change	es	Andrew Control Control Control Control	<u> </u>	
Are there any required changes to	the contract langu	age?* (?)		
Will the scope of the Services cha	ange?*			
Is the payment deadline different  Yes  No	than net (45)?*			
Are there any changes in the Perf	ormance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*   Yes  No				
File Upload (?)				
Contract Owner			<b>⊘</b>	
Contract Owner* (?) Please Select Contract Owner				
Kim Kornmayer				
Budget Manager Approva	al(s)	0.7		

Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kim KOD NMAYED	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Approved by *	
	Approval Date *
Belinda Stude	5/14/2024

# SCHARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2024	
Contract ID#*	
2024-0833	
Contractor Name *  Betty Adams	
Service Provided * (?)	
Consulting	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
) Yes	
<ul><li>No</li></ul>	
Unknown	

Contract NTE* (?) \$ 40,020.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
6001  G/L Code(s)*	
540000	
Current Fiscal Year Purchase Order Number* CT143673	
Contract Requestor* Sheenia Williams-Wesley	
Contract Owner*	
Monalisa Jiles	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ● No	
Were Services delivered as specified in the contract?*    Yes No	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Yes  No	
Did Contractor adhere to the contracted schedule?* (?)	
Yes  No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
<ul> <li>Yes</li> <li>No</li> <li>Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the</li> </ul>	
Agency?* (?)	
Yes      No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
Yes  No	
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No	
Renewal Determination	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
● Yes ● No	
Renewal Information for Next Fiscal Year	

Budget Units and Amou	nts Charged to each Buc	lget Unit
Budget Unit Number*	Amount Charged to Unit* \$ 7,000.00	Expense/GL Code No.* 540000
Budget Manager* Williams-Wesley, Sheenia	Secondar Jiles, Mon	y Budget Manager* alisa
Provide Rate and Rate Descripti \$60 per hour up to 24 hours per w Project WBS (Work Breakdown	eek	
n/a		
Fiscal Year* (?) 2025	Amount* \$ 7,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contra	acts
Contract Funding Source* County		
Contract Content Chang	jes	<u> </u>
Are there any required changes  • Yes • No	to the contract language?* (?)	
Please Explain* Contract will be 4 months of FY25 2024 through December 31, 2024		
Will the scope of the Services of Services	hange?*	
Is the payment deadline differer	nt than net (45)?*	
Are there any changes in the Pe	rformance Targets?*	
Are there any changes to the Su	ubmission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?) Please Select Contract Owner		
Monalisa Jiles		
Budget Manager Approv	/al(s)	^

Approved by	
Sheenia Williams-Westey	
Contract Owner Approval	•
Approved by	
Mona Lisa Tites	
Contracts Approval	
Contracts Approval  Approve*	
Approve*	
Approve*  • Yes	
Approve*  Pes No, reject entire submission Return for correction	
Approve*  • Yes  • No, reject entire submission	Approval Date*
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *	Approval Date* 5/30/2024
Approve*  Pes No, reject entire submission Return for correction	

## இர்காக Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year 2024	
Contract ID#* 2023-0722	
Contractor Name*  Easter Seals of Greater Houston	
Service Provided* (?) Provide Day Camp and Respite	
Renewal Term Start Date* 9/1/2024	Renewal Term End Date* 8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)*	
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	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 Busine  Yes  No  Unknown	ss (HUB) (?)

Contract NTE* (?) \$ 11,300.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 3519	
G/L Code(s)* 543000	
Current Fiscal Year Purchase Order Number* CT143277	
Contract Requestor* Margo Childs	
Contract Owner*  Dr. Evanthe Collins	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	-
Have there been any significant performance deficiencies within the current fiscal year?*	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?)  • 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?* (?)	101
Renewal Determination	The same of
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No	
Renewal Information for Next Fiscal Year	No. of Lot, House, etc., in case, or other party of the lot, the l

Budget Units and Amou	unts Charged to eac	ch Budget Unit	
Budget Unit Number* 3519	Amount Charged to \$ 11,300.00		Expense/GL Code No.* 543000
Budget Manager*  Johnson, Kenyonika		Gecondary Budget M Gerlegon, Charles	llanager*
Provide Rate and Rate Description	57/		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?) 2025		Mmount* (?) 5 11,300.00	
Next Fiscal Year Not to Exceed	Amount for Master Poole	ed Contracts	
Contract Funding Source* State			
Contract Content Chan	ges		٥
Are there any required changes  Yes No  Will the scope of the Services of		<b>??</b> * (?)	
Yes      No			
Is the payment deadline differe  Yes  No	nt than net (45)?*		
Are there any changes in the P  Yes No	erformance Targets?*		
Are there any changes to the S  Yes No	ubmission deadlines for	notes or supporting	g documentation?*
File Upload (?) ESGH FY25.pdf		40.36K	В
Contract Owner			<b>⊙</b>
Contract Owner* (?)  Please Select Contract Owner  Dr. Evanthe Collins			
Budget Manager Appro	oval(s)		<b>⊙</b>

Contract Owner Approval  Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	
Approved by  Evanthe Collins  Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction	
Evanthe Collins  Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction	
Contracts Approval  Approve*  Yes  No, reject entire submission Return for correction	
Approve*  Yes  No, reject entire submission  Return for correction	
<ul><li>Yes</li><li>No, reject entire submission</li><li>Return for correction</li></ul>	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Return for correction	
Approved by*	
Apployed by	
Approval	
Belinda Stude 5/31/2024	ate*
	ate*
	ate*

HARRIS CENTER

#### Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	· •
Current Fiscal Year	
2024	
Contract ID#*	
2023-0708	
Contractor Name*	
P-IDD Master Pool for Vocational Apprenticeship Hosting	
Service Provided* (?)	
Employment Apprenticeship Program	
Renewal Term Start Date*	Renewal Term End Date*
2/14/2024	3/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25)	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
<ul><li>No</li></ul>	
Unknown	

Contract NTE* (?) \$ 28,800.00
Rate(s)/Rate(s) Description 10.00 per hour
Unit(s) Served* 3412
G/L Code(s)* 540508
Current Fiscal Year Purchase Order Number* CT143705
Contract Requestor* Patrina Anthony
Contract Owner*  Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*    Yes  No
Were Services delivered as specified in the contract?*   Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)  See Yes See No.
Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amou	nts Charged to each E	Budget Unit	
Budget Unit Number*	Amount Charged to Un \$ 28,800.00	it* Expense/GL Code No.* 540508	
Budget Manager* Johnson, Kenyonika		ndary Budget Manager* gon, Charles	
Provide Rate and Rate Descripti \$10.00 per hour	ons if applicable * (?)		
Project WBS (Work Breakdown S	Structure)* (?)		
Fiscal Year* (?) 2025		unt* (?) 800.00	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Co	ontracts	
Contract Funding Source* State			
Contract Content Chang	les		9
Are there any required changes  Yes No		?)	
Will the scope of the Services characters of Yes   No	nange?		
Is the payment deadline differen	t than net (45)?*		
Are there any changes in the Pe  Yes  No	rformance Targets?*		
Are there any changes to the Su	bmission deadlines for note	s or supporting documentation?*	
File Upload (?)			
Contract Owner		•	9
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Evanthe Collins			
Budget Manager Approv	/al(s)		<b>^</b>

Approved by	
Konyonika Tohnson	
Contract Owner Approval	lacktriangle
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	v ·
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
,	Approval Date*
Belinda Stude	5/28/2024

## HINRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2023-0734	
Contractor Name*	
The ARC of Harris County	
<i>5</i>	
Service Provided * (?)	
Camp Champions: Provide for coordination and implement RHA schedule. Plan two (2) sessions x 40 consumers/ses	The state of the s
Community Family to Family services: Coordinate and imposition Network resources providing two (2) per month. 240 const	
Community Family Task Force. Community Education.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or a Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	<ul><li>Request for Qualification</li><li>Tag-On</li></ul>
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA  Basis Contract	☐ IT/Software License Agreement
Pooled Contract  Renewal of Existing Contract	☐ Lease ☐ Other
Renewal of Existing Contract	Guici

Yes
◎ No
Unknown
Contract NTE* (?)
\$ 47,000.00
Rate(s)/Rate(s) Description
3380 \$15,000.00 543000; 3381\$20,000.00 543000; 3384
\$12,000.00 543000
Unit(s) Served*
Control • Frank stoken
3380, 3381, 3384
G/L Code(s)*
543000
Current Fiscal Year Purchase Order Number*
CT143266
*
Contract Requestor*
Margo Childs
Contract Owner*
Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?*  © Yes © No
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No  Were Services delivered as specified in the contract?*
Have there been any significant performance deficiencies within the current fiscal year?*  © Yes © No
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No  Were Services delivered as specified in the contract?*
Have there been any significant performance deficiencies within the current fiscal year?*  Yes No  Were Services delivered as specified in the contract?*  No
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
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?*(?)
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?*(?)
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?*(?)
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?*(?)
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?*(?)
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
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
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 Yes No
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
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?*(?)
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  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?*(?)
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?*(?)

Renewal Information for	or Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3380	\$ 15,000.00	543000
Budget Manager*		udget Manager*
Johnson, Kenyonika	Kerlegon, Cha	
Budget Unit Number* 3381	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 543000
	1251 SECONDA 100 DE 1250 CON	
Budget Manager* Johnson, Kenyonika	Secondary Bu Kerlegon, Cha	udget Manager* rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3384	\$ 12,000.00	543000
Budget Manager*	Secondary Bu	udget Manager*
Johnson, Kenyonika	Kerlegon, Cha	rles
See attachment for rate and rate Project WBS (Work Breakdow	e description.	
See attachment for rate and rate Project WBS (Work Breakdow N/A	e description.  In Structure)* (?)	
See attachment for rate and rate Project WBS (Work Breakdow N/A Fiscal Year* (?)	e description.	
N/A Contract Funding Source*	e description.  In Structure)* (?)  Amount* (?)	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Char	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Char  Are there any required change	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Chai  Are there any required change Yes  No	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts  nges es to the contract language?*(?)	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Char  Are there any required change Yes No  Will the scope of the Services	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts  nges es to the contract language?*(?)	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Char  Are there any required change Yes  No  Will the scope of the Services  Yes  No	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts  nges es to the contract language?*(?)  change?*	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Char  Are there any required change Yes  No  Will the scope of the Services Yes  No  Is the payment deadline differ	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts  nges es to the contract language?*(?)  change?*	
See attachment for rate and rate Project WBS (Work Breakdow N/A  Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee N/A  Contract Funding Source*  County  Contract Content Char	Amount*(?) \$ 47,000.00  d Amount for Master Pooled Contracts  nges es to the contract language?*(?)  change?*	

Are there any changes to the Submission de	adlines for notes or suppo	orting documentation?*
⊚ Yes ◉ No		
File Upload (?)		
ARC FY25 3380 3381 3384.pdf	12	0.83KB
Contract Owner		<b>⊙</b>
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)		0
Approved by		
Kenyonika Tohnson		
Ruguika Temsen		
Contract Oversa Assessed		
Contract Owner Approval		
Approved by		
Evanthe Collins		
Evanine Cerano .		
Contracts Approval		
contractor, approval		
Approve*		
Yes     No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/1/2024	

### Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 💿
Current Fiscal Year	
2024	
Contract ID#*	
2023-0733	
Contractor Name*	
The ARC of Harris County	
Service Provided* (?)	
Overnight respite: \$6.30 hourly. Contractor will provide of ten (10) consumers per weekend.	vernight respite services for up to
Day Respite: Contractor will provide out of home respite (20 clients x 24 days x \$8.32/hourly x 5.5 hrs.)	services for up to 20 consumers
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$25  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On  ✓ Consumer Driven
Interlocal 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 * (?)	
\$ 61,061.00	
Rate(s)/Rate(s) Description	
Overnight respite 3383 \$39,165.00 543000; Day respite 3383 \$21,896.00 543000	
Unit(s) Served*	
3383	
0.00-1-1-1-7	
G/L Code(s)* 543000	
Current Fiscal Year Purchase Order Number*	
CT143319	
Contract Requestor*	
Margo Childs	
Contract Owner*	
Dr. Evanthe Collins	
File Upload (?)	
	100000
Evaluation of Current Fiscal Year Performance	9
Have there been any significant performance deficiencies within the current fiscal year?*	
Were Services delivered as specified in the contract?*	
⊚ Yes ⊚ No	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Yes  No	
Did Contractor adhere to the contracted schedule?* (?)	
Yes  No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
Yes  No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	
Yes  No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
Yes  No	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Yes No	
Yes ○ No Renewal Determination	

Is the contract being renewed  Yes No	i for next fiscar year with thi	is Contractor?	,
Renewal Information f	or Next Fiscal Year		
Budget Units and Amo	ounts Chargod to oac	sh Budgot Un	i*
Budget Unit Number*	Amount Charged to		
3383	\$ 39,165.00	Unit	Expense/GL Code No.* 543000
Budget Manager* Johnson, Kenyonika		econdary Budget erlegon, Charles	Manager*
Budget Unit Number* 3479	Amount Charged to \$ 21,896.00	Unit*	Expense/GL Code No.* 543000
Budget Manager* Johnson, Kenyonika		econdary Budget erlegon, Charles	Manager*
Provide Rate and Rate Descri See attachment for rate and rate			
Project WBS (Work Breakdow N/A	vn Structure)* (?)		
Fiscal Year* (?)	A	mount* (?)	
2025	\$	61,061.00	
Next Fiscal Year Not to Excee N/A Contract Funding Source*	ed Amount for Master Poole	d Contracts	
County			
Contract Content Cha	nges		
Are there any required chang	es to the contract language	<b>?*</b> (?)	
<ul><li>Yes No</li><li>Will the scope of the Services</li></ul>	- change 2*		
<ul><li>Yes</li><li>No</li></ul>	s change r		
Is the payment deadline differ	rent than net (45)?*		
Are there any changes in the	Performance Targets 2*		
Yes No	. Cromance rangers		
Are there any changes to the	Submission deadlines for n	notes or supporti	ng documentation?*
File Upload (?)			
ARC FY25 3383 3479.pdf		81.66	KB

Contract Owner	0
Contract Owner* (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	
Approved by	
Kenyonika Tohuson	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Approved by *	
	Approval Date*
Belinda Stude	6/1/2024

### Annual Renewal Evaluation

Current Fiscal Year Contract Information	- · · · · · · · · · · · · · · · · · · ·
Current Fiscal Year	
2024	
Contract ID#*	
2023-0732	
Contractor Name*	
The ARC of Harris County	
Service Provided* (?)	
Training/Recreational services: Provide linkage to recreation	onal activities for up to 750
persons at \$5,833.34 x 12 months.	
Weekend Recreational: Provide specialized recreational a	ctivities at THC location for
individuals who have not yet transitioned to community inc	
consumers x \$6.30).	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or r  Grant Proposal	more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
December 24 88 -41 - 41 - 11 - 1	
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 Historica	., -, -, -, -, -, -, -, -, -, -, -, -, -,
Yes	
No	
Unknown	
Contract NTE* (?)	
\$ 98,700.00	
φ 96,700.00	
Rate(s)/Rate(s) Description	
Training/Recreational Services	
Weekend Recreational Services	3382 \$28,700.00 543000
Unit(s) Served*	
3528, 3382	
*	
G/L Code(s)*	
543000	
Current Fiscal Year Purchase	Order Number*
CT143318	
Contract Requestor*	
Scottenia de Caración de Carac	
Margo Childs	
Contract Owner*	
Dr. Evanthe Collins	
File Upload (?)	
Evaluation of Current	Fiscal Year Performance
Have there been any significa	Fiscal Year Performance  ont performance deficiencies within the current fiscal year?*
Have there been any significa	nt performance deficiencies within the current fiscal year?*
Have there been any signification of the Yes No	nt performance deficiencies within the current fiscal year?*
Have there been any signification.  Yes No  Were Services delivered as sponsors.  Yes No	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*
Have there been any signification.  Yes No  Were Services delivered as sponsor No  Did Contractor perform duties	nt performance deficiencies within the current fiscal year?*
Have there been any signification.  Yes No  Were Services delivered as sponsors.  Yes No	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*
Have there been any signification.  Yes No  Were Services delivered as sponsor No  Did Contractor perform duties	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*
Have there been any signification of the Yes No  Were Services delivered as spontage of the Yes No  Did Contractor perform duties Yes No	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*
Have there been any signification.  Yes No  Were Services delivered as spontation.  Yes No  Did Contractor perform duties.  Yes No  Did Contractor adhere to the No  Yes No	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*  Contracted schedule?* (?)
Have there been any signification.  Yes No  Were Services delivered as sponsor of the services delivered as sponsor of the services.  Yes No  Did Contractor perform duties of the services.  Yes No  Did Contractor adhere to the services.  Yes No  Were reports, billing and/or in	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*
Have there been any signification.  Yes No  Were Services delivered as spontation.  Yes No  Did Contractor perform duties.  Yes No  Did Contractor adhere to the No  Yes No	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*  Contracted schedule?* (?)
Have there been any signification.  Yes No  Were Services delivered as sponsor in the services delivered as sponsor in the services. No  Did Contractor perform duties in the services. No  Did Contractor adhere to the services. No  Were reports, billing and/or in the services. No  Did Contractor provide adequates.	ont performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*  Contracted schedule?* (?)
Have there been any signification.  Yes No  Were Services delivered as sponsor in the services delivered as sponsor in the services. No  Did Contractor perform duties in the services. No  Did Contractor adhere to the services. No  Were reports, billing and/or in the services. No  Did Contractor provide adequates a services.	ont performance deficiencies within the current fiscal year?*  pecified in the contract?*  Is in a manner consistent with standards of the profession?*  contracted schedule?*(?)
Have there been any signification.  Yes No  Were Services delivered as sponsor in the services delivered as sponsor in the services. No  Did Contractor perform duties in the services. No  Did Contractor adhere to the services. No  Were reports, billing and/or in the services. No  Did Contractor provide adequates.	ont performance deficiencies within the current fiscal year?*  pecified in the contract?*  Is in a manner consistent with standards of the profession?*  contracted schedule?*(?)
Have there been any signification.  Yes No  Were Services delivered as sponsor of the services delivered as sponsor of the services.  Yes No  Did Contractor perform duties on the services.  Yes No  Did Contractor adhere to the services.  Yes No  Were reports, billing and/or in one yes No  Did Contractor provide adequation.  Yes No  Pid Contractor provide adequation.	ont performance deficiencies within the current fiscal year?*  pecified in the contract?*  Is in a manner consistent with standards of the profession?*  contracted schedule?*(?)
Have there been any signification.  Yes No  Were Services delivered as sponsor of the services delivered as sponsor of the services.  Yes No  Did Contractor perform duties on the services.  Yes No  Did Contractor adhere to the services.  Yes No  Were reports, billing and/or in one yes No  Did Contractor provide adequation.  Yes No  Pid Contractor provide adequation.	ant performance deficiencies within the current fiscal year?*  pecified in the contract?*  Is in a manner consistent with standards of the profession?*  contracted schedule?*(?)  Invoices submitted in a timely manner?*(?)  state or proper supporting documentation of time spent rendering services for the
Have there been any signification.  Yes No  Were Services delivered as sponsor of the services delivered as sponsor of the services.  Yes No  Did Contractor perform duties on the services of	not performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*  Contracted schedule?*(?)  Invoices submitted in a timely manner?*(?)  Invoices submitted in a timely manner?*(?)  Invoices submitted in a timely manner?*(?)
Have there been any signification.  Yes No  Were Services delivered as sponsor of the Services delivered as sponsor of the Services of the Ser	ant performance deficiencies within the current fiscal year?*  pecified in the contract?*  Is in a manner consistent with standards of the profession?*  contracted schedule?*(?)  Invoices submitted in a timely manner?*(?)  state or proper supporting documentation of time spent rendering services for the
Have there been any signification.  Yes No  Were Services delivered as sponsor of the services delivered as sponsor of the services.  Yes No  Did Contractor perform duties on the services of	not performance deficiencies within the current fiscal year?*  Decified in the contract?*  Is in a manner consistent with standards of the profession?*  Contracted schedule?*(?)  Invoices submitted in a timely manner?*(?)  Invoices submitted in a timely manner?*(?)  Invoices submitted in a timely manner?*(?)

Is the contract being renewed for next fiscal year with this Contractor?\* (?) Yes 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.\* 543000 3528 \$ 70,000.00 Budget Manager\* Secondary Budget Manager\* Johnson, Kenyonika Kerlegon, Charles Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 543000 3382 \$ 28,700.00 Secondary Budget Manager\* Budget Manager\* Kerlegon, Charles Johnson, Kenyonika Provide Rate and Rate Descriptions if applicable \* (?) See attachment for rate and rate description for FY25. Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) \$ 98,700.00 2025 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts n?A 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 (?) ARC FY25 3528 3382.pdf 91.83KB

Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	<b>⊙</b>
Approved by	
Kenyenika Tohnson	
Contract Owner Approval	•
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/1/2024

### Minris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2023-0728	
Contractor Name *	
The Center For Pursuit d/b/a The Center	
Service Provided * (?)	
Contractor will provide Residential Living Services (RO32	)
Renewal Term Start Date*	Renewal Term End Date *
9/1/2024	8/31/2025
	0.0 112022
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	0.000.000
<ul> <li>Information Only (Total NTE Amount is Less than \$250</li> <li>Board Approval (Total NTE Amount is \$250,000.00 or</li> </ul>	
Grant Proposal	more)
Revenue	
SOW-Change Order-Amendment#	
Other	
D	
Procurement Method(s)*	
Check all that Apply	Competitive Proposel
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other State of the Control of the Co
Contract Description / Type	
Personal/Professional Services	Consultant
	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
	☐ Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
● No	
Unknown	

Contract NTE* (?) \$ 35,374.00
Rate(s)/Rate(s) Description \$96.91 per day per authorized consumer
Unit(s) Served* 3570
G/L Code(s)* 543004
Current Fiscal Year Purchase Order Number* CT143276
Contract Requestor* Margo Childs
Contract Owner*  Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*   No
Were Services delivered as specified in the contract?*  ■ Yes ■ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • 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
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No
Renewal Information for Next Fiscal Year

Budget Units and Amount	s Charged to each Bud	get Unit
Budget Unit Number* 3570	Amount Charged to Unit* \$ 35,374.00	Expense/GL Code No.* 543004
Budget Manager*  Johnson, Kenyonika	Secondary Kerlegon, C	Budget Manager* Charles
Provide Rate and Rate Description 96.91 per day per authorized consun		
Project WBS (Work Breakdown Str N/A	ructure) * (?)	
Fiscal Year* (?) 2024	Amount* ( \$ 35,374.0	
Next Fiscal Year Not to Exceed An	nount for Master Pooled Contra	cts
Contract Funding Source* State		
Contract Content Change	S	<b>⊙</b>
Are there any required changes to  Yes No	the contract language?* (?)	
Will the scope of the Services cha	nge?*	
Is the payment deadline different t	han net (45)?*	
Are there any changes in the Perfo	ormance Targets?*	
Are there any changes to the Subr	mission deadlines for notes or s	supporting documentation?*
File Upload (?) FY24 Renewal The Center.pdf		44.6KB
Contract Owner		<b>⊙</b>
Contract Owner* (?) Please Select Contract Owner		
Dr. Evanthe Collins  Budget Manager Approva	l(s)	<b>⊘</b>

Approved by

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Belinda Stude

Approval Date\*

5/24/2024

### HIARRIS Mendilicand and IDI

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year	
2024	
Contract ID#*	
6833	
Contractor Name *	
Network Sciences, Inc.	
Service Provided * (?)	cumorle clinibility
Sub-user software agreement to access database for con	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	✓ Consumer Driven  Other  Other
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 25,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT142590
Contract Requestor* Chekesha Govan
Contract Owner*  Lance Britt
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*    Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)   Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No  Pid Control to the description of the
Did Contractor render services consistent with Agency policy and procedures?* (?)  Solution Yes Solution 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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 2200	Amount Charged to Ur \$ 25,000.00	nit* Expense/GL Code No.* 553002			
Budget Manager* Shelby, Debbie		ondary Budget Manager* oer Jr., Michael			
Provide Rate and Rate Description 0.00	s if applicable*(?)				
Project WBS (Work Breakdown Str 0.00	ucture)* (?)				
Fiscal Year* (?) 2025		ount* (?) ,000.00			
Next Fiscal Year Not to Exceed Am	ount for Master Pooled C	Contracts			
Contract Funding Source* General Revenue (GR)			0		
Are there any required changes to  Yes No  Will the scope of the Services changes to Yes No	the contract language?*	· (?)			
Is the payment deadline different than net (45)?*  Yes  No					
Are there any changes in the Perfo	ormance Targets?*				
Are there any changes to the Subr  Yes No  File Upload (?)	nission deadlines for note	es or supporting documentation?*			
Contract Owner			•		
Contract Owner* (?) Please Select Contract Owner Lance Britt					
Budget Manager Approva	l(s)		•		

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
<ul><li>Yes</li></ul>	
<ul><li>No, reject entire submission</li></ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/20/2024

### EXHIBIT F-27

# JUNE 2024 AMENDMENTS UNDER 100k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION							ju je da da sa	
	CareFusion Solutions, LLC	Software License, Equipment & Support Services for CPEP Pharmacy Med Station.	\$64,946.00	\$2,112.00	\$67,058.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Unknown	Amendment to increase the NTE for the need of BD Pyxis™ ES Refrigerator to help reduce the likelihood of medication errors, decreas medication discrepancies, and avoid delays in patient care.
	Waste Management of Texas, Inc	Agency Wide Nonhazardous Waste Collection and Dumpster/Removal Services	\$78,248.00	\$5,000.00	\$83,248.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE due to the addition of added sites, overages of containers and 20 yd containers for projects and additional funding through the current fiscal year.
	CPEP/CRISIS SERVICES						2 - 5 - 4 - 5 -		
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
3	Ambur Copeland	Community First Choice (CFC) Personal Assistance Services/Habilitation/Respite (PAS/HAB)	\$13,202.00	\$6,000.00	\$19,202.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Amendment to increase the NTE due to the individual receiving additional services hours.
1	Huan Bui	Community First Choice (CFC)- Personal Assistance Services/Habilitation/Respite (PAS/HAB)	\$16,000.00	\$3,500.00	\$19,500.00	9/1/2023 - 8/1/2024	State Grant	Consumer Driven	Amendment to increase the NTE due to the individual receiving additional hours on plan.
5	Katia Rubi Lemus	Community First Choice (CFC) - Personal Assistance Services/ Habilitation (PAS/HAB)	\$23,950.00	\$4,000.00	\$27,950.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Amendment to increase the NTE due to receiving additional service hours as authorized and required by the Individual Plan of Care ("IPC").
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
+									
+									

### ON HARRIS

Mental Health and IDD	IIIIaiy
Contract Section	^
Contract Occilon	
Contractor*	
CareFusion Solutions, LLC	
Contract ID #*	
6048	
Presented To *	
Resource Committee	
Full Board	
Date Presented*	
6/18/2024	
Parties* (?)	
CareFusion Solutions, LLC & The Harris Center for Men	tal Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	☐ Consumer Driven  ✓ Other Unknown
Not Applicable (If there are no funds required)	Other Unknown
Funding Information *	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
in contract is on-cycle, specify the contract term (i)	
Current Contract Amount*	
\$ 64,946.00	
Increase Not to Exceed*	
\$ 2,112.00	
Revised Total Not to Exceed (NTE)*	
\$ 67,058.00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 67,058.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	
BD Pyxis™ ES Refrigerator, we can reduce the likelihood	
medication discrepancies, and avoid delays in patient ca	e.
Contract Owner*	
Angela Babin	
Previous History of Contracting with Vendor/Contrac	tor*
Yes No Unknown	
Tes No onknown	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No W Unknown	
Supporting Documentation Upload (?)	
Nagy_Harris County Center for Mental	46.02KB
Health_ES_Refrigerator_Lease.pdf	40.0210
Vendor/Contractor Contact Person	
Vendon/Contractor Contract Ferson	
Name*	
Jeffrey Brannon	
Address*	
Street Address	
3750 Torrey View Court	
Address Line 2	
City	State / Province / Region
San Diego	CA
Postal / Zip Code	Country
92130-2622	US
Phone Number*	
619-218-5417	
010-210-0417	

Email\*

Jeff.Brannon2@bd.com

### **Budget Section**



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9205

\$ 812.00

552000

**Budget Manager** 

Secondary Budget Manager

Secondary Budget Manager

Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9209

\$ 812.00

552000

Budget Manager

Danier Diesill

Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9205

\$ 244.00

553001

Budget Manager Oshman, Jodel Secondary Budget Manager

Ramirez, Priscilla

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

9209

\$ 244.00

553001

Budget Manager

Secondary Budget Manager

Oshman, Jodel

Ramirez, Priscilla

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

n/a

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

n/a

Requester Name

**Submission Date** 

Garland, Teri

5/14/2024

### Budget Manager Approval(s)



Approved by

Todel Oshman

Approval Date 5/14/2024

### **Contract Owner Approval**



Approved by

ANGELA BABIN

Approval Date 5/14/2024

Contracts Approval

### Approve\*

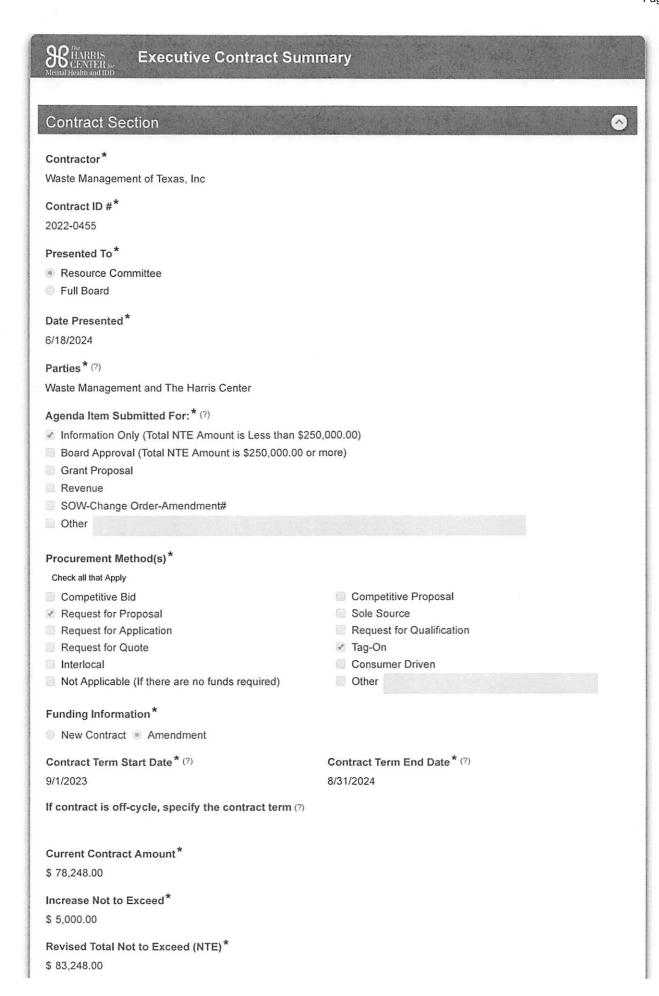
- Yes
- O No, reject entire submission
- Return for correction

Approved by \*

Belinda Stude

Approval Date\*

5/14/2024

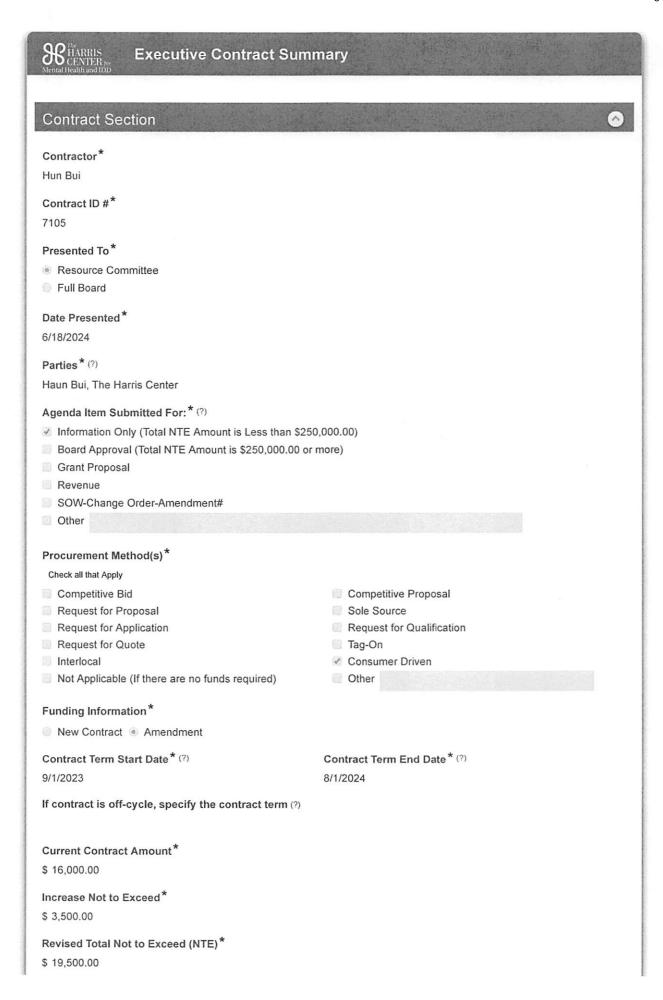


Fiscal Year* (?)	Amount* (?)		
2024	\$ 83,248.00		
Funding Source*			
General Revenue (GR)			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Descript	ion of Services Being Provided * (?)		
	of containers and 20 yd containers for projects,		
we need additional funds to get thru the fiscal			
NTE of \$83,248.00	Zeneral construction of the second of the se		
Contract Owner*			
Todd McCorquodale			
Previous History of Contracting with Vende	or/Contractor*		
Yes    No    Unknown			
Please add previous contract dates and when	hat services were provided*		
2015 to present			
Vendor/Contractor a Historically Underutili	ized Business (HUB)* (?)		
	zed Basilios (lieb)		
Yes No Unknown			
Please provide an explanation*			
does not meet criteria			
Community Partnership* (?)			
Yes No Unknown			
Supporting Documentation Upload (?)			
)			
Vendor/Contractor Contact Pers	son -		
vendon contractor contact r ere	0.11		
Name*			
Waste Management / Ryan Ellis			
Address*			
Street Address			
520 East Corporate Drive			
Address Line 2			
	State / Province / Region		
City Lewisville	TX		
Postal / Zip Code	Country		
75057-6400	US		

HARRIS Executive Contract Sumi	mary
Contract Section	
Contractor*  Ambur Copeland  Contract ID #*	
2024-0837  Presented To*	
Resource Committee     Full Board	
Date Presented* 6/18/2024	
Parties * (?) Ambur Copeland, The Harris Center	
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Other  Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information *  New Contract  Amendment	
Contract Term Start Date * (?) 9/1/2023  If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2024
Current Contract Amount*	
\$ 13,202.00	
Increase Not to Exceed* \$ 6,000.00	
Revised Total Not to Exceed (NTE)* \$ 19,202.00	

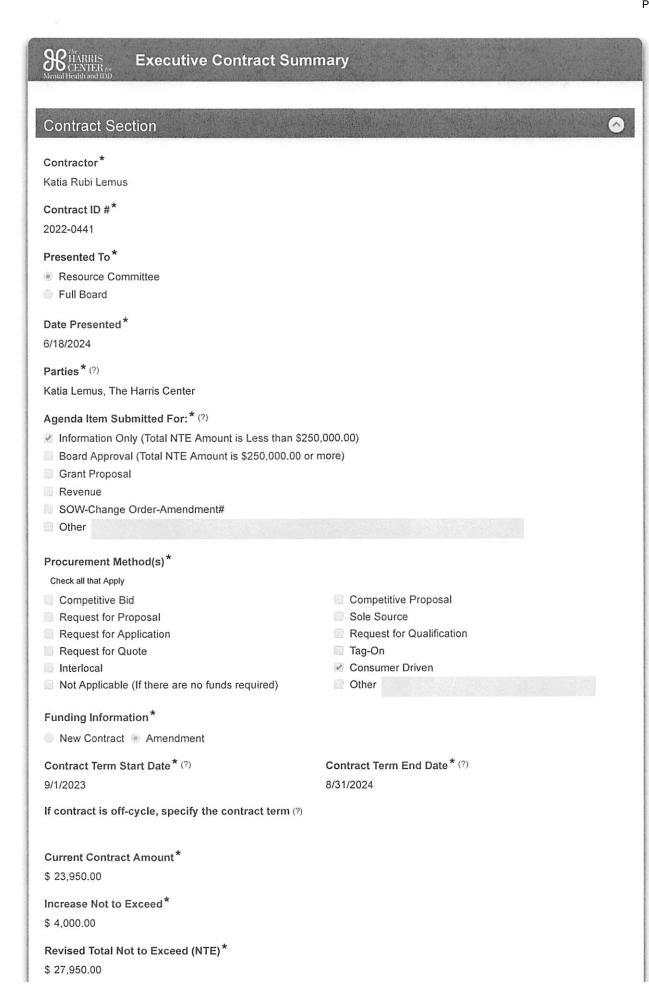
Fiscal Year* (?)	Amount* (?)			
2024	\$ 19,202.00			
Funding Source*				
State				
Contract Description / Type * (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	✓ Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	□ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	□ Other			
	***			
Justification/Purpose of Contract/Description	n of Services Being Provided * (?)			
Additional hours added to IPC				
Contract Owner*				
Dr. Evanthe Collins				
Previous History of Contracting with Vendor	/Contractor*			
Yes    No    Unknown				
	*			
Please add previous contract dates and what	t services were provided "			
9/1/2023-8/31/2024				
Vendor/Contractor a Historically Underutilize	ed Business (HUB)* (?)			
Yes No • Unknown				
Community Partnership * (?)				
○ Yes ○ No ⊚ Unknown				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Perso	n 🙆			
	ing the said that the forest and the said of the first the said of the said of the said of the said of the said			
Name*				
Ambur Copeland				
Address*				
Street Address				
8719 Indian Maple Drive				
Address Line 2				
City	State / Province / Region			
Humble	TX			
Postal / Zip Code	Country			
77338	USA			
Phone Number*				
3464342658				

Email\* amburxcopeland@gmail.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 6,000.00 543005 3585 **Budget Manager** Secondary Budget Manager Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) 11.50 per hour Project WBS (Work Breakdown Structure)\* (?) Submission Date Requester Name 5/23/2024 Anthony, Patrina Budget Manager Approval(s) Approved by **Approval Date** Kenyonika Tohnson 5/23/2024 Contract Owner Approval Approved by **Approval Date** Evanthe Collins 5/23/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 5/28/2024



Fiscal Year* (?)	Amount* (?)				
2024	\$ 19,500.00				
Funding Source*					
State Grant					
Contract Description / Type * (?)					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
BAA/DUA	IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	Other				
Justification/Purpose of Contract/Description of Services Being Provided * (?)					
The individual received additional hours on plan which					
contract.					
Contract Owner*					
Dr. Evanthe Collins					
Previous History of Contracting with Vendor/Con	tractor*				
Yes No Unknown					
Please add previous contract dates and what ser	vices were provided*				
9/1/2023-8/31/2024	F				
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)					
Yes No • Unknown					
Community Partnership* (?)					
○ Yes ○ No ⑥ Unknown					
Supporting Documentation Upload (?)					
Supporting Documentation Optoau (1)					
Vendor/Contractor Contact Person					
Name*					
Haun Bui					
Address*					
Street Address					
13750 Bonilla Lane					
Address Line 2					
	State / Province / Region				
City Houston	State / Province / Region TX				
Postal / Zip Code	Country				
77083	USA				
Phone Number*					
7132403556					

Email\* huanbui@gmail.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 3585 \$ 3,500.00 **Budget Manager** Secondary Budget Manager Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) Rate 11.50 per hour Project WBS (Work Breakdown Structure)\* (?) n/a Requester Name **Submission Date** Anthony, Patrina 5/13/2024 Budget Manager Approval(s) Approved by Approval Date Kenyonika Tohnson 5/13/2024 Contract Owner Approval Approved by **Approval Date** Evanthe Collins 5/14/2024 **Contracts Approval** Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 5/14/2024



Fiscal Year* (?)	Amount* (?)				
2024	\$ 27,950.00				
Funding Source*					
State					
State					
Contract Description / Type * (?)					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
■ BAA/DUA	IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	Other				
Justification/Purpose of Contract/Description of Ser	rvices Being Provided* (?)				
The individual received additional hours in the annual pl					
required funding on the contract.	ian, leading to an increase in the				
Contract Owner*					
Dr. Evanthe Collins					
Previous History of Contracting with Vendor/Contra	ctor*				
Yes  No Unknown					
Please add previous contract dates and what service	es were provided*				
9/1/2023-8/31/2024					
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)				
Community Partnership* (?)					
Yes No Unknown					
Supporting Documentation Upload (?)					
Vendor/Contractor Contact Person					
Name*					
Katia Lemus					
Address*					
Street Address					
1222 Aldine Mail Route Road					
Address Line 2					
City	State / Province / Region				
Houston	TX				
Postal / Zip Code	Country				
77039	USA				
Phone Number*					
7139708338					
1103100000					

Email\* lemusrubi060@gmail.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 3585 \$ 4,000.00 543005 **Budget Manager** Secondary Budget Manager Adams-Austin, Mamie Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) 11.50 per hour Project WBS (Work Breakdown Structure)\* (?) n/a Requester Name Submission Date 4/29/2024 Anthony, Patrina Budget Manager Approval(s) Approved by Approval Date Kenyonika Tohuson 5/21/2024 Contract Owner Approval Approved by Approval Date Evanthe Collins 5/21/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 5/21/2024

## EXHIBIT F-28

# JUNE 2024 AFFILIATION AGREEMENTS, GRANTS, MOU'S AND REVENUES INFORMATION ONLY

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

### SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

JUNE 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
	MOU					
	REVENUE					
1	1 Care Premier Services	Individualized Skills and Socialization (ISS) Services	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Revenue Agreement to provide Individualized Skills and Socialization (ISS) Services to Consumers.
2	1 on 1 Kev Fran Home	Individualized Skills and Socialization (ISS) Services	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Revenue Agreement to provide ISS services to consumers.
3	A Little Something Different	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Revenue agreement for providing Individualized Skills and Socialization Services (ISS) to consumers.
4	Assured Quality Care Services	ISS Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement to provide Individualized Skills and Socialization Services (ISS).
5	Citi Health Group, Inc.	Individualized Skills and Socialization (ISS)	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Revenue Agreement to provide ISS to consumers.
6	McKenna Care HCS	Individual Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Revenue Agreement to provide ISS services to consumers.
$\vdash$		-				
$\vdash$						
-		-				
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		<del> </del>				
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+						
		-				

### **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2023-0647 Contractor Name\* 1 Care Premier Services Service Provided \* (?) ISS Services Renewal Term Start Date\* Renewal Term End Date\* 9/1/2024 8/31/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract 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

Contra	ct NTE* (?)
\$ 0.00	
Rate(s)	/Rate(s) Description
	Served*
3585	
G/L Co	de(s)*
N/A	
	t Fiscal Year Purchase Order Number*
N/A	
Contra	ct Requestor*
Patrina	Anthony
Contra	ct Owner*
Dr. Eva	nthe Collins
File Up	lload (?)
Evalu	uation of Current Fiscal Year Performance
Have tl	nere been any significant performance deficiencies within the current fiscal year?*
Yes	
Mora S	services delivered as specified in the contract?*
Yes	No. of the control of
Yes	ntractor perform duties in a manner consistent with standards of the profession?*
	ntractor adhere to the contracted schedule?* (?)
Yes	
	eports, billing and/or invoices submitted in a timely manner?* (?)
Yes	
Did Co Agency	ntractor provide adequate or proper supporting documentation of time spent rendering services for the
Yes	
	ntractor render services consistent with Agency policy and procedures?* (?)
Yes	
Mainta	ined legally required standards for certification, licensure, and/or training?* (?)
Yes	
Rene	ewal Determination
Is the	contract being renewed for next fiscal year with this Contractor?* (?)
Yes	⊕ No
Rene	ewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number* 3585	Amount Charged to Un \$ 0.00	it* Expense/GI	_ Code No.*			
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles				
Provide Rate and Rate Description See attached	ns if applicable * (?)					
Project WBS (Work Breakdown St NA	ructure)* (?)					
Fiscal Year* (?) 2025	Amou \$ 0.00	unt* (?) )				
Next Fiscal Year Not to Exceed An	nount for Master Pooled Co	ontracts				
Contract Funding Source* State						
Contract Content Change	es		<u> </u>			
Are there any required changes to  Yes No	o the contract language?*	(?)				
Will the scope of the Services cha	nge?*					
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?*  See 1. No.						
File Upload (?) 20240508_FISCAL YEAR 2025.pdf		66.96KB				
Contract Owner			<b>©</b>			
Contract Owner * (?) Please Select Contract Owner						
Dr. Evanthe Collins  Budget Manager Approva	al(s)		<b>O</b>			

Approved by

\*\*Contract Owner Approval\*\*

Approved by

\*\*Evanthe Cellins\*\*

Contracts Approval

Approve\*

\* Yes

No, reject entire submission

Return for correction

Approved by\*

Approval Date\*

\*\*Belinda Stude\*\*

5/28/2024

HIARRIS

### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 1 on 1 Key Fran Home Contractor Name\* 2023-0648 Service Provided \* (?) ISS Services Renewal Term End Date\* Renewal Term Start Date\* 8/31/2025 9/1/2024 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 SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type 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* (?)
\$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Thomas Wills
Contract Owner*  Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ® No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*    Yes  No
Did Contractor adhere to the contracted schedule?* (?)    Yes  No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  Yes No
Please Explain*  This provider has had to be reminded continually to pay outstanding invoices. This provider should only remit payments in the form of cashier's checks.
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ⊚ No
Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination

Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager* Johnson, Kenyonika	Secondary Bu Kerlegon, Cha	ıdget Manager* rles
Provide Rate and Rate Descri See attached	ptions if applicable* (?)	
Project WBS (Work Breakdow	n Structure)* (?)	
None		
Fiscal Year* (?) 2025  Next Fiscal Year Not to Excee 000  Contract Funding Source*	Amount* (?) \$ 0.00  d Amount for Master Pooled Contracts	
Contract Funding Source * State  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Services	\$ 0.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?)	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Exceed 000  Contract Funding Source* State  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Services  Yes No  Is the payment deadline differ	\$ 0.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?)  s change?*	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Exceed 000  Contract Funding Source*  State  Contract Content Cha  Are there any required chang  Yes No	\$ 0.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?)  change?*  rent than net (45)?*	
Fiscal Year* (?) 2025  Next Fiscal Year Not to Exceed 000  Contract Funding Source* State  Contract Content Cha  Are there any required chang  Yes No  Will the scope of the Services  Yes No  Is the payment deadline difference of the Services  Yes No  No  Are there any changes in the  Yes No	\$ 0.00  d Amount for Master Pooled Contracts  nges es to the contract language?* (?)  change?*  rent than net (45)?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Konyonika Tohuson	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	5/28/2024

## **₩**HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2023-0631	
Contractor Name*	
A Little Something Different	
Service Provided * (?)	
Individualized Skills and Socialization Services (ISS)	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
	0.0 (1.2.0.2.0)
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	2 000 00)
<ul> <li>Information Only (Total NTE Amount is Less than \$250</li> <li>Board Approval (Total NTE Amount is \$250,000.00 or</li> </ul>	
Grant Proposal	more)
Revenue	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
<ul> <li>─ Pooled Contract</li> <li>✓ Renewal of Existing Contract</li> </ul>	☐ Lease ☐ Other
Tollowal of Existing Contract	- Julia
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
⊚ No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description \$30.00 per hour
Unit(s) Served* 3585
G/L Code(s)*
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Thomas Wills
Contract Owner*  Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See Yes See No
Were Services delivered as specified in the contract?*    Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)  • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ⊝ No
Did Contractor render services consistent with Agency policy and procedures?* (?)  • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)    Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amount	nts Charged to e	ach Budget Ur	nit
Budget Unit Number*	Amount Charged	I to Unit*	Expense/GL Code No.*
Budget Manager*  Johnson, Kenyonika		Secondary Budget Kerlegon, Charles	t Manager*
Provide Rate and Rate Description See attached. Employment Assistation per hour.  Project WBS (Work Breakdown Section 1988)	ance @ a rate of \$30.00		
NA	e a annotation de la contraction de la contracti		
Fiscal Year* (?) 2025		Amount* (?) \$ 0.00	
Next Fiscal Year Not to Exceed A	Amount for Master Poo	oled Contracts	
Contract Funding Source* State			
Contract Content Chang	es		<b>⊙</b>
Are there any required changes  Yes No	to the contract langua	ge?* (?)	
Will the scope of the Services ch	nange?*		
Is the payment deadline differen  Yes No	t than net (45)?*		
Are there any changes in the Pe	rformance Targets?*		
Are there any changes to the Su  Yes No	bmission deadlines fo	r notes or supporti	ng documentation?*
File Upload (?) 20240508_FISCAL YEAR 2025.pd	lf	66.96	6KB
Contract Owner			•
Contract Owner* (?)			
Please Select Contract Owner  Dr. Evanthe Collins			
Budget Manager Approv	/al(s)		<b>⊙</b>

Approved by	
Charles Kerlegon	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/14/2024

Current Fiscal Year Contract Informatio	on	
Current Fiscal Year		
2024		
Contract ID#*		
2023-0617		
Contractor Name *		
Assured Quality Care Services		
Service Provided*(?)		
In pursuant of following the guidelines and changes set programs.	forth by HHSC for ISS for waiver	
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2024	8/31/2025	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
	250,000.00)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00		
Information Only (Total NTE Amount is Less than \$2		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue  SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue  SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other  Procurement Method(s)*  Check all that Apply		
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid	or more)	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)  Contract Description / Type Personal/Professional Services	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other  Consultant New Contract/Agreement Amendment to Existing Contract	

YesNoUnknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)* 000000
Current Fiscal Year Purchase Order Number* NA
Contract Requestor*
Thomas Wills
Contract Owner*
Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ⊛ No
Were Services delivered as specified in the contract?*
Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Yes      No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes  No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ◎ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes      No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes  No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes  No
Renewal Information for Next Fiscal Year

Budget Units and Amou	unts Charged to ea	ch Budget U	nit
Budget Unit Number*	Amount Charged t \$ 0.00	to Unit*	Expense/GL Code No.*
Budget Manager*		Secondary Budge	et Manager*
Johnson, Kenyonika	H	Kerlegon, Charles	
Provide Rate and Rate Descrip See attached Project WBS (Work Breakdown NA			
Fiscal Year* (?)	,	Amount* (?)	
2025		0.00	
Contract Funding Source * Federal  Contract Content Chan  Are there any required changes	A.T. Market and the second	e2*(?)	
<ul><li>✓ Yes ● No</li><li>Will the scope of the Services of</li></ul>	2		
<ul><li>Yes  No</li><li>Is the payment deadline differe</li><li>Yes  No</li></ul>	ent than net (45)?*		
Are there any changes in the P  Yes No	erformance Targets?*		
Are there any changes to the S  Yes  No	submission deadlines for	notes or support	ing documentation?*
File Upload (?) 20240508_FISCAL YEAR 2025.p	odf	66.9	6KB
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Evanthe Collins			
Budget Manager Appro	oval(s)		<u>\( \) \</u>

Approved by	
Konyonika Tohnson	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/1/2024

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

- Yes
- No
- Unknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Thomas Wills
Contract Owner*  Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*    Yes  No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)  Solution Yes One No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes  No  Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes     No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)   No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*		
Budget Manager* Johnson, Kenyonika	SUPERIOR POSICE SUPERIOR SUPER	Secondary Budget Manager* Kerlegon, Charles		
Provide Rate and Rate Description	ons if applicable * (?)			
Project WBS (Work Breakdown S NA	Structure)* (?)			
Fiscal Year* (?) 2025	Amount* (	?)		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 000				
Contract Funding Source* State				
Contract Content Changes				
Are there any required changes to the contract language?* (?)  Yes No				
Will the scope of the Services ch  Yes No	nange?*			
Is the payment deadline different than net (45)?*  Second				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?*  ⊚ Yes ⊚ No				
File Upload (?) 20240508_FISCAL YEAR 2025.pd	if	66.96KB		
Contract Owner		<b>⊙</b>		
Contract Owner* (?) Please Select Contract Owner				
Dr. Evanthe Collins  Budget Manager Approv	/al(s)	<b>⊙</b>		

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

YesNoUnknown

Contract NTE* (?)			
\$ 0.00			
Rate(s)/Rate(s) Description			
Unit(s) Served* 3585			
G/L Code(s)*			
000			
Current Fiscal Year Purchase Order Number*			
N/A			
Contract Requestor*			
Thomas Wills			
Contract Owner*			
Dr. Evanthe Collins			
File Upload (?)			
Evaluation of Current Fiscal Year Performance			
Have there been any significant performance deficiencies within the current fiscal year?*			
○ Yes ● No			
Were Services delivered as specified in the contract?*			
● Yes ◎ No			
Did Contractor perform duties in a manner consistent with standards of the profession?*			
● Yes ○ No			
Did Contractor adhere to the contracted schedule?* (?)			
● Yes ● No			
Were reports, billing and/or invoices submitted in a timely manner?* (?)			
Yes      No			
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)			
Yes     No			
Did Contractor render services consistent with Agency policy and procedures?* (?)			
Yes      No			
Maintained legally required standards for certification, licensure, and/or training?* (?)			
Yes      No			
Renewal Determination			
Is the contract being renewed for next fiscal year with this Contractor?* (?)			
Yes  No			
Renewal Information for Next Fiscal Year			

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000		
Budget Manager*  Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles		
Provide Rate and Rate Description See attached document	ns if applicable * (?)			
Project WBS (Work Breakdown St	ructure)* (?)			
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source* State				
Contract Content Changes				
Are there any required changes to the contract language?* (?)  Yes No				
Will the scope of the Services change?*   ○ Yes   ○ No				
Is the payment deadline different than net (45)?*				
Are there any changes in the Performance Targets?*   Yes  No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.				
File Upload (?) 20240508_FISCAL YEAR 2025.pdf		66.96KB		
Contract Owner		0		
Contract Owner* (?) Please Select Contract Owner				
Dr. Evanthe Collins  Budget Manager Approva	ıl(s)	<b>⊘</b>		

Approved by

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Approval Date\*

Belinda Stude

Approval Date\*