

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
(EXHIBIT 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

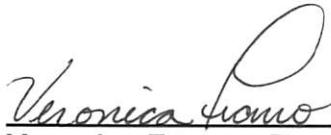
VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

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
(EXHIBIT 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,

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 not in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.



Stanley Adams
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 the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 42,382,769	\$ 13,762,935
Expenditures	28,536,501	38,588,966	(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		
	Original Budget	Actual	Variance
Revenues	\$ 314,818,179	\$ 328,119,381	\$ 13,301,202
Expenditures	313,901,512	322,667,310	(8,765,798)
Excess (Deficiency) of revenues over 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									
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%	B
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:									
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	-	-	-		-	114,700	114,700		
Change in Fund Balance/Net Position	\$ -	\$ 2,708,492	\$ 2,708,492		\$ -	\$(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) AA
Inventory and Prepaid	6,505,768	5,961,387	(544,381)
Accounts Receivable:			
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)
LIABILITIES & FUND BALANCE/NET POSITION			
Liabilities			
Unearned Revenues	\$ 34,214,580	\$ 24,504,332	\$ (9,710,248) BB
Accounts Payable and Accrued Liabilities	19,559,172	24,535,559	4,976,387 CC
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)

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

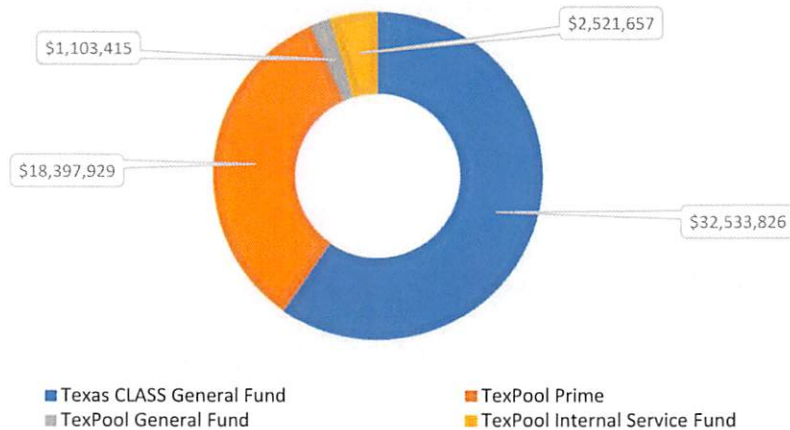
The increase in Accounts Payable and Accrued Liabilities is primarily due to an additional \$4.8M owed to HCPC as of July 31, 2024; this includes amounts due on the new rates for existing beds under the new contract effective September 1, 2023.

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

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 37,753,175	\$ 11,200,000	\$ (16,570,699)	\$ 151,350	\$ 32,533,826	59.63%	5.45%
<i>TexPool</i>							
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%
<i>TexPool Sub-Total</i>	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%
Additional Interest on Checking Accounts				35,096			
Total Interest Earned during the current month				\$ 324,076			

Investment Portfolio Weight



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

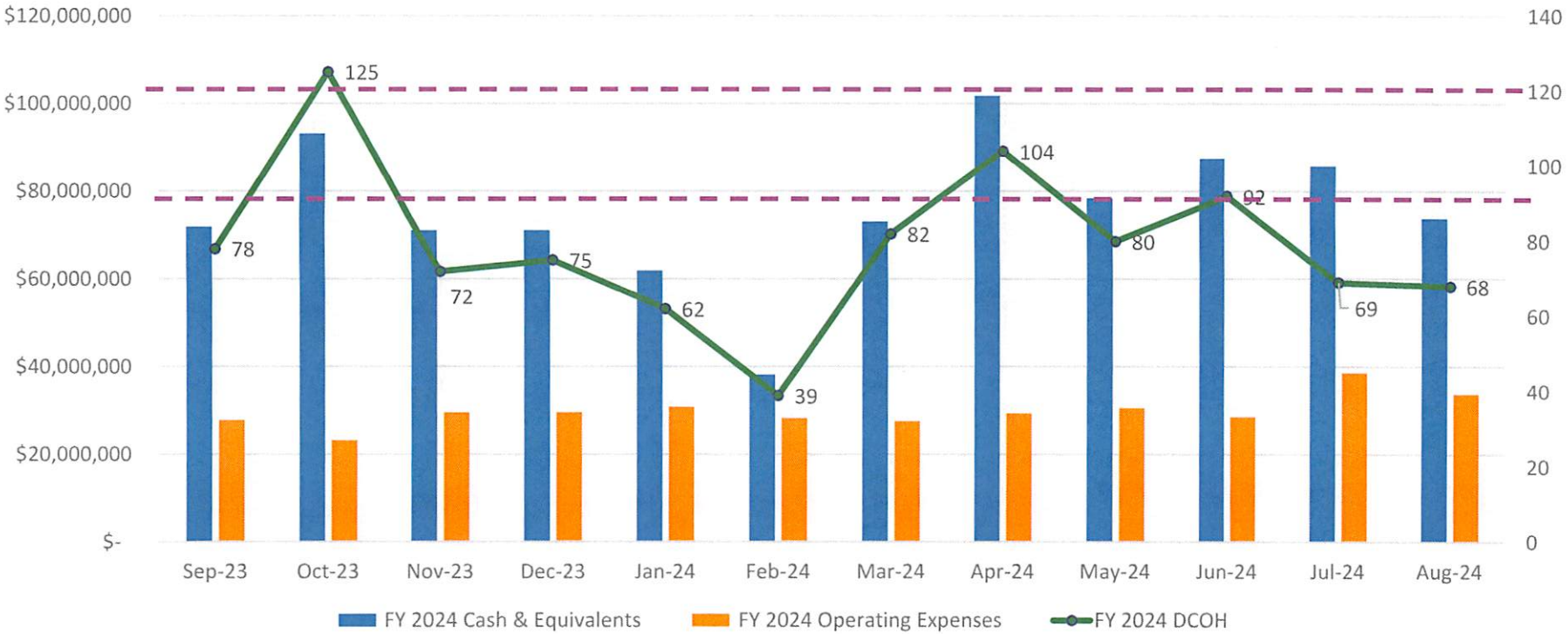
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jul-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$2,944,025	\$23,674,832
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,492,302	\$27,324,748
UNUM	Life Insurance	\$300,000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

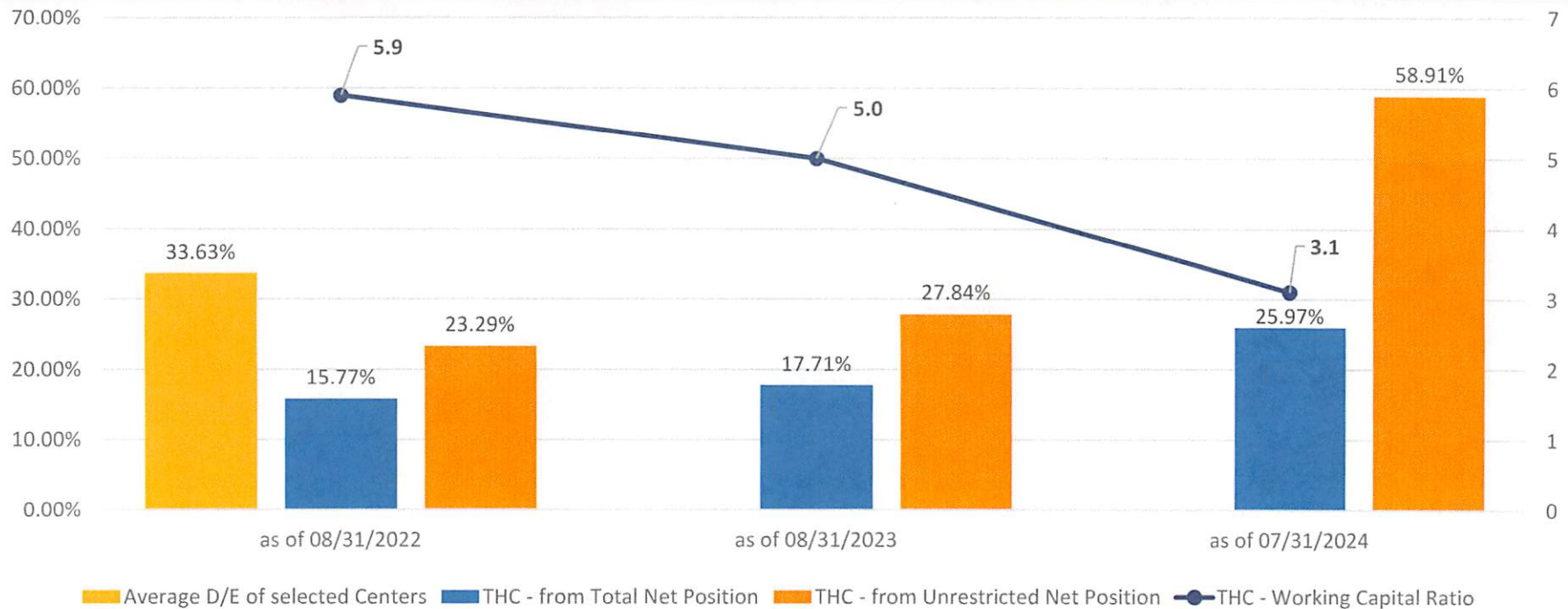
Estimated Monthly Days-Cash-On-Hand (DCOH) FY 2024 – as of 07-31-2024



August 2024 figures are based on updated estimates, previous months are based on actuals.

DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

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



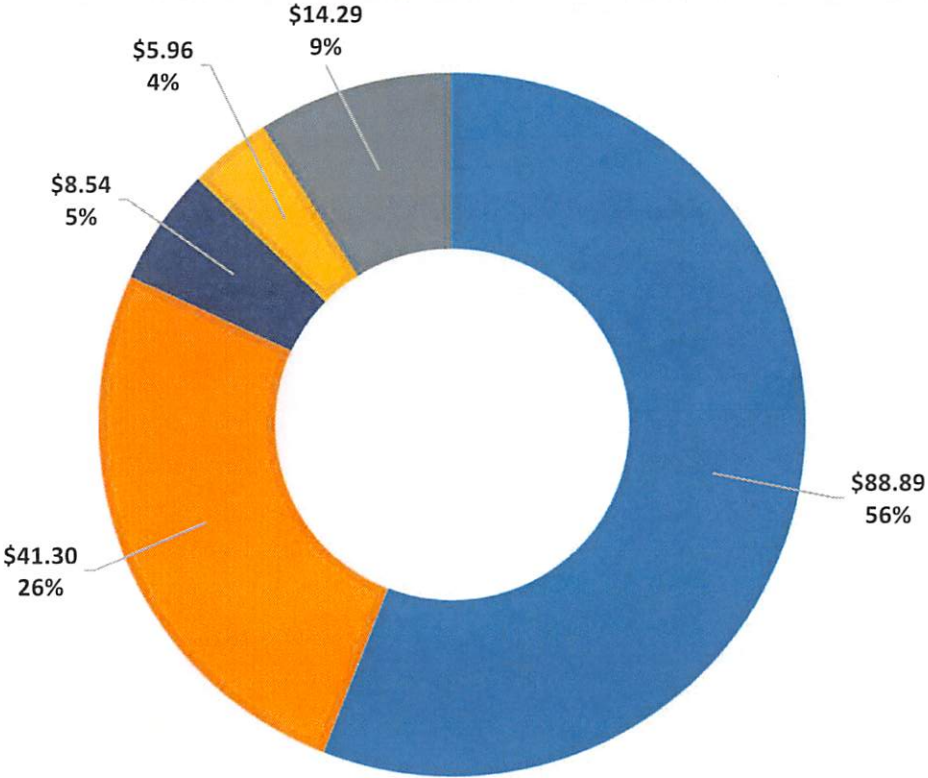
Debt/Liabilities Included in Calculation:

Unearned Revenues	\$ 24,504,332
Other AP & Accrued Liabilities	15,332,105
Leases Liability	1,190,208
Subscription-Based IT Arrangements Liability	228,648
State Escheatment Payable	41,811
	\$ 41,297,104

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.

*Working Capital Ratio = Current Assets/Current Liabilities

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



■ Invested in Capital Assets ■ Liabilities (other than C/A) ■ Compensated Absences ■ Nonspendable ■ Unrestricted/Assigned

EXHIBIT R-3

AUGUST 2024
RENEWALS OVER 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0793

Contractor Name *

P-Foreign & Sign Language

Service Provided* (?)

Master Pool Contract for Foreign & Sign Language Interpretation Services Agency Wide.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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*

Egla MacKinney

Contract Owner*

Demetria Lockett

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 500.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 14,000.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 20,000.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 5,160.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 27,000.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 6,000.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 2,660.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 7,100.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 1,000.00	543018

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

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
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 40,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 6,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 16,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 5,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 15,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 200.00	543018
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	\$ 2,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 1,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 2,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Adams, Betty	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6601	\$ 7,536.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 24,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7011	\$ 5,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 5,000.00	543018
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*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 900.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 1,200.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 1,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 560.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 600.00	543018
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 Pooled Contracts

\$413,368.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

BAFO Pricing Sheet Summary 9-21-23.xlsx	43.99KB
FY25 Allocation - GL 543018.xlsx	11.17KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Demetria Lockett

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Ricardo Campbell

Approved by

Kenyonika Johnson

Approved by

Janae Lynette Smith

Approved by

Sheenia Williams-Wesley

Approved by

kevin ilejay

Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Demetria D. Luckett

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0189

Contractor Name*

McKesson Corporation

Service Provided* (?)

Pharmacy Wholesaler to obtain drugs for patient prescriptions form The Harris Center Pharmacies.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

6/12/2025

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 2,000,000.00	547001

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 10,000,000.00	547001

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

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 12,000,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/29/2024

EXHIBIT R-4

AUGUST 2024
AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



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

Procurement Method(s)*

Check all that Apply

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

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* (?)

2024

Amount* (?)

\$ 333,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Adding more resources with Cloud Services for improved redundancy and server resiliency.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY11 - FY24

DRaaS, O365, Hardware and Software Support

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

- Yes
- 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

Houston

State / Province / Region

TX

Postal / Zip Code

77060-3550

Country

US

Phone Number*

281-741-6389

Email *

jschanbachler@centrotechnologies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 23,000.00	574000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

7/29/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/29/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

7/31/2024

Contracts Approval

Approve*

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

Approved by*

Belinda 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

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

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*

\$ 314,560.00

Increase Not to Exceed*

\$ 93,000.00

Revised Total Not to Exceed (NTE)*

\$ 407,560.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 407,560.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other CT143273

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

Added additional modules during FY24.
ACA, Performance, Additional licenses, Document Manager and additional payroll services fees

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY18-FY24
Employee Payroll and Time and Attendance

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Chris Layne

Address*

Street Address

900 Chelmsford Street

Address Line 2

City

Lowell

Postal / Zip Code

01851

State / Province / Region

MA

Country

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	\$ 93,000.00	900021
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

Requester Name

Hurst, Richard

Submission Date

7/29/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/29/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechinnala

Approval Date

7/31/2024

Contracts Approval

Approve*

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

Approved by*

RICHARD P. HURST

Approval Date*

7/31/2024

EXHIBIT R-5

AUGUST 2024 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSAUGUST 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].



Annual Renewal Evaluation

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#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 105,730.56	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

63.54 per hour for 32 hours per week

Project WBS (Work Breakdown Structure)* (?)

Psychiatric Residency Program for Forensics, CAS, AMH and Crisis

Fiscal Year* (?)	Amount* (?)
2025	\$ 105,730.56

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

105730.56

Contract Funding Source*

Federal Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

ID 2023-0736 Baylor - UPDATED FY25 Contract (002).docx 112.95KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Felecia Garner

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Felecia Garreck, HD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/29/2024



Executive Contract Summary

Contract Section ▲

Contractor*

Baylor College of Medicine Department of Family and Community Medicine

Contract ID #*

2024-0902

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/20/2024

Parties* (?)

Baylor College of Medicine Department of Family and Community Medicine

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 100,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contractor will provide physical and medical examinations for all patients admitted to the Crisis Stabilization Unit (CSU).

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract; contract ID 7521.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Linda Tran Dinh, FCM Department Administrator

Address*

Street Address

One Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

US

Phone Number*

(713) 798-7777

Email*

lt3@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Jodel Oshman

Approval Date
7/29/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date
7/29/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
7/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7085

Contractor Name*

City of El Lago

Service Provided* (?)

Space Rental for the Coffee House Program

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 9,600.00	126006

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rate and rate description.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 9,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

FY25 Renewal City of El Lago.pdf

164.33KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Charles Kerlegon

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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*

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? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 66,000.00	420015
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin O'Leary

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2020-0039

Contractor Name *

Harris County

Service Provided* (?)

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].

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)

Evaluation of Current Fiscal Year Performance

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

- Yes
- No

Were Services delivered as specified in the contract?*

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9402	\$ 599,761.00	403026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 1,515,239.00	403026

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

Provide Rate and Rate Descriptions if applicable * (?)

Based on annual revenue contract; reimbursable grant.

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 2,115,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

County

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

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

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6139

Contractor Name*

Harris County Community Supervision and Corrections Department

Service Provided* (?)

Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 5,951,331.00	540000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)
n/a

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,951,331.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
County

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change?*
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets?*
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sherenia Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Tites

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/2/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0259

Contractor Name*

Harris County Office of County Administration

Service Provided* (?)

Request by the Office of County Administration for approval of a three-year interlocal agreement with The Harris Center for Mental Health and IDD in the amount of \$8,931,880 for development of a Community Initiated Care program providing behavioral health-related outreach, training, and services in response to the mental health impacts of the COVID-19 pandemic.

\$3,010,700.00 allocated in year 1;
\$2,960,590.00 allocated in year 2;
\$2,960,590.00 allocated in year 3;

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

10/25/2024

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* (?)

\$ 2,960,590.00

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

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

- Yes
- No

Were Services delivered as specified in the contract?*

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 1,200,000.00	435060
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 1,200,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin DeJary

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0438

Contractor Name*

MHMRA of Brazos Valley

Service Provided* (?)

Crisis Intervention Helpline Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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*

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 81,000.00	420015
Budget Manager* Ilejay, Kevin		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 81,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ilojay

Contract Owner Approval

Approved by

[Handwritten Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7605

Contractor Name*

North Texas Behavioral Health Authority

Service Provided* (?)

Crisis Intervention Helpline Services to Callers

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

\$14.00/ per call

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 186,000.00	420015
Budget Manager* Ilejay, Kevin		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 186,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ilojay

Contract Owner Approval



Approved by

JMS

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 of services and sharing of information between The Harris Center and Department of Family and Protective Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	595000
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

No funds required. MOU for referral services only.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Sandra Brock

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Sandra Brock

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

6625

Contractor Name*

The Burke Center

Service Provided* (?)

Crisis Intervention Helpline Services to Callers

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 66,000.00

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 66,000.00	420015

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

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

5736

Contractor Name*

The University of Texas Health Science Center at Houston on behalf of Harris County
Psychiatric Center

Service Provided* (?)

Mental health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and
Voluntary/Involuntary Civic Beds

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 47,463,519.20

Rate(s)/Rate(s) Description

\$700.00 per bed day

Unit(s) Served*

2186, 2221, 2222, 9300

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?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2186	\$ 34,433,019.20	543002

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2221	\$ 5,876,500.00	543069

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2222	\$ 5,621,000.00	543056

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9300	\$ 1,533,000.00	543056

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 47,463,519.20

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No


Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Contract Owner Approval 

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/1/2024



Executive Contract Summary

Contract Section



Contractor*

University of Houston Downtown Marilyn Davies College of Business

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/20/2024

Parties* (?)

The Harris Center for Mental Health and IDD and University of Houston Downtown Marilyn Davies College of Business

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/1/2024

Contract Term End Date* (?)

7/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)



Executive Contract Summary

Contract Section



Contractor*

Dallas Theological Seminary

Contract ID #*

NA

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2024

Contract Term End Date* (?)

6/30/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Dallas Theological Seminary to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Dallas Theological Seminary

Supporting Documentation Upload (?)

2E - Practicum-Site-Application.pdf

166.91KB

Vendor/Contractor Contact Person

Name*

Rocelle Lubina

Address*

Street Address

3909 Swiss Avenue

Address Line 2

City

Dallas

Postal / Zip Code

75204-6411

State / Province / Region

TX

Country

US

Phone Number*

(214) 887-5509.

Email*

rlubina@dts.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA


Requester Name	Submission Date
Daswani, Bianca	6/13/2024

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Approval Date
6/13/2024

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Mirya Escobar

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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 635,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2801

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

CT143239

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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	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*
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 Rate and Rate Descriptions if applicable* (?)

6160

NP 1.1FTE 2279.2 service hours yearly \$89 per hr \$202,849

total

MD 0.1FTE 207.2 service hours yearly \$173 per hr \$35,846

total

Outpatient

NP 1.0FTE 2072 service hours yearly \$89 per hr \$184,408

total

MD 1.0FTE 2072 service hours yearly \$173 per hr \$358,456

total

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)

Amount* (?)

2025

\$ 781,558.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/17/2024

EXHIBIT R-6

AUGUST 2024
NEW CONTRACTS
100k – 250k



Executive Contract Summary

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 240,500.00

Funding Source*

County

Contract Description / Type* (?)

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

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

Dr. Fabian will provide court ordered competency and sanity assessments for the Competency and Sanity program funded by the County Court Administration.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

John Matthew Fabian

Address*

Street Address

5716 West US Highway 290 Service Road

Address Line 2

Suite 110

City

Austin

Postal / Zip Code

78735

State / Province / Region

TX

Country

US

Phone Number*

2163386462

Email*

john@johnmatthewfabian.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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)* (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	7/10/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

7/10/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

7/22/2024

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

7/22/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/22/2024



EXHIBIT R-7

AUGUST 2024

AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section ▲

Contractor*

P-Nursing (LVNs and MAs)

Contract ID #*

2021-0149

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/10/2024

Parties* (?)

nursing master pool and harris center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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*

\$ 70,000.00

Increase Not to Exceed*

\$ 105,945.00

Revised Total Not to Exceed (NTE)*

\$ 175,945.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 175,945.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Increase needed to pay existing invoices thru the end of FY24

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

yes

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

n/a

Address*

Street Address

na

Address Line 2

na

City

State / Province / Region

na

na

Postal / Zip Code

Country

na

na

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 Johnson, Kenyonika	Secondary Budget Manager 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

Budget Manager Johnson, Kenyonika	Secondary Budget Manager Kerlegon, Charles
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 10,000.00	540502

Budget Manager Shelby, Debbie	Secondary Budget Manager Hooper Jr., Michael
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 10,000.00	540502

Budget Manager Shelby, Debbie	Secondary Budget Manager Hooper Jr., Michael
---	--

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name Vincent, Stacy	Submission Date 7/30/2024
---	-------------------------------------

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date

7/30/2024

Approved by

Debbie Chambers Shelby

Approval Date

7/30/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kia Denaac Walker

Approval Date

7/31/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/31/2024



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

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* (?)
2025

Amount* (?)
\$ 209,077.44

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other Amending FY25 Renewal |

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

Received quote after Contract Renewal was completed for FY25

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY23, FY24

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

Yes No Unknown

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

San Antonio

State / Province / Region

TX

Postal / Zip Code

78212-3938

Country

US

Phone Number*

210-354-1661

Email*

melissaadame@webheadtech.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 29,077.44	553003
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

Requester Name

Hurst, Richard

Submission Date

7/5/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/10/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

7/15/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/17/2024

EXHIBIT R-8

AUGUST 2024

RENEWALS 100k - 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 121,800.00	543025
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Please note that it's my understanding that we are combining two previous contracts into one (PO#: CT143672, 72,000 and PO#CT143181, 49,800)

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 121,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2021-0234

Contractor Name *

Innovation Network Technologies

Service Provided* (?)

Deepwatch Platform (24/7 Security Monitoring, analysis, response and remediation of malicious activity for endpoints, servers, network devices and cloud applications)

Renewal Term Start Date *

11/1/2024

Renewal Term End Date *

10/31/2025

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 130,000.00	574000

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

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 130,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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*

Belinda Stude

Approval Date*

7/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

7693

Contractor Name *

Whitley Penn LLP

Service Provided* (?)

Agency External Auditing Services

Renewal Term Start Date *

5/1/2024

Renewal Term End Date *

4/30/2025

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#
- Other

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 134,873.00	578000

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 134,873.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Stanley Adams

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Stanley Adams

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# *

2023-0705

Contractor Name *

Your Part-Time Controller, LLC

Service Provided* (?)

Temporary consulting engagement and support for the Accounting/Finance department.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 150,000.00	540500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Multiple

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 150,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Rachel Beasley

Budget Manager Approval(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*

Belinda Stude

Approval Date*

7/18/2024

EXHIBIT R-9

**AUGUST 2024
NEW CONTRACTS
UNDER 100k**



**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.					
Items	Monthly Maintenance	Inspection	Service Calls	Overtime	Other Fees
For Contract Period: 09/01/2024 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
For Contract Period: 09/01/2026 to 08/31/2027 (3)					
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, Inc.					
Items	Monthly Maintenance	Inspection	Service Calls	Overtime	Other Fees
For Contract Period: 09/01/2024 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.

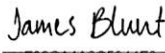
Humble Elevator Service, Inc.

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:

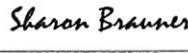
- FY2025 - \$6,885.84 Annually + \$4,000.00 Contingency
- FY2026 - \$6,885.84 Annually + \$4,000.00 Contingency
- FY2027 - \$7,161.18 Annually + \$4,000.00 Contingency

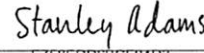
Funding Source: Unit 1899, GL Code 569009

Submitted By:

DocuSigned by:

 F92CA4A6C5944F0
 James Blunt, C.P.M.
 Buyer II

Recommended By:

DocuSigned by:

 258C3C5A6EF9418
 Sharon Brauner, C.P.M., A.P.P.
 Purchasing Manager

DocuSigned by:

 E768EDD68CF04D3
 Stanley Adams, MBA
 Interim Chief Financial Officer



Executive Contract Summary

Contract Section

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 Services, Inc.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- 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

Contract Term End Date* (?)

8/31/2026

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

No

Fiscal Year* (?)

2025

Amount* (?)

\$ 10,885.84

Fiscal Year* (?)

2026

Amount* (?)

\$ 10,885.84

Fiscal Year* (?) 2027 **Amount* (?)** \$ 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
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

Elevator Maintenance and Inspections at 7200 N Loop E, 1215 Dennis St and 2627 Caroline

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2003 to Present

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

Yes No Unknown

Please provide an explanation*

does not meet requirements

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Pricing Sheet (BT-67LQ) (1).xlsx 37.86KB

Vendor/Contractor Contact Person

Name*

Kasey A LeDonne

Address*

Street Address

PO Box 2948

Address Line 2

City

Humble

Postal / Zip Code

77347

State / Province / Region

Texas

Country

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

Cantu-Espinoza, Lisa

Submission Date

7/22/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/22/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

7/22/2024

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

7/23/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Executive Contract Summary

Contract Section

Contractor*

Management Recruiters of Chevy Chase D.C. LLC d/b/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 Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

8/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 90,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

New Agreement to search for qualified candidates to fill the position of VP, Medical Services
- Crisis and Forensic Programs.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Search Services Agreement.doc 38.5KB

Vendor/Contractor Contact Person

Name*

Ronald W. Morton

Address*

Street Address

11700 Old Georgetown Road

Address Line 2

City

N. Bethesda

Postal / Zip Code

20852

State / Province / Region

MD

Country

US

Phone Number*

3016255600

Email*

sim@mr-themeyersgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1108	Amount Charged to Unit* \$ 90,000.00	Expense/GL Code No.* 542000
Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo	

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

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

Requester Name Escobar, Ninfa	Submission Date 6/26/2024
---	-------------------------------------

Budget Manager Approval(s) 

Approved by 	Approval Date 6/26/2024
---	-----------------------------------

Procurement Approval 

File Upload (?)

Approved by 	Approval Date 7/12/2024
---	-----------------------------------

Contract Owner Approval 

Approved by 	Approval Date 7/15/2024
---	-----------------------------------

Contracts Approval

Approve*

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

Approved by* 	Approval Date* 7/17/2024
--	------------------------------------



Executive Contract Summary

Contract Section ▲

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

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other DIR-TSO-4361 |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

8/1/2024

Contract Term End Date* (?)

7/31/2027

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 32,163.73

Fiscal Year* (?)

2025

Amount* (?)

\$ 32,163.73

Fiscal Year* (?)

Amount* (?)

2026

\$ 32,163.73

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Information Security External Attack Surface Management and Issue Tracking as well as Benchmarking

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY18-FY24
Software Purchases

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

BitSight_Trace3_Yr1.pdf 202.58KB

Vendor/Contractor Contact Person

Name*

Teresa Cheney

Address*

Street Address

815 Walker Street

Address Line 2

815 Walker Street

City

Houston

Postal / Zip Code

77002-5715

State / Province / Region

TX

Country

United States

Phone Number*

936-689-0068

Email*

teresa.cheney@trace3.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 32,163.76	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

7/30/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/30/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

7/31/2024

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

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.
	CPEP/CRISIS SERVICES								
	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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

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* (?)
2024

Amount* (?)
\$ 41,210.00

Funding Source*
State Grant

Contract Description / Type* (?)

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

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

Increase for additional training in DBT Skills.

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

current contract

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Joy Argier

Address*

Street Address

same as contract

Address Line 2

City

same as contract

State / Province / Region

same

Postal / Zip Code

same

Country

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*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 41,210.00	542000

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see SOW

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

7/22/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/23/2024

Contract Owner Approval

Approved by

Gertrude Leidich

Approval Date

7/25/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/30/2024



Executive Contract Summary

Contract Section


Contractor*

MSX Group

Contract ID #*

7414

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/20/2024

Parties* (?)

MSX Group and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/1/2024

Contract Term End Date* (?)

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

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

The intent of the amendment is to increase the NTE to be able purchase additional licenses.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Invoice_17445_from_MSXGROUP_LLC.pdf

21.66KB

Vendor/Contractor Contact Person

Name*

Noah Mosley

Address*

Street Address

100 S Pace Blvd

Address Line 2

City

Pensacola

Postal / Zip Code

32502-5004

State / Province / Region

FL

Country

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
Jones, Anthony

Submission Date
7/26/2024

Budget Manager Approval(s)

Approved by



Approval Date
7/26/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date
7/31/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2024



Executive Contract Summary

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

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* (?) 2025 **Amount* (?)** \$ 2,900.00

Funding Source*

Private Grant

Contract Description / Type* (?)

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

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

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. This Amendment is to increase FY24 budget to pay that invoice can be paid before end of August.

Contract Owner*

Frederic Edgar

Previous History of Contracting with Vendor/Contractor*

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)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Cynthia Taylor

Address*

Street Address

115 Mill Street

Address Line 2

City

Belmont

Postal / Zip Code

02478-1064

State / Province / Region

MA

Country

USA

Phone Number*

6175522190

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	\$ 2,900.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Product Code Description Quantity Fee

401

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

Josaphat, Yves

Submission Date

7/17/2024

Budget Manager Approval(s)

Approved by

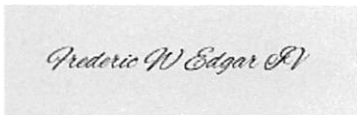


Approval Date

7/17/2024

Contract Owner Approval

Approved by



Approval Date

7/18/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/19/2024



Executive Contract Summary

Contract Section


Contractor*

The McLean Hospital Corporation

Contract ID #*

6759

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/20/2024

Parties* (?)

The McLean Hospital Corporation and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

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* (?)
2024

Amount* (?)
\$ 4,980.00

Funding Source*
Private Grant

Contract Description / Type* (?)

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

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

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. This amendment is to increase the FY24 budget so the invoice can be paid before the end of August.

Contract Owner*
Frederic Edgar

Previous History of Contracting with Vendor/Contractor*
 Yes No Unknown

Please add previous contract dates and what services were provided*
FY24 Basis-24 End-User License

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
 Yes No Unknown

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*
Cynthia Taylor

Address*
Street Address
115 Mill Street
Address Line 2

City
Belmont
Postal / Zip Code
02478-1064

State / Province / Region
MA
Country
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)* (?)

N/A

Requester Name

Josaphat, Yves

Submission Date

7/17/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/17/2024

Contract Owner Approval

Approved by

Frederic W Edgar Jr

Approval Date

7/18/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/19/2024





Executive Contract Summary

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

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* (?)

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

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

Increase NTE to contract terms

Contract Owner*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Courier Services Mail, Pharmaceutical and Medical Records
FY 2024

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Pinnacle Business Solutions

Address*

Street Address

P.O. Box 2546

Address Line 2

City

Houston

Postal / Zip Code

77252-2546

State / Province / Region

Texas

Country

USA

Phone Number*

7132900083

Email *

joe@pinnaclesolutionspro.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 88,163.15	577000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Lievsay, Nicole

Submission Date

7/15/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/15/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

NICOLE LIEVSAY

Approval Date

7/15/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/17/2024



Executive Contract Summary

Contract Section

Select Header For This Contract *

Administration

Contractor *

WEX HEALTH, INC. (DBA/WEX) - FSA Services

Contract ID # *

5749

Presented To *

- Resource Committee
 Full Board

Date Presented *

8/20/2024

Parties * (?)

WEX and THC

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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 *

\$ 35,000.00

Increase Not to Exceed *

\$ 10,000.00

Revised Total Not to Exceed (NTE)*

\$ 45,000.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 45,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY24 FUNDING: (09/01/2023-12/31/2023) (01/01/2024-08/31/2024)

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

same as current

Address*

Street Address

same as current

Address Line 2

City

same as current

State / Province / Region

same

Postal / Zip Code

same

Country

USA

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.*
1108	\$ 45,000.00	543039

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
Campbell, Ricardo

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

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

Requester Name
Baughman, Kip

Submission Date
7/16/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
7/16/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIP BAUGHMAN

Approval Date
7/16/2024

Contracts Approval

Approved by

Belinda Stude

Approval Date
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)	IT	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/Contract	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

	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	License Agreement	\$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							



Annual Renewal Evaluation

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: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 28,834.81	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 28,834.81

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

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 Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 49,800.00

Rate(s)/Rate(s) DescriptionDrug 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?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 49,800.00	543025
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 49,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/16/2024



Annual Renewal Evaluation

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

9/1/2024

Renewal Term End Date

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 4,500.00	553001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable (?)

n/a

Project WBS (Work Breakdown Structure) (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 4,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approved by

Belinda Stude

Approval Date

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



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 200.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1105	\$ 1,000.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 150.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 330.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 200.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 200.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 430.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 150.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 360.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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.*
1131	\$ 520.00	543034
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 1,000.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 180.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2180	\$ 60.00	543034
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 2,400.00	543034
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 1,300.00	543034
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 720.00	543034
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 1,430.00	543034
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	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 260.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 66.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3353	\$ 981.00	543034
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 220.00	543034
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 625.00	543034
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3365	\$ 900.00	543034
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3374	\$ 210.00	543034
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	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 263.00	543034
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 650.00	543034
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 260.00	543034
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 845.00	543034
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 195.00	543034
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6001	\$ 130.00	543034
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	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*	Amount Charged to Unit*	Expense/GL Code No.*
6801	\$ 195.00	543034
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Jiles, Monalisa
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 350.00	543034
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 800.00	543034
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 850.00	543034
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 4,200.00	543034
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 50.00	543034
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 470.00	543034
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 Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

FY2025 Proposed Budget - Document Destruction.pdf

40.19KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshman

Approved by

Kenyonika Johnson

Approved by

Janae Lynette Smith

Approved by

Shenia Williams-Wesley

Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 75,000.00

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 50,000.00	564004
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 50,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

3/8/2024

Renewal Term End Date*

3/9/2025

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

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other None |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 16,000.00	574000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$16,000 per year

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 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?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0756

Contractor Name*

Health Care for Special Population d/b/a PCIC

Service Provided* (?)

Unified Care Continuum Platform Community Data Exchange (CDX) Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

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.*
1148	\$ 21,794.00	574000

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

Provide Rate and Rate Descriptions if applicable* (?)

FY2023 rate continuing going forward

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 21,794.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

21794

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Scott Hickey

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Scott Hickey

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/22/2024



Annual Renewal Evaluation

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 phone, iOS and Android. LABUSA shall design and develop the mobile application in a way that provides a similar theme yet device-specific experience for users depending on what type of device they are on. The two types supported shall be smartphones and tablets.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 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

Evaluation of Current Fiscal Year Performance



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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 46,575.00	553002
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

Fiscal Year* (?)	Amount* (?)
2025	\$ 46,575.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No


File Upload (?)

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Mustafa Cochinnala

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#*

7419

Contractor Name*

Leafhouse Financial Advisors,LLC

Service Provided* (?)

Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) plans. Will provide services such as investment selection and monitoring, investment compliance, and ongoing fiduciary governance.

Renewal Term Start Date*

9/16/2024

Renewal Term End Date*

9/15/2025

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

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 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?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 46,000.00	543068
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 46,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No


File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information ^

Current Fiscal Year

2024

Contract ID# *

2022-0663

Contractor Name *

Rainbow Health LLC

Service Provided* (?)

Set up, Implementation, and Sustaining of Website for MCOT Rapid Response's Web Portal and Mobile Applications

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 94,500.00	553002
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 94,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Rainbow Health __ Harris Center - FY 2025.xlsx

228.03KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 22,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 22,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kip BAUGHMAN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 and Foundation's Board of Directors.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

Vendor/Contractor a Historically Underutilized Business (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?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 45,000.00	542000

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7739

Contractor Name*

Tejas Behavioral Health Management Association

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 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

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.*
1130	\$ 40,907.00	553002
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

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,907.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Tejas Behavioral FY25.docx


50.11KB

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Mustafa Cochinnwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*(?)** 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.*
1975	\$ 18,000.00	549005
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6168

Contractor Name*

West Publishing Corporation dba Thomson Reuters Business

Service Provided* (?)

Westlaw Subscription

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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

Contract Owner*

Kendra Thomas

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 5,675.50	574000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

5676.50 annual fee

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,675.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0520

Contractor Name*

Annie Vu

Service Provided* (?)

Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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? *

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,500.00	543005

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 15,080.00	543009

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

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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	\$ 22,580.00

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?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 15,000.00	543005
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,500.00	543009
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

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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	\$ 24,500.00

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?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3411	\$ 49,000.00	540503
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$400.00 per evaluation to assist with psychological evaluation/assessments.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 49,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

CC Assessment FY25 Renewal Exhibit A.pdf 43.28KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0524

Contractor Name*

Elsa Lozana - Tello

Service Provided* (?)

Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)**Evaluation of Current Fiscal Year Performance**

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 19,000.00	543009

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,000.00	543005

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

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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	\$ 28,000.00

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?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0527

Contractor Name*

Haneef Abdullah

Service Provided* (?)

Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 21,270.00

Rate(s)/Rate(s) Description

3585 543009 \$13,520; 3585 543005 \$7,750.

Unit(s) Served*

3585

G/L Code(s)*

543009; 543005

Current Fiscal Year Purchase Order Number*

CT143344

Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,000.00	543009
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,000.00	543005
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

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)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 16,000.00

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?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0518

Contractor Name *

Huan Bui

Service Provided* (?)

Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 10,000.00	543009

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 10,000.00	543005

Budget Manager*	Secondary Budget Manager*
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* (?)	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?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2024-0831

Contractor Name *

Leslie Fabela

Service Provided* (?)

Providing Respite and CFT for waiver individual.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 7,000.00

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?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 500.00	543009

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 500.00	543005

Budget Manager*	Secondary Budget Manager*
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* (?)	Amount* (?)
2025	\$ 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)?*

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

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/24/2024



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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 371.00	551003
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

License Agreement to utilize the Aberrant Behavior Checklist (ABC) electronically in EPIC. Reproduction fee \$2.50 per reproduction/consumer.
See attachments.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 371.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)


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 Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2024

EXHIBIT R-12

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



Executive Contract Summary

Contract Section



Contractor*

Grand Canyon University College of Humanities and Social Sciences

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/20/2024

Parties* (?)

Grand Canyon University College of Humanities and Social Sciences & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2024

Contract Term End Date* (?)

5/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Grand Canyon University College of Humanities and Social Sciences

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

Kathleen Downey, PhD, LMSW, ACSW

Address*

Street Address

3300 West Camelback Road

Address Line 2

City

Phoenix

Postal / Zip Code

85017

State / Province / Region

AZ

Country

US

Phone Number*

18554285673

Email*

Kathleen.Downey@gcu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	5/15/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/16/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mirya Escobar

Approval Date

5/21/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/18/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	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 the document uploaded.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 16,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2025

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 (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0620

Contractor Name *

Above All Others

Service Provided* (?)

Revenue Contract- Individualized Skills and Socialization Services (ISS)

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

See attached rate sheet in supporting documentation upload section.

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

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

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	0
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)* (?)

NA

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?*

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

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyenika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0629

Contractor Name *

Advancing Abilities

Service Provided* (?)

Revenue Contract- Individualized Skills and Socialization Services (ISS)

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

See attached rate sheet in supporting documentation upload section

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	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 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* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
 00

Contract Funding Source*
 Federal Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)
 20240508_FISCAL YEAR 2025.pdf 66.96KB

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyenika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2024



Annual Renewal Evaluation

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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

See attached rate sheet in supporting documentation upload section

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

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

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	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 Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

00

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 (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/16/2024



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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

See attached rate sheet in supporting documentation upload section

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	0
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 rates

Project WBS (Work Breakdown Structure)* (?)

NA

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?*

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

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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

9/1/2024

Renewal Term End Date

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 0.00	n/a

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

Provide Rate and Rate Descriptions if applicable (?)

n/a

Project WBS (Work Breakdown Structure) (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJary

Contract Owner Approval

Approved by

[Handwritten Signature]

Contracts Approval

Approved by

Belinda Stude

Approval Date

7/3/2024

Final Board Report Comments

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?*

- Yes
- No



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2024-0847

Contractor Name *

New Hope Home Health Services

Service Provided* (?)

New Hope Home Health Services desires to contract with our agency to provide both onsite and off-site ISS services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	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 the attached and downloaded documents.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

00

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 (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Select Header For This Contract *

Revenue

Current Fiscal Year

2024

Contract ID# *

2022-0536

Contractor Name *

The Arc of Texas

Renewal Term Start Date

9/1/2024

Renewal Term End Date

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3504	\$ 0.00	n/a
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable (?)

See attachment

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 15,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)


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Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyonika Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval 

Approved by

Belinda Stude

Approval Date

7/15/2024

Final Board Report Comments 

Service Provided (?)

HHSC Learning Collaborative (LC) Outpatient Biopsychosocial (OBI) project to assist The Arc of Texas' Whole Person Project in meeting their goals to create a lasting change for all persons in Texas with Intellectual and Developmental Disabilities (IDD) and mental health needs receive the quality, timely support needed to thrive within their communities and avoid institutionalization.

Product/Service Description

Renewal

Revised Comments For Board Report*

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].

Exclude this Renewal from Board Report?*

- Yes
- No



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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	0

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 rates

Project WBS (Work Breakdown Structure)* (?)

NA

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?*

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 

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0801

Contractor Name*

The Network of Behavioral Health Providers

Service Provided* (?)

The purpose of the Clinician Advancement Program (CAP) is to promote the recruitment and retention of LPC-Associates, LMFT-Associates and LMSWs by offering in-house clinical supervision and training. Supervision helps strengthen the potential of our workforce leading to enhanced job satisfaction and increased clinician retention. The agreement with the Network of Behavioral Health Providers will help offset the cost of the CAP program. :The Network's Behavioral Health Workforce Recruitment, Education, and Development Initiative (WREDI) expansion project is contracting with approved Behavioral Health Organizations focusing on Education/Training and Certification for Community Health Workers, Incentivization programs for recruitment and retention of the Behavioral Health workforce, administering stipends to behavioral health providers to train additional staff as supervisors, and administering stipends to partially cover the costs of supervision leading to licensure

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Debbie Shelby

Contract Owner*

Lance Britt

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

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.0

Project WBS (Work Breakdown Structure)* (?)

0.0

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/17/2024



Executive Contract Summary

Contract Section ▲

Select Header For This Contract *

Revenue

Contractor *

Vibrant Emotional Health, Inc.

Contract ID # *

n/a

Presented To *

- Resource Committee
- Full Board

Date Presented *

8/20/2024

Parties * (?)

The Harris Center Crisis Line and Vibrant Emotional Health, Inc

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

9/1/2024

Contract Term End Date * (?)

8/31/2025

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

Fiscal Year * (?)

2024

Amount * (?)

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

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

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Please provide an explanation*

they are not a HUB

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Vibrant Emotional Health, Inc.

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Vibrant Emotional Health, Inc.

Address*

Street Address

80 Pine

Address Line 2

Fl 18 & 19

City

New York

Postal / Zip Code

10005

State / Province / Region

New York

Country

USA

Phone Number*

212-254-0333

Email*

tmitchell@vibrant.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 0.00	n/a

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

Provide Rate and Rate Descriptions if applicable* (?)
n/a

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

Requester Name Cote, Janice	Submission Date 7/12/2024
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Budget Manager Approval(s) ^

Approved by 	Approval Date 7/15/2024
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Procurement Approval ^

File Upload (?)

Approved by 	Approval Date
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Contract Owner Approval ^

Approved by 	Approval Date 7/22/2024
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Contracts Approval ^

Approved by 	Approval Date 7/23/2024
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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

