

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

Resource Committee Meeting August 20, 2024 9:00 am

- I. DECLARATION OF A QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, July 16, 2024 (EXHBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report- July (EXHIBIT R-2 Stanley Adams)
- B. August 2024 Contract Renewals Over 250K (EXHIBIT R-3 Ernest Savoy)
- C. August 2024 Contract Amendments Over 250K (EXHIBIT R-4 Ernest Savoy)
- D. August 2024 Interlocal Agreements (EXHIBIT R-5 Ernest Savoy)
- E. FY2025 Budget Review (Stan Adams)
- F. FY 2025 Capital Budget Review (Stan Adams)
- G. Human Resource Insurance Update (Joseph Gorczyca)
- H. Commercial Insurance Renewal (Eunice Davis)

V. EXECUTIVE SESSION-

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. INFORMATION ONLY

- A. August 2024 New Contracts 100K-250K (EXHIBIT R-6)
- B. August 2024 Contract Amendments 100K-250K (EXHIBIT R-7)

- C. August 2024 Contract Renewals 100K-250K (EXHIBIT R-8)
- D. August 2024 New Contracts Under 100K (EXHIBIT R-9)
- E. August 2024 Contract Amendments Under 100K (EXHIBIT R-10)
- F. August 2024 Contract Renewals Under 100K (EXHIBIT R-11)
- G. August 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHBIIT R-12)

IX. ADJOURN

Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-1

BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, JULY 16, 2024 MINUTES

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:38 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. G. Womack, Mr. J. Lykes

Committee Member Absent: Mrs. B. Hellums, Dr. M. Miller, Jr,

Other Board Member Present: Dr. L. Moore, Dr. L. Fernandez-videoconference, Dr. R. Gearing

1. CALL TO ORDER

Mr. Womack called the Resource Committee meeting to order at 9:38 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Dr. Moore and Dr. Fernandez as voting members of the committee.

3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

4. PUBLIC COMMENTS

No public comment.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday May 21, 2024.

MOTION: LYKES SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, May 21, 2024, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'24 Year-to-Date Budget Report-June

MOTION: LYKES SECOND: MOORE

With unanimous affirmative votes,

Board of Trustees Resource Committee Meeting (5/21/2024) MINUTES Page 1 of 3 **BE IT RESOLVED** FY'24 Year-to-Date Budget Report-June, as presented under Exhibit R-2 is approved and recommended to the Full Board.

B. July 2024 New Contracts Over 250K

MOTION: GEARING SECOND: LYKES

With unanimous affirmative votes.

BE IT RESOLVED July 2024 New Contracts Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. July 2024 Renewals Over 250K

MOTION: GEARING SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED July 2024 Renewals Over 250K, under Exhibit R-4 are approved and recommended to the Full Board.

D. July 2024 Amendments Over 250K

MOTION: GEARING SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED July 2024 Amendments Over 250K, under Exhibit R-5 are approved and recommended to the Full Board.

E. July 2024 Interlocal Agreements

MOTION: GEARING SECOND: LYKES

Dr. Fernandez recused himself from discussing and voting on agenda item E Interlocal Agreements; specifically item #7 Harris County Hospital District d/b/a Harris Health System, item #8 Harris County Hospital District d/b/a Harris Health System, item 15 The University of Texas Health Science Center at Houston Department of Psychiatry and Behavioral Science and item #16 the University of Texas Health Science Center at Houston on behalf of the Department of Psychiatry and Behavioral Sciences.

With unanimous affirmative votes,

BE IT RESOLVED July 2024 Interlocal Agreements, under Exhibit R-6 are approved and recommended to the Full Board.

F. Pharmacy Inventory Services

MOTION: LYKES SECOND: MOORE

With unanimous affirmative votes,

BE IT RESOLVED Pharmacy Inventory Services, under Exhibit R-7 are approved and recommended to the Full Board.

- **7. EXECUTIVE SESSION** -No executive session was necessary.
- 8. RECOVENE INTO OPEN SESSION
- 9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 10. ADJOURN

MOTION: MOORE SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:16 am.

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

EXHIBIT R-2

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget July 31, 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 (the Report) submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness, and fairness of presentation of the presented data rests with The Center, the Chief Financial Officer and the Accounting department.

We believe the Report, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is <u>not</u> in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has <u>not</u> been audited by an independent auditor.

Stanley Adams

Chief Financial Officer

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

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

			For th	ne Month Ended	·	
	Or	iginal Budget		Actual		Variance
Revenues Expenditures	\$	28,619,834 28,536,501	\$	42,382,769 38,588,966	\$	13,762,935 (10,052,465)
Excess (Deficiency) of revenues over expenditures	\$	83,333	\$	3,793,803	\$	3,710,470
Other Sources (Uses)						
Debt payment	\$	(83,333)	\$	-	\$	83,333
Capital Outlay		-		(1,086,089)		(1,086,089)
Other Sources (Uses)		-		778		778
Change in Fund Balance/Net Position	\$	-	\$	2,708,492	\$	2,708,492

		Fiscal Year to Date						
	O	riginal Budget		Actual		Variance		
Revenues	\$	314,818,179	\$	328,119,381 322,667,310	\$	13,301,202		
Expenditures Excess (Deficiency) of revenues over		313,901,512		322,007,310		(8,765,798)		
expenditures	\$	916,667	\$	5,452,071	\$	4,535,404		
Other Sources (Uses)								
Debt payment	\$	(916,667)	\$	-	\$	916,667		
Capital Outlay		-		(6,680,865)		(6,680,865)		
Other Sources (Uses)		-		163,742		163,742		
Change in Fund Balance/Net Position	\$	-	\$	(1,065,052)	\$	(1,065,052)		

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

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

		For the Month Ended								Fiscal Year to Date						
		Original Budget		Actual		Variance \$	%		Original Budget		Actual	Variance \$	%			
Operating Revenue												· · ·	70	_		
State General Revenue	\$	10,145,271	\$	22,678,866		12,533,595	124%	\$	111,597,984	\$	125,291,170	13,693,186	12%	A		
Harris County and Local		5,420,027		4,922,473		(497,554)	-9%		59,620,301		57,446,329	(2,173,972)	-4%	В		
Federal Contracts and Grants		4,034,513		3,526,891		(507,622)	-13%		44,379,642		43,050,743	(1,328,899)	-3%	C		
State Contract and Grants		1,128,277		2,763,385		1,635,108	145%		12,411,052		11,924,748	(486,304)	-4%	D		
Third Party Billing		2,766,501		3,322,616		556,115	20%		30,431,506		34,833,889	4,402,383	14%			
Charity Care Pool		3,340,350		3,340,350			0%		36,743,853		36,743,855	2	0%			
Directed Payment Programs		726,250		513,204		(213,046)	-29%		7,988,750		5,822,338	(2,166,412)	-27%	E		
Patient Assistance Program (PAP)		833,578		990,908		157,330	19%		9,169,358		9,680,959	511,601	6%			
Interest Income		225,067		324,076		99,009	44%		2,475,733		3,325,350	849,617	34%			
Operating Revenue, total	\$	28,619,834	\$	42,382,769		13,762,935	48%	\$	314,818,179		328,119,381	13,301,202	4%			
Operating Expenditures																
Salaries and Fringe Benefits	\$	19,926,501	\$	21,427,948		(1,501,447)	-8%	\$	219,191,509	\$	220,932,695	(1,741,186)	-1%			
Contracts and Consultants		1,393,967		1,308,794		85,173	6%		15,333,639		10,304,232	5,029,407	33%			
Contracts and Consultants-HCPC		3,017,779		11,490,123		(8,472,344)	-281%		33,195,574		41,855,324	(8,659,750)	-26%	F		
Supplies		277,304		207,549		69,755	25%		3,050,340		1,922,635	1,127,705	37%			
Drugs		1,254,451		2,401,063		(1,146,612)	-91%		13,798,963		23,070,739	(9,271,776)	-67%	G		
Purchases, Repairs and Maintenance of	f:															
Equipment		597,697		390,754		206,943	35%		6,574,669		5,137,745	1,436,924	22%			
Building		538,158		271,207		266,951	50%		5,919,742		2,625,563	3,294,179	56%			
Vehicle		86,436		70,554		15,882	18%		950,797		822,213	128,584	14%			
Telephone and Utilities		317,951		271,359		46,592	15%		3,497,456		3,034,726	462,730	13%			
Insurance, Legal and Audit		166,175		177,370		(11,195)	-7%		1,827,930		1,950,649	(122,719)	-7%			
Travel		194,299		203,211		(8,912)	-5%		2,137,284		1,929,088	208,196	10%			
Dues & Subscriptions		382,047		155,029		227,018	59%		4,202,514		5,003,628	(801,114)	-19%	H		
Other Expenditures		383,736		214,005		169,731	44%		4,221,095		4,078,073	143,022	3%			
Operating Expenditures, total	\$	28,536,501	\$	38,588,966	\$	(10,052,465)	-35%	\$	313,901,512	\$	322,667,310	\$ (8,765,798)	-3%			
Excess (Deficiency) of revenues over																
expenditures	\$	83,333	\$	3,793,803		3,710,470		\$	916,667	\$	5,452,071	4,535,404				
Other Sources (Uses)																
Debt payment	\$	(83,333)	\$	-	\$	83,333		\$	(916,667)	\$	-	\$ 916,667				
Capital outlay		-		(1,086,089)		(1,086,089)					(6,680,865)	(6,680,865)				
Insurance proceeds				778		778			-		49,042	49,042				
Proceeds from Sale of Assets		20		-		· ·			<u> = 1</u>		114,700	114,700				
Change in Fund Balance/Net Position	\$	-	\$	2,708,492	\$	2,708,492		\$	-3	\$	(1,065,052)	\$ (1,065,052)				

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

Non-GAAP / Budgetary-Basis reporting **July 31, 2024**

Results of Financial Operations and Comparison to Original Budget

A State General Revenue

Positive budget variance primarily driven by additional funding received and recognized for 11 months in the current fiscal year at new rates of the existing beds at HCPC and West Oaks effective September 1, 2023.

B Harris County and Local Revenue

Unfavorable budget variance is attributed to timing differences in revenue budgeted during the fiscal year vs recognized during the contract period.

C Federal Contract and grants

Unfavorable budget variance is due to approx. \$1M revenue budgeted with no corresponding revenue recognized due to delayed construction of the NE Clinic.

D State Contract and Grants

The primary driver of the net favorable variance in monthly State Contract and Grants is related to catch-up of billing of expenditures for building costs for 6168 apartments.

E 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 2024. The new annual estimated net revenue is \$6.2M, \$2.5M less than the \$8.7M net revenue estimate published in November 2023. The decrease is driven by decrease in FMAP and reduced DPP-related claim throughput.

F Contracts and consultants - HCPC

Unfavorable budget variance primarily driven by additional costs recognized for 11 months in the current fiscal year at the new rates of the existing beds at HCPC effective September 1, 2023.

G Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$8.2M and the billing program expense exceeds budget by (\$8.3M).

H Dues & Subscriptions

IT related Dues & Subscriptions total \$112K for the current month and \$4.2M for the current year to date.

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

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

		June - 2024		July - 2024	Change
ASSETS					,
Current Assets					
Cash and Cash Equivalents					
Cash and Petty Cash	\$	10,570,716	\$	31,130,851	\$ 20,560,135
Cash Equivalents		76,838,546		54,556,827	 (22,281,719)
Cash and Cash Equivalents, total		87,409,262		85,687,678	(1,721,584) A
Inventory and Prepaid		6,505,768		5,961,387	(544,381)
Accounts Receivable:		5,555,.55		0,000,007	(3 / 1,301)
Other A/R		31,747,225		31,361,173	(386,052)
Patient, net of allowance		2,981,401		3,608,908	627,507
Current Assets, total	\$	128,643,656	\$	126,619,146	\$ (2,024,510)
Capital Assets					
Land		13,004,859		13,004,859	
Building and Building Improvements		52,615,143		52,615,143	-
Furniture, Equipment and Vehicles		10,826,281		10,826,281	-
Construction in Progress		5,764,164		5,764,164	
Capital Assets, total	\$	82,210,447	\$	82,210,447	\$
Total Assets	\$	210,854,103	\$	208,829,593	\$ (2,024,510)
10111713013	_	210,034,103	-	200,023,333	 (2,024,510)
LIABILITIES & FUND BALANCE/NET POSITION					
Liabilities					
Unearned Revenues	\$	34,214,580	\$	24,504,332	\$ (9,710,248) B
Accounts Payable and Accrued Liabilities		19,559,172		24,535,559	4,976,387 C
Long term Liabilities		800,747		801,606	859
Liabilities, total	\$	54,574,499	\$	49,841,497	\$ (4,733,002)
Fund Balance/Net Position					
Net Investment in Capital Assets		82,210,447		82,210,447	-
Nonspendable		6,505,768		5,961,387	(544,381)
Assigned		66,514,014		66,514,014	-
Unassigned		4,822,919		5,367,300	544,381
Change in fund balance/net position		(3,773,544)		(1,065,052)	2,708,492
Fund Balance/Net Position, Total	\$	156,279,604	\$	158,988,096	\$ 2,708,492
Total Liabilities & Fund Balance/Net Position	\$	210,854,103	\$	208,829,593	\$ (2,024,510)
		210,034,103		200,023,333	 (2,024,310)

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

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

Balance Sheet

AA Cash and Investments

The decrease in cash and cash equivalents is in line with normal operating conditions. We received an additional payment in July of \$18.2M related to the amended performance contract with HHSC primarily related to new bed rates at HCPC.

BB Unearned Revenues

Unearned income decreased due to continued use of the state revenue allocation with additional unearned revenues expected to be recognized in August.

CC Accounts Payable and Accrued Liabilities

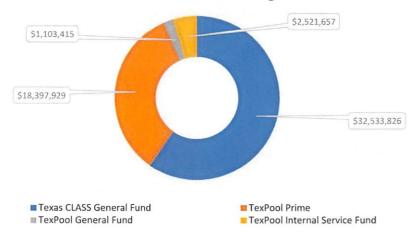
The increase in Accounts Payable and Accrued Liabilities is primarily due to an additional \$4.8M owed to HCPC as of July 31, 2024; this includes amounts due on the new rates for existing beds under the new contract effective September 1, 2023.

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

Local Government Investment Pools (LGIPs)

												Monthly
	Begir	nning Balance		Transfer In		Transfer Out	- 1	Interest Income		Ending Value	Portfolio %	Yield
Texas CLASS											10	
Texas CLASS General Fund	\$	37,753,175	\$	11,200,000	\$	(16,570,699)	\$	151,350	\$	32,533,826	59.63%	5.45%
TexPool												
TexPool Prime		35,476,596				(17,200,000)		121,333		18,397,929	33.72%	5.46%
TexPool General Fund		1,098,455		-		-		4,960		1,103,415	2.02%	5.32%
TexPool Internal Service Fund		2,510,320		-		-		11,337		2,521,657	4.62%	5.32%
TexPool Sub-Total		39,085,371		-		(17,200,000)		137,630		22,023,001	40.36%	5.44%
Total Investments	\$	76,838,546	\$	11,200,000	\$	(33,770,699)	\$	288,980	\$	54,556,827	99.99%	5.44%
	Additio	onal Interest o	n Che	cking Accounts				35,096	•			
	Total Interest Earned during the current month						\$	324,076	:			





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)	5.27%
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 July 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 July 31, 2024

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	Jul-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$2,944,025	\$23,674,832
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,492,302	\$27,324,748
UNUM	Life Insurance	\$300,000	\$205,084	\$2,278,068

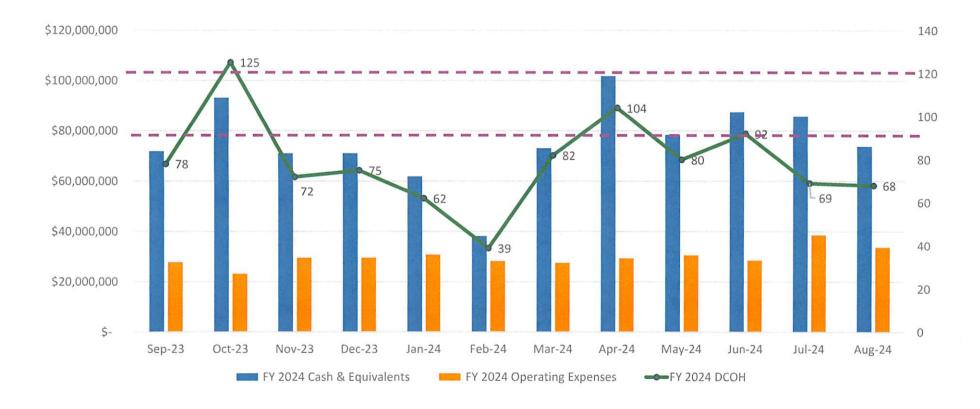
Notes:

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

⁽²⁾ LFG payments include PP 06B, 07A & 07B

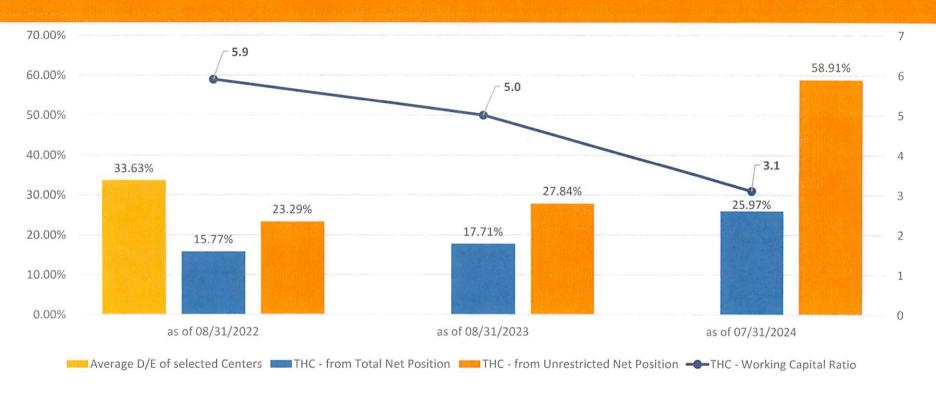
Estimated Monthly Days-Cash-On-Hand (DCOH) FY 2024 – as of 07-31-2024





Debt-to-Equity & Working Capital Ratios – as of 07/31/2024





Debt to Equity Ratio: Total Liabilities less compensated absences divided by Total Net Position (from Statement of Net Position) by Unrestricted Net Position. Current capital outlay is assumed to be investment in capital assets.

Debt/Liabilities Included in Calculation:

Unearned Revenues	
Other AP & Accrued Liabilities	
Leases Liability	
Subscription-Based IT Arrangements Liability	
State Escheatment Payable	

\$ 24,504,332
15,332,105
1,190,208
228,648
41,811
\$ 41,297,104

^{*}Working Capital Ratio = Current Assets/Current Liabilities

Available Resources (in Millions) - as of 07-31-2024



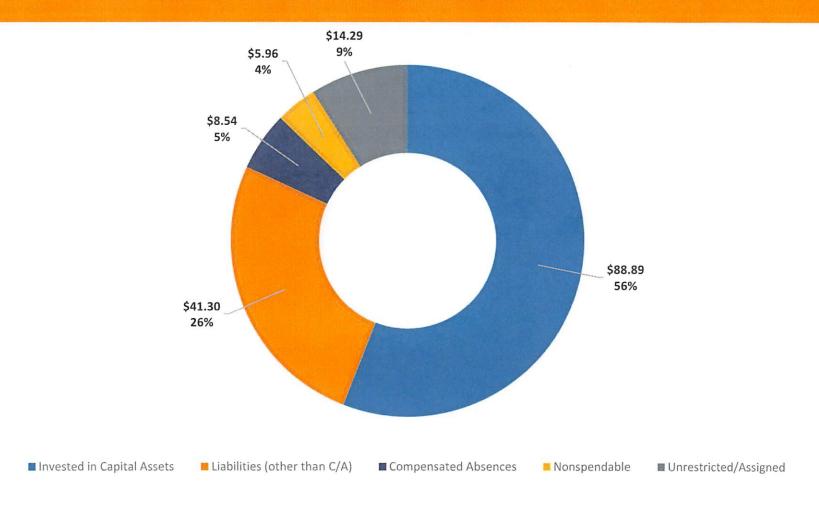


EXHIBIT R-3

AUGUST 2024 RENEWALS OVER 250k

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION							
	Master Pool Foreign & Sign Language Translation Services	Foreign & Sign Language Interpretation Services Agency Wide	\$405,052.00	\$413,368.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Master Pool for Agency Wide Foreign & Sign Language Interpretation Services. First year renewal option.
	McKesson Corporation	Pharmacy Wholesaler	\$10,000,000.00	\$12,000,000.00	9/1/2024 - 6/12/2025	General Revenue (GR)	Tag-On	Pharmacy Wholesaler to obtain drugs for patient prescriptions from The Harris Center Pharmacies. There was an increase due to the 3rd party billing program [Tag-on through GPO Premier.]
100	CPEP/CRISIS SERVICES							
600	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2024	
Contract ID#*	
2023-0793	
Contractor Name *	
P-Foreign & Sign Language	
Service Provided * (?)	
Master Pool Contract for Foreign & Sign Language Inte	rpretation Services 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 \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c)	
Grant Proposal	5. mo.s,
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 Booled Contract	☐ IT/Software License Agreement ☐ Lease
Pooled Contract Renewal of Existing Contract	Other
Renewal of Existing Contract	Cure Cure
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No No	
Unknown	

	Contract NTE* (?)
	\$ 405,052.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* Multiple
	G/L Code(s)* 543018
	Current Fiscal Year Purchase Order Number* CT143462
	Contract Requestor* Eggla MacKinney
	Contract Owner* Demetria Luckett
	File Upload (?)
and an artist of the last	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

		•	
dget Unit Number* 2	Amount Charged \$ 500.00	to Unit*	Expense/GL Code No.* 543018
dget Manager*		Secondary Bu	dget Manager*
npbell, Ricardo		Campbell, Rica	rdo
dget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
0	\$ 14,000.00		543018
dget Manager*		Secondary Bu	dget Manager*
olby, Debbie		Hooper Jr., Mic	hael
dget Unit Number* 2	Amount Charged \$ 20,000.00	to Unit*	Expense/GL Code No.* 543018
get Manager*		Secondary Bu	dget Manager*
lby, Debbie		Hooper Jr., Mic	hael
dget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
3	\$ 5,160.00		543018
dget Manager*		Secondary Bu	dget Manager*
alby, Debbie		Hooper Jr., Mic	hael
iget Unit Number* 4	Amount Charged \$ 27,000.00	to Unit*	Expense/GL Code No.* 543018
dget Manager*		Secondary Bu	dget Manager*
lby, Debbie		Hooper Jr., Mic	hael
dget Unit Number* 5	Amount Charged \$ 6,000.00	to Unit*	Expense/GL Code No.* 543018
dget Manager*		Secondary Bu	dget Manager*
elby, Debbie		Hooper Jr., Mic	hael
dget Unit Number* 9	Amount Charged \$ 2,660.00	to Unit*	Expense/GL Code No.* 543018
lget Manager*		Secondary Bu	dget Manager*
lby, Debbie		Hooper Jr., Mic	chael
dget Unit Number* 11	Amount Charged \$ 7,100.00	to Unit*	Expense/GL Code No.* 543018
dget Manager*		Secondary Bu	dget Manager*
alby, Debbie		Hooper Jr., Mic	hael
dget Unit Number* 2	Amount Charged \$ 1,000.00	to Unit*	Expense/GL Code No.* 543018
dget Manager* elby, Debbie		Secondary Bu	dget Manager*

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3350 \$ 47,423.00 543018 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3360 \$ 68,000.00 543018 **Budget Manager*** Secondary Budget Manager* Smith, Janai Hooper Jr., Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 4160 \$ 5,000.00 543018 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Smith, Janai Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543018 4323 \$ 40,000.00 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Smith, Janai Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* \$ 6,000.00 543018 4325 **Budget Manager*** Secondary Budget Manager* Smith, Janai Hooper Jr., Michael Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 543018 \$ 16,000.00 4736 **Budget Manager*** Secondary Budget Manager* Hooper Jr., Michael Smith, Janai Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** \$ 5,000.00 543018 4780 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Smith, Janai Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543018 \$ 15,000.00 4913 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Smith, Janai Amount Charged to Unit* Expense/GL Code No. * **Budget Unit Number*** 543018 6201 \$ 200.00 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6204 \$ 300.00 543018 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6205 \$ 3,500.00 543018 Budget Manager* Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 6302 543018 \$ 2,000.00 Secondary Budget Manager* **Budget Manager*** Williams-Wesley, Sheenia Jiles, Monalisa **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543018 6401 \$ 1,000.00 Secondary Budget Manager* Budget Manager* Jiles, Monalisa Williams-Wesley, Sheenia Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 6500 \$ 2,500.00 543018 Budget Manager* Secondary Budget Manager* Williams-Wesley, Sheenia Adams, Betty Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543018 \$ 7,536.00 6601 **Budget Manager*** Secondary Budget Manager* Hooper Jr., Michael Smith, Janai Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543018 \$ 24,500.00 7001 Secondary Budget Manager* **Budget Manager*** Ilejay, Kevin Campbell, Ricardo **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543018 7011 \$ 5,000.00 Secondary Budget Manager* Budget Manager* Campbell, Ricardo Ilejay, Kevin **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543018 7110 \$ 5,000.00 **Budget Manager*** Secondary Budget Manager* Ilejay, Kevin Campbell, Ricardo

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * 9206 \$ 8,500.00 543018 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9208 \$ 9,000.00 543018 Budget Manager* Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Expense/GL Code No.* Amount Charged to Unit* 543018 9209 \$ 1,500.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543018 9210 \$ 900.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543018 9228 \$ 1,200.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 543018 9238 \$ 1,500.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 543018 \$ 560.00 9244 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543018 9247 \$ 500.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 543018 9261 \$ 600.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9403 \$ 3,752.00 543018

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9405 \$ 2,997.00 543018

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9407 \$ 2,000.00 543018

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9501 \$ 120,00 543018

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9502 \$ 500.00 543018

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9504 \$ 360.00 543018

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9810 \$ 7,000.00 543018

Budget Manager* Secondary Budget Manager*

Oshman, Jodel Ramirez, Priscilla

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

1108 \$ 3,500.00 543018

Budget Manager* Secondary Budget Manager*

Campbell, Ricardo Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

Rates vary from vendor to vendor depending on the mode of interpretation. Do note, some vendors will increase their rate on a yearly basis. See attached sheet for further details

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)		
2025	\$ 413,368.00		
Next Fiscal Year Not to Exceed Amount for Master \$413,368.00	r Pooled Contracts		
Contract Funding Source*			
General Revenue (GR)			
Contract Content Changes			
Are there any required changes to the contract lar	nguage?* (?)		
○ Yes ⑤ 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 deadline Yes No	es for notes or supporting documentation?*		
File Upload (?)			
BAFO Pricing Sheet Summary 9-21-23.xlsx	43.99KB		
FY25 Allocation - GL 543018.xlsx	11.17KB		
Contract Owner	<u> </u>		
Contract Owner* (?)			
Please Select Contract Owner			
Demetria Luckett			
Budget Manager Approval(s)	○ .		
Approved by	Approved by		
Ricardo Campbell	Ricardo Campbell		
Approved by	Approved by		
Kenyonika Tehnson	Janai Lynnette Smith		

Approved by	Approved by
Sheenia Williams-Wesley	kevin ilejay
Approved by	
Todel Oshman	
Contract Owner Approval	⊙
Approved by	
Demetria D. Luckett	
Contracts Approval	
Approve*	
Yes No, reject entire submission	
Return for correction	
Approved by*	
0,, 0,	Approval Date *
Belinda Stude	7/29/2024

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

YesNoUnknown

	Contract NTE* (?) \$ 10,000,000.00
	Rate(s)/Rate(s) Description
	Vary.
	Unit(s) Served*
	1135, 1136
	G/L Code(s)* 547001
	Current Fiscal Year Purchase Order Number* CT143311
	Contract Requestor*
	Angela Babin
	Contract Owner*
	Angela Babin File Upload (?)
	File Opioau (?)
The state of the s	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
230709000	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
_	● Yes ◎ No
STATISTICS	Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged \$ 2,000,000.00	d to Unit*	Expense/GL Code No.* 547001		
Budget Manager* Shelby, Debbie		Secondary Bu Hooper Jr., Mic	udget Manager* Chael		
Budget Unit Number* 1135	Amount Charged \$ 10,000,000.00	d to Unit*	Expense/GL Code No.* 547001		
Budget Manager* Campbell, Ricardo	CONTRACTOR OF THE STATE OF THE	Secondary Bu Campbell, Rica	udget Manager* ardo		
Provide Rate and Rate Descriptions if applicable * (?) N/A					
Project WBS (Work Breakdown Structure)* (?) N/A					
Fiscal Year* (?)		Amount*(?)			
2025 \$ 12,000,000.00					
Contract Content Change Are there any required changes Yes No		age?* (?)	0		
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					
Angela Babin					

Budget Manager Approval(s)	
Approved by	Approved by
Debbie Chambers Shelby	Ricardo Campbell
Contract Owner Approval	Ó
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	7/29/2024

EXHIBIT R-4

AUGUST 2024 AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS MORE THAN \$250,000

AUGUST 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	\$310,000.00	\$23,000.00	\$333,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE needed for adding more resources with Cloud Services for improved redundancy and server resiliency.
2	UKG Kronos Systems, LLC	HMRS Software Agency Wide including Time and Attendance	\$314,560.00	\$93,000.00	\$407,560.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Competitive Proposal	Amendment to increase the NTE for Added additional modules during FY24 including ACA, Performance, Additional licenses, Document Manager and additional payroll services fees.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

Rental Realth, and IDD Executive Contract Sun	nmary
Contract Section	<u> </u>
Contractor* Centre Technologies	
Contract ID #* 7709	
Presented To* Resource Committee Full Board	
Date Presented* 8/20/2024	
Parties* (?) The Harris Center and Centre Technologies	
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#	
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	Contract Term End Date * (?) 8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 310,000.00	
Increase Not to Exceed* \$ 23,000.00	
Revised Total Not to Exceed (NTE)*	

\$ 333,000.00

Fiscal Year* (?)	Amount* (?)			
2024	\$ 333,000.00			
Funding Source*				
General Revenue (GR)				
Contract Description / Type * (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
■ BAA/DUA	IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Justification/Purpose of Contract/Description	of Services Being Provided * (?)			
Adding more resources with Cloud Services for in				
Contract Owner*				
Mustafa Cochinwala				
Previous History of Contracting with Vendor/C	contractor*			
Yes No Unknown				
Please add previous contract dates and what s	services were provided*			
FY11 - FY24 DRaaS, O365, Hardware and Software Support				
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) See No Unknown				
Community Partnership* (?)				
Yes No Unknown				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Person				
Name*				
Jamie Schanbachler				
Address*				
Street Address				
480 North Sam Houston Parkway East				
Address Line 2				
City	State / Province / Region			
Houston	TX			
Postal / Zip Code	Country			
77060-3550	US			
Phone Number*				
281-741-6389				

Email* jschanbachler@centretechnologies.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1130 574000 \$ 23,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Hurst, Richard 7/29/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 7/29/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Mustafa Cochinwala 7/31/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *

Béliula Stude

Approval Date*
7/31/2024

Executive Contract Summary Contract Section Contractor* UKG Kronos Systems, LLC Contract ID #* 6685 Presented To* Resource Committee Full Board Date Presented* 8/27/2024 Parties* (?) UKG and The Harris Center Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) ■ Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive 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 Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 8/31/2024 9/1/2023 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 314,560.00 Increase Not to Exceed* \$ 93,000.00 Revised Total Not to Exceed (NTE)* \$ 407,560.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 407,560.00

Funding Source*	
General Revenue (GR)	
Contraduction of the subsection of the 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	Ø Other CT143273
Justification/Purpose of Contract/Description of Ser	vices Reing Provided * (?)
Added additional modules during FY24.	vices being riovided W
ACA, Performance, Additional licenses, Document Mana	ager and additional payroll services
fees	ager and additional payroll services
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
FY18-FY24	
Employee Payroll and Time and Attendance	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
With the control of t	INCIDENTIAL TERRITORIST DE CONTROL DE CONTRO
Name*	
Chris Layne	
Address*	
Street Address	
900 Chelmsford Street	
Address Line 2	
	State / Drawings / Degice
City	State / Province / Region
Lowell	MA
Postal / Zip Code	Country
01851	US

Phone Number* 303-726-7503 Email* chris.layne@kronos.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1147 900021 \$ 93,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) N/A Project WBS (Work Breakdown Structure)* (?) IT21.1147.08 **Submission Date** Requester Name 7/29/2024 Hurst, Richard Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 7/29/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Mustafa Cochinwala 7/31/2024 **Contracts Approval** Approve* Yes No, reject entire submission Return for correction

Approved by*

| PicHAPD | Fluipst

Approval Date*
7/31/2024

EXHIBIT R-5

AUGUST 2024 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

AUGUST 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine - Department of Psychiatry and Behavioral Sciences	Psychiatric Resident Educational Rotation Services	Renewal	7/1/2024 - 6/30/2025	Federal Grant	Annual renewal of Agreement for Psychiatric Resident Educational Rotation Services. [FY24/25 NTE: \$105,730.56].
2	Baylor College of Medicine Department of Family and Community Medicine	Physical and Medical Examinations	New Contract	9/1/2024 - 8/31/2025	General Revenue (GR)	New Agreement to provide physical and medical examinations for all patients admitted to the Crisis Stabilization Unit (CSU).
3	City of El Lago	Space Rental for the Coffee House Program	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Agreement to provide Space Rental for the Coffee House Program.
4	Gulf Bend Center	Crisis Intervention Helpline Services	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of Revenue Agreement to provide Crisis Intervention Helpline Services. [FY25 Revenue: \$66,000.00].
5	Harris County	Community Mental Health Grant Program OCR for Coordination of Mental Health and Intellectual Developmental Disability Services	Renewal	9/1/2024 - 8/31/2025	County	Community Mental Health Grant Program OCR for Coordination of Mental Health and Intellectual Developmental Disability Services for Harris County. [FY25 Revenue NTE: \$2,115,000.00].
6	Harris County Community Supervision and Corrections Department	Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of Interlocal Agreement for the Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD. [Revenue FY25 NTE: \$5,951,331.00].
7	Harris County Office of County Administration	Community Initiated Mental Health and Resiliency Care Program	Renewal	9/1/2024 - 10/25/2024	Federal Grant	Amendment to decrease the NTE and reallocate funds for FY25 for the Community Initiated Mental Health and Resiliency Care Program. [Revenue FY25 NTE: \$1,200,000.00]
8	MHMRA of Brazos Valley	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of revenue Agreement to provide Crisis Intervention Helpline Services to Callers. [Revenue FY25 NTE: \$81,000.00].
9	North Texas Behavioral Health Authority	Crisis Intervention Helpline Services to Consumers	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of Revenue Agreement to provide Crisis Intervention Helpline Services to Consumers.
10	Texas Department of Family and Protective Services	Renewal	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal to address the regional referral process, coordination of services and sharing of information between The Harris Center and Texas Department of Family and Protective Services.
11	The Burke Center	Crisis intervention Helpline Services to Consumers.	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of Revenue Agreement to provide Crisis Intervention Helpline Services to Consumers.
12	The University of Texas Health Science Center at Houston on behalf of Harris County Psychiatric Center	Mental health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of ILA for Mental health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds. [HCPC]. [FY25 \$47,463,519.20].
13	University of Houston Downtown Marilyn Davies College of Business	New Affiliation Agreement	New Contract	7/1/2024 - 7/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Houston Downtown Marilyn Davies College of Business to complete graduate and undergraduate field placements as part of their degree requirements.
14	University of Houston-College of Medicine	Physician will provide primary care services to patients at Agency's Clinics (Southeast, Southwest, Northwest and Northeast) and for Crisis Services.	Renewal	9/1/2024 - 8/31/2025	Federal Grant	Annual renewal of Primary Care Services Agreement that serve patients at the Agency's Clinics and for Crisis Services. [FY25 NTE: \$781,558.00].

Minris Annual Renewal Evaluation

Mental Health and IDD					
Current Fiscal Year Contract Information					
Current Fiscal Year 2024					
Contract ID#* 2023-0736					
Contractor Name * Baylor College of Medicine - Department of Psychiatry and Behavioral Sciences					
Service Provided* (?) Psychiatric Resident Educational Rotation Services					
Renewal Term Start Date* 7/1/2024	Renewal Term End Date * 6/30/2025				
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 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* (?) \$ 170,186.27
Rate(s)/Rate(s) Description \$63.45 per hour for 32 hours per week per resident
Unit(s) Served* 2208
G/L Code(s)* 540504
Current Fiscal Year Purchase Order Number* CT143447
Contract Requestor* Danyalle Evans
Contract Owner* Felecia Garner
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?* (?)
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 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	Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 2208	Amount Charged to \$ 105,730.56	Unit*	Expense/GL Code No.* 540504			
Budget Manager* Shelby, Debbie		econdary Budget ooper Jr., Michael	Manager*			
**************************************		A 1880 A 1880 A 24 - 1880 A 1880				
Provide Rate and Rate Descriptions 63.54 per hour for 32 hours per week	60-64 M 100 - C - 000-60-000-000-000-000-000-000-000-00					
Project WBS (Work Breakdown Stre						
Psychiatric Residency Program for Fo and Crisis						
Fiscal Year* (?)	Aı	mount* (?)				
2025	\$	105,730.56				
Next Fiscal Year Not to Exceed Am 105730.56	ount for Master Pooled	d Contracts				
Contract Funding Source*						
Federal Grant	NA ALMERT HE	等于2006年				
Contract Content Changes	5					
Are there any required changes to	the contract language	?* (?)				
Yes No						
Will the scope of the Services chan Yes No	nge?^					
Is the payment deadline different th	nan net (45)?*					
Yes No						
Are there any changes in the Perfo Yes No	rmance Targets?*					
Are there any changes to the Subm Yes No	nission deadlines for n	otes or supportir	ng documentation?*			
File Upload (?) ID 2023-0736 Baylor - UPDATED FY2	25 Contract (002).docx	112.9	5KB			
Contract Owner						
Contract Owner* (?)						
Please Select Contract Owner Felecia Garner						
Budget Manager Approval	(s)	T Visit				

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
Felecia Garrer, HD	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/29/2024

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

Fiscal Year* (?)

Amount* (?)

2025

\$ 100,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type (1)						
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 Servi	ces Being Provided* (?)					
Contractor will provide physical and medical examinations	for all patients admitted to the					
Crisis Stabilization Unit (CSU).						
Contract Owner*						
Kim Kornmayer						
Desired History of Contraction with VandariOnstruct	*					
Previous History of Contracting with Vendor/Contract	or					
Yes No Unknown						
Please add previous contract dates and what services	wara provided*					
	s were provided					
Currently under contract; contract ID 7521.						
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)					
Yes No Tuknown						
Community Partnership * (?)						
○ Yes ○ No ● Unknown						
Tes Wild Williams						
Supporting Documentation Upload (?)						
	CONTRACTOR OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF T					
Vendor/Contractor Contact Person						
Name*						
Linda Tran Dinh, FCM Department Administrator						
Address*						
Street Address						
One Baylor Plaza						
Address Line 2						
City	State / Province / Region					
Houston	TX					
Postal / Zip Code	Country					
Samuel Control of the						
77030	US					
Phone Number*						
(713) 798-7777						
Email*						
lt3@bcm.edu						
Budget Section	Budget Section					
D 1 (11 % 1 A : 2: ::						
Budget Units and Amounts Charged to e	ach Budget Unit					

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9209 \$ 100,000.00 543011 **Budget Manager** Secondary Budget Manager Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable * (?) \$8,333.33 per month for physical examinations 2-5 estimated physical examinations per day Project WBS (Work Breakdown Structure)* (?) NA Requester Name **Submission Date** Singh, Patricia 7/29/2024 Budget Manager Approval(s) Approved by Approval Date Todel Oshman 7/29/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 7/29/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/30/2024

Other

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

- Yes
- No
- Unknown

Renewal of Existing Contract

Contract NTE* (?) \$ 9,600.00
Rate(s)/Rate(s) Description \$800.00 per month x 12 months
Unit(s) Served* 0000
G/L Code(s)* 126006
Current Fiscal Year Purchase Order Number* CT143193
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?* 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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit							
Budget Unit Number* 3636	Amount Charged to Unit* \$ 9,600.00	Expense/GL Code No.* 126006					
Budget Manager* Johnson, Kenyonika	Secondary E Kerlegon, Ch	Budget Manager* arles					
Provide Rate and Rate Descriptions if applicable * (?) See attachment for rate and rate description.							
Project WBS (Work Breakdown Structure) * (?) N/A							
Fiscal Year* (?)	Amount* (?)						
2025	\$ 9,600.00						
Next Fiscal Year Not to Exceed N/A Contract Funding Source*	Amount for Master Pooled Contract	s					
Contract Content Chang	ges						
Are there any required changes Yes No	to the contract language?* (?)						
Will the scope of the Services of 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 So	Are there any changes to the Submission deadlines for notes or supporting documentation?* • Yes • No						
File Upload (?) FY25 Renewal City of El Lago.pd	r	164.33KB					
Contract Owner		⊘					
Contract Owner* (?)							
Please Select Contract Owner Dr. Evanthe Collins							
Budget Manager Appro	val(s)	0					

Approved by	
Charles Kerlegon	
Contract Owner Approval	<u> </u>
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	7/10/2024

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 6627 Contractor Name* Gulf Bend Center, The Community Mental Health and Service Provided* (?) Crisis Intervention Helpline 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 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 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 Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance 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* (?) \$ 66,000.00
Rate(s)/Rate(s) Description (\$5,500.00) for a call volume of 30 I to 500 calls per month. If, volume of call(s) exceed 10% of current contracted range the said volume will be billed at Twelve Dollars (\$12) per call
Unit(s) Served* 7001
G/L Code(s)* 420015
Current Fiscal Year Purchase Order Number*
Contract Requestor* Millie Wong
Contract Owner* Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
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?* (?)
• • • • • • • • • • • • • • • • • • • •

Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number* 7001	Amount Charged to Unit* \$ 66,000.00	Expense/GL Code No.* 420015
Budget Manager* Ilejay, Kevin	Secondary Bu Campbell, Rica	dget Manager* rdo
Provide Rate and Rate Descri	ptions if applicable* (?)	
Project WBS (Work Breakdow N/A	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 66,000.00	
Contract Funding Source* County Contract Content Cha	nges	
County Contract Content Cha	es to the contract language?* (?)	
County Contract Content Char Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) change?*	
County Contract Content Char Are there any required chang Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?* rent than net (45)?*	
County Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference of the services Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* rent than net (45)?*	porting documentation?*
County Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference of the services Yes No Are there any changes in the Yes No Are there any changes to the	es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*
County Contract Content Char 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 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?*
County Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed to the 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?*

Approved by

Revin ilajay

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Scude

7/3/2024

Consumer Driven Contract

Affiliation or Preceptor

BAA/DUA

Pooled Contract

Memorandum of Understanding

Renewal of Existing Contract

New Contract/Agreement

Service/Maintenance

Lease

Other

Amendment to Existing Contract

IT/Software License Agreement

	Vendor/Contractor a Historically Underutilized Business (HUB) (?)
	Yes No
	Unknown
	Contract NTE* (?)
	\$ 2,115,000.00
	Rate(s)/Rate(s) Description N/A
	Unit(s) Served* N/A
	G/L Code(s)*
	N/A
	Current Fiscal Year Purchase Order Number* N/A
	Contract Requestor*
	Priscilla Ramirez
	Contract Owner*
	Kim Kornmayer
	File Upload (?)
Control of the last of the las	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?* (?)
	Did Contractor render services consistent with Agency policy and procedures?* (?) ® Yes ® No
	Maintained legally required standards for certification, licensure, and/or training?* (?)
	Yes No
STATE OF THE PERSON	Renewal Determination
- 1	Thenewal Betermination

Is the contract being renewed f Pyes No	for next fiscal year with this Contracto	r?* (?)
Renewal Information fo	r Next Fiscal Year	(
Budget Units and Amou	unts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9402	\$ 599,761.00	403026
Budget Manager* Ramirez, Priscilla	Secondary Bu Puente, Giova	udget Manager*
Budget Unit Number* 9407	Amount Charged to Unit* \$ 1,515,239.00	Expense/GL Code No. * 403026
Budget Manager*		ıdget Manager*
Ramirez, Priscilla	Puente, Gioval	
Provide Rate and Rate Descrip	and provided of the least of the state of th	
Based on annual revenue contract		
Project WBS (Work Breakdown	Structure)* (?)	
N/A		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 2,115,000.00	
2025 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan	\$ 2,115,000.00 Amount for Master Pooled Contracts ges s to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required changes Yes No Will the scope of the Services of Yes No Is the payment deadline difference.	\$ 2,115,000.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required changes Yes No Will the scope of the Services of Yes No Is the payment deadline difference Yes No	\$ 2,115,000.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required changes Yes No Will the scope of the Services of Yes No Is the payment deadline differed Yes No Are there any changes in the P	\$ 2,115,000.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required changes Yes No Will the scope of the Services of Yes No Is the payment deadline differed Yes No Are there any changes in the Polyes No	\$ 2,115,000.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	
Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required changes Yes No Will the scope of the Services of Yes No Is the payment deadline differed Yes No Are there any changes in the Polyes No	\$ 2,115,000.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?*	

Please Explain* Invoice was originally due on the 20th, Harris County has agreed to make the deadline the 25th of the following month. Need to clarify if the 25th falls on the weekend, does that impact the deadline due date. File Upload (?) **Contract Owner** Contract Owner* (?) Please Select Contract Owner Kim Kornmayer **Budget Manager Approval(s)** Approved by Priscilla M. Ramirez **Contract Owner Approval** Approved by KIN KORNMAYER Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/31/2024

MHARRIS

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n .
Current Fiscal Year 2024	
Contract ID#* 6139	
Contractor Name* Harris County Community Supervision and Corrections D	Department
Service Provided* (?) Dual Diagnosis Residential Program for treatment (138 E Humble, Texas for CSCD.	Beds) at 2312 Atascocita Road,
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 \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s) * Check all that Apply	
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
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 Yes No Unknown	ness (HUB) (?)

Contract NTE* (?)
\$ 5,951,331.00
Rate(s)/Rate(s) Description N/A
Unit(s) Served* N/A
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor*
Sheenia Williams-Wesley
Contract Owner*
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?*
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?* (?) See See 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	Budget Units and Amounts Charged to each Budget Unit	
Budget Unit Number* 6401	Amount Charged to Unit* \$ 5,951,331.00	Expense/GL Code No.* 540000
Budget Manager* Williams-Wesley, Sheenia	Seconda Jiles, Mor	ry Budget Manager*
Provide Rate and Rate Description/a	ons if applicable * (?)	
Project WBS (Work Breakdown S	structure)* (?)	
Fiscal Year* (?)	Amount* \$ 5,951,3	
Next Fiscal Year Not to Exceed A		
Contract Funding Source* County Contract Content Chang	es	
Are there any required changes to Yes No Will the scope of the Services changes to Yes No		
Is the payment deadline different Yes No	t than net (45)?*	
Are there any changes in the Per Yes No	formance Targets?*	
Are there any changes to the Sul	bmission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		⊘
Contract Owner* (?) Please Select Contract Owner		
Monalisa Jiles Budget Manager Approv	al(s)	0

Contract Owner Approval Approved by **Contracts Approval** Approve* **Yes No, reject entire submission Return for correction Approved by* Approval Date* **Belinda Stude**	Approved by	
Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Sheenia Wittiams-Wesley	
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*	Monatisa Tites	
 Yes No, reject entire submission Return for correction Approved by * Approval Date *		
No, reject entire submission Return for correction Approved by * Approval Date *		
Approved by * Approval Date *		
Approved by * Approval Date *		
Approval Date*	Return for correction	
	Approved by *	
Belinda Stude 8/2/2024		Approval Date*
	Belinda Stude	8/2/2024

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	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busines	e (HIIR) (2)
Yes	(1100)(1)
No	
Unknown	
Oliviowii	
Contract NTE* (?)	
\$ 2,960,590.00	
B. (AND. (AND. AND.	
Rate(s)/Rate(s) Description	
\$3,010,700.00 allocated in year 1; \$2,960,590.00 allocated	
in year 2; \$2,960,590.00 allocated in year 3;	
Unit(s) Served*	
7008	
*	
G/L Code(s)*	
435060	
Current Fiscal Year Purchase Order Number*	
N/A	
Contract Requestor*	
Millie Wong	
Contract Owner*	
Jennifer Battle	
Jennier Dattie	
File Upload (?)	
Evaluation of Current Fiscal Year Perform	nance
Have there been any significant performance deficienc	ies within the current fiscal year?*
○ Yes ⊚ No	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent v	with standards of the profession?*
	Man otaliaarab of the profession.
Yes No	
Did Contractor adhere to the contracted schedule?* (?)	
Yes No	
	0 * (2)
Were reports, billing and/or invoices submitted in a tim	ely manner?" (*)
Yes No	

Did Contractor provide adequa Agency?* (?)	te or proper supporting documentat	on of time spent rendering services for the
Yes No		
Did Contractor render services	consistent with Agency policy and p	procedures?* (?)
Yes No		
	ndards for certification, licensure, ar	nd/or training?* (?)
Yes No		
Renewal Determination		
Is the contract being renewed f	or next fiscal year with this Contract	or?* (?)
Yes No		
Renewal Information fo	r Next Fiscal Year	
Budget Units and Amou	unts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 1,200,000.00	435060
Budget Manager* Ilejay, Kevin	Secondary E Campbell, Ri	Budget Manager*
nejay, revin	Odinpbell, N	our do
Provide Rate and Rate Descrip	tions if applicable * (?)	
n/a		
Project WBS (Work Breakdown	Structure)* (?)	
n/a		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 1,200,000.	00
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contract	s
Contract Funding Source*		
Federal Grant		
Contract Content Chan	ges	٥
Are there any required change	s to the contract language?* (?)	
Yes No		
Will the scope of the Services	change?*	
Yes No		
Is the payment deadline difference	nt than net (45)?*	
Yes No		
Are there any changes in the P Yes No	erformance Targets?*	
ICS WINU		

Are there any changes to the Submission deadling	nes 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	
Approved by	
Tennifer Battle	
Compre Succe	
Control of the Contro	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/27/2024

Current Fiscal Year Contract Information	On.	
outent issai real contract information		independent of the second
Current Fiscal Year		
024		
Contract ID#*		
022-0438		
contractor Name*		
1HMRA of Brazos Valley		
Service Provided * (?)		
crisis Intervention Helpline Services		
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 \$2	250 000 00)	
vi innomination Chiv Cidra NTE AUTOUR IS LESS MAN 37	250.000.00)	
Board Approval (Total NTE Amount is \$250,000.00		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
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)	
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		
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)	
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 Tag-On	
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	0000
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	
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	
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	
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	
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 New Contract/Agreement Amendment to Existing Contract	
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	
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	
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* (?) \$ 81,000.00
Rate(s)/Rate(s) Description (\$6,750.00) for call volume of 501 to 700 calls per month. If, volume of call(s) exceeds 10% of the current contracted range then said volume will be billed at Eleven Dollars (\$11.00) per call
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
Contract Requestor* Millie Wong
Contract Owner* Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
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*** Amount Charged to Unit* Expense/GL Code No.* 7001 420015 \$ 81,000.00 Budget Manager* Secondary Budget Manager* Ilejay, Kevin Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) N/A Project WBS (Work Breakdown Structure) * (?) Amount* (?) Fiscal Year* (?) \$ 81,000.00 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)?* 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

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

7/3/2024

Mental Health and IDD	
Current Fiscal Year Contract Information	1 💍
Current Fiscal Year	
2024	
Contract ID#*	
7605	
Contractor Name*	
North Texas Behavioral Health Authority	
Service Provided * (?)	
Crisis Intervention Helpline Services to Callers	
	Barrand Tarra Ford Data *
Renewal Term Start Date* 9/1/2024	Renewal Term End Date * 8/31/2025
	0/3/1/2025
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	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
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 	 Amendment to Existing Contract Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	■ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (2)
Yes	() (
No No	
Unknown	

	Contract NTE* (?)
F	Rate(s)/Rate(s) Description 14.00/ per call
0	Init(s) Served*
0	G/L Code(s)*
0	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Millie Wong
	contract Owner* ennifer Battle
F	ile Upload (?)
E	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?*
	old Contractor perform duties in a manner consistent with standards of the profession?* Yes No
	Did Contractor adhere to the contracted schedule?* (?) Yes No
	Vere 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?* (?)
100	Yes No Renewal Determination
l:	s the contract being renewed for next fiscal year with this Contractor?* (?)
	No Yes ○ No Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit		
Budget Unit Number* 7001	Amount Charged to Unit* \$ 186,000.00	Expense/GL Code No.* 420015
Budget Manager* Ilejay, Kevin	Secondary E Campbell, Ri	Budget Manager* cardo
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdown	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?) \$ 186,000.00	
	a Amount for Master Pooled Contract	
TOTAL TOUR TOUR NOTICE EXCEPT	uni isi maatai i ooloa ooliilaa	-
Contract Funding Source* County		
Contract Content Char	iges	0
Are there any required change	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 I	Performance Targets?*	
	Submission deadlines for notes or su	pporting documentation?*
File Upload (?)		
Contract Owner	and the control of th	<u> </u>
Contract Owner* (?) Please Select Contract Owner		
Jennifer Battle		
Budget Manager Appro	oval(s)	©

Approved by

Revin ilajay

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

7/3/2024

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on.
Current Fiscal Year	
2024	
Contract ID#*	
2023-0622	
Contractor Name*	
Texas Department of Family and Protective Services	
Service Provided* (?)	
To address the regional referral process, coordination o between The Harris Center and Department of Family a	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
 ✓ 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 	
a culti	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Application	Sole SourceRequest 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 Busi	ness (HUB) (?)
O Yes	
◎ No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Sandra Brock
Contract Owner* Sandra Brock
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 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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.* 595000
Budget Manager*		Secondary Budge	t Manager*
Shelby, Debbie		Hooper Jr., Michae	Г
Provide Rate and Rate Descrip No funds required. MOU for refer Project WBS (Work Breakdown NA	rral services only.		
Fiscal Year* (?)		Amount* (?)	
2025		\$ 0.00	
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	s to the contract langua	ge?* ^(?)	
Yes No			
Are there any changes in the F Yes No	1		
Are there any changes to the S Yes No	Submission deadlines fo	r notes or support	ing documentation?*
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?)			
Please Select Contract Owner Sandra Brock			
Budget Manager Appro	oval(s)	1000 T 400	②

Debbie Chambers Shelby	
ontract Owner Approval	•
pproved by	
Sandra Brock	
ontracts Approval	
pprove*	
Yes	
No, reject entire submission Return for correction	
pproved by *	
proved by	Approval Date*
Belinda Stude	7/23/2024

- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- 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 No
- Unknown

Contract NTE * (?)
\$ 66,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
G/L Code(s)*
Current Fiscal Year Purchase Order Number*
Contract Requestor* Millie Wong
Contract Owner* Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
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* 7001	Amount Charged \$ 66,000.00	to Unit*	Expense/GL Code No.* 420015
Budget Manager* Ilejay, Kevin		Secondary Budge Campbell, Ricardo	t Manager*
Provide Rate and Rate Descrip	tions if applicable* (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?)		Amount* (?) \$ 66,000,00	
Next Fiscal Year Not to Exceed	Amount for Master Poo		
Contract Funding Source*			
Contract Content Chan	ges		
Are there any required change	s to the contract langua	ge?* (?)	
Will the scope of the Services change?*			
Is the payment deadline difference of 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 fo	r notes or support	ing documentation?*
File Upload (?)			
Contract Owner			⊙
Contract Owner* (?)			
Please Select Contract Owner Jennifer Battle			
Budget Manager Appro	oval(s)		•

Approved by

Revin ilijay

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission
Return for correction

Approved by *

Approval Date*

7/3/2024

- Not Applicable (If there are no funds required)
- 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

O Yes	
No	
Unknown	
Contract NTE* (?)	
\$ 47,463,519.20	
Rate(s)/Rate(s) Description	
\$700.00 per bed day	
Unit(s) Served*	
2186, 2221, 2222, 9300	
011 0 - 1-(-)*	
G/L Code(s)*	
543056, 543002	
Current Fiscal Year Purchase Order Number*	
CT143717-Post-charge Medication, CT143717-Competency	
Restoration	
Contract Requestor*	
Lance Britt	
Contract Owner*	
Lance Britt	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	•
	•
Have there been any significant performance deficiencies within the current fiscal year?*	0
Have there been any significant performance deficiencies within the current fiscal year?* Yes No	0
Have there been any significant performance deficiencies within the current fiscal year?*	0
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?* Yes No	\times
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	\times
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?*(?)	⊘
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	es 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 service Agency?*(?)	es 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	es 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 service Agency?*(?)	es 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 Agency?*(?) Yes No	es 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 Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?*(?) Yes No	es 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 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 service 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	es 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 Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?*(?) Yes No	es for the

Is the contract being renewed	for next fiscal year with this	Contractor	?* (?)
● Yes ● No Renewal Information f	or Novt Eiseal Voar		
Reflewar mormation i	of Next Fiscal feat		
Budget Units and Amo	ounts Charged to each	n Budget	Unit
Budget Unit Number*	Amount Charged to I	Jnit*	Expense/GL Code No.*
2186	\$ 34,433,019.20		543002
Budget Manager* Shelby, Debbie		ondary Bud oper Jr., Mich	dget Manager* nael
Budget Unit Number* 2221	Amount Charged to 0 \$ 5,876,500.00	Unit*	Expense/GL Code No.* 543069
Budget Manager* Shelby, Debbie		condary Bud	dget Manager* nael
Budget Unit Number*	Amount Charged to I \$ 5,621,000.00	Unit*	Expense/GL Code No.* 543056
Budget Manager* Shelby, Debbie		ondary Bud	dget Manager* nael
Budget Unit Number* 9300	Amount Charged to 0 \$ 1,533,000.00	Unit*	Expense/GL Code No.* 543056
Budget Manager* Shelby, Debbie		ondary Bu	dget Manager*
Provide Rate and Rate Descri 0.00 Project WBS (Work Breakdow 0.00			
Fiscal Year* (?)	Am	nount* (?)	эмэлионын нээн нэг нэг нэг нэг нэг нэг нэг нэг н
2025	\$ 4	7,463,519.2	0
Next Fiscal Year Not to Excee Contract Funding Source*	d Amount for Master Pooled	Contracts	
State State			
Contract Content Cha	nges		•
Are there any required chang Yes No	es to the contract language?	* (?)	
Will the scope of the Services Yes No	change?*		

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 Yes No	notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner Lance Britt	
Budget Manager Approval(s)	0
Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	O
Approved by	
Lance Britt	
Contracts Approval	
Approve*	,
Yes	
No, reject entire submissionReturn for correction	
Approved by *	
	Approval Date* 8/1/2024

HARRIS Executive Contract Sur	mmary
Contract Section	
Contractor*	
University of Houston Downtown Marilyn Davies College	ge of Business
Contract ID #*	
NA .	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/20/2024	
Parties*(?)	The of Header December 11 to 12 December 12
The Harris Center for Mental Health and IDD and Univ Business	ersity of Houston Downtown Marilyn Davies College of
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$	
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 QualificationTag-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 * (?)
7/1/2024	7/31/2028
If contract is off-cycle, specify the contract term (?)	ı.
Fiscal Year* (?)	Amount* (?)

HARRIS Executive Contract Sun	nmary
Contract Section	
Contractor* Dallas Theological Seminary Contract ID #*	
Presented To * Resource Committee Full Board Date Presented *	
8/20/2024 Parties*(?) Dallas Theological Seminary & The Harris Center 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 Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) 	Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information* New Contract Amendment	
Contract Term Start Date * (?) 6/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 6/30/2028
Fiscal Year* (?) 2024	Amount* (?) \$ 0.00
Funding Source* General Revenue (GR)	

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 Servi	ices Being Provided * (?)
This agreement will allow students enrolled in Dallas The	a Towns on the second of the s
clinical field placements as part of their degree requireme	American de la constant de la consta
skills gained through education while adhering to agency	policy and procedures.
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
	(IIIID)*(2)
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (7)
Yes No • Unknown	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
Dallas Theological Seminary	
Supporting Documentation Upload (?)	
Supporting Documentation Upload (?) 2E - Practicum-Site-Application.pdf	166.91KB
2E - Practicum-Site-Application.pdf	166.91KB
TO SHOULD BE AND	166.91KB
2E - Practicum-Site-Application.pdf	166.91KB
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person	166.91KB
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name*	166.91KB
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name* Rocelee Lubina	166.91KB
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name* Rocelee Lubina Address*	166.91KB
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address	166.91KB ○
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2	
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue	State / Province / Region TX
2E - Practicum-Site-Application.pdf Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas	State / Province / Region TX
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas Postal / Zip Code 75204-6411	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas Postal / Zip Code 75204-6411 Phone Number*	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas Postal / Zip Code 75204-6411	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas Postal / Zip Code 75204-6411 Phone Number*	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas Postal / Zip Code 75204-6411 Phone Number* (214) 887-5509.	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Rocelee Lubina Address* Street Address 3909 Swiss Avenue Address Line 2 City Dallas Postal / Zip Code 75204-6411 Phone Number* (214) 887-5509. Email*	State / Province / Region TX Country

Budget Unit Number* 1108	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* NA
Budget Manager Campbell, Ricardo	10 TO THE	Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions	s if applicable*(?)		
Project WBS (Work Breakdown Str	ucture)* ^(?)		
Requester Name Daswani, Bianca		Submission Date 6/13/2024	
Budget Manager Approval	l(s)		<u></u>
Approved by Ricardo Campbell		Approval Date 6/13/2024	
Procurement Approval			0
File Upload (?)			
Approved by Sign Contract Owner Approval		Approval Date	
Approved by <i>Hinfa Escobar</i>		Approval Date 6/20/2024	
Contracts Approval Approve* Yes	•	· · · · · · · · · · · · · · · · · · ·	
 No, reject entire submission Return for correction Approved by * Belinda Stude		Approval Date* 7/17/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 7309 Contractor Name* University of Houston-College of Medicine Service Provided* (?) Physician will provide primary care services to patients at Agency's Clinic (Southeast, Southwest, Northwest and Northeast). 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) 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 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

-	Contract NTE* (?) \$ 635,000.00
	Rate(s)/Rate(s) Description
Assertation and an address of the last	Unit(s) Served* 2801
	G/L Code(s)* 543011
and the same of th	Current Fiscal Year Purchase Order Number* CT143239
	Contract Requestor* Lance Britt
Section Company of the Company of th	Contract Owner* Lance Britt
distance countries	File Upload (?)
Contraction of the last of the	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* No
OCCUPANTA NAME OF STREET	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
STREET, SQUARE, STREET, SQUARE, SQUARE	Did Contractor adhere to the contracted schedule?* (?) • Yes • No
The second designation of the second	Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes • No
Contraction of the Contraction o	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
distribution of the last	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
Security Statement of the least	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. *

2200 \$ 236,864.00 543011

Budget Manager* Secondary Budget Manager*

Shelby, Debbie Hooper Jr., Michael

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

2120 \$ 306,000.00 543011

Budget Manager* Secondary Budget Manager*

Shelby, Debbie Hooper Jr., Michael

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9261 \$ 55,407.00 540507

Budget Manager * Secondary Budget Manager *

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9264 \$ 20,454.00 540507

Budget Manager * Secondary Budget Manager *

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9267 \$ 19,272.00 540507

Budget Manager * Secondary Budget Manager *

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9403 \$ 33,906.00 540507

Budget Manager * Secondary Budget Manager *

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9405 \$ 61,930.00 540507

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9501 \$ 22,726.00 540507

Budget Manager* Secondary Budget Manager*

Budget Manager Secondary Budget Manager

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9502 \$ 24,999.00 540507

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Provide Rat	te and Rate Descriptions if applicable (?)	
6160	2070 0 i b	040
total	2279.2 service hours yearly \$89 per hr \$202,8	849
	207.2 service hours yearly \$173 per hr \$35,8	46
	2072 service hours yearly \$89 per hr \$184,40	08
total MD 1.0FTE : total	2072 service hours yearly \$173 per hr \$358,4	456
	S (Work Breakdown Structure)* (?)	
n/a	5 (WORK Dreakdown Structure) 107	
Fiscal Year	* (?)	Amount* (?)
2025		\$ 781,558.00
Next Fiscal	Year Not to Exceed Amount for Master Po	poled Contracts
	ınding Source*	
Federal Gra	nt	
Contract	Content Changes	<u> </u>
Are there ar	ny required changes to the contract langu	age?* (?)
● Yes ● N	No	
Will the sco	ppe of the Services change?*	
● Yes ● N		
Is the navm	ent deadline different than net (45)?*	
● Yes ● N		
	ny changes in the Performance Targets?*	
Yes		
	ny changes to the Submission deadlines f	for notes or supporting documentation?*
○ Yes ⊚ N		or notes of supporting documentation?
File Upload		
rile Opioau	(1)	
Contract	Owner	
Contract Ov	wner* (?)	
	Contract Owner	
Lance Britt		
Budget N	Manager Approval(s)	©

Approved by	Approved by
Debbie Chambers Shelby	Priscilla M. Ramirez
Contract Owner Approval	Ć
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submissionReturn for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/17/2024

EXHIBIT R-6

AUGUST 2024 NEW CONTRACTS 100k - 250k

SNAPSHOT SUMMARY AUGUST 2024 NEW CONTRACTS FISCAL YEAR 2024 \$100,000 to \$250,000 FISCAL YEAR 2024

CONTRACTOR PRODUCT/SERVICE DESCRIPTION | NTE AMOUNT CONTRACT PERIOD FUNDING BID/TAG-ON COMMENTS ACCESS **ADMINISTRATION** CPEP/CRISIS SERVICES **FORENSICS** \$240,500.00 9/1/2024 - 8/31/2025 John Matthew Fabian, Psy.D, J.D., Court Ordered Competency and County Request for New Agreement to provide court ordered competency and sanity assessments for ABPP Sanity Assessments for the Quote the Competency and Sanity program funded by the Harris County Court Competency and Sanity Program Administration. INTELLECTUAL DEVELOPMENTAL **DISABILITY SERVICES** MENTAL HEALTH MENTAL HEALTH SERVICES-ECI LEASES

HARRIS Executive Contract Sur	nmary
Contract Section	
Contractor* John Matthew Fabian, Psy.D, J.D., ABPP	
Contract ID #* 2024-0909	
Presented To* Resource Committee Full Board	
Date Presented* 8/20/2024	
Parties* (?) The Harris Center for MH and IDD Services and John	Matthew Fabian
Agenda Item Submitted For: * (?) 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 Other
Funding Information*	
New Contract	
Contract Term Start Date * (?) 9/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2025
	Amount* (?)
Fiscal Year* (?)	3. A. C.

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
Treneward Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)
Dr. Fabian will provide court ordered competency and sa	nity assessments for the
Competency and Sanity program funded by the County C	Court Administration.
Contract Owner*	
Monalisa Jiles	
Previous History of Contracting with Vendor/Contrac	ttor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership* (?)	
Yes No Wunknown	
Supporting Documentation Upload (?)	9
V 1 10 1 0 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1	
Vendor/Contractor Contact Person	<u> </u>
Name*	
John Matthew Fabian	
John Matthew Pablah	
Address*	
Street Address	
5716 West US Highway 290 Service Road	
Address Line 2	
Suite 110	
City	State / Province / Region
Austin	TX
Postal / Zip Code	Country
78735	US
Phone Number*	
2163386462	
E1*	
Email*	
john@johnmatthewfabian.com	
Budget Section	<u> </u>
Alexandrander of the control of the	
Budget Units and Amounts Charged to	each Budget Unit
Badget Office and Amounts Offarged to	Caon Dauget Offit

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6205 \$ 240,500.00 543065 **Budget Manager** Secondary Budget Manager Williams-Wesley, Sheenia Jiles, Monalisa Provide Rate and Rate Descriptions if applicable * (?) Competency assessment - \$1000, Sanity assessment -\$1500 176 *\$1000 = 176,000 + 43* 1500 = \$64,500 total NTE \$240,500 Project WBS (Work Breakdown Structure)* (?) **Submission Date** Requester Name 7/10/2024 Williams-Wesley, Sheenia Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wesley 7/10/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/22/2024 **Contract Owner Approval** Approved by **Approval Date** Monalisa Tiles 7/22/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/22/2024

EXHIBIT R-7

AUGUST 2024 AMENDMENTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

AUGUST 2024 FISCAL YEAR 2024

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS	INCREASE	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	AMOUNT	AMOUNT	NE AMOUNT	CONTRACT PERIOD	TONDING	DID/TAG OIL	COMMILITY
ACCESS								
ADMINISTRATION			Excellent Volume					
P-Nursing (LVNs and MAs)	Temporary Nursing Personnel Services	\$70,000.00	\$105,945.00	\$175,945.00	9/1/2023 - 8/31/2024	General Revenue	Tag-On	Amendment to increase the NTE to cover existing invoices through the
, , , , , , , , , , , , , , , , , , , ,	for Licensed Vocation Nurses (LVN's),	,	,	***************************************	2012 4 (2014 2014 2014 2014 2014 2014 2014 2014 2014 2014	(GR)	, , , , , , , , , , , , , , , , , , ,	end of FY24.
	Medical Assistants (MAs), Licensed							
	Practical Nurses (LPNs) and Certified							
	Nursing Assistances (CNAs)							
WebHead Technologies, Inc. d/b/a	Design, Develop, and Manage the	\$180,000.00	\$29,077.44	\$209,077.44	9/1/2024 - 8/31/2025	General Revenue	Request for	Amendment to increase the FY25 NTE due to quote received after the
Webhead	Agency's New Website	, , , , , , , , , , , , , , , , , , , ,	2 - 3			(GR)	Proposal	renewal was submitted to June's board report.
	-							
CDED/CDIGIC CEDIMORE						Para Personal		
CPEP/CRISIS SERVICES		WIND STREET			76			
FORENSICS								
						-		
INTELLECTUAL DEVELOPMENTAL			Zaroja sa					
DISABILITY SERVICES								
A4501741 11541711								
MENTAL HEALTH								
MENTAL HEALTH SERVICES-ECI						12 /4 5 5 5 6	· 新华里里 多种型	
			-			-		
LEASES			(# 150 CO					
25.025								
						-		
			-					
						-		
			-					
			-					
							-	

Fiscal Year* (?)	Amount* (?)			
2024	\$ 175,945.00			
The second secon				
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/Descrip	otion of Services Being Provided* (?)			
Increase needed to pay existing invoices three				
Contract Owner*				
Kia Walker				
Previous History of Contracting with Vene	dor/Contractor*			
Yes ○ No ○ Unknown				
Please add previous contract dates and v	what services were provided*			
yes	and the contract of the contr			
Vendor/Contractor a Historically Underuti	ilized Business (HUB)* (?)			
Yes ○ No ○ Unknown				
Community Partnership* (?)				
● Yes ● No ● Unknown				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Per	rson			
Name*				
n/a				
Address*				
Street Address				
na Address Line 2				
na City	State / Province / Region			
200-	na			
na				
Postal / Zip Code na	Country na			
	555			
Phone Number*				
na				

Email*

kia.walker@theharriscenter.org

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3550

\$ 28,375.00

540502

Budget Manager

Secondary Budget Manager

Johnson, Kenyonika

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3611

\$ 22,570.00

540502

Budget Manager Johnson, Kenyonika Secondary Budget Manager

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3530

\$ 35,000.00

540502

540502

Budget Manager Johnson, Kenyonika Secondary Budget Manager

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2214

\$ 10,000.00

Secondary Budget Manager

Budget Manager Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2213

\$ 10,000.00

540502

Budget Manager

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Submission Date

Vincent, Stacy

7/30/2024

Budget Manager Approval(s)

C

Approved by	A	
Kenyenika Tohusen	Approval Date 7/30/2024	
Approved by		
Debbio Chambers Shelvy	Approval Date 7/30/2024	
Procurement Approval		
File Upload (?)		
Approved by	Approval Date	
Sign		1000
Contract Owner Approval)
Approved by		
Kia Denae Walker	Approval Date 7/31/2024	
Contracts Approval		
Approve*		
YesNo, reject entire submission		
Return for correction		
Approved by *	*	
Belinda Stude	Approval Date* 7/31/2024	
		CONTRACT OF THE PARTY OF

Executive Contract Summary Contract Section Contractor* WebHead Technologies, Inc. d/b/a Webhead Contract ID #* 2022-0360 Presented To* Resource Committee Full Board Date Presented* 8/20/2024 Parties* (?) The Harris Center and WebHead 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 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 Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 180,000.00 Increase Not to Exceed* \$ 29,077.44

Revised Total Not to Exceed (NTE)*

\$ 209,077.44

Fiscal Year* (?)	Amount* (?)			
2025	\$ 209,077.44			
Funding Source*				
General Revenue (GR)				
Contract Description / Type * (?)				
	Consultant			
Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	■ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Ø Other Amending FY25 Renewal			
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)			
Received quote after Contract Renewal was completed for				
Contract Owner*				
Mustafa Cochinwala				
Previous History of Contracting with Vendor/Contract	or*			
	oi e			
Yes No Unknown				
Please add previous contract dates and what services	s were provided*			
FY23, FY24				
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)*(?)			
○ Yes ○ No ● Unknown	, and a second s			
Community Partnership* (?)				
Yes No Unknown				
Supporting Documentation Upload (?)				
Webhead FY25.pdf	230.19KB			
Vendor/Contractor Contact Person				
Name*				
Melissa Adame				
Address*				
Street Address				
1710 North Main Avenue				
Address Line 2				
City	State / Province / Region			
San Antonio	TX			
Postal / Zip Code	Country			
78212-3938	US			
Phone Number*				
210-354-1661				
210-334-1001				

Email* melissaadame@webheadtech.com			
Budget Section			<u> </u>
Budget Units and Amoun	its Charged to e	each Budget Ur	nit
Budget Unit Number*	Amount Charge		Expense/GL Code No.*
1130	\$ 29,077.44		553003
Budget Manager Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager
Provide Rate and Rate Description	ons if applicable* (?)		
Project WBS (Work Breakdown S N/A	tructure)* (?)		
Requester Name		Submission Date	
Hurst, Richard		7/5/2024	
Budget Manager Approve	al(s)	Manus A	
Approved by		Approval Date	
Ricardo Campbell		7/10/2024	
Procurement Approval			©
File Upload (?)			
Approved by		Approval Date	
Sign		11 11 11 11 11 11 11 11 11 11 11 11 11	
Contract Owner Approva	l ine se		O
Approved by		Approval Date	
Mustafa Cochinwala		7/15/2024	
Contracts Approval	and the second s		
Approve*			
YesNo, reject entire submission			
Return for correction			

Approved by *

Belinda Stude

Approval Date*
7/17/2024

EXHIBIT R-8

AUGUST 2024 RENEWALS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

AUGUST 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		472.000.00	4434 000 00	0/4/2024 0/24/2025	Consol	Dogwood for	Annual renewal of Agreement to provide Personnel Background Investigation
1	Carco Group, Inc. d/b/a Precheck	Personnel Background Investigation Services	\$72,000.00	\$121,800.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Services. First year renewal option.
!	Innovation Network Technologies	Deepwatch Platform	\$124,928.66	\$130,000.00	11/1/2024 - 10/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Deepwatch Platform Agreement (24/7 Security Monitoring, analysis, response and remediation of malicious activity for endpoints, servers, network devices and cloud applications). [Tag-On to TIPS Contract # 200105].
	Whitley Penn LLP	Agency External Auditing Services	\$134,873.00	\$134,873.00	5/1/2024 - 4/30/2025	General Revenue (GR)	Request for Quote	Renewal of Agreement for Agency External Auditing Services.
	Your Part-Time Controller, LLC	Temporary Placement Services for Finance and Grant's Department	\$150,000.00	\$150,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Temporary Placement Services for Finance and Grant's department.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
-	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							
+								
1								
1								
-								
+								

Rights Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2023-0742	
Contractor Name *	
Carco Group, Inc. d/b/a Precheck	
Service Provided * (?)	
Personnel Background Investigation 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	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
2.5	
Procurement Method(s)*	
Check all that Apply	Competitive Proposal
☐ Competitive Bid	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* (?) \$ 72,000.00
Rate(s)/Rate(s) Description \$49.95 bundle price per applicant.
Unit(s) Served* 1108
G/L Code(s)* 543025
Current Fiscal Year Purchase Order Number* CT143672
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?*
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?* (?)
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 Ui	nit
Budget Unit Number*	Amount Charged t \$ 121,800.00	o Unit*	Expense/GL Code No.* 543025
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*
	*		
Provide Rate and Rate Descrip Please note that it's my understa two previous contracts into one (and PO#CT143181, 49,800)	nding that we are combinin	g	
Project WBS (Work Breakdown	Structure)* (?)		
Fiscal Year* (?)		Amount* (?)	
2025	\$	121,800.00	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR)	Amount for Master Poole	ed Contracts	
Contract Content Chan	ges	and the state of the state of the	⊘
Are there any required change Yes No	s to the contract languag	e?* (?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline differe	ent than net (45)?*		
Are there any changes in the F	erformance Targets?*		
Are there any changes to the S Yes No	submission deadlines for	notes or support	ing documentation?*
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?)			
Please Select Contract Owner Ninfa Escobar			
Budget Manager Appro	oval(s)		<u> </u>

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u></u>
Approved by	
Minfa Escobar	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	7/3/2024

HARRIS CENTER for Mental Health and IDD	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
2024	
Contract ID#*	
2021-0234	
Contractor Name *	
Innovation Network Technologies	
Service Provided * (?)	
Deepwatch Platfrom (24/7 Security Monitoring, analysis	s, response and remediation of
malicious activity for endpoints, servers, network device	
Renewal Term Start Date *	Renewal Term End Date *
11/1/2024	10/31/2025
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	of 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
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Contract Description / Type	C Occupations
Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	New Contract/Agreement
Memorandum of Understanding Affiliation or Preceptor	 Amendment to Existing Contract Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 124,928.66	
Rate(s)/Rate(s) Description IT22.1147.03	
Unit(s) Served* 1147	
G/L Code(s)* 900011 and 900021	
Current Fiscal Year Purchase Order Number* CT143363	
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?* (?) • Yes • No	
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?* (?) ■ 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* \$ 130,000.00	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo	Secondary Campbell,	/ Budget Manager* Ricardo
Provide Rate and Rate Description	ons if applicable * (?)	
Project WBS (Work Breakdown S N/A	Structure)* (?)	
Fiscal Year* (?)	Amount*	
Next Fiscal Year Not to Exceed A		
Contract Funding Source * General Revenue (GR) Contract Content Changes		
Are there any required changes a Yes No Will the scope of the Services ch		
Yes No	lange r	
Is the payment deadline different Yes No	t than net (45)?*	
Are there any changes in the Per Yes No	formance 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 Mustafa Cochinwala		
Budget Manager Approv	al(s)	

Contract Owner Approval Approved by Mustafa Cochinwala Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	⊙
Approved by **Contracts Approval* Approve* Yes No, reject entire submission Return for correction Approved by*	•
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by*	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by*	
Approve* Yes No, reject entire submission Return for correction Approved by*	
 Yes No, reject entire submission Return for correction Approved by *	
 No, reject entire submission Return for correction Approved by *	
 Return for correction Approved by * 	
Approved by *	
Approval Date	
Belinda Stude 7/31/2024	

HARRIS CENTER,

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on 🗠
Current Fiscal Year	
2024	
Contract ID#*	
7693	
Contractor Name *	
Whitley Penn LLP	
Service Provided* (?)	
Agency External Auditing Services	
	•
Renewal Term Start Date *	Renewal Term End Date*
5/1/2024	4/30/2025
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)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal Not Applicable (If there are no funds required)	Consumer DrivenOther
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	

Contract NTE* (?)
\$ 134,873.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1122
G/L Code(s)* 578000
Current Fiscal Year Purchase Order Number* CT143468
Contract Requestor* Shiela Oquin
Contract Owner* Stanley Adams
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?* (?)
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* 1122	Amount Charged to Unit* \$ 134,873.00	Expense/GL Code No.* 578000
Budget Manager* Campbell, Ricardo	Seconda Campbell	ry Budget Manager* Ricardo
Provide Rate and Rate Description	ons if applicable * (?)	
Project WBS (Work Breakdown S	Structure)* (?)	
Fiscal Year* (?)	Amount*	(?)
2025	\$ 134,873	3.00
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contr	acts
General Revenue (GR)		
Contract Content Chang	es	<u> </u>
Are there any required changes Yes No	to the contract language?* (?)	
Will the scope of the Services ch Yes No	ange?*	
Is the payment deadline differen Yes No	t than net (45)?*	
Are there any changes in the Per Yes No	formance Targets?*	
Are there any changes to the Su Yes No	bmission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Stanley Adams		
Budget Manager Approv	al(s)	

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Stanley (Adams	
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 Approved by *	Approval Date* 7/17/2024
Approve* Yes No, reject entire submission Return for correction	

NoUnknown

Contract NTE* (?)
\$ 150,000.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* 1122
G/L Code(s)* 540500
Current Fiscal Year Purchase Order Number* CT143452
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?* ● 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	Budget Units and Amounts Charged to each Budget Unit		
Budget Unit Number*	Amount Charged 1 \$ 150,000.00	to Unit*	Expense/GL Code No.* 540500
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*
Provide Rate and Rate Descripti Multiple	ons if applicable * (?)		
Project WBS (Work Breakdown NA	Structure)* (?)		
Fiscal Year* (?)		Amount* (?) \$ 150,000.00	
Next Fiscal Year Not to Exceed			
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	jes	1 de	⊙
Are there any required changes Yes No	to the contract languag	e?*(?)	
Will the scope of the Services of Yes No	hange?*		
Is the payment deadline differen	nt than net (45)?*		
Are there any changes in the Performance Targets?* Yes No			
Are there any changes to the Su Yes No	ıbmission deadlines for	notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			⊙
Contract Owner* (?) Please Select Contract Owner			
Rachel Beasley			
Budget Manager Approv	val(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Rachel Beasley	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	7/18/2024

EXHIBIT R-9

AUGUST 2024 NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

AUGUST 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
1	Humble Elevator Services, Inc.	Elevator Maintenance and Inspections at 7200 N Loop E, 1215 Dennis St and 2627 Caroline	\$10,885.84	9/1/2024 - 8/31/2025	General Revenue (GR)		New Agreement to provide Elevator Maintenance and Inspections at 7200 N Loop E, 1215 Dennis St and 2627 Caroline location. A Request for Quote was completed. One hundred and thirty-six (36) vendors were contacted, and two (2) vendor quotes were received. The project team recommends Humble Elevator Services based on lower fees and proven track record for consistency. The term is an initial two (2) year period with one (1) year renewal. [FY25/26 NTE: \$21,771.68].
2	Management Recruiters of Chevy Chase D.C. LLC d/b/a The Meyers Group	Executive Recruitment Services	\$90,000.00	8/1/2024 - 8/31/2025	General Revenue (GR)		New Agreement to search for qualified candidates to fill the position of VP, Medical Services - Crisis and Forensic Programs.
3	Set Solutions Inc., d/b/a Trace3	Subscription for Information Security External Attack Surface Management and Issue Tracking as well as Benchmarking	\$32,163.73	8/1/2024 - 7/31/2027	General Revenue (GR)		New Software Subscription Agreement for Information Security External Attack Surface Management and Issue Tracking as well as Benchmarking. [Tag-on to DIR-TSO-4361].
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES						
-							
\exists							



Due Diligence Agency Elevator Services – Northeast, 1215 Dennis & Independent Living Services Request for Quote Project# FY24-0317

Purchasing received a request from Facilities to solicit a new vendor for Agency Elevator Services – Northeast, 1215 Dennis & Independent Living Services. The Team consists of Todd McCorquodale, Director of Facilities Services, Carrie Rys, Chief Administrative Officer, Lisa Cantu-Espinoza, Facility Services Coordinator, Karen Hurst, Facilities Planning Manager, and Oscar Garcia, Facilities Operations Manager.

One hundred and thirty-six (136) vendors were contacted via Bonfire. Four (4) vendors attended the mandatory site visit on Tuesday, June 18, 2024. Two (2) vendor quotes were received:

		Humble Elevator Service, Inc.				
		Monthly		Service		Other
ESCHOOL SECTION	Items	Maintenance	Inspection	Calls	Overtime	Fees
Fc	r Contract Period: 09/01/20	024 to 08/31/2026 ((3)			
	1215 Dennis, Houston,					
	Texas 77004	\$ 150.82	\$ 485.44	\$ 250.03	\$ 500.05	\$ 0.79
	2627 Caroline, Houston,					
	Texas 77004	\$ 150.82	\$ 485.44	\$ 250.03	\$ 500.05	\$ 0.79
	7200 North Loop East,					
	Houston, Texas 77028	\$ 150.82	\$ 485.44	\$ 250.03	\$ 500.05	\$ 0.79
Fo	r Contract Period: 09/01/20	026 to 08/31/2027 ((3)			
Berring 100	1215 Dennis, Houston,					
	Texas 77004	\$ 156.85	\$ 504.86	\$ 260.04	\$ 520.05	\$ 0.79
	2627 Caroline, Houston,					
	Texas 77004	\$ 156.85	\$ 504.86	\$ 260.04	\$ 520.05	\$ 0.79
	7200 North Loop East,					
	Houston, Texas 77028	\$ 156.85	\$ 504.86	\$ 260.04	\$ 520.05	\$ 0.79
		RICO Elevators, In	с.			
		Monthly		Service		Other
	Items	Maintenance	Inspection	Calls	Overtime	Fees
Fo	or Contract Period: 09/01/20	024 to 08/31/2026	(3)			
	1215 Dennis, Houston,					
	Texas 77004	\$ 225	\$ 450	\$ 150	\$ 225	\$ 225
	2627 Caroline, Houston,					
	Texas 77004	\$ 225	\$ 450	\$ 150	\$ 225	\$ 225
	7200 North Loop East,					
	Houston, Texas 77028	\$ 225	\$ 450	\$ 150	\$ 225	\$ 225

For Contract Period: 09/01/2026 to 08/31/2027 (3)							
1215 Dennis, Houston, Texas 77004	\$ 225	\$ 450	\$ 150	\$ 225	\$ 225		
2627 Caroline, Houston, Texas 77004	\$ 225	\$ 450	\$ 150	\$ 225	\$ 225		
7200 North Loop East, Houston, Texas 77028	\$ 225	\$ 450	\$ 150	\$ 225	\$ 225		

The project team for Agency Elevator Services recommends Humble Elevator Service, Inc. because their monthly fees are less than RICO Elevator Services and they have a proven track record.

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.

Humble Elevator Service, Inc.

The NTE (Not to Exceed) for three (3) years is \$20,932.86 and a contingency of \$12,000.00 for a total NTE amount of \$32,932.86, to be funded annually subject to availability of the budget each year. Forecast for each year is:

FY2025 - \$6,885.84 Annually + \$4,000.00 Contingency FY2026 - \$6,885.84 Annually + \$4,000.00 Contingency

FY2027 - \$7,161.18 Annually + \$4,000.00 Contingency

Funding Source: Unit 1899, GL Code 569009

Submitted By:

—Docusigned by: James Blunt

James Blunt, C.P.M.

Buyer II

Recommended By:

- DocuSigned by:

Sharon Brauner

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

Purchasing Manager

--- DocuSigned by:

Stanley Idams
Stanley Adams, MBA

Interim Chief Financial Officer

₩ HARRIS Executive Contract Sum	nmary
Contract Section	<u> </u>
Contractor* Humble Elevator Services, Inc. Contract ID #* 2024-0908 Presented To* Resource Committee Full Board Date Presented*	
8/20/2024 Parties*(?) The Harris Center for MH & IDD and Humble Elevator S 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#	50,000.00)
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 * (?) 9/1/2024 If contract is off-cycle, specify the contract term (?) No Fiscal Year * (?)	Contract Term End Date * (?) 8/31/2026 Amount * (?)
2025 Fiscal Year* (?) 2026	\$ 10,885.84 Amount* (?) \$ 10,885.84

Fiscal Year* (?)	Amount* (?)
2027	\$ 11,161.18
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 Services	
Elevator Maintenance and Inspections at 7200 N Loop E Caroline	, 1215 Dennis St and 2627
Contract Owner* Todd McCorquodale	
Previous History of Contracting with Vendor/Contrac	itor*
Please add previous contract dates and what service 2003 to Present	es were provided*
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) * (?)
Please provide an explanation* does not meet requirements	
Community Partnership * (?)	¥
Supporting Documentation Upload (?) Pricing Sheet (BT-67LQ) (1).xlsx	37.86KB
Vendor/Contractor Contact Person	<u>~</u>
Name * Kasey A LeDonne Address * Street Address	
PO Box 2948 Address Line 2	
City Humble Postal / Zip Code	State / Province / Region Texas Country
77347	United States

Phone Number* 281-540-2698 Email* accounting@humbleelevator.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1899 \$ 21,771.68 569009 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See RFQ Project WBS (Work Breakdown Structure)* (?) n/a Requester Name **Submission Date** Cantu-Espinoza, Lisa 7/22/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 7/22/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/22/2024 Contract Owner Approval Approved by **Approval Date** Fodd McCorquodale 7/23/2024 Contracts Approval

Approve*		
⊛ Yes		
○ No, reject entire submission		
Return for correction		
Approved by *	Annound Date *	
Belinda Stude	Approval Date*	
N NEILHAIN A TOIMA	7/23/2024	

HIARRIS ...

Executive Contract Summary

Mental Health and IDD	
Contract Section	lacktriangle
Contractor*	
Management Recruiters of Chevy Chase D.C. LLC d/b/s	a The Meyers Group
Contract ID #*	
NA	
Presented To *	
Resource Committee Full Board	
Date Presented*	
8/20/2024	
Parties* (?)	
The Myers Group and The Harris Center for Mental Hea	alth and IDD
Agenda Item Submitted For: * (?)	
	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 Consumer Driven
InterlocalNot Applicable (If there are no funds required)	Other
The trippinduple (in there are the fames requires)	
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 90,000.00
Funding Source* General Revenue (GR)	

Contract Description / Type (4)	
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 Baing Provided* (?)
New Agreement to search for qualified candidates to fill t	
- Crisis and Forensic Programs.	the position of VF, Medical Services
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contrac	tor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
70070 YOUR STREET STREE	
Yes No O Unknown	
Supporting Documentation Upload (?)	
Search Services Agreement.doc	38.5KB
Vendor/Contractor Contact Person	0
Name*	
Ronald W. Morton	
Address*	
Street Address	
11700 Old Georgetown Road	
Address Line 2	
City	State / Province / Region
N. Bethesda	MD
Postal / Zip Code	Country
20852	US
Phone Number*	
3016255600	
3016233600	
Email*	
sim@mr-themeyersgroup.com	
Budget Section	<u> </u>
Budget Units and Amounts Charged to	each Budget Unit

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 542000 1108 \$ 90,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** 6/26/2024 Escobar, Ninfa Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 6/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/12/2024 **Contract Owner Approval** Approved by **Approval Date** Minfa Escobar 7/15/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/17/2024

HARRIS Executive Contract Sum	nmary								
SCHAFFLARU ARE LED									
Contract Section	<u> </u>								
Contractor* Set Solutions Inc., d/b/a Trace3 Contract ID #* N/A Presented To*									
Resource Committee									
Full Board									
Date Presented *									
8/20/2024									
Parties* (?)									
Trace3 and The Harris Center	race3 and The Harris Center								
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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 DIR-TSO-4361								
Funding Information * New Contract Amendment									
Contract Term Start Date * (?)	Contract Term End Date * (?)								
8/1/2024	7/31/2027								
If contract is off-cycle, specify the contract term (?)									
Fiscal Year* (?)	Amount* (?)								
2024	\$ 32,163.73								
Fiscal Year* (?)	Amount* (?)								
2025	\$ 32,163.73								

Fiscal Year* (?)	Amount*(?)				
2026	\$ 32,163.73				
Funding Source*					
General Revenue (GR)					
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/Descripti	ion of Services Being Provided* (?)				
Information Security External Attack Surface M					
Benchmarking					
Contract Owner*					
Mustafa Cochinwala					
Previous History of Contracting with Vendo	or/Contractor*				
Yes No Unknown					
	*				
Please add previous contract dates and wh	nat services were provided				
FY18-FY24 Software Purchases					
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)					
Community Partnership * (?)					
Yes No Unknown					
Supporting Documentation Upload (?)					
BitSight_Trace3_Yr1.pdf	202.58KB				
Vendor/Contractor Contact Pers	on 🙆				
Name*					
Teresa Cheney					
Address*					
Street Address					
815 Walker Street					
Address Line 2					
815 Walker Street					
City	State / Province / Region				
Houston	TX				
Postal / Zip Code	Country				
77002-5715	United States				
Phone Number*					
936-689-0068					
330-003-0000					

Email* teresa.cheney@trace3.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 1130 553002 \$ 32,163.76 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See Attached Project WBS (Work Breakdown Structure)* (?) N/A Submission Date Requester Name Hurst, Richard 7/30/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/30/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/31/2024 **Contract Owner Approval** Approved by **Approval Date** Mustafa Cochinwala 7/31/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by*

Belinda Stude

Approval Date* 7/31/2024

EXHIBIT R-10

AUGUST 2024 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

AUGUST 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Behavioral Tech Institute	Consulting Services to provide Dialectical Behavior Therapy (DBT) Training to Staff	\$25,510.00	\$15,700.00	\$41,210.00	9/1/2023 - 8/31/2025	State Grant	Consumer Driven	Amendment to increase the NTE for additional DBT training.
2	MSX Group, LLC	Proprietary Budgeting Software to Maintain Internal Control of Finacial Operations	\$5,835.00	\$6,692.00	\$12,527.00	8/1/2024 - 8/31/2024	General Revenue (GR)	Sole Source	Amendment to increase the NTE to purchase additional licenses.
3	Pinnacle Business Solutions, LLC	Agency-Wide Courier Services for Mail, Pharmaceutical and Medical Records	\$86,434.46	\$1,728.69	\$88,163.15	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the FY25 NTE due to incorrect rate.
4	The McLean Hospital Corporation	Software License Agreement (Basis 24)		\$2,900.00	\$2,900.00	9/1/2024 - 8/31/2025	Private Grant		The Agreement is off cycle and will be renewed prior to December 31, 2024. However, the annual invoice is for FY25 services has to be paid in advance from FY24 budget.
5	The McLean Hospital Corporation	Software License Agreement (Perceptions of Care Webscore)		\$4,980.00	\$4,980.00	9/1/2024 - 8/31/2025	Private Grant		The Agreement is off cycle and will be renewed prior to December 31, 2024. However, the annual invoice is for FY25 services and must be paid in advance from the FY24 budget.
6	WEX HEALTH, INC. (DBA/WEX) - FSA Services	Increase in NTE to increased employee use.	\$35,000.00	\$10,000.00	\$45,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Amendment to increase the NTE due to increased employee use.
7	CPEP/CRISIS SERVICES								
4	Ci El yoliolo Selviceo								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

Executive Contract Summary Contract Section Contractor* Behavioral Tech Institute Contract ID #* 2023-0707 Presented To* Resource Committee Full Board Date Presented* 7/19/2024 Parties* (?) The Harris Center for Mental Health and IDD and Behavioral Tech Institute 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 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 8/31/2025 If contract is off-cycle, specify the contract term (?) **Current Contract Amount*** \$ 25,510.00 Increase Not to Exceed* \$ 15,700.00 Revised Total Not to Exceed (NTE)* \$ 41,210.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 41,210.00
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 Serv	vices Being Provided * (?)
Increase for additional training in DBT Skills.	Total Suning Frontisca Control Suning Frontis
Contract Owner*	
Trudy Leidich	
Previous History of Contracting with Vendor/Contracting	tor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
current contract	
Vendor/Contractor a Historically Underutilized Busin	occ (HIR)*(2)
	ess (HOB) (1)
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
cappointing Decamemant opions (4)	
Vendor/Contractor Contact Person	
Name*	
Joy Argier	
Address*	
Street Address	
same as contract	
Address Line 2	
City	State / Province / Region
same as contract	same
Postal / Zip Code	Country
same	same
Phone Number*	
Same as previous contract	

Email* jargier@behavioraltech.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Expense/GL Code No.* Amount Charged to Unit* 1182 \$ 41,210.00 542000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) see SOW Project WBS (Work Breakdown Structure)* (?) N/A Requester Name **Submission Date** 7/22/2024 Bittner, Tiffany Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/23/2024 Contract Owner Approval Approved by **Approval Date** Gertrude Leidich 7/25/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/30/2024

QO the

Mental Health and IDD	imary
Contract Section	
Contractor*	
MSX Group	
Contract ID #*	
7414	
Presented To*	
Resource CommitteeFull Board	
Date Presented* 8/20/2024	
Parties* (?) MSX Group and The Harris Center for Mental Health and	H 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 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/1/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 5,835.00	
Increase Not to Exceed*	
\$ 6,692.00	
Revised Total Not to Exceed (NTE)*	
\$ 12,527.00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 12,527.00
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
Luctification/Dumage of Contract/Decementary	f Sandaga Baing Dravidad* (2)
Justification/Purpose of Contract/Description of	
The intent of the amendment is to increase the NTE licenses.	to be able purchase additional
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Co	ntractor*
○ Yes ○ No ⑥ Unknown	
	.
Vendor/Contractor a Historically Underutilized E	Business (HUB) * (?)
Yes No Unknown	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Invoice_17445_from_MSXGROUP_LLC.pdf	21.66KB
IIIVoice_17445_IIOIII_IVIOXGROOT _EEG.pui	21.0000
Vendor/Contractor Contact Person	
*	
Name*	
Noah Mosley	
Address*	
Street Address	
100 S Pace Blvd	
Address Line 2	
City	State / Province / Region
Pensacola	FL
Postal / Zip Code	Country
32502-5004	US
Phone Number*	
(877) 456-7632	
Email*	
noah.moseley@msxgroup.com	

Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1122 \$ 6,692.00 553002 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Power Users Licenses - QTY 1 \$1,400.00 Standard User Licenses - QTY 4 \$4,320.00 Annual Support & Maintenance - QTY 1 \$972.00 Project WBS (Work Breakdown Structure)* (?) N/A Requester Name **Submission Date** Jones, Anthony 7/26/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 7/26/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by Approval Date Mustafa Cochinwala 7/31/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date* 7/31/2024

	WHAT IS	
K910	AREST.	RIS TER ₁₀
Zi.	GTPT	11112
Tal a	ASIDIN	$\Pi \Pi \Pi n$
	Health	

HARRS CENTER for Mental Health and IDD	nary
Contract Section	
Contractor*	
The McLean Hospital Corporation	
Contract ID #*	
6791	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
8/20/2024	
Parties* (?)	
The Harris Center and The McLean Hospital Corporation	
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$250)	0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven Other
	Ottle
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 0.00	
Increase Not to Exceed*	
\$ 2,900.00	
Revised Total Not to Exceed (NTE)*	
\$ 2,900.00	

Fiscal Year* (?)	Amount* (?)	
2025	\$ 2,900.00	
Funding Source*		
Private Grant		
2		
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/MaintenanceIT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Ser	vices Being Provided* (?)	
The agreement is off cycle and will be renewed prior to I	December 31, 2024. However, the	
annual invoice is for FY25 services has to be paid in adv		
Amendment is to increase FY24 budget to pay that invol	ice can be paid before end of	
August.		
Contract Owner*		
Frederic Edgar		
Previous History of Contracting with Vendor/Contracting	ctor*	
Yes No Unknown		
Please add previous contract dates and what services were provided*		
FY2023 Perceptions of Care (POC) Webscore		
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)		
	() () () () () () () () () ()	
Community Partnership* (?)		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person		
Name*		
Cynthia Taylor		
Address*		
Street Address		
115 Mill Street		
Address Line 2		
City	State / Province / Region	
Belmont	MA	
Postal / Zip Code	Country	
02478-1064	USA	

Phone Number* 6175522190 Email* ctaylor@mclean.harvard.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 1173 \$ 2,900.00 553002 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Product Code Description Quantity Fee POC-IP - WebScore (includes POC-IP survey) Inc. \$ 0 402 POC- IP - Quarterly Reports 4 reports \$ 2900 Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Josaphat, Yves 7/17/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/17/2024 Contract Owner Approval Approved by Approval Date Grederic W Edgar SV 7/18/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by*

Belinda Stude

Approval Date*
7/19/2024

Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) **Current Contract Amount*** \$ 0.00 Increase Not to Exceed* \$ 4,980.00 Revised Total Not to Exceed (NTE)* \$ 4,980.00

Fiscal Year* (?)	Amount* (?)	
2024	\$ 4,980.00	
2024	\$ 4,300.00	
Funding Source*		
Private 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 S	Services Being Provided * (?)	
The Agreement is off cycle and will be renewed prior		
annual invoice is for FY25 services and must be paid		
This amendment is to increase the FY24 budget so t		
of August.		
Contract Owner*		
Frederic Edgar		
Previous History of Contracting with Vendor/Con	tractor*	
Yes No Unknown		
Please add previous contract dates and what ser	vices were provided *	
FY24 Basis-24 End-User License		
Vendor/Contractor a Historically Underutilized Bu	usiness (HUB)*(?)	
Community Partnership* (?)		
Yes No Unknown		
Tes 9 No 9 Officiowii		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person		
Name*		
Cynthia Taylor		
Address*		
Street Address		
115 Mill Street		
Address Line 2		
City	State / Province / Region	
Belmont	MA	
Postal / Zip Code	Country	
02478-1064	USA	

Phone Number* 6178552190 Email* ctaylor@mclean.harvard.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1173 \$ 4,980.00 553002 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Product Code Description Quantity Fee 101 B24 - Survey License 4 \$ 1080 102 B24 - WebScore Inc. \$ 0 103 B24 - Quarterly Reports 4 reports \$ 3900 Project WBS (Work Breakdown Structure) * (?) Requester Name Submission Date 7/17/2024 Josaphat, Yves Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/17/2024 **Contract Owner Approval** Approved by Approval Date Grederic W Edgar IV 7/18/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/19/2024

and the	
₩ÎĀRRIS Mental Health and IDD Executive Contract Sumr	mary
Contract Section	
Contractor*	
Pinnacle Business Solutions, LLC	
Contract ID #*	
2021-0183	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
8/20/2024	
Parties* (?)	
The Harris Center and Pinnacle Business Solutions, LLC	
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
	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Not Applicable (If there are no funds required)	Consumer Driven Other
Trot Applicable (II there are no lunds required)	E Guidi
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 86,434.46	
Increase Not to Exceed*	
\$ 1,728.69	
Revised Total Not to Exceed (NTE)*	
\$ 88,163.15	

Fiscal Year* (?)	Amount* (?)
2025	\$ 88,163.15
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descripti	on of Services Reing Provided * (?)
Increase NTE to contract terms	on or dervices being Frovided
Contract Owner*	
Nicole Lievsay	
Previous History of Contracting with Vendo	or/Contractor*
Yes No Unknown	
Please add previous contract dates and wh	at services were provided*
Courier Services Mail, Pharmaceutical and Me	
FY 2024	
Vendor/Contractor a Historically Underutilize	zed Business (HUB)*(?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	on
Name*	
Pinnacle Business Solutions	
Address*	
Street Address	
P.O. Box 2546	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77252-2546	USA
Phone Number*	
7132900083	

Email*			
joe@pinnaclesolutionspro.com Budget Section		448	<u> </u>
Badget dection	en eliminet en		
Budget Units and Amount	s Charged to ea	ach Budget Un	it
Budget Unit Number* 1107	Amount Charged \$ 88,163.15	to Unit*	Expense/GL Code No.* 577000
Budget Manager		Secondary Budget	Manager
Campbell, Ricardo		Campbell, Ricardo	
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str NA	ructure)* (?)		
Requester Name		Submission Date 7/15/2024	
Lievsay, Nicole Budget Manager Approva		7/15/2024	<u> </u>
Approved by		Constitution of the second second second	
		Approval Date	
Ricardo Campbell		7/15/2024	
Procurement Approval			•
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			•
Approved by		Approval Date	
NICOLE LIEVSAY		7/15/2024	
Contracts Assumed			
Contracts Approval			
Approve* Pes			
No, reject entire submissionReturn for correction			

Approved by *

Belinda Stude

Approval Date* 7/17/2024

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* \$ 35,000.00 Increase Not to Exceed* \$ 10,000.00

Revised Total Not to Exceed (NTE)* \$ 45,000.00	
Fiscal Year* (?)	Amount* (?)
2024	\$ 45,000.00
Funding Source* General Revenue (GR) Contract Description / Type* (?) Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 Consultant New Contract/Agreement ✓ Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA Pooled Contract	Service/MaintenanceIT/Software License AgreementLease
Renewal of Existing Contract	Other
Contract Owner* Kip Baughman	
Previous History of Contracting with Vendo	r/Contractor*
Yes No Unknown	
Please add previous contract dates and what FY24 FUNDING: (09/01/2023-12/31/2023) (01/01/2024-08/31/2024)	
Vendor/Contractor a Historically Underutiliz	ed Business (HUB)* (?)
YesNoUnknown	
Community Partnership* (?) Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	on 🕒
Name*	
same as current	
Address*	
Street Address	
same as current	
Address Line 2	
City	State / Province / Region
same as current	same
Postal / Zip Code same	Country USA
Carrie	33.1
Phone Number* same as current	

Email* employerservices@discoverybenefits.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543039 1108 \$ 45,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) NA **Submission Date** Requester Name 7/16/2024 Baughman, Kip Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/16/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date KIP BAUGHMAN 7/16/2024 Contracts Approval Approved by Approval Date Belinda Stude 7/17/2024 Final Board Report Comments

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

Increase in NTE to increased employee use.

Product/Service Description

Increase in NTE to increased employee use.

EXHIBIT R-11

AUGUST 2024 RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

AUGUST 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	BMC Software, Inc	Track-IT Support Software	\$27,464.48	\$28,834.81	9/1/2024 - 8/31/2025	General Revenue (GR)	ΙΤ	Annual renewal of Track-IT Support Software Agreement.
2	Carco Group, Inc. d/b/a Precheck	Pre-Employment Health Services for Drug screen and TB testing of Candidates and Employees	\$49,800.00	\$49,800.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Renewal of Agency-Wide Pre-Employment Health Services for Drug screen and TB testing of candidates and employees [Drug Screen and TB Tests].
3	CAVU Service LLC d/b/a Centigrade Service	Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy Department	\$2,953.00	\$4,500.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Medical Refrigeration Equipment Preventive Maintenance and Calibration Services.
4	Data Shredding Services of Texas, Inc.	Agency-Wide Data Document Destruction Services	\$28,141.00	\$27,057.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Agency-Wide Data Document Destruction Services.
5	Department of Information Resources	WAN Services from TDHS	\$75,000.00	\$50,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of WAN Services Agreement [TDHS].
6	Greater Houston Healthconnect	Internet-Based system that provides secure electronic exchange of PHI information with other providers.	\$15,500.00	\$16,000.00	3/8/2024 - 3/9/2025	General Revenue (GR)	None	Annual renewal of Internet-Based system Agreement that provides secure electronic exchange of PHI information with other providers.
7	Health Care for Special Population d/b/a Patient Care Intervention Center	Unified Care Continuum Platform Community Data Exchange (CDX) Services	\$21,794.00	\$21,794.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement to provide Unified Care Continuum Platform Community Data Exchange (CDX) Services.
8	LAB Information Technology Incorporated d/b/a LABUSA	Mobile Development Services	\$33,120.00	\$46,575.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Mobile Development Services [Windows phone, iOS and Android].
9	Leafhouse Financial Advisors,LLC	Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) plans.	\$46,000.00	\$46,000.00	9/16/2024 - 9/15/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) plans.
10	Rainbow Health, LLC	Sustaining of Website for MCOT Rapid Response's Web Portal and Mobile Applications	\$5,000.00	\$94,500.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for continue sustaining of Website for MCOT Rapid Response's Web Portal and Mobile Applications.
11	Salary.com, LLC	License Agreement for Compensation Analysis	\$22,000.00	\$22,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Software License Agreement/Contr act	Annual renewal of License Agreement for compensation analysis.
12	Susan Fordice d/b/a Fordice Consulting LLC	Consulting Services	\$45,000.00	\$45,000.00	9/1/2024 - 8/31/2025	Private Pay Source		Annual renewal of Agreement to provide consulting services for The Harris Center's Foundation and Foundation's Board of Directors.
13	Tejas Behavioral Health Management Association	MCO Managed Care Generator Software and Subscription Services	\$94,475.00	\$40,907.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Agreement for MCO Managed Care Generator Software and Support Services for Provider Credentialing.
14	The Academy of Cognitive Therapy d/b/a Academy of Cognitive and Behavioral Therapies	Rate and Assessment of Agency's Therapists for Cognitive Therapy	\$18,000.00	\$18,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Agreement to provide rate and assessment of Agency's Therapists for Cognitive Therapy.
15	West Publishing Corporation d/b/a Thomson Reuters Business	Westlaw Subscription Services	\$5,675.05	\$5,675.50	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of legal subscription services for the Contract Services department.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

AUGUST 2024 FISCAL YEAR 2024

_	COURT COOR				COLUMN OF DEDUCE	FUNDING	DID TTAC ON	COMMENTS
_	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
16	Annie Vu	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite Services	\$22,350.00	\$22,580.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
17	Armando Cabral	Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) and Respite Services	\$20,500.00	\$24,500.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
18	CC Assessment Services, Inc.	Psychological Testing/Evaluation for Eligible Consumers	\$170,810.00	\$49,000.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement to provide psychological testing/evaluation for eligible consumers.
19	Elsa Lozana - Tello	Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) and Respite Services	\$26,590.00	\$28,000.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
20	Haneef Abdullah	Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) and Respite Services	\$21,270.00	\$16,000.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
21	Huan Bui	Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) and Respite Services	\$16,000.00	\$20,000.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
22	Leslie Fabela	Community First Choice (CFC) Personal Assistance/Habilitation (PAS/HAD) and Respite Services	\$7,000.00	\$1,000.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
23	Slosson Educational Publications, Inc		\$371.00	\$371.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC.
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 6132 Contractor Name* BMC Software, Inc Service Provided* (?) Track-IT Support Software 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: (?)

Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000) Board Approval (Total NTE Amount is \$250,000.00 or moderate of the second of the	· · · · · · · · · · · · · · · · · · ·
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 IT
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) (?)

YesNoUnknown

Contract NTE * (?)
\$ 27,464.48
Rate(s)/Rate(s) Description
Unit(s) Served*
1130
G/L Code(s) *
553002
Current Fiscal Year Purchase Order Number*
CT143234
Contract Requestor*
Rick Hurst
Contract Owner*
Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
*
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ⊛ No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
⊚ Yes ⊚ No
Renewal Information for Next Fiscal Year

Budget Units and Amounts	Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 28,834.81	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	udget Manager* ardo
Provide Rate and Rate Descriptions	s if applicable * (?)	
Project WBS (Work Breakdown Stru N/A	ucture)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 28,834.81	
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Changes		⊙
Are there any required changes to to Yes No	the contract language?* (?)	
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 Performance of the Per	rmance Targets?*	
Are there any changes to the Subm	nission deadlines for notes or sup	porting documentation?*
File Upload (?) BMC FY25.pdf		769.08KB
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	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	7/29/2024

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2022-0476 Contractor Name* CARCO Group, Inc. d/b/a PreCheck Service Provided* (?) provide drug screen and TB testing of candidates and employees as needed 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
- 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 * (?)
\$ 49,800.00
Rate(s)/Rate(s) Description
Drug screen - \$\$26 TB Testing \$43 X-Ray services 1 view \$105
Unit(s) Served* 1108
G/L Code(s)*
543025
Current Fiscal Year Purchase Order Number* CT143181
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?*
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?* (?)
Agency?* (?)
Agency?* (?) • Yes • No
Agency?* (?) • Yes • No Did Contractor render services consistent with Agency policy and procedures?* (?)
Agency?* (?) • Yes • No Did Contractor render services consistent with Agency policy and procedures?* (?) • Yes • No
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?* (?)
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

Budget Units and Amo		The series of th
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 49,800.00	543025
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager*
zampodi, Meardo	Oampbell, Nice	
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 49,800.00	
Contract Funding Source* General Revenue (GR) Contract Content Char		
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Ves 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 differ Yes No	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 differ Yes No Are there any changes in the	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 differ Yes No Are there any changes in the Yes No Are there any changes to the	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 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?* 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 differ Yes No Are there any changes in the Yes No Are there any changes to the	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 differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No Are there any changes to the 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 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?* ent than net (45)?* Performance Targets?*	porting documentation?*

Approved by		
Ricardo Campbell	*	
Contract Owner Approval		<u> </u>
Approved by		
Ninfa Escovar		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	7/16/2024	

SQ HARRIS

Mental Health and IDD		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		GROSS STON
Current Fiscal Year Contract Information		•
Select Header For This Contract*		
Administration		
Current Fiscal Year		
2024		
Contract ID#*		
2022-0391		
Contractor Name*		
CAVU Service LLC d/b/a Centigrade 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 \$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 Busin	ess (HUB) (?)	
Yes		
No		
Unknown		

Contract NTE* (?)
\$ 2,953.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1135
G/L Code(s)*
553001
Current Fiscal Year Purchase Order Number*
FY24 PO CT143278
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
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 E	Budget Unit	
Budget Unit Number* 1135	Amount Charged to Uni \$ 4,500.00	t* Expense/GL Code 553001	No.*
Budget Manager* Campbell, Ricardo		dary Budget Manager* pell, Ricardo	
Provide Rate and Rate Description	s if applicable (?)		
Project WBS (Work Breakdown Str	ucture) (?)		
Fiscal Year* (?) 2025	Amou \$ 4,50		
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Co	ntracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Changes	S		0
Are there any required changes to Yes No	the contract language?* (?	")	
Will the scope of the Services char	nge?*		
⊚ Yes ⊚ No	-3		
Is the payment deadline different to	han net (45)?*		
Yes No			
Are there any changes in the Perfo	ormance Targets?*		
Yes • No			*
Are there any changes to the Subn	nission deadlines for notes	or supporting documentation?	*
○ Yes ◎ No File Upload (?)			
riie opioau (*)		,	
Contract Owner			•
Contract Owner* (?)			
Please Select Contract Owner Angela Babin			
Budget Manager Approva	l(s)		•

Approved by
Ricardo Campbell
Contract Owner Approval
Approved by
ANGELA BABIN
Contracts Approval
Approved by
Approval Date
Belinda Stude 5/21/2024
Final Board Report Comments
Service Provided (?) Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy Department.
Product/Service Description
Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy Department
Revised Comments For Board Report*
Annual renewal of Agreement for Medical Refrigeration Equipment Preventive Maintenance and Calibration Services.
Exclude this Renewal from Board Report?*
Yes No.
No

QO HARRIS

Mental Health and IDD	ation
Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2024	
Contract ID#*	
7623	
Contractor Name*	
Data Shredding Services of Texas, Inc.	
Service Provided* (?)	
Agency-Wide Data Document Destruction 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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
D	
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 Pooled Contract	IT/Software License AgreementLease
☑ Pooled Contract ☑ Renewal of Existing Contract	Other
Toloral of Ending Colling	
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
No Helmoure	
Unknown	

Contract NTE* (?) \$ 28,141.00
Rate(s)/Rate(s) Description \$15.00 for the first bin, \$5.00 for each additional bin per location
Unit(s) Served* Varies
G/L Code(s)* 543034
Current Fiscal Year Purchase Order Number* CT143272
Contract Requestor* Annell Burnett-Gipson
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?* (?) • 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?* (?)

		ach Budge	
Budget Unit Number* 1101	Amount Charged \$ 200.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	udget Manager* ardo
Budget Unit Number* 1105	Amount Charged \$ 1,000.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	ndget Manager* ardo
Budget Unit Number* 1107	Amount Charged \$ 150.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	adget Manager*
Budget Unit Number*	Amount Charged \$ 330.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	udget Manager* ardo
Budget Unit Number*	Amount Charged \$ 200.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu	udget Manager* ardo
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu	udget Manager* ardo
Budget Unit Number* 1122	Amount Charged \$ 430.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu	udget Manager* ardo
Budget Unit Number* 1124	Amount Charged \$ 150.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager* Campbell, Ricardo		Secondary Bu	udget Manager* ardo
Budget Unit Number*	Amount Charged \$ 360.00	to Unit*	Expense/GL Code No.* 543034
Budget Manager*		Secondary Bu	udget Manager*

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 1,800.00 543034 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* \$ 520.00 543034 1131 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 1135 \$ 1,000.00 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 180.00 543034 1173 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 543034 \$ 60.00 2180 Secondary Budget Manager* Budget Manager* Kornmayer, Kimberly Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 543034 2200 \$ 2,400.00 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Shelby, Debbie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 1,300.00 543034 2212 Secondary Budget Manager* **Budget Manager*** Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 543034 2213 \$ 720.00 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Shelby, Debbie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543034 2214 \$ 1,430.00 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 2215 \$ 480.00 543034 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 2250 \$ 180.00 543034 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 543034 2301 \$ 260.00 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 2801 \$ 66.00 Secondary Budget Manager* Budget Manager* Hooper Jr., Michael Shelby, Debbie Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 543034 \$ 981.00 3353 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543034 3355 \$ 220.00 **Budget Manager*** Secondary Budget Manager* Kerlegon, Charles Johnson, Kenyonika Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 3360 \$ 625.00 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Smith, Janai **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 3365 \$ 900.00 Secondary Budget Manager* **Budget Manager*** Kerlegon, Charles Johnson, Kenyonika **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3374 543034 \$ 210.00 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3395 \$ 177.00 543034 Budget Manager* Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3585 \$ 520.00 543034 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3623 \$ 263.00 543034 Secondary Budget Manager* Budget Manager* Johnson, Kenyonika Kerlegon, Charles Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543034 \$ 650.00 4323 **Budget Manager*** Secondary Budget Manager* Smith, Janai Hooper Jr., Michael Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543034 4325 \$ 260.00 Secondary Budget Manager* Budget Manager* Smith, Janai Hooper Jr., Michael Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543034 \$ 845.00 4736 Secondary Budget Manager* Budget Manager* Hooper Jr., Michael Smith, Janai Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* \$ 195.00 4913 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Smith, Janai **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 6001 \$ 130.00 Budget Manager* Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 6201 \$ 400.00 543034 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6302 \$ 150.00 543034 Budget Manager* Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 200.00 543034 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Adams, Betty Budget Unit Number* Expense/GL Code No.* Amount Charged to Unit* 6801 543034 \$ 195.00 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543034 7001 \$ 350.00 Secondary Budget Manager* **Budget Manager*** Ilejay, Kevin Campbell, Ricardo **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No. * \$ 800.00 543034 9208 Secondary Budget Manager* Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 543034 9210 \$850.00 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 9211 \$ 4,200.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9502 \$ 50.00 543034 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Puente, Giovanni **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 9810 \$ 470.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable * (?) \$15 for the 1st 64L bin per location.\$5 for each additional 64L bin. 95L bins are \$14. \$3 per box.

Project WBS (Work Breakdown Structure)* (?) N/A	
Fiscal Year* (?) 2025	Amount* (?) \$ 27,057.00
Next Fiscal Year Not to Exceed Amount for Master Po	
Contract Funding Source* General Revenue (GR)	
Contract Content Changes Are there any required changes to the contract languages Yes No	age?* (?)
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 (○ Yes ○ No	for notes or supporting documentation?*
File Upload (?) FY2025 Proposed Budget - Document Destruction.pdf	40.19KB
Contract Owner	
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala	
Budget Manager Approval(s)	
Approved by	Approved by
Ricardo Campbell	Debbie Chambers Shelby
Approved by	Approved by
Todel Oshman	Kenyonika Tehnson

Approved by	Approved by
Janai Lynnette Smith	Sheenia Williams-Wosley
Approved by	
kevin ilejay	
Contract Owner Approval	⊙
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
YesNo, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	7/31/2024

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 6486 Contractor Name* Department of Information Resources Service Provided * (?) WAN Services from TDHS 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 Consumer Driven Interlocal Other Not Applicable (If there are no funds required) 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 BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No

Unknown

	Contract NTE* (?)
	\$ 75,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served*
-	1130
-	G/L Code(s)* 564004
	Current Fiscal Year Purchase Order Number* CT143219
-	
	Contract Requestor*
	Shawnti Boswell
	Contract Owner*
-	Mustafa Cochinwala
	File Upload (?)
DATE WHEN	
	Evaluation of Current Fiscal Year Performance
and the same of	Have there been any significant performance deficiencies within the current fiscal year?*
-	⊚ Yes ◉ No
Name and Address of the Owner, where	Were Services delivered as specified in the contract?*
	Yes No
OWNERS OF THE PERSONS IN	
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	⊚ Yes ⊚ No
-	Did Contractor adhere to the contracted schedule?* (?)
-	Yes No
STATE	Were reports, billing and/or invoices submitted in a timely manner?* (?)
Name and Address of the Owner, where	
Appropriate property of the special	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
designation of	Did Contractor render services consistent with Agency policy and procedures?* (?)
Total Section 1	Yes No
Name and Address of	Maintained legally required standards for certification, licensure, and/or training?* (?)
Section 1919	
STREET, STREET	Renewal Determination
Wilderson,	Is the contract being renewed for next fiscal year with this Contractor?* (?)
deposit on	Yes No
Management of the last	Renewal Information for Next Fiscal Year
16	

Budget Units and Amo	unts Charged to each	n Budget Un	it
Budget Unit Number* 1130	Amount Charged to 0 \$ 50,000.00	Unit*	Expense/GL Code No.* 564004
Budget Manager* Campbell, Ricardo		condary Budget mpbell, Ricardo	Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdown N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		ount* (?) 0,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled	Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Char	iges		
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 Payment deadline deadline deadline deadline difference of the Payment deadline dead	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S	Submission deadlines for no	tes or supportir	ng documentation?*
File Upload (?)			
Contract Owner		90 <u>- 7</u>	<u> </u>
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala Budget Manager Appro	oval(s)		<u> </u>

Contract Owner Approval Approved by **Mustafa Cadiumala** Contracts Approval Approve* ** Yes No, reject entire submission Return for correction Approved by* **Belinda Stude** 7/15/2024	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 Cochinwala	
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 		
No, reject entire submission Return for correction Approved by * Approval Date *		
○ Return for correction Approved by * Approval Date *		
Approval Date*		
Approval Date*	Approved by*	
Belinda Stude 7/15/2024		Approval Date*
	Belinda Stude	7/15/2024

sternar regular and 1010	Sale Bernard State Market State Commencer in Proceedings	POR SAGEA
Current Fiscal Year Contract Information	on	an and water
Current Fiscal Year		
2024		
Contract ID#*		
2020-0015		
Contractor Name *		
Greater Houston Healthconnect		
Service Provided* (?)		
Internet-Based system that provides secure electronic exchange of PHI information with other providers.		
Renewal Term Start Date*	Renewal Term End Date*	
3/8/2024	3/9/2025	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (2)		
Agenda Item Submitted For: (?)	50 000 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 or 		
✓ 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 		
 ✓ Information Only (Total NTE Amount is Less than \$2 □ Board Approval (Total NTE Amount is \$250,000.00 o □ 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 o □ 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		
 ✓ 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)*	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 	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	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 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	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	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	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	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)	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 None	
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 None 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 Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None 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 Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License 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 Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	

YesNoUnknown

	Contract NTE* (?) \$ 15,500.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1130
	G/L Code(s)* 574000
	Current Fiscal Year Purchase Order Number* CT143244
	Contract Requestor* Shawnti Boswell
	Contract Owner* Mustafa Cochinwala
	File Upload (?)
STREET, STREET	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 Yes No
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
	Did Contractor adhere to the contracted schedule?* (?) • Yes • No
	Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes • No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)
	Yes No
	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* \$ 16,000.00	Expense/GL Code No.* 574000	
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo	
Provide Rate and Rate Descriptions i \$16,000 per year	f applicable * (?)		
Project WBS (Work Breakdown Struc N/A	ture)* (?)		
Fiscal Year* (?) 2025	Amount* (?) \$ 16,000.00		
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?* See No.			
File Upload (?)			
Contract Owner			
Contract Owner * (?) Please Select Contract Owner			
Budget Manager Approval(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/3/2024

Contract NTE* (?)
\$ 21,794.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1148
G/L Code(s)*
574000
Current Fiscal Year Purchase Order Number*
FY24 PO CT143377
Contract Requestor*
Dr. Scott Hickey
Contract Owner*
Dr. Scott Hickey
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?* (?) 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 Amo	ounts Charged to each	Budget Un	it
Budget Unit Number* 1148	Amount Charged to U \$ 21,794.00	Jnit*	Expense/GL Code No.* 574000
Budget Manager* Campbell, Ricardo		ondary Budget	Manager*
Provide Rate and Rate Descri	A		
Project WBS (Work Breakdow N/A	n Structure)* (?)		
Fiscal Year* (?)		ount* (?) 1,794.00	
	Administration and the control of th	m with war and a mineral control of the con-	
Next Fiscal Year Not to Excee	d Amount for Master Pooled (Contracts	
21794			
Contract Funding Source*			
General Revenue (GR)			
Contract Content Cha	nges		<u> </u>
Are there any required change	es to the contract language?*	* (?)	
Will the scope of the Services	change?*		
Yes No			
Is the payment deadline differ	ent than net (45)?*		
Yes No			
Are there any changes in the	Performance Targets?*		
Yes No			
Are there any changes to the	Submission deadlines for not	tes or supportir	ng documentation?*
Yes No			
File Upload (?)			
Contract Owner			©
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Scott Hickey			A STATE OF THE STA
Budget Manager Appr	oval(s)		<u> </u>

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Scott Hickey	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/22/2024

HARRIS Annual Renewal Evaluat	ion
Current Fiscal Year Contract Information	^
Current Fiscal Year	
2024	
Contract ID#*	
2022-0398	
Contractor Name *	
LAB Information Technology Incorporated d/b/a LABUSA	
Service Provided * (?)	
Mobile development services requested are for Windows shall design and develop the mobile application in a way device-specific experience for users depending on what types supported shall be smartphones and tablets.	that provides a similar theme yet
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# 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
Table Dispared Visit States and	
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	Service/MaintenanceIT/Software License Agreement
BAA/DUA Pooled Contract	Service/Maintenance IT/Software License Agreement Lease
■ BAA/DUA	Service/MaintenanceIT/Software License Agreement

yes	
No Unknown	
Contract NTE * (?)	
\$ 33,120.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
1147	
G/L Code(s)*	
900060	
Current Fiscal Year Purchase Order Number*	
CT143229	
Contract Requestor*	
Shawnti Boswell	
Contract Owner*	
Mustafa Cochinwala	
File Upload (?) LABUSA SOW - The Harris Center 051724.pdf	234.42KB
EADOM 50W - The Halls Celler 031724.pdf	201.1210
Evaluation of Current Fiscal Year Performance	<u> </u>
Have there been any significant performance deficiencies within the	ne current fiscal year?*
Were Services delivered as specified in the contract?*	
● Yes ● No	
Did Contractor perform duties in a manner consistent with standar	rds of the profession?*
Did Contractor perform duties in a manner consistent with standar Yes No	rds of the profession?*
Yes No	ds of the profession?*
Yes No Did Contractor adhere to the contracted schedule?* (?)	ds of the profession?*
 Yes No Did Contractor adhere to the contracted schedule?* (?) Yes 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 adhere to the contracted schedule?* (?) Yes No Were reports, billing and/or invoices submitted in a timely manner Yes 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 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 documenta 	?* (?)
 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 documental Agency?* (?) 	?* (?) tion of time spent rendering services for the
 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 documental Agency?* (?) Yes ■ No 	?* (?) tion of time spent rendering services for the
 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 documental Agency?*(?) Yes ■ No Did Contractor render services consistent with Agency policy and Yes ■ No 	?* (?) tion of time spent rendering services for the procedures?* (?)
 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 documental Agency?*(?) Yes ■ No Did Contractor render services consistent with Agency policy and 	?* (?) tion of time spent rendering services for the procedures?* (?)
 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 documental Agency?* (?) Yes ■ No Did Contractor render services consistent with Agency policy and Yes ■ No Maintained legally required standards for certification, licensure, and 	?* (?) tion of time spent rendering services for the procedures?* (?)

Budget Units and Am	ounts Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 46,575.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	ndget Manager* ardo
Provide Rate and Rate Descr See attached	iptions if applicable * (?)	
Project WBS (Work Breakdov N/A	vn Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
Fiscal Year* (?) 2025	\$ 46,575.00 ed Amount for Master Pooled Contracts	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 46,575.00 ed Amount for Master Pooled Contracts	•
Fiscal Year* (?) 2025 Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required chang Yes No	\$ 46,575.00 ed Amount for Master Pooled Contracts inges ges to the contract language?* (?)	6
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 46,575.00 ed Amount for Master Pooled Contracts inges ges to the contract language?* (?)	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character there any required change Yes No Will the scope of the Service Yes No	\$ 46,575.00 ed Amount for Master Pooled Contracts inges ges to the contract language?* (?) s change?*	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Excert Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required chang Yes No Will the scope of the Service	\$ 46,575.00 ed Amount for Master Pooled Contracts linges ges to the contract language?* (?) s change?* erent than net (45)?*	
Fiscal Year* (?) 2025 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 Yes No No Are there any changes in the Yes No	\$ 46,575.00 ed Amount for Master Pooled Contracts linges ges to the contract language?* (?) s change?* erent than net (45)?*	porting documentation?*

Budget Manager Approval(s)	O
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	7/17/2024

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year 2024	
Contract ID#* 7419	
2 200	
Contractor Name*	
Leafhouse Financial Advisors,LLC	
Service Provided* (?) Non-Erisa Investment Fiduciary Services for 457(b), 401 services such as investment selection and monitoring, in fiduciary governance.	
Renewal Term Start Date*	Renewal Term End Date*
9/16/2024	9/15/2025
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 o Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
□ 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	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract Repowel of Eviating Contract	Lease
Renewal of Existing Contract Renewal of Existing Contract	Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No
Unknown
Contract NTE* (?) \$ 46,000.00
Rate(s)/Rate(s) Description Fixed Annual Fee Payment
Unit(s) Served* 1108
G/L Code(s)* 543068
Current Fiscal Year Purchase Order Number* CT143184
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?*
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?* (?) See Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?) • Yes • No
Maintained legally required standards for certification, licensure, and/or training?* (?) No
Renewal Determination

Renewal Information for	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number* 1108	Amount Charged to Unit* \$ 46,000.00	Expense/GL Code No.* 543068
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* rdo
Provide Rate and Rate Descrip	otions if applicable* (?)	
Project WBS (Work Breakdowi VA	n Structure)* ^(?)	
Fiscal Year* (?)	Amount*(?)	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR)	\$ 46,000.00 d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No	d Amount for Master Pooled Contracts ages s to the contract language?* (?)	
Contract Funding Source* General Revenue (GR) Contract Content Char	d Amount for Master Pooled Contracts ages s to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	Amount for Master Pooled Contracts Inges Is to the contract language?* (?) Change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the F	d Amount for Master Pooled Contracts Inges Is to the contract language?* (?) Is change?* The ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the Form	d Amount for Master Pooled Contracts Inges Is to the contract language?* (?) Is change?* The ent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the Form Yes No Are there any changes to the Services	d Amount for Master Pooled Contracts Inges Is to the contract language?* (?) Is change?* In the contract language?* In the contract language?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	•
Approved by	
Minfa Escobar	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Approved by *	
Approved by	Approval Date*
Belinda Stude	7/3/2024

Rental Health and IDD Annual Renewal Evaluation	tion	
Current Fiscal Year Contract Informatio	n 📀	
Current Fiscal Year		
2024		
Contract ID#*		
2022-0663		
Contractor Name *		
Rainbow Health LLC		
Service Provided * (?)		
Set up, Implementation, and Sustaining of Website for N Portal and Mobile Applications	MCOT Rapid Response's Web	
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 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 Informal Request for Quote	
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* (?) \$ 5,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 551003
Current Fiscal Year Purchase Order Number* CT143355
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
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	ints Charged to ea	ich Budget Ur	nit
Budget Unit Number* 9248	Amount Charged \$ 94,500.00	to Unit*	Expense/GL Code No.* 553002
Budget Manager* Oshman, Jodel		Secondary Budget Ramirez, Priscilla	t Manager*
Provide Rate and Rate Descript See Attached	cions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 94,500.00	
Next Fiscal Year Not to Exceed	Amount for Master Pool	ed Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	ges		
Are there any required changes Yes No	s to the contract languag	e?* (?)	
Will the scope of the Services o ○ Yes ③ No	change?*		
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 S Yes No	ubmission deadlines for	notes or supporti	ng documentation?*
File Upload (?) Rainbow Health Harris Center	- FY 2025.xlsx	228.0	03KB
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
Mustafa Cochinwala Budget Manager Appro	val(s)		Ô

Contract Owner Approval Approved by Contracts Approval Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by *	
pproved by Chustafa Cochinwala Contracts Approval pprove* Yes No, reject entire submission Return for correction	
Contracts Approval pprove* Yes No, reject entire submission Return for correction	
pprove* Yes No, reject entire submission Return for correction	
pprove* Yes No, reject entire submission Return for correction	
pprove* Yes No, reject entire submission Return for correction	
Yes No, reject entire submission Return for correction	
No, reject entire submission Return for correction	
Return for correction	
pproved by*	
Belinda Stude 7/31/20	Date*
	I Date*

Henria Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year 2024	
Contract ID#* 5653	
Contractor Name* Salary.com, LLC	
Service Provided* (?) License Agreement for compensation analysis.	
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: 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 Software License Agreement/Contract
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 Yes No Unknown	ness (HUB) (?)

Contract NTE* (?) \$ 22,000.00
Rate(s)/Rate(s) Description Companalyst Market Data Software: \$9,500.00 Companalyst Plus + Job Architect Software Add-Ons: \$10,000.00
Unit(s) Served* 1108
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT143183
Contract Requestor* Kip Baughman
Contract Owner* Kip Baughman
File Upload (?) ID 5653 Salary.com - Harris Center 2024 Renewal Quote (v2- partially executed).pdf 324.67KB
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?* (?) ● 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	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 22,000.00	553002
Budget Manager*	Secondary Bu	udget Manager*
Campbell, Ricardo	Campbell, Rica	ardo
Provide Rate and Rate Descri	otions if applicable * (?)	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 22,000.00	
Contract Content Char Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?)	
Yes No		
Is the payment deadline differ Yes No	ent than het (45)?	
Are there any changes in the Yes No	Performance Targets?*	
Are there any changes to the Yes No	Submission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Kip Baughman		
Budget Manager Appr	oval(s)	<u> </u>

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	7/24/2024

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on G
Current Fiscal Year	
2024	
Contract ID#*	
7832	
Contractor Name *	
Susan Fordice d/b/a Fordice Consulting LLC	
Service Provided * (?)	
Consulting Services for The Harris Center's Foundation Directors.	and Foundation's Board of
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 Interlocal	☐ Tag-On☐ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Consulting Services for THC Foundation
Contract Description / Type	
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 ■
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 45,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1101
G/L Code(s)*
542000
Current Fiscal Year Purchase Order Number* CT143330
Contract Requestor*
Nicole Lievsay
Contract Owner* Carrie Rys
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?* (?)
Yes No
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to each	ch Budget U	nit
Budget Unit Number*	Amount Charged to \$ 45,000.00	o Unit*	Expense/GL Code No.* 542000
Budget Manager* Campbell, Ricardo		econdary Budge ampbell, Ricardo	
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdow) NA	n Structure)* (?)		
Fiscal Year* (?)		45,000.00	
		45,000.00	
Next Fiscal Year Not to Exceed	d Amount for Master Poole	d Contracts	
Contract Funding Source*			
Private Pay Source			
Contract Content Char	nges		⊙
Are there any required change	es to the contract language	e?*(?)	
Yes No			
Will the scope of the Services	change?*		
Yes No			
Is the payment deadline difference of the payment deadline deadl	ent than net (45)?*		
(40)	Dania		
Are there any changes in the I Yes No	Performance largets?		
Are there any changes to the	Submission deadlines for	notes or suppor	ting documentation?*
○ Yes ⊚ No			
File Upload (?)			
Contract Owner			•
Contract Owner* (?)			
Please Select Contract Owner Nicole Lievsay			
Budget Manager Appro	oval(s)		⊙

Approved by

Reardo Campbell

Contract Owner Approval

Approved by

**Nicole Lievsay*

Contracts Approval

Approve*

**Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

7/3/2024

- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- 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* (?)
\$ 94,475.00
Rate(s)/Rate(s) Description
Unit(s) Served*
2200, 1130, 1147
G/L Code(s)*
553003, 551002, 553002, 900022
Current Fiscal Year Purchase Order Number*
CT143257
Contract Requestor*
Rick Hurst
Contract Owner*
Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ● No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
● Yes ● No
Did Contractor adhere to the contracted schedule?* (?)
⊚ Yes ◎ No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
● Yes ● No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
⊚ Yes ⊚ No
Did Contractor render services consistent with Agency policy and procedures?* (?)
● Yes ◎ No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes No
Tes O No

Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.* 553002
Budget Manager*	\$ 40,907.00	udget Manager*
Campbell, Ricardo	Campbell, Ric	5000 - 000 - 000 000 000 000 - 0000 000
Provide Rate and Rate Descri See Attached	iptions if applicable * (?)	
Project WBS (Work Breakdov	vn Structure)* (?)	
N/A		
	Amount* (?)	
N/A Fiscal Year* (?) 2025 Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR)	\$ 40,907.00 ed Amount for Master Pooled Contracts	
N/A Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 40,907.00 ed Amount for Master Pooled Contracts	
N/A Fiscal Year* (?) 2025 Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 40,907.00 ed Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Fiscal Year* (?) 2025 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	\$ 40,907.00 and Amount for Master Pooled Contracts nges tes to the contract language?* (?) s change?*	
Fiscal Year* (?) 2025 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	\$ 40,907.00 and Amount for Master Pooled Contracts Inges les to the contract language?* (?) s change?* rent than net (45)?*	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Chat Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the Yes No	\$ 40,907.00 and Amount for Master Pooled Contracts Inges les to the contract language?* (?) s change?* rent than net (45)?*	porting documentation?*

Budget Manager Approval(s)		•
Approved by		
Ricardo Campbell		
Contract Owner Approval		
Approved by		
Mustafa Cochinwala		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	7/31/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0692 Contractor Name* The Academy of Cognitive Therapy dba Academy of Cognitive and Behavioral Therapies Service Provided* (?) Rate and Assessment of Agency's Therapists for Cognitive Therapy 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 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* (?)
\$ 18,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1975
G/L Code(s)*
549005
Current Fiscal Year Purchase Order Number*
CT143565
Contract Requestor*
Ninfa Escobar
Contract Owner*
Ninfa Escobar
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
⊚ Yes ⊛ No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
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 Charge (\$ 18,000.00	d to Unit*	Expense/GL Code No.* 549005
Budget Manager* Campbell, Ricardo		Secondary Budg Campbell, Ricardo	
Provide Rate and Rate Descript	tions if applicable * (?)		
Project WBS (Work Breakdown NA	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 18,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Po		
Contract Funding Source* General Revenue (GR)			
Contract Content Chang	ges		O
Are there any required changes Yes No	s to the contract langua	age?* (?)	
Will the scope of the Services o ○ Yes ⊙ No	:hange?*		
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 Yes No	ubmission deadlines fo	or notes or suppor	ting documentation?*
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?) Please Select Contract Owner			
Ninfa Escobar			
Budget Manager Appro	val(s)		•

Approved by	
Ricardo Campbell	
Contract Owner Approval	lacksquare
Approved by	
Minfa Escobar	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	7/3/2024

Unknown

Contract NTE* (?)	
\$ 5,675.05	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
1119	
G/L Code(s)*	
574000	
Current Fiscal Year Purchase Order Number*	
CT143170	
Contract Requestor*	
Kendra Thomas	
\$1/50/50/50/54	
Contract Owner*	
Kendra Thomas	
File Upload (?)	
	THE PERSON NAMED IN
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 service	ces 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	<u> </u>

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1119	Amount Charged to Unit* \$ 5,675.50	Expense/GL Code No.* 574000	
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo		
Provide Rate and Rate Description: 5676.50 annual fee	s if applicable * (?)		
Project WBS (Work Breakdown Str n/a	ucture)* (?)		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 5,675.50		
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contrac	ts	
Contract Funding Source* General Revenue (GR)			
Contract Content Changes		0	
Are there any required changes to Yes No	the contract language?* (?)		
Will the scope of the Services char	nge?*		
Yes No			
Is the payment deadline different the	nan 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		<u>©</u>	
Contract Owner* (?)			
Please Select Contract Owner Kendra Thomas			
Budget Manager Approva	l(s)	0	

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Kendra Thomas		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	7/31/2024	

Mental Health and IDD		
Current Fiscal Year Contract Informati	ion	illa Maria
Current Fiscal Year		
2024		
Contract ID#*		
2022-0520		
Contractor Name*		
Annie Vu		
Service Provided * (?)		
Respite & Community First Choice (CFC) - Personal A (PAS/HAB)	ssistance Services/Habilitation	
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: (?)		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$	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 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 		
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 		
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 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	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 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 \$ 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	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract	

NoUnknown

Contract NTE* (?) \$ 22,350.00
Rate(s)/Rate(s) Description 534005 \$ 7,270.00; 543009 \$ 15,080.00
Unit(s) Served* 3585
G/L Code(s)* 534005 / 534009
Current Fiscal Year Purchase Order Number* CT142303
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?*
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	ounts Charged to each Budg	et Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 7,500.00	Expense/GL Code No.* 543005		
Budget Manager* Johnson, Kenyonika	175.5° A. (Augustin 150) 150 (150) 150 (150)	Secondary Budget Manager* Kerlegon, Charles		
Budget Unit Number* 3585	Amount Charged to Unit* \$ 15,080.00	Expense/GL Code No.* 543009		
Budget Manager* Johnson, Kenyonika	Secondary E Kerlegon, Ch	Budget Manager* parles		
Provide Rate and Rate Descrip 11.50 per hour, This Email is fro Ensure that you trust this sende or attachments. Respite services offer temporary providing care for individuals wit caregivers to take a break while the individual. Community First Choice (CFC) with special needs, offering pers assistance to help them lead full within their communities. Project WBS (Work Breakdow NA	m an EXTERNAL source. r before clicking on any links y relief to caregivers by th special needs, allowing ensuring the well-being of services cater to individuals sonalized support and filling and independent lives			
Fiscal Year* (?) 2025	Amount* (?) \$ 22,580.00			
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contract	s		
Contract Funding Source* Federal Contract Content Cha	nges			
Are there any required chang	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 Performance Targets?* Second				

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 Approval(s)				
Approved by				
Kenyonika Tehnson				
Contract Owner Approval				
Approved by				
Evanthe Collins				
Contracts Approval				
Approve* Personal Provided Head of the Approve of				
No, reject entire submission Return for correction				
Approved by *				
Belinda Stude 7/23/2024				

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2022-0530 Contractor Name* Armando Cabral Service Provided* (?) Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) 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 Proposal Competitive Bid Request for Proposal Sole Source 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 New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement

Lease

Other

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

- Yes
- No
- Unknown

Pooled Contract

Renewal of Existing Contract

\$ 20,500.00
Rate(s)/Rate(s) Description 543009 \$ 13,000.00 / 543005 \$ 7,500.00
Unit(s) Served* 3585
G/L Code(s)* 543009 / 543005
Current Fiscal Year Purchase Order Number* CT143345
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?*
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?* (?) 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 \$ 15,000.00	o Unit*	Expense/GL Code No.* 543005
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
3585	\$ 9,500.00		543009
Budget Manager*	S	Secondary Budget	Manager*
Johnson, Kenyonika	K	Kerlegon, Charles	\$11.5 mg to \$11.5 mg to \$1.5 mg to \$11.5 m
Provide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, This Email is from an EXTERNAL source. Ensure that you trust this sender before clicking on any links or attachments. Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?)			
Fiscal Year* (?)		Amount* (?)	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source* Federal			
Contract Content Changes			
Are there any required changes to the contract language?* (?) No			
Will the scope of the Services change?*			
Is the payment deadline different than net (45)?*			

Yes <a>® No

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
Dr. Evanthe Collins Budget Manager Approval(s)
Approved by
Kenyonika Tohnson
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
YesNo, reject entire submission
Return for correction
Approved by *
Belinda Stude 7/23/2024

Marris Annual Renewal Evaluation

Mental Health and IDD		
Current Fiscal Year Contract Information	on	•
Current Fiscal Year		
2024		
Contract ID#*		
7871		
Contractor Name*		
CC Assessment Services, Inc.		
Service Provided * (?)		
Psychological testing/evaluation for eligible consumers		
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-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 Proposal	
Competitive Bid Request for Proposal	Competitive ProposalSole 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	
	Other	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
Yes		
○ No		
Unknown		

Please provide the HUB status MBE - Minority Owned Business, includes Asian, Black,
Hispanic and Native American. Contract NTE* (?)
\$ 170,810.00
Rate(s)/Rate(s) Description \$400.00 per evaluation
Unit(s) Served* 3411
G/L Code(s)* 540503
Current Fiscal Year Purchase Order Number* CT143172
Contract Requestor* Margo Childs
Contract Owner* Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?* ■ 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
Did Contractor render services consistent with Agency policy and procedures?* (?) • Yes • No Maintained legally required standards for certification, licensure, and/or training?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) No

Is the contract being renewed for next fiscal year with this Contractor?* (?)				
Yes No				
Renewal Information for Next Fiscal Year				
5				
Budget Units and Amo	unts Charged to each B	udget Unit		
Budget Unit Number*	Amount Charged to Unit	* Expense/GL C	Code No.*	
3411	\$ 49,000.00	540503		
Budget Manager*	Second	dary Budget Manager*		
Johnson, Kenyonika	Kerlego	on, Charles		
Provide Rate and Rate Descrip	otions if applicable * (?)			
\$400.00 per evaluation to assist evaluation/assessments.	with psychological			
Project WBS (Work Breakdown	n Structure)* (?)			
N/A				
Fiscal Year* (?)	Amour	nt* (?)	A MATTER CONTROL MATERIAL MATERIAL REPORT AND ARREST AND ARREST A	
2025	\$ 49,00	00.00		
Contract Funding Source* State				
Contract Content Char	iges		<u> </u>	
Are there any required change Yes No	s to the contract language?* (?)		
Will the scope of the Services	shanga2*			
● Yes ● No	change:			
Is the payment deadline difference	ent than net (45)?*			
Yes No				
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 (?)				
CC Assessment FY25 Renewal	Exhibit A.pdf	43.28KB		
Contract Owner				
Odificaci Owifei		And the second of the second o	The second secon	

Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s	5)	•
Approved by		
Kenyonika 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	7/3/2024	
		12

HARRIS CENTER for Mental Health and IDD	ation
Current Fiscal Year Contract Information	on 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2022-0524	
Contractor Name *	
Elsa Lozana - Tello	
Service Provided * (?)	
Respite and/or Community First Choice Personal Assis PAS/HAB)	tance / Habilitation Services (CFC
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	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#Other	
a culci	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for QualificationTag-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 Busi	iness (HUB) (?)
Yes	
◎ No	

Unknown

	Contract NTE* (?) \$ 26,590.00
	Rate(s)/Rate(s) Description 3585/543009 \$18,200; 3585/543005 \$8,390.
	Unit(s) Served* 3585
	G/L Code(s)* 543009, 543005
	Current Fiscal Year Purchase Order Number* CT143263
	Contract Requestor* Patrina Anthony
	Contract Owner* Dr. Evanthe Collins
	File Upload (?)
Section Sectio	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 Amoun	ts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit* \$ 19,000.00	Expense/GL Code No.* 543009
Budget Manager* Johnson, Kenyonika	Secondary E Kerlegon, Ch	Budget Manager* arles
Budget Unit Number* 3585	Amount Charged to Unit* \$ 9,000.00	Expense/GL Code No.* 543005
Budget Manager* Johnson, Kenyonika	Secondary E Kerlegon, Ch	Budget Manager* arles
Provide Rate and Rate Description 11.50 per hour, This Email is from an Ensure that you trust this sender befor attachments. Respite services offer temporary reliproviding care for individuals with spacaregivers to take a break while ensured the individual. Community First Choice (CFC) service with special needs, offering personal assistance to help them lead fulfilling within their communities. Project WBS (Work Breakdown Strong)	n EXTERNAL source. fore clicking on any links ef to caregivers by ecial needs, allowing uring the well-being of fices cater to individuals fized support and g and independent lives	
Fiscal Year* (?) 2025	Amount* (?) \$ 28,000.00	
Next Fiscal Year Not to Exceed A	nount for Master Pooled Contracts	S
Contract Funding Source* Federal		
Are there any required changes to Yes No Will the scope of the Services cha Yes No Is the payment deadline different Yes No Are there any changes in the Perf	o the contract language?* (?) inge?* than net (45)?*	

Are there any changes to the Submission dea	dlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?) Please Select Contract Owner	
Dr. Evanthe Collins Budget Manager Approval(s)	
Approved by	
Kenyonika Tohnson	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
YesNo, reject entire submission	
Return for correction	
Approved by *	
Belinda Stude	Approval Date * 7/23/2024

HARRIS Annual Renewal Evalua	ition
Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal fear Contract Information)
Current Fiscal Year	
2024	
2027	
Contract ID#*	
2022-0527	
Contractor Name *	
Haneef Abdullah	
Service Provided* (?)	
Respite and/or Community First Choice Personal Assist	tance / Habilitation Services (CFC
PAS/HAB)	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
T (0// 0 - 0 - - // 5 P (0 - -)	
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	
Not Applicable (If there are no funds required)	Other
Contract Description / Tune	
Contract Description / Type	
Personal/Professional Services Consumer Driven Contract	 Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vandar/Contractor a Historically Hadametilia d Burd	nose (HIIP) (2)
Vendor/Contractor a Historically Underutilized Busi Yes	ness (nud) (:)
No	
1	

Renewal Info	ormation for Next Fiscal Year
Is the contract b Yes No	eing renewed for next fiscal year with this Contractor?* (?)
Renewal De	etermination
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
Yes No	<u> </u>
	lling and/or invoices submitted in a timely manner?* (?)
Did Contractor a Yes No	adhere to the contracted schedule?* (?)
Yes No	
Did Contractor p	perform duties in a manner consistent with standards of the profession?*
YesNo	ioniford as specified in the contract:
	elivered as specified in the contract?*
Have there been Yes No	any significant performance deficiencies within the current fiscal year?*
APPENDED TO THE PARTY HAVE A STATE OF THE	of Current Fiscal Year Performance
rile Optoad (?)	
Dr. Evanthe Collir File Upload (?)	ns
Contract Owner	
Patrina Anthony	
Contract Reques	stor*
Current Fiscal Yo	ear Purchase Order Number*
G/L Code(s)* 543009; 543005	
Unit(s) Served* 3585	
Rate(s)/Rate(s) I 3585 543009 \$13	Description 8,520; 3585 543005 \$7,750.
\$ 21,270.00	

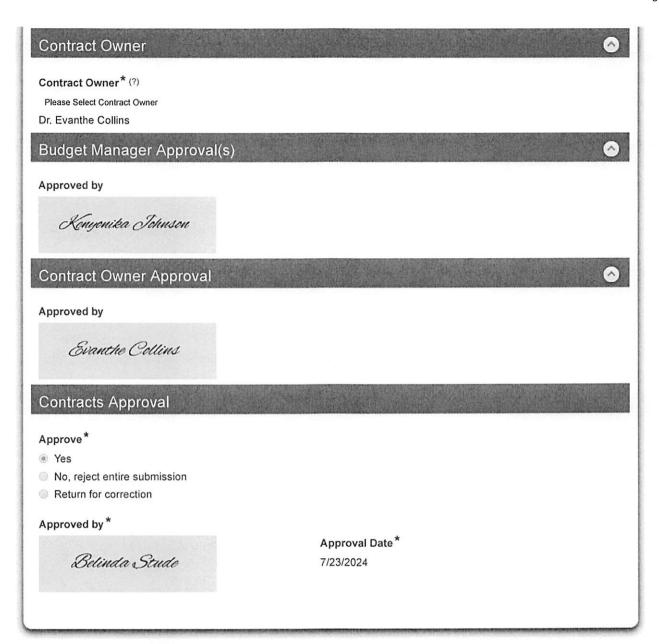
Budget Unit Number* 3585	Amount Charged to Unit* \$ 8,000.00	Expense/GL Code No.* 543009
Budget Manager* Johnson, Kenyonika		udget Manager*
Budget Unit Number*	Amount Charged to Unit* \$ 8,000.00	Expense/GL Code No.* 543005
Budget Manager* Johnson, Kenyonika	Secondary Bu Kerlegon, Cha	udget Manager* rles
Provide Rate and Rate Description 11.50 per hour, This Email is from Ensure that you trust this sende or attachments.	m an EXTERNAL source.	
Respite services offer temporary providing care for individuals wit caregivers to take a break while the individual.	h special needs, allowing	
Community First Choice (CFC) with special needs, offering pers assistance to help them lead ful within their communities.	onalized support and	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 16,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts	
Contract Funding Source*		
Contract Content Cha	nges	<u> </u>
Are there any required change	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 to the Submission Yes No	deadlines for notes or supporting doo	umentation?*
File Upload (?)		
Contract Owner		O
Contract Owner* (?) Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)		•
Approved by		
Kenyonika Tohnson		
Contract Owner Approval		•
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
YesNo, reject entire submission		
 Return for correction 		
Approved by *	*	
Belinda Stude	Approval Date* 7/23/2024	

O O the		
∺RIARRIS Annual Renewal Evalua	ition	
мены нединара ни		
Current Fiscal Year Contract Information	on	0
Current Fiscal Year		
2024		
0		
Contract ID#*		
2022-0518		
Contractor Name *		
Huan Bui		
Service Provided * (?)		
Respite and/or Community First Choice Personal Assis	tance / Habilitation Services (CFC	
PAS/HAB)	(0.00	
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2024	8/31/2025	
	0,0 1,2520	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$2		
Board Approval (Total NTE Amount is \$250,000.00	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
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		
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) (2)	1
Yes		
No		
@ Unknown		

Contract NTE* (?) \$ 16,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)*
543009, 543005
Current Fiscal Year Purchase Order Number* CT143346
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
● Yes ◎ No
Did Contractor adhere to the contracted schedule?* (?)
Yes No Wass asset to billion and/on invariance when it and in a time by manner 2*(2).
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

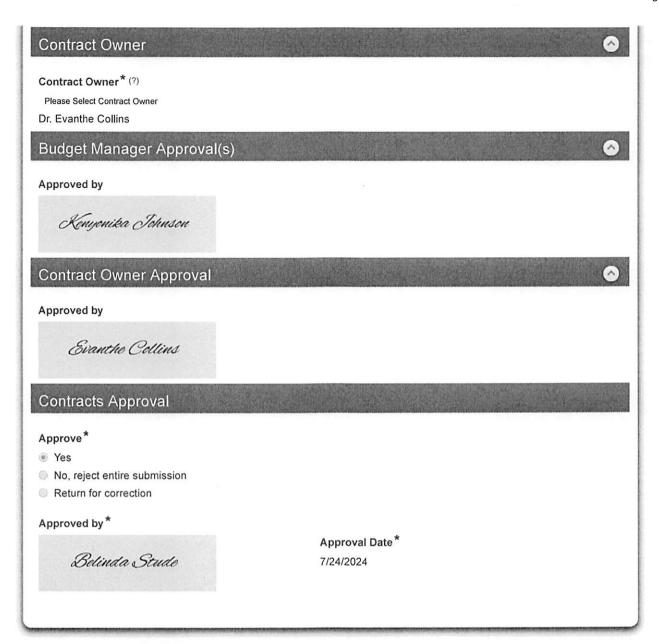
Budget Manager* Johnson, Kenyonika Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3585 \$10,000.00 543005 Budget Manager* Johnson, Kenyonika Kerlegon, Charles Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Frovide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) 2025 Amount* (?) 2025 S 20,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal Contract Content Changes Are there any required changes to the contract language?* (?) Yes ® No Will the scope of the Services change?* 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	Budget Unit Number* 3585	Amount Charged to Unit* \$ 10,000.00	Expense/GL Code No.* 543009
Johnson, Kenyonika Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3585 \$ 10,000.00 543005 Budget Manager* Johnson, Kenyonika Kerlegon, Charles Frovide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their community. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) 2025 Amount* (?) 2025 Amount* (?) 2026 Amount* (?) 2026 Amount* (?) 2026 Are there any required changes to the contract language?* (?) Yes ® No Will the scope of the Services change?* Yes ® No Are there any changes in the Performance Targets?* 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?*	Budget Manager*		udget Manager*
3585 \$ 10,000.00 543005 Budget Manager* Johnson, Kenyonika Provide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) 2025 \$ 20,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal Contract Content Changes Are there any required changes to the contract language?* (?) Yes ® No Will the scope of the Services change?* 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?*			
Budget Manager* Johnson, Kenyonika Rerlegon, Charles Provide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) Amount* (?) \$ 20,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal 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?*	Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) 2025 Amount* (?) 2025 Amount* (?) 2026 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal 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?*	3585	\$ 10,000.00	543005
Provide Rate and Rate Descriptions if applicable* (?) 11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) Amount* (?) 2025 \$ 20,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal 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?*	Budget Manager*	Secondary B	udget Manager*
11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) 2025 Amount* (?) 2025 \$ 20,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal 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?*	Johnson, Kenyonika	Kerlegon, Cha	ırles
\$ 20,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source * Federal 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? *	11.50 per hour, Respite services caregivers by providing care for needs, allowing caregivers to tal well-being of the individual. Community First Choice (CFC) swith special needs, offering persussistance to help them lead full within their communities. Project WBS (Work Breakdow	s offer temporary relief to individuals with special ke a break while ensuring the services cater to individuals conalized support and filling and independent lives	
Contract Funding Source* Federal 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?*			
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?*			
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?*	2025	\$ 20,000.00	
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?*	Next Fiscal Year Not to Excee	\$ 20,000.00	
 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?* 	2025 Next Fiscal Year Not to Excee Contract Funding Source*	\$ 20,000.00	
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?*	Next Fiscal Year Not to Excee Contract Funding Source* Federal	\$ 20,000.00 d Amount for Master Pooled Contracts	
 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?* 	Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Chair	\$ 20,000.00 d Amount for Master Pooled Contracts	
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?*	Next Fiscal Year Not to Excee Contract Funding Source* Federal Contract Content Chair Are there any required change	\$ 20,000.00 d Amount for Master Pooled Contracts	0
 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?* 	Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Chair Are there any required change Yes No	\$ 20,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
○ Yes ● No Are there any changes to the Submission deadlines for notes or supporting documentation?*	Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Chart Are there any required change Yes No Will the scope of the Services	\$ 20,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	6
	Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Chart Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	\$ 20,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
	Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Chart 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	\$ 20,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?*	



YesNoUnknown

Contract NTE* (?) \$ 7,000.00
Rate(s)/Rate(s) Description 543005 \$3,500; 543009 \$3,500.
Unit(s) Served* 3585
G/L Code(s)* 543005, 543009
Current Fiscal Year Purchase Order Number* CT143597
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?*
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to e	ach Budge	t Unit					
Budget Unit Number* 3585	Amount Charged \$ 500.00	I to Unit*	Expense/GL Code No.* 543009					
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles						
Budget Unit Number*	Amount Charged \$ 500.00	I to Unit*	Expense/GL Code No.* 543005					
Budget Manager* Johnson, Kenyonika		Secondary Bu	udget Manager* rles					
Provide Rate and Rate Descriptions if applicable* (?) \$11.50 per hour, Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. Project WBS (Work Breakdown Structure)* (?) NA								
Fiscal Year* (?) 2025		Amount* (?) \$ 1,000.00						
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal 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)?* See No.								
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 (?)								



Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2020-0034 Contractor Name* Slosson Educational Publications, Inc Service Provided*(?) License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC. 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 Request for Quote Tag-On Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services 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* (?) \$ 371.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3623
G/L Code(s)* 551003
Current Fiscal Year Purchase Order Number* CT143291
Contract Requestor* Margo Childs
Contract Owner* Dr. Evanthe Collins
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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

Budget Units and Amounts Charged to each Budget Unit							
Budget Unit Number*	Amount Charged to Unit* \$ 371.00	Expense/GL Code No.* 551003					
Budget Manager*	Secondary Bu	udget Manager*					
Johnson, Kenyonika	Kerlegon, Cha	Kerlegon, Charles					
Provide Rate and Rate Descri							
License Agreement to utilize the Aberrant Behavior Checklist (ABC) electronically in EPIC. Reproduction fee \$2.50 per reproduction/consumer. See attachments.							
Project WBS (Work Breakdow	n Structure)* (?)						
N/A							
Fiscal Year* (?)	Amount*(?)						
2025	\$ 371.00						
State Contract Content Char	nges						
Contract Funding Source * State Contract Content Changes							
Are there any required change Yes No	es to the contract language?* (?)						
Will the scope of the Services Yes No	change?*						
	*						
Is the payment deadline differ Yes No	ent than net (45)?"						
Are there any changes in the	Performance Targets?*						
Are there any changes to the Submission deadlines for notes or supporting documentation?* No							
File Upload (?)							
Slosson Educational - ID 2020-0034 - License Agreement - Fully Executed.pdf 533.65KB							
Contract Owner		•					
Contract Owner* (?)							
Please Select Contract Owner							
Dr. Evanthe Collins							

Budget Manager Approval(s)	
Approved by	
Kenyonika Tehnson	
Contract Owner Approval	•
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	y.
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/31/2024

EXHIBIT R-12

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

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

AUGUST 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
1	Grand Canyon University College of Humanities and Social Sciences	New Affiliation Agreement	New Contract	5/1/2024 - 5/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Grand Canyon University College of Humanities and Social Sciences to complete clinical field placements in social work as part of their degree requirements.
	MOU					
\vdash	REVENUE				TACLE VALUE OF	
2	A Place To Stand Corporation	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
3	Above All Others	Revenue Contract- Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
4	Advancing Abilities	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal Grant	Annual renewal of Revenue Agreement for ISS program.
5	Amcare Residential Living	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
6	Angels That Work Quality Service	Revenue Contract- Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
7	Crystal Support Care	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
8	Mental Health Association of New York d/b/a Vibrant	Crisis intervention Helpline Services to Consumer	Renewal	9/1/2024 - 8/31/2025	Private Pay Source	Annual renewal of Revenue Agreement to provide Crisis Intervention Helpline Services to Consumers.
9	New Hope Home Health Services	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
10	The Arc of Texas	Renewal	Renewal	9/1/2024 - 8/31/2025	State Grant	Renewal of Revenue Agreement to assist The Arc of Texas' Whole Person Project in meeting their goals to create a lasting change for those with Intellectual and Developmental Disabilities (IDD) and mental health needs for the HHSC Learning Collaborative (LC) Outpatient Biopsychosocial (OBI) project. [Revenue FY25 NTE: \$15,000.00].
11	The Essentials HCS	Individualized Skills and Socialization Services (ISS)	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
12	The Network of Behavioral Health Providers	Renewal	Renewal	9/1/2024 - 8/31/2025	State	Renewal of Revenue Agreement for the Clinician Advancement Program (CAP) to promote the recruitment and retention of LPC-Associates, LMFT-Associates and LMSWs by offering in-house clinical supervision and training. [ARPA Funding].
13	Vibrant Emotional Health, Inc.	New Revenue Agreement	New Contract	9/1/2024 - 8/31/2025	State	New Revenue Agreement the Crisis Line to be able to answer 988 calls and be in the 988 Network.
-						
\vdash						

elental Health and IDD	mmary
Contract Section	
Contractor*	
Grand Canyon University College of Humanities and S	ocial Sciences
Contract ID #*	
NA .	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
8/20/2024	
Parties* (?)	
Grand Canyon University College of Humanities and S DD	Social Sciences & The Harris Center for Mental Health and
Agenda Item Submitted For: * (?) ☑ Information Only (Total NTE Amount is Less than \$	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✓ Not Applicable (If there are no funds required)	Consumer Driven Other
Funding Information*	
New Contract Amendment	Contract Term End Date * (?)
	Contract Term End Date (1)
Contract Term Start Date * (?)	5/31/2028
Contract Term Start Date* (?) 5/1/2024	5/31/2028
New Contract Amendment Contract Term Start Date* (?) 5/1/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?)	5/31/2028

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Service	ces Being Provided* (?)
New Affiliation Agreement will allow students enrolled in G	
of Humanities and Social Sciences to complete clinical fiel	
part of their degree requirements.	
Contract Owner*	
Ninfa Escobar	
Nilla Escopai	
Previous History of Contracting with Vendor/Contractor	or*
○ Yes ○ No ⑨ Unknown	
Vendor/Contractor a Historically Underutilized Busines	00 (HIIP)* (2)
	ss (nob)
Yes No Unknown	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
Grand Canyon University College of Humanities and Socia	al
Sciences	
Supporting Documentation Upload (?)	
Vandari Cantra dan Cantra da Barran	
Vendor/Contractor Contact Person	<u> </u>
Name *	
Kathleen Downey, PhD, LMSW, ACSW	
Address*	
Street Address	
3300 West Camelback Road	
Address Line 2	
City	State / Province / Region
Phoenix	AZ
Postal / Zip Code	Country
85017	US
Phone Number*	
18554285673	
Email*	
Kathleen.Downey@gcu.edu	
Budget Section	

Budget Units and Amounts	s Charged to	each Budget Ur	nit
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
Budget Manager	\$ 0.00	Secondary Budget	
Campbell, Ricardo		Campbell, Ricardo	
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Requester Name		Submission Date	
Daswani, Bianca		5/15/2024	
Budget Manager Approval	(s)		
Approved by		Approval Date	
Ricardo Campbell		5/16/2024	
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			<u></u>
Approved by			
Ninfa Escobar		Approval Date 5/21/2024	
Minja Ostavar		3/21/2024	
Contracts Approval			
Approve*			
YesNo, reject entire submissionReturn for correction			
Approved by *			
0		Approval Date*	
Belinda Stude		7/18/2024	

Mental Health and IDD	lon
Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year	
2024	
Contract ID#*	
2023-0662	
Contractor Name*	
A Place To Stand Corporation	
Service Provided* (?)	
Individualized Skills and Socialization Services (ISS)	
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: (?)	
	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 Pooled Contract	 IT/Software License Agreement Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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?* 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?* (?)
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?* (?) Solution Yes One No
Renewal Information for Next Fiscal Year

Budget Units and Amour	its Charged to each Budg	get Unit
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager* Johnson, Kenyonika	Secondary Kerlegon, C	Budget Manager* harles
Provide Rate and Rate Description See the document uploaded. Project WBS (Work Breakdown S		
Fiscal Year* (?) 2025	Amount* (7 \$ 16,800.00	
2025 Contract Funding Source* Federal	mount for Master Pooled Contrac	ts
Are there any required changes to Yes No Will the scope of the Services changes to Yes No Is the payment deadline different	o the contract language?* (?) ange?*	
Yes ● NoAre there any changes in the PerYes ● NoAre there any changes to the Sul	formance Targets?* omission deadlines for notes or s	upporting documentation?*
● Yes ● No File Upload (?) 20240508_FISCAL YEAR 2025.pd	f	66.96KB
Contract Owner Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins Budget Manager Approv	al(s)	○

Contract Owner Approval Approved by Evanthe Collins Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 7/3/2024	
Approved by **Evanthe Collins** Contracts Approval Approve* * Yes No, reject entire submission Return for correction Approved by * Approval Date*	
Evanthe Collins Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Ô
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	
 Yes No, reject entire submission Return for correction Approved by * Approval Date *	
No, reject entire submission Return for correction Approved by * Approval Date *	
Approved by * Approval Date *	
Approved by * Approval Date *	
Approval Date*	
Approval Date*	

Annual Renewal Evaluation

Mental Health and IDD		
		W 25 E 10 2 10
Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2024		
Contract ID#*		
2023-0620		
Contractor Name*		
Above All Others		
Service Provided * (?)		
Revenue Contract- Individualized Skills and Socialization	on Services (ISS)	
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	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 Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA Pooled Contract	IT/Software License AgreementLease	
Renewal of Existing Contract Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
Yes		
No		
Unknown		

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description See attached rate sheet in supporting documentation upload section.
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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?*
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?* (?) 9 Yes 9 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 \$ 0.00 Budget Manager* Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable * (?) Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of the individual. Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. See upload for ISS rates Project WBS (Work Breakdown Structure)* (?) Fiscal Year* (?) Amount* (?) \$ 0.00 2025 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal **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 (?) 2025 ISS Rates.pdf 47.79KB

Contract Owner	O
Contract Owner * (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	
Approved by	
11 . 1.	
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	7/23/2024

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2023-0629	
Contractor Name*	
Advancing Abilities	
Service Provided * (?)	
Revenue Contract- Individualized Skills and Socializatio	n Services (ISS)
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	
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 Busin	ness (HUB) (?)
Yes	
● No	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description See attached rate sheet in supporting documentation upload section
Unit(s) Served*
G/L Code(s)*
Current Fiscal Year Purchase Order Number*
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?* (?) 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?* (?) Solution Yes Solution 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 \$ 0.00 Budget Manager* Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable * (?) See uploaded document. Also, to provide EA/SE services at at rate of \$33.10 per hour. Project WBS (Work Breakdown Structure)* (?) NA Fiscal Year* (?) Amount*(?) \$ 0.00 2025 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal Grant **Contract Content Changes** Are there any required changes to the contract language?* (?) Yes No Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?* Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No File Upload (?) 20240508_FISCAL YEAR 2025.pdf 66.96KB **Contract Owner** Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins Budget Manager Approval(s)

Contract Owner Approval Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 7/3/2024			ntract Owner Approval
Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Ć		oved by
Evanthe Collins Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*			
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *			Evanthe Collins
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*			
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 			ntracts Approval
No, reject entire submission Return for correction Approved by * Approval Date *			ove*
Approved by * Approval Date *			es
Approved by * Approval Date *			o, reject entire submission
Approval Date*			eturn for correction
Approval Date *			roved by *
		Approval Date*	
		7/3/2024	Belinda Stude

HARRIS CENTER

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	•
Current Fiscal Year	
2024	
Contract ID#* 2023-0633	
Contractor Name*	
Angels That Work Quality Service	
Service Provided * (?)	
Revenue Contract- Individualized Skills and Socialization	Services (ISS)
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	
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
☐ Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
○ No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description See attached rate sheet in supporting documentation upload section
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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

Dudget Offits and Afric	unts Charged to each Budge	t Unit		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
3585	\$ 0.00	00		
Budget Manager* Secondary Budget Manager*				
Johnson, Kenyonika Kerlegon, Charles				
Provide Rate and Rate Descriptions if applicable * (?)				
See document uploaded				
Project WBS (Work Breakdown	n Structure)* (?)			
NA				
Fiscal Year* (?)	Amount* (?)			
2025	\$ 0.00			
Contract Content Changes Are there any required changes to the contract language?* (?)				
Are there any required change		S		
Are there any required change Yes No	es to the contract language?* (?)	•		
Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?) change?*	<u>.</u>		
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No	es to the contract language?* (?) change?* ent than net (45)?*			
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	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*		
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 Foundation of the Services Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*		
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 Foundation of the Services Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup	porting documentation?*		
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 Foundation of the Services Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup			
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 Foundard Preson No Are there any changes to the Son Yes No File Upload (?) 20240508_FISCAL YEAR 2025.	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup			
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 Foundation of the Services Yes No Are there any changes to the Services Yes No Are there any changes to the Services Yes No File Upload (?) 20240508_FISCAL YEAR 2025. Contract Owner	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup			

Approved by	
Kenyonika Tohnson	
Contract Owner Approval	⊙ e
Approved by	
Evanthe Collins	
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 Approved by *	Approval Date * 7/16/2024
Approve* Yes No, reject entire submission Return for correction	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0642 Contractor Name* Crystal Support Care Service Provided* (?) Revenue Contract- Individualized Skills and Socialization Services (ISS) 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 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 Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description See attached rate sheet in supporting documentation upload section
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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?* No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No Pid Contract control in a control in the American distribution of the American distributi
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.* 3585 \$ 0.00 Budget Manager* Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable * (?) Respite services offer temporary relief to caregivers by providing care for individuals with special needs, allowing caregivers to take a break while ensuring the well-being of Community First Choice (CFC) services cater to individuals with special needs, offering personalized support and assistance to help them lead fulfilling and independent lives within their communities. See upload for rates Project WBS (Work Breakdown Structure)* (?) Fiscal Year* (?) Amount* (?) 2025 \$ 0.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Federal 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 (?) 2025 ISS Rates.pdf 47.79KB

Contract Owner		⊙
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)		O
Approved by		
Kenyonika Tohnson		
Contract Owner Approval		•
Approved by		
Evanthe Collins		
Contracts Approval		Alan Kala Sala Sanahari Sala Sala Sala Sala Sala Sala Sala Sal
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	7/23/2024	

Annual Renewal Evaluation Current Fiscal Year Contract Information Select Header For This Contract* Revenue **Current Fiscal Year** 2024 Contract ID#* 2021-0245 Contractor Name* Mental Health Association of New York d/b/a Vibrant 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification 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 Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes

NoUnknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
0
Unit(s) Served *
0
G/L Code(s)*
0
Current Fiscal Year Purchase Order Number*
0
Contract Requestor* Millie Wong
Contract Owner*
Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
*
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
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* 7001	Amount Charged t \$ 0.00	o Unit*	Expense/GL Code No.* n/a	
Budget Manager* Ilejay, Kevin		Secondary Budg Campbell, Ricard		
Provide Rate and Rate Descriptions if applicable (?)				
Project WBS (Work Breakdown S	Structure) (?)			
Fiscal Year* (?) 2025		Amount* (?)		
Next Fiscal Year Not to Exceed A	Amount for Master Poole	ed Contracts		
Contract Funding Source* Private Pay Source Contract Content Change	105			
Are there any required changes Yes No		e ?* (?)		
Will the scope of the Services characters of Yes No	nange?*			
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	anata da ana manata da anata d		· ·	
Contract Owner* (?) Please Select Contract Owner				
Jennifer Battle Budget Manager Approv	/al(s)			

Approved by	
kevin ilejay	
Contract Owner Approval	ે
Approved by	
J. J. John	
Contracts Approval	
Approved by	
Belinda Stude	Approval Date 7/3/2024
wama Qua	113/2021
Final Board Report Comments	<u> </u>
Service Provided (?)	
Crisis Intervention Helpline Services to Callers	
Product/Service Description Crisis intervention Helpline Services to Consumer	
Revised Comments For Board Report*	
Annual renewal of revenue Agreement to provide Crisis	intervention Helpline Services to
Consumers.	
Exclude this Renewal from Board Report?*	
No	
+	

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

- Yes
- No
- Unknown

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)
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* 3585	Amount Charged to Unit* \$ 0.00	* Expense/GL Code No. *	
Budget Manager* Johnson, Kenyonika		lary Budget Manager* n, Charles	
Provide Rate and Rate Description See the attached and downloaded			
Project WBS (Work Breakdown S NA	itructure)* (?)		
Fiscal Year* (?)	Amount	t* (?)	
Next Fiscal Year Not to Exceed A 00 Contract Funding Source* Federal Contract Content Chang		tracts	
Are there any required changes of Yes No Will the scope of the Services changes of Yes No Is the payment deadline different Yes No	ange?*		
Are there any changes in the Per Yes No	formance Targets?*		
Are there any changes to the Sul	bmission deadlines for notes o	or supporting documentation?*	
File Upload (?) 20240508_FISCAL YEAR 2025.pd	f	66.96KB	
Contract Owner			
Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins			
Budget Manager Approv	al(s)	<u> </u>	

Approved by	
Konyonika Tohnson	
Contract Owner Approval	e
Approved by	
Evanthe Collins	
Ovanthe Couins	
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 * 7/16/2024

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

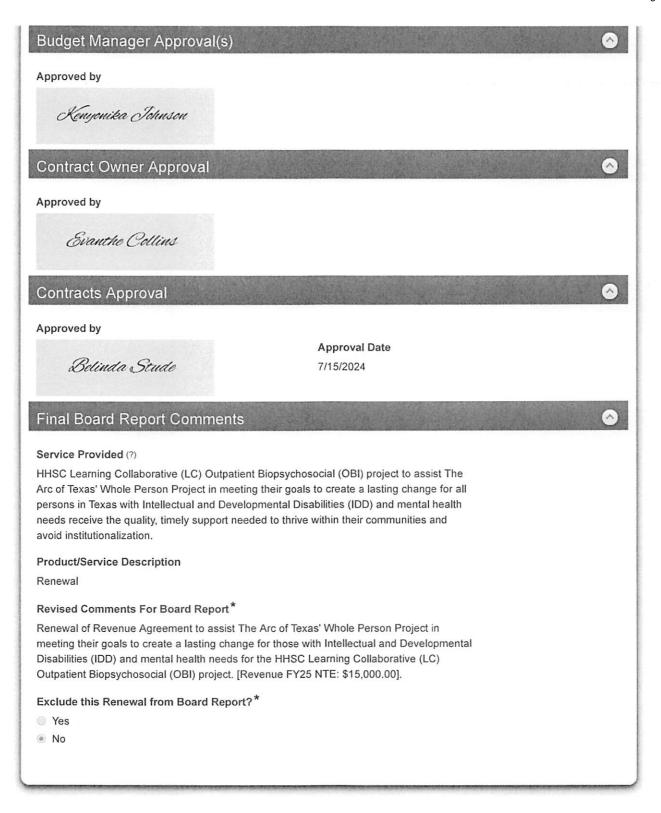
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

- Yes
- No
- Unknown

Contract NTE * (?)
\$ 0.00
Rate(s)/Rate(s) Description The Arc of Texas will disburse \$15,000 to The Harris Center at the start of the services with the understanding that the above mentioned activities will be completed by the end of the grant period (May 31, 2025). The rate will be renegotiated each year of renewal.
Unit(s) Served*
G/L Code(s)*
Current Fiscal Year Purchase Order Number*
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?*
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

Budget Units and Amo	unts Charged to each Budge	t Unit
Budget Unit Number* 3504	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 _l See attachment	otions if applicable (?)	
Project WBS (Work Breakdow N/A	n Structure) (?)	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed n/a Contract Funding Source*	Amount*(?) \$ 15,000.00 d Amount for Master Pooled Contracts	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed n/a Contract Funding Source* State Grant Contract Content Chair	\$ 15,000.00 d Amount for Master Pooled Contracts	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed n/a Contract Funding Source* State Grant Contract Content Char	\$ 15,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed the Contract Funding Source* State Grant Contract Content Character Contract Contract Content Character Char	\$ 15,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed the Contract Funding Source* State Grant Contract Content Character Character Content Character C	\$ 15,000.00 Id Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	
Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed the Contract Funding Source* State Grant Contract Content Character Character Content Character C	\$ 15,000.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*



HITARRIS.

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0646 Contractor Name* The Essentials HCS Service Provided* (?) Individualized Skills and Socialization Services (ISS) 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 Application Request for Qualification 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 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* (?)
\$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)* 000000
Current Fiscal Year Purchase Order Number*
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?*
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*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	0
Budget Manager*	Secondary Bu	dget Manager*
Johnson, Kenyonika	Kerlegon, Cha	rles
Provide Rate and Rate Descrip	otions if applicable * (?)	
Respite services offer temporary providing care for individuals witl		
caregivers to take a break while		
the individual.		
Community First Choice (CFC) s with special needs, offering pers		
assistance to help them lead fulf		
within their communities.		
See upload for rates		
Project WBS (Work Breakdow	n Structure)* (?)	
NA	,	
Fiscal Year* (?)	Amount* (?)	
2025	Amount * (?) \$ 0.00 d Amount for Master Pooled Contracts	
2025 Next Fiscal Year Not to Exceed Contract Funding Source*	\$ 0.00	
2025 Next Fiscal Year Not to Exceed	\$ 0.00	
2025 Next Fiscal Year Not to Exceed Contract Funding Source*	\$ 0.00	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char	\$ 0.00 d Amount for Master Pooled Contracts	⊘
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change	\$ 0.00	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change Yes No	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change Yes No Will the scope of the Services	\$ 0.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	\$ 0.00 d Amount for Master Pooled Contracts ages as to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference	\$ 0.00 d Amount for Master Pooled Contracts ages as to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	\$ 0.00 d Amount for Master Pooled Contracts ages as to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference	\$ 0.00 d Amount for Master Pooled Contracts ages es to the contract language?* (?) change?* ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal 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	\$ 0.00 d Amount for Master Pooled Contracts ages es to the contract language?* (?) change?* ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* Federal 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 Are there any changes in the Feyer No Are there any changes in the Feyer No	\$ 0.00 d Amount for Master Pooled Contracts ages es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* Federal 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	\$ 0.00 d Amount for Master Pooled Contracts ages s to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* Federal 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 Feleral No	\$ 0.00 d Amount for Master Pooled Contracts ages s to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Contract Owner* (?)	
Please Select Contract Owner	
Dr. Evanthe Collins	
Budget Manager Approval(s)	Ô
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	7/24/2024

- 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	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busines Yes No Unknown	s (HUB) (?)
Contract NTE* (?)	
\$ 0.00	
\$ 0.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
0	
U	
G/L Code(s)*	
0	
Current Fiscal Year Purchase Order Number*	
0	
Contract Requestor*	
Debbie Shelby	
Debble Sileiby	
Contract Owner*	
Lance Britt	
File Unload (9)	
File Upload (?)	
MELLOT MARKET AND THE CONTROL OF THE	
Evaluation of Current Fiscal Year Perform	nance
Have there been any significant performance deficienc	ies 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 v	with standards of the profession?*
	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 time	ely manner?* (?)
Yes No	

Did Contractor provide adequated Agency?* (?)	ate or proper supporting documentati	on of time spent rendering services for the	
YesNo			
Did Contractor render services consistent with Agency policy and procedures?* (?)			
Yes No			
	andards for certification, licensure, ar	nd/or training?* (?)	
Yes No			
Renewal Determination	n	0	
Is the contract being renewed	for next fiscal year with this Contract	or?* (?)	
Yes ○ No	CONTROL TORS AND THE TOTAL		
Renewal Information for	or Next Fiscal Year	<u> </u>	
Budget Units and Amo	unts Charged to each Budge	et Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
2200	\$ 0.00	000000	
Budget Manager* Shelby, Debbie	Hooper Jr., N	Budget Manager* lichael	
	(0.000 to 1.000 to 1.		
Provide Rate and Rate Descrip	otions if applicable * (?)		
0.0			
Project WBS (Work Breakdow 0.0	n Structure)* (?)		
0.0	The state of the s		
Fiscal Year* (?)	Amount* (?)		
2025	\$ 0.00		
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contract	s	
Contract Funding Source* State			
Contract Content Char	nges		
Are there any required change	es to the contract language?* (?)		
Yes No			
Will the scope of the Services	change?*		
Yes No			
Is the payment deadline differ	ent than net (45)?*		
	D. (
Are there any changes in the I Yes No	errormance Targets?"		
- cee our Mile			

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		
Lance Britt		1
Budget Manager Approval(s)		-
Approved by		The state of the s
Debbie Chambers Shelby		-
Contract Owner Approval	O	-
Approved by		-
Lauce Britt		-
Wille to the		-
Contracts Approval		-
Approve*		-
Yes		
No, reject entire submissionReturn for correction		
Approved by *		-
	Approval Date*	
Belinda Stude	7/17/2024	-

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

New Contract Amendment

Contract Term Start Date * (?)

Fiscal Year* (?)

Amount* (?)

8/31/2025

Contract Term End Date * (?)

2024

9/1/2024

\$ 0.00

Funding Sou State	rce*	
Contract Des	cription / Type * (?)	
	rofessional Services	Consultant
	Driven Contract	✓ New Contract/Agreement
Memorand	um of Understanding	Amendment to Existing Contract
Affiliation o	r Preceptor	Service/Maintenance
BAA/DUA		IT/Software License Agreement
Pooled Co		Lease
	f Existing Contract	Other
Contract Own	ner*	
Jennifer Battle		
Previous Hist	tory of Contracting with Vendor/Contract	or*
○ Yes ○ No	Unknown	
Vendor/Contr	actor a Historically Underutilized Busine	ss (HUB)* (?)
Yes No	Unknown	-
Please provid	de an explanation*	
they are not a		
	Partnership* (?)	
-	Unknown	
Specify Name		
Vibrant Emotion	onal Health, Inc.	
Supporting D	ocumentation Upload (?)	
Vendor/Co	ontractor Contact Person	
Name*		
	anal Haalth Inc	
	onal Health, Inc.	
Address*		
Street Address		
80 Pine		
Address Line 2		
FI 18 & 19 City		State / Province / Region
New York		New York
Postal / Zip Code		Country
10005		USA
Phone Numb	er*	
212-254-0333		
Email*		
tmitchell@vib	rant.org	
Budget Se	ection	<u> </u>

Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 7001 \$ 0.00 **Budget Manager** Secondary Budget Manager Ilejay, Kevin Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) n/a Submission Date Requester Name 7/12/2024 Cote, Janice Budget Manager Approval(s) Approved by Approval Date kevin ilejay 7/15/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date SWA 7/22/2024 Contracts Approval Approved by Approval Date Belinda Stude 7/23/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This Agreement is for the Crisis Line to be able to answer 988 calls and be in the 988 Network. Product/Service Description New Revenue Agreement