

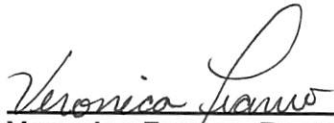
REVISED
Resource Committee Meeting
September 17, 2024
9:00 am

- 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, August 20, 2024
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
 - A. Approve FY'24 Year-to-Date Budget Report- August
(EXHIBIT R-2 Stanley Adams)
 - B. September 2024 Contract Amendments Over 250K
(EXHIBIT R-3 Ernest Savoy)
 - C. September 2024 Interlocal Agreements
(EXHIBIT R-4 Ernest Savoy)
 - D. Authorization to create FY25 PO to pay Employee Parking at Texas Medical Center
(EXHIBIT R-5 Stanley Adams)
 - E. HCIC Annual Operating Budget
(Stanley Adams)
 - F. HCIC Annual Capital Budget
(Stanley Adams)
- V. **EXECUTIVE SESSION-**
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **INFORMATION ONLY**
 - A. September 2024 New Contracts 100K-250K
(EXHIBIT R-6)
 - B. September 2024 Contract Amendments 100K-250K
(EXHIBIT R-7)
 - C. September 2024 New Contracts Under 100K
(EXHIBIT R-8)
 - D. September 2024 Contract Amendments Under 100K
(EXHIBIT R-9)

E. September 2024 Contract Renewals Under 100K
(EXHIBIT R-10)

F. September 2024 Affiliation Agreements, Grants, MOU's and
Revenues Information Only
(EXHIBIT R-11)

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, AUGUST 20, 2024
MINUTES**

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:55 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, Mrs. B. Hellums,
Dr. M. Miller Jr,

Committee Member Absent:

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

1. CALL TO ORDER

Mr. Womack called the Resource Committee meeting to order at 9:55 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 July 16, 2024.

MOTION: HELLUMS SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, July 16, 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-July

MOTION: HELLUMS SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED FY'24 Year-to-Date Budget Report-July, as presented under Exhibit R-2 is approved and recommended to the Full Board.

B. August 2024 Contract Renewals Over 250K

MOTION: GEARING SECOND: HELLUMS

With unanimous affirmative votes,

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

C. August 2024 Contract Amendments Over 250K

MOTION: LYKES SECOND: HELLUMS

With unanimous affirmative votes,

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

D. August 2024 Interlocal Agreements

MOTION: LYKES SECOND: HELLUMS

Dr. Gearing recused himself from discussing and voting on agenda item D Interlocal Agreements; specifically, item #13 University of Houston Downtown Marilyn Davies College of Business and #14 University of Houston-College of Medicine

With unanimous affirmative votes,

BE IT RESOLVED August 2024 Interlocal Agreements, under item #1-#11 in Exhibit R-5 are approved and recommended to the Full Board.

MOTION: GEARING SECOND: LYKES

Dr. Fernandez and Dr. Lankford recused themselves from discussing and voting on agenda item D Interlocal Agreements; specifically item #12The University of Texas Health Science Center at Houston on behalf of Harris County Psychiatric Center

With unanimous affirmative votes,

BE IT RESOLVED August 2024 Interlocal Agreements, under item #12-#14 Exhibit R-5 are approved and recommended to the Full Board.

E. FY2025 Budget Review

MOTION: HELLUMS SECOND: FERNDNEZ

With unanimous affirmative votes,

BE IT RESOLVED FY2025 Budget Review, are approved and recommended to the Full Board.

EXHIBIT R-2

The Harris Center for Mental Health and IDD

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

Stanley Adams

Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
August 31, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 31,244,822	\$ 2,624,988
Expenditures	28,536,501	31,622,769	(3,086,268)
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ (377,947)	\$ (461,280)
Other Sources (Uses)			
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(777,224)	(777,224)
Other Sources (Uses)	-	8,688	8,688
Change in Fund Balance/Net Position	\$ -	\$ (1,146,483)	\$ (1,146,483)

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 343,438,012	\$ 359,364,202	\$ 15,926,190
Expenditures	342,438,012	354,290,078	(11,852,066)
Excess (Deficiency) of revenues over expenditures	\$ 1,000,000	\$ 5,074,124	\$ 4,074,124
Other Sources (Uses)			
Debt payment	\$ (1,000,000)	\$ -	\$ 1,000,000
Capital Outlay	-	(7,458,089)	(7,458,089)
Other Sources (Uses)	-	172,430	172,430
Change in Fund Balance/Net Position	\$ -	\$ (2,211,535)	\$ (2,211,535)

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
August 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	\$ 9,638,555	\$ 10,854,906	1,216,351	13%	\$ 115,662,665	\$ 130,587,229	14,924,564	13%	A
Harris County and Local	4,989,759	3,980,919	(1,008,840)	-20%	59,877,110	56,111,431	(3,765,679)	-6%	B
Federal Contracts and Grants	5,006,186	5,922,457	916,271	18%	60,074,234	59,626,443	(447,791)	-1%	
State Contract and Grants	1,093,588	1,851,889	758,301	69%	13,123,058	13,998,057	874,999	7%	C
Third Party Billing	2,766,501	3,351,653	585,152	21%	33,198,006	38,185,542	4,987,536	15%	
Charity Care Pool	3,340,350	3,340,348	(2)	0%	40,084,203	40,084,203	-	0%	
Directed Payment Programs	726,250	513,204	(213,046)	-29%	8,715,000	6,335,542	(2,379,458)	-27%	D
Patient Assistance Program (PAP)	833,578	1,092,177	258,599	31%	10,002,936	10,773,136	770,200	8%	
Interest Income	225,067	337,269	112,202	50%	2,700,800	3,662,619	961,819	36%	
Operating Revenue, total	\$ 28,619,834	\$ 31,244,822	2,624,988	9%	\$ 343,438,012	359,364,202	15,926,190	5%	
Operating Expenditures									
Salaries and Fringe Benefits	\$ 19,926,501	\$ 20,500,067	(573,566)	-3%	\$ 239,118,011	\$ 241,432,760	(2,314,749)	-1%	
Contracts and Consultants	1,393,967	1,598,043	(204,076)	-15%	16,727,606	11,902,275	4,825,331	29%	
Contracts and Consultants-HCPC	3,017,779	4,110,535	(1,092,756)	-36%	36,213,353	45,965,859	(9,752,506)	-27%	E
Supplies	277,304	298,353	(21,049)	-8%	3,327,644	2,220,989	1,106,655	33%	
Drugs	1,254,451	2,301,911	(1,047,460)	-83%	15,053,414	25,372,650	(10,319,236)	-69%	F
Purchases, Repairs and Maintenance of:									
Equipment	597,697	910,697	(313,000)	-52%	7,172,366	6,048,442	1,123,924	16%	G
Building	538,158	296,651	241,507	45%	6,457,900	2,922,214	3,535,686	55%	
Vehicle	86,436	80,218	6,218	7%	1,037,233	902,431	134,802	13%	
Telephone and Utilities	317,951	327,910	(9,959)	-3%	3,815,406	3,362,636	452,770	12%	
Insurance, Legal and Audit	166,175	119,005	47,170	28%	1,994,105	2,069,654	(75,549)	-4%	
Travel	194,299	243,447	(49,148)	-25%	2,331,582	2,172,535	159,047	7%	
Dues & Subscriptions	382,047	296,090	85,957	22%	4,584,561	5,299,718	(715,157)	-16%	H
Other Expenditures	383,736	539,842	(156,106)	-41%	4,604,831	4,617,915	(13,084)	0%	
Operating Expenditures, total	\$ 28,536,501	\$ 31,622,769	\$ (3,086,268)	-11%	\$ 342,438,012	\$ 354,290,078	\$ (11,852,066)	-3%	
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ (377,947)	(461,280)		\$ 1,000,000	\$ 5,074,124	4,074,124		
Other Sources (Uses)									
Debt payment	\$ (83,333)	\$ -	\$ 83,333		\$ (1,000,000)	\$ -	\$ 1,000,000		
Capital outlay	-	(777,224)	(777,224)		-	(7,458,089)	(7,458,089)		
Insurance proceeds	-	-	-		-	49,042	49,042		
Proceeds from Sale of Assets	-	8,688	8,688		-	123,388	123,388		
Change in Fund Balance/Net Position	\$ -	\$ (1,146,483)	\$ (1,146,483)		\$ -	\$ (2,211,535)	\$ (2,211,535)		

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
August 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 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 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.

D 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.

E Contracts and consultants - HCPC

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

F 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 \$8.7M and the billing program expense exceeds budget by (\$9.1M).

G Equipment (purchase, repair and maintenance)

Unfavorable budget variance primarily driven by additional expenditures during the current month for equipment with value less than \$5,000, desktops & laptops. During the current month, we incurred \$665K in expenditures vs \$221K during the prior month, this is a standard practice by units as the fiscal/budget year closes.

H Dues & Subscriptions

IT related Dues & Subscriptions total \$97K for the current month and \$4.3M for the current year to date.

The Harris Center for Mental Health and IDD
Balance Sheet
August 31, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	July - 2024	August - 2024	Change
ASSETS			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 31,130,851	\$ 13,356,823	\$ (17,774,028)
Cash Equivalents	54,556,827	55,497,114	940,287
Cash and Cash Equivalents, total	<u>85,687,678</u>	<u>68,853,937</u>	<u>(16,833,741) AA</u>
Inventories, Deposits & Prepaids	5,961,387	5,938,541	(22,846)
Accounts Receivable:			
Other A/R	33,028,496	31,642,673	(1,385,823)
Patient A/R, net of allowance	1,941,585	1,531,659	(409,926)
Current Assets, total	<u>\$ 126,619,146</u>	<u>\$ 107,966,810</u>	<u>\$ (18,652,336) BB</u>
Capital Assets			
Land	13,004,859	12,709,144	(295,715)
Building and Improvements	52,615,143	52,910,858	295,715
Furniture, Equipment and Vehicles	10,826,281	10,826,281	-
Construction in Progress	5,764,164	5,794,164	30,000
Accumulated Depreciation	(35,692,400)	(35,692,400)	-
Capital Assets, net total	<u>\$ 46,518,047</u>	<u>\$ 46,548,047</u>	<u>\$ 30,000 CC</u>
Total Assets	<u><u>\$ 173,137,193</u></u>	<u><u>\$ 154,514,857</u></u>	<u><u>\$ (18,622,336)</u></u>
LIABILITIES & FUND BALANCE/NET POSITION			
Liabilities			
Unearned Revenues	\$ 24,504,332	\$ 7,878,196	\$ (16,626,136) DD
Accounts Payable and Accrued Liabilities	16,288,973	15,288,774	(1,000,199) EE
Long term Liabilities	9,048,192	9,168,675	120,483
Liabilities, total	<u>\$ 49,841,497</u>	<u>\$ 32,335,645</u>	<u>\$ (17,505,852) FF</u>
Fund Balance/Net Position			
Net Investment in Capital Assets	46,518,047	46,548,047	30,000
Nonspendable	5,961,387	5,938,541	(22,846)
Assigned	66,514,014	66,514,014	-
Unassigned/Unrestricted	5,367,300	5,390,145	22,845
Change in fund balance/net position	(1,065,052)	(2,211,535)	(1,146,483)
Fund Balance/Net Position, Total	<u>\$ 123,295,696</u>	<u>\$ 122,179,212</u>	<u>\$ (1,116,484)</u>
Total Liabilities & Fund Balance/Net Position	<u><u>\$ 173,137,193</u></u>	<u><u>\$ 154,514,857</u></u>	<u><u>\$ (18,622,336)</u></u>

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
August 31, 2024

Balance Sheet

AA Cash and Investments

The decrease in cash and cash equivalents is in line with normal operating conditions. We made an additional payment in August of \$7.8M related to the amended performance contract with HHSC primarily related to new bed rates at HCPC.

BB Other Accounts receivable, and Patient A/R, net of allowance

During the current month, the A/R accounts categories were reviewed and it was found that certain accounts were presented in the "Patient A/R" category when the most appropriate category should have been "Other A/R".

	As presented	Correct presentation	
	July - 2024	July - 2024	Net change
Accounts Receivable:			
Other A/R	\$ 31,361,173	\$ 33,028,496	\$ 1,667,323
Patient A/R, net of allowance	3,608,908	1,941,585	(1,667,323)
Total A/R	<u>\$ 34,970,081</u>	<u>\$ 34,970,081</u>	<u>\$ -</u>

Other A/R

The decrease in Other Accounts Receivable from July 2024 to August 2024 is due to the continued effort to collect on outstanding contract invoices.

CC Capital assets, net

During the current month, the capital assets categories were reviewed and it was found that reclassifications were needed to agree to the 08/31/2023 audited financial statements; in addition, to accurately reflect capital assets net balance, the accumulated depreciation of capital assets through the 08/31/2023 year-end was recorded. Additional entries are expected to record the impact of the FYE 2024 capital assets activity.

DD Unearned Revenues

Unearned income decreased due to continued recognition of state and federal revenue allocations.

EE Accounts Payable and Accrued Liabilities

The decrease in Accounts Payable and Accrued Liabilities is due to the regular timing of payments and primarily due to an additional \$4.8M owed to HCPC as of July 31, 2024 paid during August 2024 (amounts due on the new rates for existing beds under the new contract effective September 1, 2023).

FF Accounts Payable and Accrued Liabilities, and Long-term liabilities

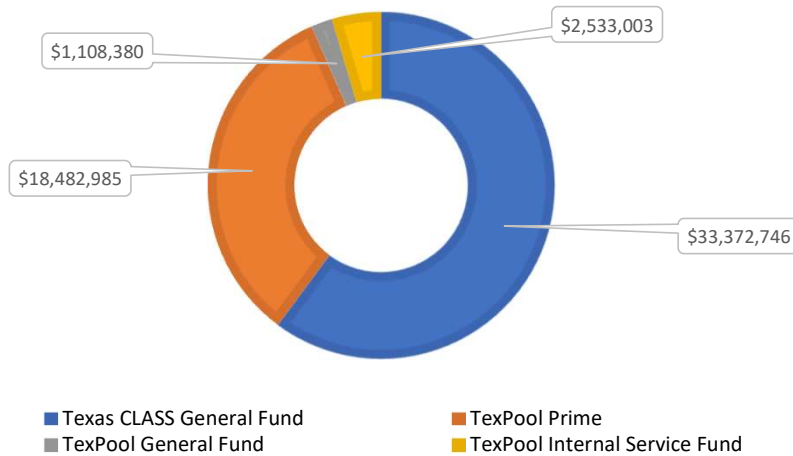
During the current month, the long-term liabilities category was reviewed to accurately reflect long-term liabilities accounts. Upon review, it was noted that the entire Accrued PTO Payable was presented as "Accrued liabilities" as opposed to presenting the long-term portion separately and only the amount due within one year in "Accrued liabilities".

	As presented	Correct presentation	
	July - 2024	July - 2024	Net change
Liabilities			
Unearned Revenues	\$ 24,504,332	\$ 24,504,332	\$ -
AP and Accrued Liabilities	24,535,559	16,288,973	(8,246,586)
Long term Liabilities	801,606	9,048,192	8,246,586
Total Liabilities	<u>\$ 49,841,497</u>	<u>\$ 49,841,497</u>	<u>\$ -</u>

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

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 32,533,826	\$ 11,400,000	\$ (10,748,493)	\$ 187,413	\$ 33,372,746	60.13%	5.45%
<i>TexPool</i>							
TexPool Prime	18,397,929	-	-	85,056	18,482,985	33.30%	5.46%
TexPool General Fund	1,103,415	-	-	4,965	1,108,380	2.00%	5.32%
TexPool Internal Service Fund	2,521,657	-	-	11,346	2,533,003	4.56%	5.32%
<i>TexPool Sub-Total</i>	22,023,001	-	-	101,367	22,124,368	39.86%	5.44%
Total Investments	\$ 54,556,827	\$ 11,400,000	\$ (10,748,493)	\$ 288,780	\$ 55,497,114	99.99%	5.44%
Additional Interest on Checking Accounts				48,489			
Total Interest Earned during the current month				<u>\$ 337,269</u>			

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)	5.24%
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 August 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
August 31, 2024

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Aug-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,919,887	\$25,594,719
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,470,642	\$29,795,389
UNUM	Life Insurance	\$300,000	\$204,247	\$2,482,315

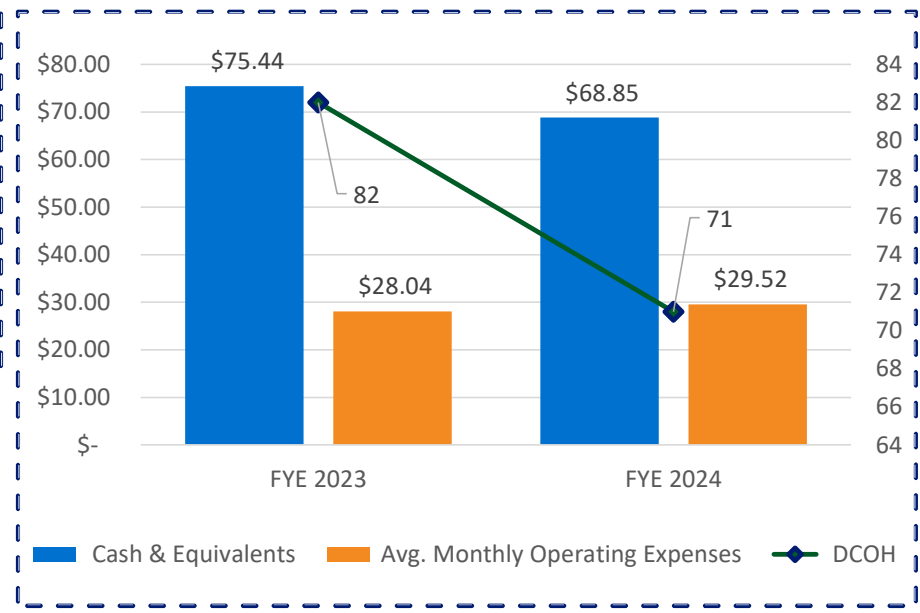
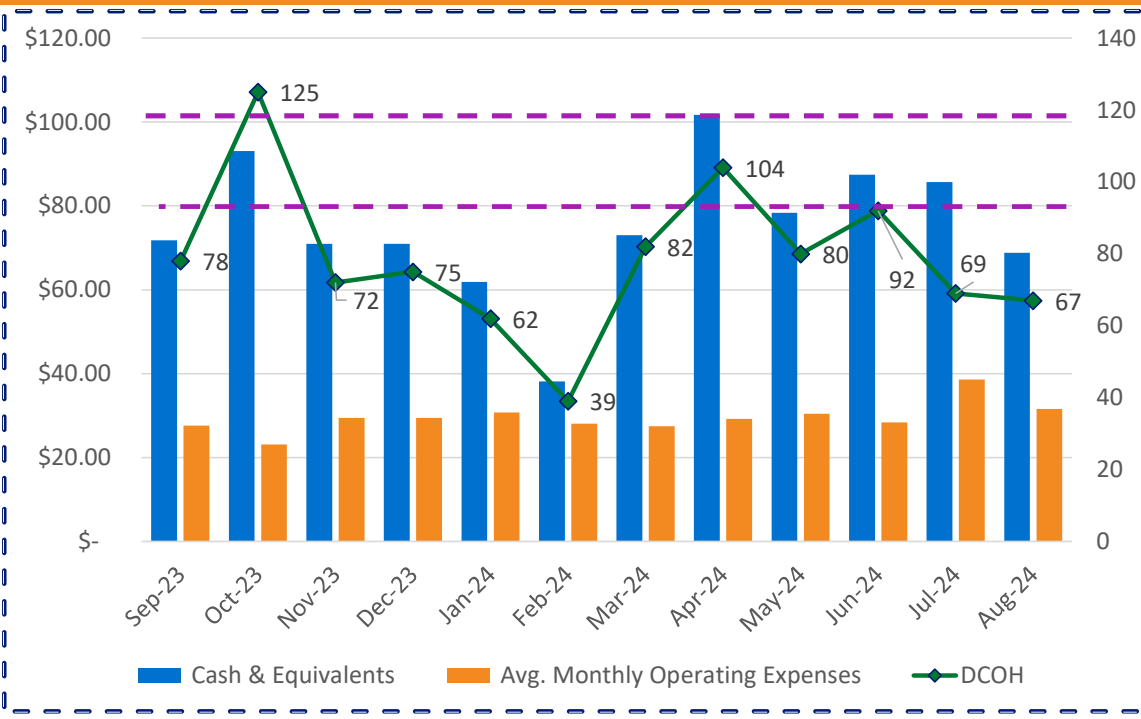
Notes:

⁽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 08A & 08B

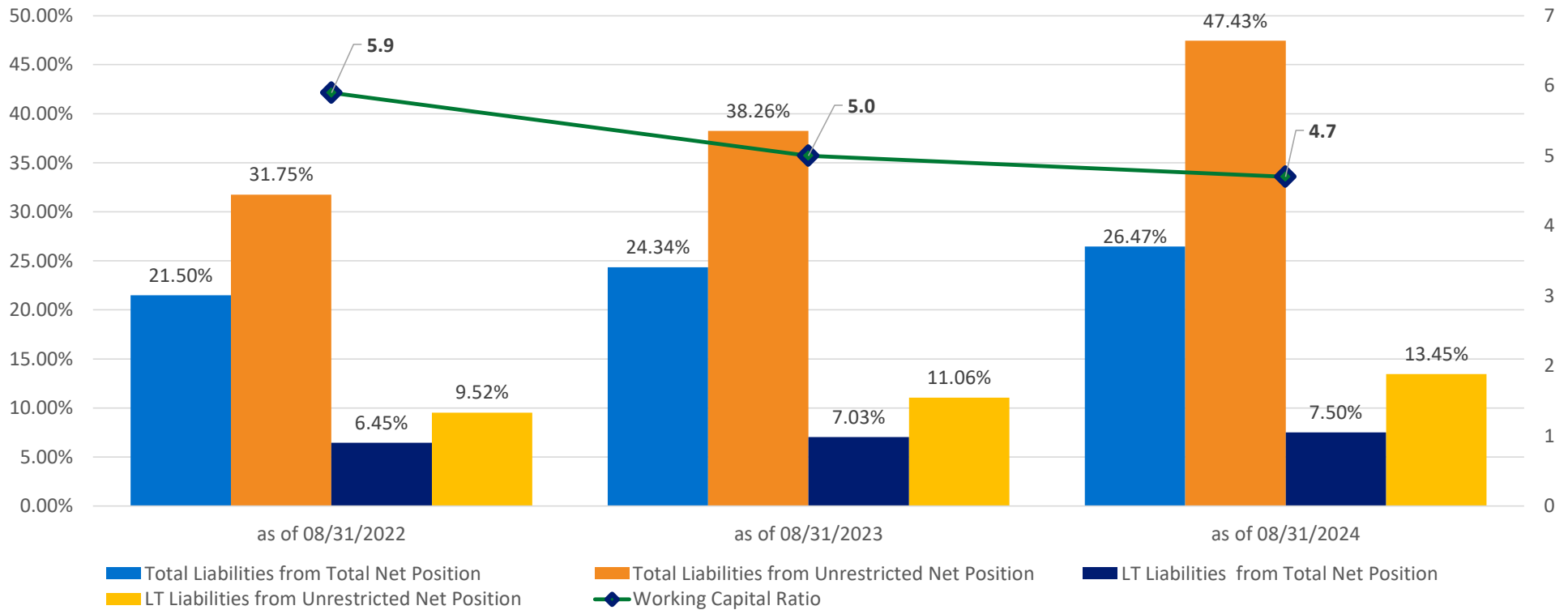
Days-Cash-On-Hand (DCOH)– as of 08-31-2024

(amounts in millions)



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

Ratios – as of 08/31/2024



LT Liabilities Included in Calculation:

Accrued Compensated absences	\$ 8,414,876
Leases Liability - LT portion	722,722
Subscription-Based IT Arrangements Liability	31,077
	<u>\$ 9,168,675</u>

**Working Capital Ratio = Current Assets/Current Liabilities

Available Resources (in Millions) – as of 08-31-2024

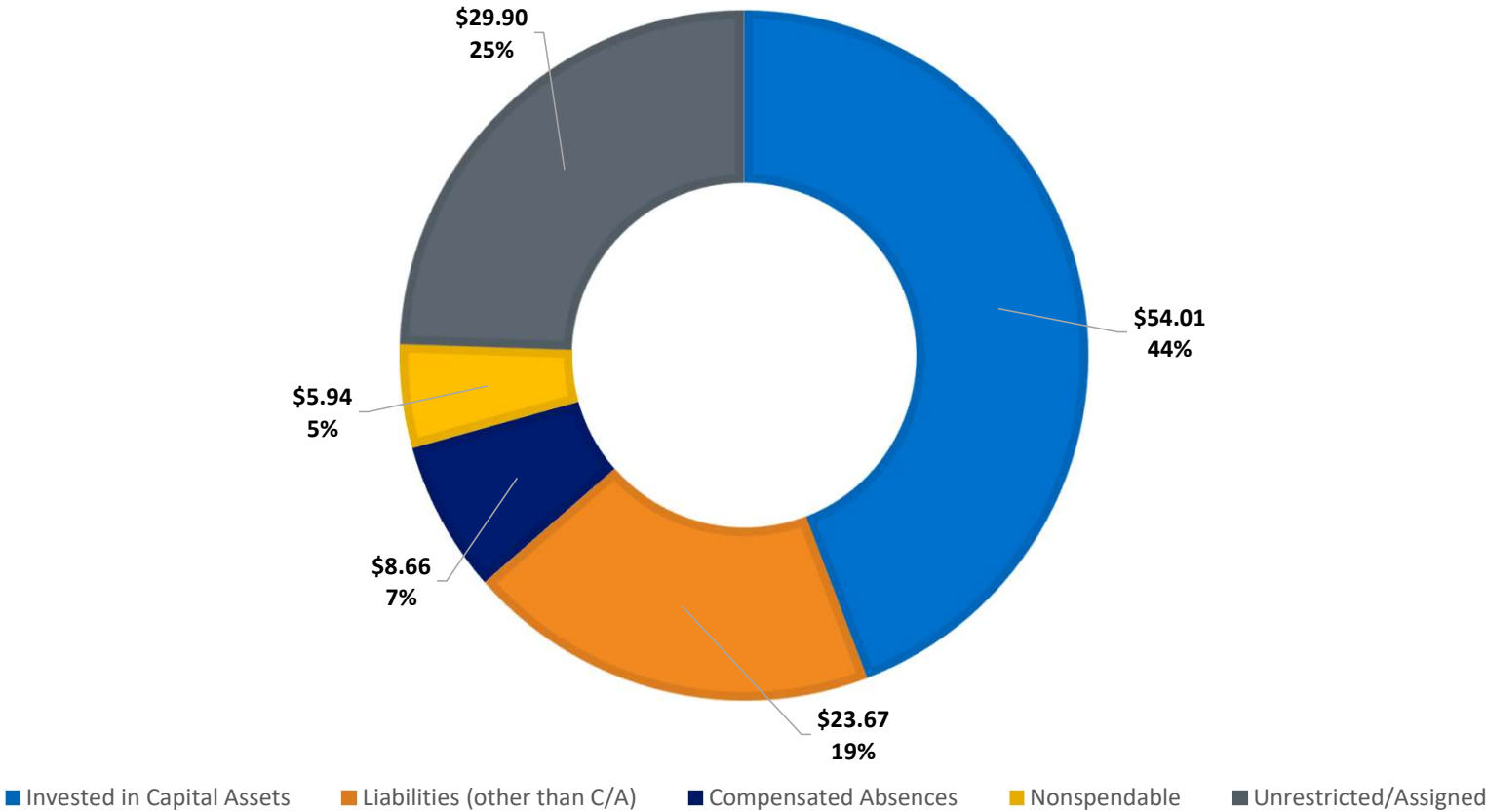


EXHIBIT R-3

SEPTEMBER 2024 AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Contractor*

J. Tyler Services, Inc.

Contract ID #*

2022-0591

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for MH & IDD and J. Tyler 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

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

2/28/2025

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

Current Contract Amount*

\$ 264,683.52

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 264,683.52

Fiscal Year* (?)
2025

Amount* (?)
\$ 264,683.52

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* (?)

Extension of contract through construction completion.
\$234,683.52 (FY25 Funds) + \$30,000 Contingency = Total NTE \$264,683.52
9/1/2024-2/28/2025

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*
to present

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

Yes No Unknown

Please provide an explanation*
does not qualify

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jennifer Longbotham

Address*

Street Address

5920 Milwee Street

Address Line 2

City

Houston

Postal / Zip Code

77092-6214

State / Province / Region

TX

Country

US

Phone Number*

713-468-2166

Email*

longbothamj@jtyler.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 264,383.52	900040

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Remaining Balance from RFP

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.02

Requester Name

Cantu-Espinoza, Lisa

Submission Date

8/28/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/28/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/28/2024



Executive Contract Summary

Contract Section



Contractor*

VC5 Partners d/b/a Rekruters

Contract ID #*

7355

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center and VC5/Rekruters

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* (?)

9/1/2023

Contract Term End Date* (?)

2/28/2025

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

Current Contract Amount*

\$ 143,000.00

Increase Not to Exceed*

\$ 135,000.00

Revised Total Not to Exceed (NTE)*

\$ 278,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 178,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00

Funding Source*

General Revenue (GR)

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 |

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

Need to increase contract due to usage for staff augmentation services

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY20 - FY24
Staffing Services

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Gabe Quintanilla

Address*

Street Address

14053 Memorial Dr

Address Line 2

City

Houston

Postal / Zip Code

77079-6826

State / Province / Region

TX

Country

US

Phone Number*

832-243-4000

Email*

accounting@vc5partners.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 135,000.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$25 to \$125 per hour depending on skill set

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

8/8/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/8/2024

Contract Owner Approval

Approved by

Mustafa Coshinnala

Approval Date

8/8/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/9/2024

EXHIBIT R-4

SEPTEMBER 2024 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

City of Houston | CDBG-CV BHRT Program

Contract ID #*

2023-0660

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for Mental Health & IDD and City of Houston (CDBG-CV BHRT Program)

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* (?)

5/3/2023

Contract Term End Date* (?)

1/31/2025

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

05/03/2023-08/31/2024 to be extended to 01/31/2025

Current Contract Amount*

\$ 2,199,970.86

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 2,199,970.86

Fiscal Year* (?)	Amount* (?)
2023	\$ 343,937.02
Fiscal Year* (?)	Amount* (?)
2024	\$ 1,815,098.84
Fiscal Year* (?)	Amount* (?)
2025	\$ 40,935.00

Funding Source*

Federal

Contract Description / Type* (?)

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

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

Contract's NTE is not changing only extending the service period. Contract will be extended up to January 2025. Accounting for the remaining balance on contract as of June 2024 program believes approximately \$40,935 will carryforward into FY25.

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 executed agreement

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

4600017669 - The Harris Center Initial Agreement.pdf	987.88KB
17669 Harris Center CDBG-CV Initial Agreement Extension - Executed.pdf	191.91KB

Vendor/Contractor Contact Person ^

Name*

Stephanie Pena, Relationship Manager, Public Service

Address*

Street Address

2100 Travis Street

Address Line 2

9th Floor

City

Houston

Postal / Zip Code

77002-8709

State / Province / Region

TX

Country

US

Phone Number*

832-394-8869

Email*

Stephanie.Pena@houstontx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 40,935.00	435043
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Oshman, Jodel

Provide Rate and Rate Descriptions if applicable* (?)

n/a; reimburseable grant

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

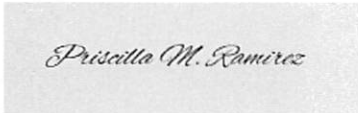
Ramirez, Priscilla

Submission Date

8/14/2024

Budget Manager Approval(s)

Approved by

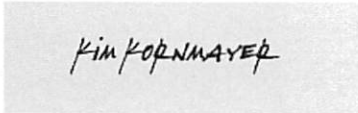


Approval Date

8/14/2024

Contract Owner Approval

Approved by



Approval Date

8/19/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/19/2024



Executive Contract Summary

Contract Section



Contractor*

Denton County MHMR Center

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center and Denton County MHMR Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2024

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 20,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The Harris Center has additional funding that will be shared with Denton County MHMR Center in order for the Harris Center utilization all FY2024 State funding.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

MOU- Denton MHMR.pdf 102.62KB

Vendor/Contractor Contact Person

Name*

Carroll Prasad

Address*

Street Address

9401 Southwest Freeway

Address Line 2

9401 Southwest Freeway

City

Houston

Postal / Zip Code

77074

State / Province / Region

Texas

Country

United States

Phone Number*

8034792587

Email*

carroll.prasad@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 20,000.00	549003

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Sharing \$20,000 of state funding

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Prasad, Carroll	8/1/2024

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date
8/2/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jana

Approval Date
8/2/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
8/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2023-0661

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Mental Health and IDD Services to Inmates Housed in the Detention Facilities Operated by HSCO.

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 10,000,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

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. *
6201	\$ 1,762,208.00	540000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6202	\$ 2,520,015.00	540000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6203	\$ 1,987,801.00	540000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6204	\$ 3,729,976.00	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	\$ 10,000,000.00

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

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sheenica Williams-Wesley

Contract Owner Approval

Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/12/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID#*

2023-0737

Contractor Name*

Harris County

Service Provided* (?)

Court-Ordered Competency and Sanity Evaluations of inmates housed detention facilities operated by the Harris County Sheriff's Office and of defendants out on bond. [FY25 Revenue NTE: \$2,700,000.00].

Renewal Term Start Date*

8/19/2024

Renewal Term End Date*

8/19/2024

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

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

\$ 2,700,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

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. *
6205	\$ 2,700,000.00	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	\$ 2,700,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s) 

Approved by

Shemica Williams-Wesley

Contract Owner Approval 

Approved by

Monalisa Tiles

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2023-0661

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Mental Health and IDD Services to Inmates Housed in the Detention Facilities Operated by HSCO.

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 10,000,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

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.*
6201	\$ 1,762,208.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 2,520,015.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6203	\$ 1,987,801.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 3,729,976.00	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	\$ 10,000,000.00

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

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sherica Williams-Wesley

Contract Owner Approval

Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/12/2024



Executive Contract Summary

Contract Section



Contractor*

MOU between The Harris Center and Brazos Valley Mental Health

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center and Brazos Valley Mental Health

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 Interlocal

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* (?)

7/19/2024

Contract Term End Date* (?)

8/31/2024

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

NA

Fiscal Year* (?)

2024

Amount* (?)

\$ 7,100.00

Funding Source*

State

Contract Description / Type* (?)

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

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

The Harris Center will share funds with Brazos Valley for Mental Health First Aid classes.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

MOU- Brazo's Valley (1).pdf

78.23KB

Vendor/Contractor Contact Person

Name*

Carroll Prasad

Address*

Street Address

9401 Southwest Freeway

Address Line 2

9401 Southwest Freeway

City

Houston

Postal / Zip Code

77074

State / Province / Region

Texas

Country

United States

Phone Number*

8034792587

Email*

carroll.prasad@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 7,100.00	549003

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

No more than \$7,100.00

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Prasad, Carroll	8/1/2024

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date
8/2/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

J. Matos

Approval Date
8/2/2024

Contracts Approval

Approve*

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

Approved by*

Ernest A. Saverly

Approval Date*
8/6/2024



Executive Contract Summary

Contract Section



Contractor*

Texas Family First Prevention Services

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Texas Department of Family and Protective Services (DFPS) and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- 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* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 2,619,514.86

Funding Source*

State

Contract Description / Type* (?)

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

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

To implement an approved evidence-based family preservation services that demonstrate the ability to prevent the need for entry into foster care in Harris County to families referred by DFPS.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Rene Fernandez

Address*

Street Address

501 Hawkins Boulevard

Address Line 2

City

El Paso

Postal / Zip Code

79915-1945

State / Province / Region

TX

Country

US

Phone Number*

512-568-4173

Email*

rene.fernandez@dfps.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4161	\$ 2,619,514.86	437003

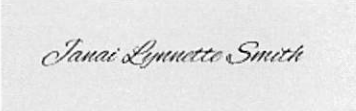
Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

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

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

Requester Name	Submission Date
Williams-Wesley, Sheenia	8/20/2024

Budget Manager Approval(s) ^

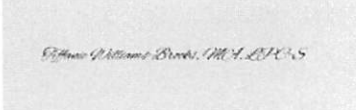
Approved by	Approval Date
	8/20/2024

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	8/22/2024

Contracts Approval

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

Approved by*	Approval Date*
	8/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0468

Contractor Name *

Texas Parks and Wildlife

Service Provided* (?)

Expanding construction of a Youth and Family Wellness Center to build a specified youth wing within clinic that will add wraparound services for youth and seniors.

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 Grant Funds |

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*

Shiela Oquin

Contract Owner*

Tiffanie Williams-Brooks

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.*
4780	\$ 0.00	000000
Budget Manager* Smith, Janai		Secondary Budget Manager* Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
0.00

Project WBS (Work Breakdown Structure)* (?)
0.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Todd McCorquodale

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval



Approved by

Stephan Williams-Brady, M.A., LSP, C.S.

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/21/2024



Executive Contract Summary

Contract Section ^

Contractor*

Texas Workforce Commission

Contract ID #*

2021-0042

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Texas Workforce Commission and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input 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 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* (?)

2/1/2024

Contract Term End Date* (?)

4/30/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 500.00

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* (?)

Contract Term was briefly extended from 1/31/2024 to 4/30/2024 resulting in a fee of \$500.
Contract is now expired; however, the last invoice is pending due.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

02-01-2023 to 01-31-2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2921PEN033_CD.TWCSHEET, signature.pdf 378.48KB

Vendor/Contractor Contact Person

Name*

Melissa Carrillo

Address*

Street Address

Contracts & Billing Management

Address Line 2

P.O Box 322

City

Austin

Postal / Zip Code

78767-0322

State / Province / Region

TX

Country

USA

Phone Number*

737.667.5198

Email*

melissa.carrillo@twc.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 500.00	574000

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

Requester Name	Submission Date
Shelby, Debbie	8/27/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/27/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

8/28/2024

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/28/2024



Executive Contract Summary

Contract Section



Contractor*

University of Houston School of Social Work (MH-RITES)

Contract ID #*

2021-0280

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/2/2024

Parties* (?)

UH and Healthy Minds Healthy Communities

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* (?)

10/25/2024

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

Current Contract Amount*

\$ 636,294.00

Increase Not to Exceed*

\$ -414,411.07

Revised Total Not to Exceed (NTE)*

\$ 221,882.93

Fiscal Year* (?)

2025

Amount* (?)

\$ 221,882.93

Funding Source*

Federal

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* (?)

External program evaluation of the Community Initiated Mental Health and Resilience Care ARPA program as required by Harris County. Annual funding.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

02/1/2022-09/30/2024

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Robin Gearing

Address*

Street Address

3511 Cullen Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

Phone Number*

713-743-8672

Email*

rgearing@uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 221,882.93	542000
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

Requester Name

Wong, Millie

Submission Date

8/2/2024

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

8/2/2024

Contract Owner Approval

Approved by

J. Wong

Approval Date

8/2/2024

Contracts Approval

Approve*

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

Approved by*

Ernest A. Savoy

Approval Date*

8/6/2024

EXHIBIT R-5



**Authorization to create FY25 Open PO to pay for
CPEP/HCPI/Admin Employee Surface Parking at the Texas Medical Center**

The Harris Center’s Purchasing Department is requesting approval of an Open PO to cover staff parking fees for a NTE amount of \$249,300.

Vendor	Service Description	FY 2025 NTE \$Amount	Funding	Comments
Texas Medical Center/LAZ	NPC Employee Parking Fees	\$170,000	FY 2025 Budget	Funds are required to cover Employee Parking Expense for the following units: 9206, 9209, 9211
Texas Medical Center/LAZ	Pharmacy Employee Parking Fees	\$1,300	FY 2025 Budget	1135
	HCPI / COC (Continuity of Care)	\$78,000	FY 2025 Budget	2180-\$54,000 /1131-\$24,000

Surface and Garage Parking: Direct pay to Texas Medical Center (TMC/LAZ Parking) for staff parking at NPC. This pays for contract parking for staff that park at NPC. NPC staff park at the SMITH LANDS Lot and Garage 4.

Parking Reimbursement: pays for individuals who work at NPC but choose to get reimbursed for their parking. They may choose to ride the bus or Uber but get reimbursed at the same rate as if the agency paid directly for their parking.

Projected cost includes 10%, increase in costs for anticipated rate increase in January.

Submitted By:

DocuSigned by:
Sharon Brauner
258C3C5A8EF9418
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

Recommended By:

DocuSigned by:
Nina Cook
5183F40913774C8
Nina M. Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Stanley Adams
E758E9D6BGF04D3...
Stanley Adams, MBA
Chief Financial Officer

EXHIBIT R-6

SEPTEMBER 2024
NEW CONTRACTS
100k – 250k



**Due Diligence
GROUNDSKEEPING**

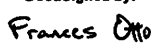
Facilities Services requested to tag on for Groundskeeping for Fiscal Year 2025. The specific request was to contract via tag on with our current vendor Metropolitan Landscape Management. Facilities Services has been extremely pleased with Metropolitan and would like to continue with their services. The contract requested to tag on to is Choice Partners 24/048MR-07.


Upon reviewing the contract from Choice Partners, it was noted that the Metropolitan contract has this current contract year, and four (4) years left for renewal on it.

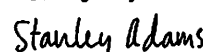
The team recommends moving forward with Metropolitan Landscape Management through Choice Partners for FY25 with the option to renew for four (4) years. Tagging on to Metropolitan through Choice Partners will ensure a continuity of service.

The contract will begin September 1, 2024, and end on August 31, 2025, subject to Fiscal Year budget approval.

The Fiscal Year 2025 budget is \$180,028.00, subject to the appropriation and availability of funds. Fiscal Year 2025 will have a contingency amount of \$64,972.00 for a total Not to Exceed (NTE) of \$245,000.00. This contingency will cover the cost of tree trimming, bush trimming, any upgrades or repairs to sprinkler systems, any weather-related emergency, flowerbeds, et cetera. The bulk of the current contingency goes to tree trimming. The Funding Source is Agency Wide Facilities (1899) – Service Maintenance Landscaping (569003).

DocuSigned by:

 18F53531C825405
 Frances Otto, CTCD
 Buyer II

DocuSigned by:

 5183F48913774C8...
 Nina Cook, MBA, CTPM
 Director of Purchasing

DocuSigned by:

 E758ED886CF0403...
 Stanley Adams, MBA
 Chief Financial Officer



Executive Contract Summary

Contract Section



Select Header For This Contract*

Administration

Contractor*

Metropolitan Landscape Management

Contract ID #*

2024-0927

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Metropolitan Landscape Management and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- 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 (?)

Fiscal Year* (?)

2025

Amount* (?)

\$ 245,000.00

Fiscal Year* (?)

Amount* (?)

2026

\$ 245,000.00

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*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2016 to present / landscaping services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Metropolitan Landscape Management / Gerald (Jerry) Thompson

Address*

Street Address

3439 West Benders Landing Boulevard

Address Line 2

City

Spring

State / Province / Region

TX

Postal / Zip Code

77386-1765

Country

US

Phone Number*

281.788.6926

Email*

jerrythomp@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 245,000.00	569003

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Choice Partners tag-on agreement

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Harper, Sarah	8/20/2024

Budget Manager Approval(s)

Approved by



Approval Date

8/20/2024

Procurement Approval

File Upload (?)

Approved by

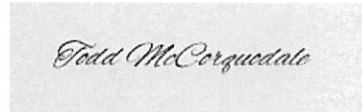


Approval Date

8/20/2024

Contract Owner Approval

Approved by

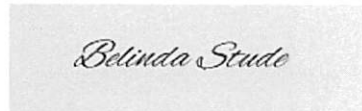


Approval Date

8/21/2024

Contracts Approval

Approved by



Approval Date

8/22/2024

Final Board Report Comments

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

New Contract with Metropolitan Landscape Management for FY 25 and FY26 at \$245,000 for each year for Agency Wide Landscape Services. Metropolitan has a partnership with Choice Partners to tag-on to the contract.

Product/Service Description

Agency Wide Landscape Services

EXHIBIT R-7

SEPTEMBER 2024
AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section



Contractor*

Labatt Institutional Supply Company d/b/a Labatt Food

Contract ID #*

5643

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for Mental Health & IDD and Labatt Institutional Supply Company d/b/a Labatt Food

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*

\$ 113,700.00

Increase Not to Exceed*

\$ 35,039.00

Revised Total Not to Exceed (NTE)*

\$ 148,739.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 148,739.00

Funding Source*
State Grant

Contract Description / Type* (?)

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

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

The Outpatient Competency Restoration (OCR) program moved from the 6160 location to the Southmore location and needs to be added to the location's food/nutrition contract to cost share as necessary.

Contract Owner*
Kim Kornmayer

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

Please add previous contract dates and what services were provided*
Current PO 143164

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

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*
Tony Michael

Address*
Street Address
4500 Industry Park Drive
Address Line 2

City
San Antonio
State / Province / Region
TX
Postal / Zip Code
78218-5405
Country
US

Phone Number*
(281) 795-5563

Email*

tmichael@labattfood.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 35,039.00	548000
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Vary; as outlined in agreement

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Ramirez, Priscilla	8/9/2024

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

8/9/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

8/12/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/13/2024

EXHIBIT R-8

**SEPTEMBER 2024
NEW CONTRACTS
UNDER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000

SEPTEMBER 2024
FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
1	Albertsons Companies, Inc.	Vaccine Pharmacy Services		9/1/2024 - 8/31/2025	General Revenue (GR)		New Vaccine Pharmacy Service Agreement to provide vaccination services to Agency's employees during the upcoming Benefits Fair on Monday, October 14, 2024. The cost will be billed and to employee's insurance plan.
2	Instrumentl Inc.	Software Agreement for Grant Tracking	\$6,000.00	9/1/2024 - 8/31/2025	State	Request for Quote	New Software Agreement which provides a budget tracking system for each grant, AI-supported grant research and writing tools. Additionally, the interface is user-friendly and easy to understand for the Agency. The system integrates with the Agency's two-factor authentication (OKTA) and provides a grant tracking centralized system.
3	Sonja Gaines	Consulting Services	\$61,200.00	9/1/2024 - 8/31/2025	General Revenue (GR)		New Agreement to provide Consulting work on Government Relations, Strategic Funding Opportunities, Organizational Development and MCO Consultation.
4	Sugar Land Astros, LLC d/b/a SL Baseball, LLC	Lease of Space for Employee Appreciation Picnic	\$55,250.00	10/1/2024 - 10/4/2024	General Revenue (GR)	Request for Quote	New Event Lease Agreement with SL Baseball, LLC (Sugar Land Space Cowboys) to host an Employee Appreciation Picnic to provide venue, food, and activities.
5	The Westin Galleria Houston	Lease of Space for Employee Appreciation Event	\$15,000.00	10/1/2024 - 12/1/2025	General Revenue (GR)	Request for Quote	New lease of space and catering services for the upcoming Employee Appreciation luncheon event.
	CPEP/CRISIS SERVICES						
	FORENSICS						
6	Danielle Todaro	To provide court-ordered competency and sanity evaluation assessments.	\$60,000.00	9/1/2024 - 8/31/2025	County	Consumer Driven	New Agreement to provide court-ordered competency and sanity evaluation assessments to consumers for Harris County funded by the Harris County Court Administration.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
7	Jones Comprehensive Assessment Center, PC	Psychological Services	\$13,125.00	9/1/2024 - 8/31/2025	Federal Grant	Consumer Driven	New Agreement to provide Psychological services to consumers as identified in the Personal Directed Plan and as recommended with planning team approval in compliance with ICF-IDD and TXHmLL.
	MENTAL HEALTH						
8	Coalition for the Homeless of Houston Harris County, Inc.	Care Coordination Services	\$20,000.00	9/1/2024 - 8/31/2025	State Grant	Consumer Driven	New Agreement for a Coordinated Access System which provides Assessment, Information and Referral processes to homeless individuals and/or family's along with a direct link to appropriate housing services.
9	MST Services LLC, d/b/a/ MST Services	Multi-System Therapy (MST) Training and Services	\$73,550.00	9/1/2024 - 8/31/2025	Federal Grant	Sole Source	New Professional Services Agreement to provide Multi-System Therapy (MST). Texas Family First Prevention Services is a new grant funded program which includes MST positions. All MST therapists must complete training specifically for MST. Vendor is a sole source for training.
10	Research Foundation for Mental Hygiene Inc. on behalf of the Center for Practice Innovations	Training and License Agreement	\$33,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	New Training Agreement for the Center for Practice Innovations (CPI) to provide Training and Technical Assistance to Agency's Staff for "OnTrackUSA early psychosis programming".



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Albertsons Companies, Inc.

Contract ID # *

2024-0929

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/17/2024

Parties * (?)

Albertsons Companies, Inc. and The Harris Center

Agenda Item Submitted For: * (?)

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

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 checked="" type="checkbox"/> Other Bill BCBS Medical Insurance |

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 * (?)

\$ 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 **BCBS Medical Claims**

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 (?)

2024-2025 - HCSC VSA The Harris Center for Mental Health and IDD
(Revised).pdf 213.03KB

Vendor/Contractor Contact Person

Name*

Heidi Tran

Address*

Street Address

14610 Memorial Drive

Address Line 2

City

Houston

Postal / Zip Code

77079

State / Province / Region

TX

Country

US

Phone Number*

7132683514

Email*

Heidi.Tran@albertsons.com

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	0

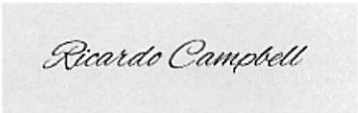
Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

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

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

Requester Name	Submission Date
Abraham, Suja	8/19/2024

Budget Manager Approval(s) 

Approved by	Approval Date
	8/19/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	8/20/2024

Contracts Approval 

Approved by	Approval Date
	8/24/2024

Final Board Report Comments 

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

I am submitting the 2024-2025 Vaccine Pharmacy Service Agreement for your review and approval. The purpose of this contract is to engage Albertsons Pharmacy to provide vaccination services to our employees during the upcoming Benefits Fair on Monday, October 14, 2024.

Albertsons Pharmacy will administer vaccines on-site.

Product/Service Description

Vaccine Pharmacy Services



**DUE DILIGENCE
REQUEST FOR QUOTE
PROJECT# FY24-0300
GRANT TRACKING SYSTEM**

Purchasing received a request from Evanthe Collins, VP IDD Services on June 24, 2024, to obtain Grant Tracking Software program.

Three (3) vendor quotes were received:

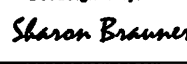
- Fluxx – quote: \$5,000.00
- Grant Hub – quote: \$4,180.00
- Instrumentl Inc– quote: \$5,988.00

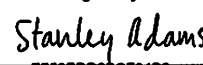
The recommendation is to move forward with Instrumentl Inc., which offers the most robust functionality and compatibility for their needs. Instrumentl Inc., system integrates with the agency’s two-factor authentication (OKTA). They also offer a grant tracking centralized system. The software provides a budget tracking system for each grant, AI-supported grant research and writing tools. Additionally, the interface is user-friendly and easy to understand for the agency.

NTE: \$5,988.00 with a contingency of \$12.00 for a total NTE of \$6,000.00.

Funding Source is Unit 2200-553002

DocuSigned by:
 7/16/2024
DCB208C595B7488
 Rosalind Armstrong, BSBA
 Buyer II

DocuSigned by:
 7/16/2024
258C3C5A8EF9418
 Sharon Brauner, C.P.M., A.P.P.
 Purchasing Manager

DocuSigned by:
 7/22/2024
27382008CFC0403
 Stanley Adams, MBA
 Interim Chief Financial Officer



Executive Contract Summary

Contract Section ⬆

Contractor*

Instrumentl Inc.

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/20/2024

Parties* (?)

Instrumentl Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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* (?)

2024

Amount* (?)

\$ 6,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Instrumentl Inc. offers the most robust functionality and compatibility for their needs. The system integrates with the agency's two-factor authentication (OKTA). They also offer a grant tracking centralized system. The software provides a budget tracking system for each grant, AI-supported grant research and writing tools. Additionally, the interface is user-friendly and easy to understand for the agency.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Please provide an explanation*

Per company, they do not meet the criteria.

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Grant_tracking_System.doc.pdf	320.44KB
Instrumentl W-9.pdf	629.81KB
RE Grant Tracking System.msg	1.06MB

Vendor/Contractor Contact Person

Name*

Sara Guerra

Address*

Street Address

440 N Barranca Ave #4165

Address Line 2

City

Covina

Postal / Zip Code

91723

State / Province / Region

CA

Country

United States

Phone Number*

510-214-4627

Email*

ops@instrumentl.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 6,000.00	553002
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
 \$499.00 per month, \$5,988.00 annually

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

Requester Name: Degracia, Ericka Submission Date: 7/24/2024

Budget Manager Approval(s)

Approved by: *Debbie Chambers Shelby* Approval Date: 7/25/2024

Procurement Approval

File Upload (?)

Approved by: *Sharon Brauner* Approval Date: 7/25/2024

Contract Owner Approval

Approved by: *Evanthe Collins* Approval Date: 7/25/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/2/2024



Executive Contract Summary

Contract Section



Contractor*

Sonja Gaines

Contract ID #*

New

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Sonja Gaines and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 61,200.00

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* (?)

Consulting work on Government Relations, Strategic Funding Opportunities, Organizational Development and MCO Consultation.

Contract Owner*

Wayne Young

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*

Sonja Gaines

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

Phone Number*

817-721-9395

Email*

sonjag56@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 61,200.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$306 per hour, 4 hours a week for 200 hours

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

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

[Signature]

Approval Date

8/5/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/6/2024



Executive Contract Summary

Contract Section



Contractor*

The Westin Galleria Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Westin Galleria Houston and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <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"/> |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/1/2024

Contract Term End Date* (?)

12/1/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 15,000.00

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* (?)

We would like to use this venue for our employee appreciation event; they were utilized last year and we received positive feedback.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

We utilized them last year.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

111324_CR1 The Harris Center for Mental Health and.pdf	158.05KB
--	----------

Vendor/Contractor Contact Person

Name*

Catherine Ellender

Address*

Street Address

5060 West Alabama Street

Address Line 2

City

Houston

Postal / Zip Code

77056-5801

State / Province / Region

TX

Country

US

Phone Number*

936-299-1692

Email*

Catherine.Ellender@marriott.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1108	Amount Charged to Unit* \$ 15,000.00	Expense/GL Code No.* 549009
Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)
See attached.

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

Requester Name Escobar, Ninfa	Submission Date 8/26/2024
---	-------------------------------------

Budget Manager Approval(s) 

Approved by 	Approval Date 8/26/2024
---	-----------------------------------

Procurement Approval 

File Upload (?)

Approved by 	Approval Date
---	----------------------

Contract Owner Approval 

Approved by 	Approval Date 8/26/2024
---	-----------------------------------

Contracts Approval

Approve*

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

Approved by* 	Approval Date* 8/26/2024
--	------------------------------------



Executive Contract Summary

Contract Section

Contractor *

Sugar Land Astros, LLC d/b/a SL Baseball, LLC

Contract ID # *

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/17/2024

Parties* (?)

The Harris Center for Mental Health and IDD, Sugar Land Space Cowboys

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 * (?)

10/1/2024

Contract Term End Date * (?)

10/4/2024

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

Fiscal Year * (?)

2025

Amount * (?)

\$ 55,250.00

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* (?)

We would like to contract with Sugar Land Space Cowboys to host our employee appreciation picnic; they will provide the venue, food, and activities.

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 (?)

Event License Agreement (Sugar Land)(rev.11.23) - The Harris Center Employee Picnic_encrypted_.pdf 194.87KB

Vendor/Contractor Contact Person

Name*

Brandon McArthur

Address*

Street Address

1 Stadium Dr

Address Line 2

City

Sugar Land

Postal / Zip Code

77498

State / Province / Region

Texas

Country

United States

Phone Number*

281-207-9116

Email*

bmcArthur@astros.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 55,250.00	549009

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
Escobar, Ninfa	8/30/2024

Budget Manager Approval(s) ^

Approved by	Approval Date
<i>Ricardo Campbell</i>	8/30/2024

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
<i>Sharon Brauner</i>	9/3/2024

Contract Owner Approval ^

Approved by	Approval Date
<i>Ninfa Escobar</i>	9/3/2024

Contracts Approval

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

Approved by*	Approval Date*
<i>Belinda Stude</i>	9/3/2024



Executive Contract Summary

Contract Section ▲

Contractor*

Danielle Todaro

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Danielle Todaro and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 60,000.00

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* (?)

To provide court-ordered competency and sanity evaluation assessments.

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*

Danielle Todaro

Address*

Street Address

6445 FM 1463

Address Line 2

Suite 160-129

City

Katy

Postal / Zip Code

77494

State / Province / Region

TX

Country

US

Phone Number*

832-612-4322

Email*

drtodaro@linkforensicpsych.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 60,000.00	540003

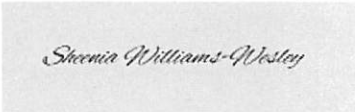
Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa


Provide Rate and Rate Descriptions if applicable* (?)
Competency assessment - \$1000, Sanity assessment - \$1500 and \$250 for sanity assessment denied by defendants

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

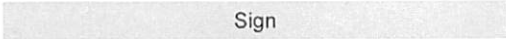
Requester Name	Submission Date
Williams-Wesley, Sheenia	8/20/2024

Budget Manager Approval(s) 


Approved by	Approval Date
	8/20/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	8/22/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	8/28/2024



Executive Contract Summary

Contract Section

Contractor*

Jones Comprehensive Assessment Center, PC

Contract ID #*

New Contract

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Dr Melody Moore, The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- 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* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 13,125.00

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Psychological services as identified in the Personal Directed Plan and as recommended with planning team approval. Reports and progress notes to be submitted by the 56th day of the month for previous month of service. Compliance with ICF-IDD and TxHmL and Texas Department of Health and Human Services Guidelines. Written report due within established time frames

Contract Owner*

Dr. Evanthe Collins

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 (?)

Certificate of Insurance_58G28835747_6362689.pdf	83.68KB
Contract Proposal The Harris Center for Mental Health and IDD_DrMMoore (1).pdf	103.58KB
MM DL exp 12222030.pdf	234.67KB
MM LP License exp 2025.pdf	183.7KB
W9_MM.pdf	965.15KB

Vendor/Contractor Contact Person

Name*

Dr. Melody Moore

Address*

Street Address

5445 Alameda Road

Address Line 2

Suite 407

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

United States

Phone Number*

8322644454

Email *

drmmoore46@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 3,281.25	543021

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 3,281.25	543021

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 3,281.25	543021

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 3,281.25	543021

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Please see the attached

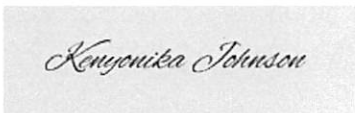
Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Anthony, Patrina	8/14/2024

Budget Manager Approval(s)

Approved by

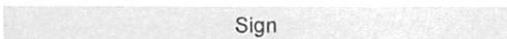


Approval Date
8/15/2024

Procurement Approval

File Upload (?)

Approved by



Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

8/15/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/15/2024



Executive Contract Summary

Contract Section ▲

Contractor*

Coalition for the Homeless of Houston Harris County, Inc.

Contract ID #*

7578

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Coalition for the Homeless of Houston Harris County, Inc. and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 20,000.00

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* (?)

Care Coordination Services

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

09-01-2023 to 08-31-2024

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Coalition for the Homeless Houston

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Sarah Holmes

Address*

Street Address

2000 Crawford St, Ste 700

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

713.739.7514

Email*

sholmes@homelesshouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 20,000.00	543022
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
0.00

Project WBS (Work Breakdown Structure)* (?)
0.00

Requester Name Shelby, Debbie	Submission Date 8/15/2024
---	-------------------------------------

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/15/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/19/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/19/2024



Executive Contract Summary

Contract Section

Contractor*

MST Services LLC, d/b/a/ MST Services

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

MST Services LLC, d/b/a/ MST Services 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 73,550.00

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Texas Family First Prevention Services is a new grant funded program that include MST positions. All MST therapists must complete training specifically for MST. Vendor is sole source for training.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Agency has two other contracts with this provider for each of the MST programs that are currently active. MST requires that each program have a separate contract for the training of teams.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Provider New Program Development Checklist 2024.docx	38.85KB
2022_MST_Standard_Domestic_Terms_07_2022_HC.docx	69.38KB
2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf	989.68KB
Sole Source Justification.docx	41.09KB

Vendor/Contractor Contact Person

Name*

Brenda Szumski

Address*

Street Address

3490 Piedmont Road Northeast Suite 304

Address Line 2

City

Atlanta

Postal / Zip Code

30305-1743

State / Province / Region

GA

Country

US

Phone Number*

8438568226

Email*

Brenda.Szumski@mstservices.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4161	\$ 73,550.00	542000
Budget Manager		Secondary Budget Manager
Smith, Janai		Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

Annual Licensing Fees: Master License: \$4,750 per year per agency - \$0 (Waived since Harris Center already pays agency fee for other teams)

Team License: \$2,950 per team per agency

Program Development and Start-up fees: \$14,500 plus travel*

Annual Program Support and Training fees: Single team programs: \$37,200 per year

Additional required third-party services: TAM data collection services provided by the MST Institute is a required part of program implementation at a cost of \$6,000 per team per year.

Other Services (provided by MST Services): Supervisor Orientation and other Supervisor \$450 per person x 2=\$900 Workshops (exc. travel expenses)

Reimbursed travel for Site Assessment (1 trip), Orientation Training (1 trip), Booster Trainings (4 trips)

Total of 6 trips @ \$2,000/trip (estimate-billed at cost) \$12,0000

Total estimated Year 1 fees: \$73,550

Project WBS (Work Breakdown Structure)* (?)

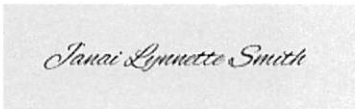
N/A

Requester Name
Bowser, Mohagony

Submission Date
8/16/2024

Budget Manager Approval(s)

Approved by



Approval Date
8/19/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

9/3/2024

Contract Owner Approval



Approved by

Stephanie Williams-Brooks, M.A., LSP, CCS

Approval Date

8/20/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/3/2024



Executive Contract Summary

Contract Section ▲

Contractor*

Research Foundation for Mental Hygiene Inc. on behalf of the Center for Practice Innovations

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for Mental Health and IDD and Research Foundation for Mental Hygiene Inc - Center for Practice Innovations

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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 33,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The Center for Practice Innovations (CPI) will provide Training and Technical Assistance in OnTrackUSA early psychosis programming to staff at The Harris Center for Mental Health & IDD.

This training, and training organization, is required by the state for all CSC (Early Onset) programs. The purpose is to ensure programs are aligned with the understanding of core concepts and fidelity of the program. The fidelity currently used by the state is the Texas-Adapted ONTrackNY Fidelity Assessment.

Training Assistance Budget

2024-2025

Item Units of Service Costs

Intro-Core Training 2-day Remote - 10,400

Intro-Cognitive Health Training 3-hours - 2,100

Data and Fidelity 1-hour calls - 2,500

Full team Care Consultation 1-hour calls -3 trainers on call - 3,700

Cognitive Health Care Consultation 1-hours calls - 2,800

Role-Based Consultation 1-hour calls: - 11,500

Training Total: 33,00

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor* Yes No Unknown**Vendor/Contractor a Historically Underutilized Business (HUB)* (?)** Yes No Unknown**Community Partnership* (?)** Yes No Unknown**Supporting Documentation Upload (?)**

TA Agreement TheHarrisCenter TX Remote 2024-2025 with Att. AB.pdf 71.52KB

Vendor/Contractor Contact Person**Name***

Robert Burke

Address *

Street Address

150 Broadway

Address Line 2

Suite 301

City

Menands

Postal / Zip Code

12204-2719

State / Province / Region

NY

Country

US

Phone Number *

518-474-5661

Email *

contracts@rfmh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2424	\$ 33,000.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Boswell, Jennifer

Submission Date

8/26/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/26/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

8/29/2024

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/29/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/30/2024



Executive Contract Summary

Contract Section ▲

Select Header For This Contract*

Mental Health Services

Contractor*

The Furniture Bank

Contract ID #*

2024-0928

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Furniture Bank and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 40,000.00

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*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

09-01-23 to 08-31-24

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Furniture Bank

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Oli Mohammed

Address*

Street Address

8220 Mosley Rd

Address Line 2

City

Houston

Postal / Zip Code

77075

State / Province / Region

TX

Country

USA

Phone Number*

832.863.1996

Email*

oli@houstonfurniturebank.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 40,000.00	595000

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

Provide Rate and Rate Descriptions if applicable* (?)

Furniture Bank Delivery Rate Increase:

- 0-19 miles = \$99
- 20-29 miles = \$129
- 30-40 miles = \$149
- and >40 miles = \$149 + \$5/mile over 40

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name	Submission Date
Shelby, Debbie	8/22/2024

Budget Manager Approval(s) ^

Approved by

Debbie Chambers Shelby

Approval Date
8/22/2024

Procurement Approval ^

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval ^

Approved by

Lance Britt

Approval Date
8/22/2024

Contracts Approval ^

Approved by

Belinda Stude

Approval Date
8/22/2024

Final Board Report Comments ^



Executive Contract Summary

Contract Section ▲

Contractor*

Furniture Bank - Voucher Services

Contract ID #*

new

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Furniture Bank and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 80,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contractor will provide furniture to registered and approved Consumers Agency-Wide, with a maximum of 40 Consumer visits per month. Each Consumer is allowed one visit per year with the exception of a crisis or natural disaster. The Harris Center will pay \$200 for each shopping visit.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-23 to 08-31-24

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Furniture Bank

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Oli Mohammed

Address*

Street Address

8220 Mosley Rd

Address Line 2

City

Houston

Postal / Zip Code

77075

State / Province / Region

TX

Country

USA

Phone Number*

832.863.1996

Email*

oli@houstonfurniturebank.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 80,000.00	595000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

\$200.00 per visit

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

8/22/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/22/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/26/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/26/2024

EXHIBIT R-9

SEPTEMBER 2024 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
LESS THAN \$100,000

SEPTEMBER 2024
FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Audimation Inc.	IDEA Software License Agreement	\$3,000.00	\$500.00	\$3,500.00	3/1/2024 - 2/28/2025	General Revenue (GR)		Amendment to increase the FY25 NTE for two (2) licenses to the Internal Audit Department Staff who will operate the Audimation software to run "continuous auditing" routines to audit Accounts Payables and Travel Reimbursement data.
2	CARCO Group, Inc. D/B/A PreCheck	Personnel Background Investigation Services	\$72,000.00	\$3,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the FY25 NTE due to rate increase.
3	Ellen B. Kagen, MSW	Leadership and Consultant Services for the CEO	\$12,600.00	\$4,000.00	\$16,600.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the NTE to cover FY24 invoice.
4	Eplus Technology, Inc. (formerly Future Com, Ltd.)	Forescout Maintenance & Support Services	\$45,000.00	\$2,041.82	\$47,041.82	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the FY25 NTE as a result of updated quote received after original FY2025 ECS Renewal was completed.
5	Handle With Care Behavior Management System, Inc.	Behavioral Management Instructure and Licensing and Training Services	\$4,300.00	\$700.00	\$5,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Behavior Management Training Agreement.	Amendment to increase the FY25 NTE due to a rate increase by vendor.
6	NLUC, PLLC	Adding IDD unit for 12 apprentices	\$5,200.00	\$960.00	\$6,160.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE needed for additional unit needed for Agency's Apprentices.
7	PDG, Inc. d/b/a/PDG Architects	Architectural Design, Plumbing and Storm Water Investigative Services and Furniture/Equipment Procurement Installation for NPC Renovations	\$36,200.00		\$36,200.00	9/1/2024 - 2/28/2025	General Revenue (GR)	Request for Qualification	Amendment to extend the contract due to construction delays of the NPC project. (FY25 Capital Project Funds). Total FY25 NTE \$36,200.00.
8	The Warring Group	PR/Marketing Services	\$84,000.00	\$3,600.00	\$87,600.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the NTE for additional work with the Media required and billed in August.
9	X-Ray Mobile Texas, Inc.	Mobile X-Ray Services for NPC	\$13,849.99	\$2,000.00	\$15,849.99	9/1/2023 - 8/31/2024	State	Request for Quote	Amendment to increase the NTE due to unusual spikes in the need for additional x-ray services and need to pay outstanding invoices.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
10	P-AMBASSADORSHIP PROGRAM	Master Pool Contract for Community Ambassador Stipends	\$4,800.00	\$2,000.00	\$6,800.00	8/1/2023 - 12/31/2024	Private Grant	Consumer Driven	Amendment to increase the NTE to process Community Ambassador stipends for July and August.
	MENTAL HEALTH SERVICES-ECI								
	LEASES								



Executive Contract Summary

Contract Section

Contractor*

Audimation Inc.

Contract ID #*

7353

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

CaseWare Inc. (Audimation) 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* (?)

3/1/2024

Contract Term End Date* (?)

2/28/2025

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

03/01/2024 - 02/28/2025

Current Contract Amount*

\$ 3,000.00

Increase Not to Exceed*

\$ 500.00

Revised Total Not to Exceed (NTE)*

\$ 3,500.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 3,500.00

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 purpose of the Contract is to provide two (2) licenses to the Internal Audit Department staff who will operate the Audimation software to run "continuous auditing" routines to audit Accounts Payables and Travel Reimbursement data.

Contract Owner*

David Fojtik

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

03/01/2023 - 02/28/2024

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

- Yes
- No
- Unknown

Please provide an explanation*

HUB was not available

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Gina Rumore

Address*

Street Address

6235 Hurst St

Address Line 2

6235 Hurst St

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008-6334

Country

United States

Phone Number*

3462079982

Email*

gina.rumore@caseware.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 3,500.00	551003
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

Fojtik, David

Submission Date

8/30/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/30/2024

Contract Owner Approval

Approved by

David Wayne Fojtik

Approval Date

8/30/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/3/2024



Executive Contract Summary

Contract Section


Contractor*

CARCO Group, Inc. DBA PreCheck

Contract ID #*

2024-0742

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for Mental Health and IDD, CARCO Group, Inc. DBA PreCheck

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*

\$ 72,000.00

Increase Not to Exceed*

\$ 3,000.00

Revised Total Not to Exceed (NTE)*

\$ 75,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 75,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Background services are required for employment at The Harris Center. Amending to review FY25 NTE to 75,000 due to an increase in the rate.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

This is a renewal contract.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Lisa Roman

Address*

Street Address

5000 Corporate Ct

Address Line 2

City

Holtsville

Postal / Zip Code

11742

State / Province / Region

NY

Country

US

Phone Number*

6318629300

Email*

iroman@cisive.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

The rate is \$52.50 per investigation.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

8/27/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/27/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

8/30/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/30/2024



Executive Contract Summary

Contract Section

Contractor*

Ellen B. Kagen, MSW

Contract ID #*

7842

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

Ellen Kagen and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 12,600.00

Increase Not to Exceed*

\$ 4,000.00

Revised Total Not to Exceed (NTE)*

\$ 16,600.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 4,000.00

Funding Source*

General Revenue (GR)

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 |

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

Leadership and Consultant for the CEO

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/1/23-08/31/24

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Ellen Kagen

Address*

Street Address

922 Barracuda Cove Court

Address Line 2

City

Annapolis

State / Province / Region

MD

Postal / Zip Code

21409-4719

Country

US

Phone Number*

3016519850

Email*

ellen.b.kagen@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 4,000.00	542000

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$375 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

Submission Date

8/28/2024

Budget Manager Approval(s)

Approved by




Approval Date

8/28/2024

Contract Owner Approval

Approved by



Approval Date

8/28/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*

8/28/2024



Executive Contract Summary

Contract Section ^

Contractor*

Eplus Technology, Inc. (formerly Future Com, Ltd.)

Contract ID #*

6670

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/24/2024

Parties* (?)

The Harris Center and Eplus

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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 45,000.00

Increase Not to Exceed*

\$ 2,041.82

Revised Total Not to Exceed (NTE)*

\$ 47,041.82

Fiscal Year* (?)
2025

Amount* (?)
\$ 47,041.82

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Updated quote received after original FY2025 ECS Renewal was completed.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Fy24

Professional Services, Software and Hardware Support

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Q#23158668_HCMH_FORESCOUT_1YRRENEWAL.pdf

87.88KB

Vendor/Contractor Contact Person

Name*

Kevin McMullin

Address*

Street Address

13595 Dulles Technology Drive

Address Line 2

City

Herndon

Postal / Zip Code

20171-3413

State / Province / Region

VA

Country

US

Phone Number*

512-652-4345

Email*

Kevin.McMullin@eplus.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 47,041.82	553001
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

8/13/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/13/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochimwala

Approval Date

8/19/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/19/2024



Executive Contract Summary

Contract Section ▲

Contractor*

Handle With Care Behavior Management System, Inc.

Contract ID #*

2023-0780

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

Handle With Care Behavior Management System, Inc. and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input 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 Behavior Management Training Agreement. |

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*

\$ 4,300.00

Increase Not to Exceed*

\$ 700.00

Revised Total Not to Exceed (NTE) *

\$ 5,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 5,000.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

Behavior management on-site training for the prevention and management of aggressive behavior resulting in instructor certification for selected Agency staff. Behavior management training is required according to the Texas Administrative Code.

The amount has been increased per the Handle with Care provider; since we want to maintain this as our agency behavioral management training, we are updating the NTE to match the increased amount.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

This is a renewal contract.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Hilary Adler

Address*

Street Address

11700 Old Georgetown Road

Address Line 2

184 McKinstry Road

City

Gardiner

Postal / Zip Code

12525

State / Province / Region

New York

Country

US

Phone Number*

845-255-4031

Email*

Hilary@handlewithcare.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 5,000.00	549005
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

8/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/20/2024

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

8/23/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/3/2024



Executive Contract Summary

Contract Section



Contractor*

NLUC, PLLC

Contract ID #*

2024-0891

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center and NLUC, PLLC

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 (?)

Current Contract Amount*

\$ 5,200.00

Increase Not to Exceed*

\$ 960.00

Revised Total Not to Exceed (NTE)*

\$ 6,160.00

Fiscal Year* (?) 2025 **Amount*** (?) \$ 6,160.00

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 IDD unit for 12 apprentices

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Vendor has been providing services for the past 4 - 5 years

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Allyson Waybright

Address*

Street Address

5718 Westheimer Road

Address Line 2

Ste 1800

City

Houston

Postal / Zip Code

77057

State / Province / Region

Texas

Country

United States

Phone Number*

936-661-2061

Email*

awaybright@nlucc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 5,200.00	543024

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 960.00	550000

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Drug/Alcohol Screens - \$80

X-Rays - \$70

Workers Comp Treatment - \$0

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
MacKinney, Eggl	8/16/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/19/2024

Approved by

Kenyonika Johnson

Approval Date

8/19/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kendra Thomas

Approval Date

8/21/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/22/2024



Executive Contract Summary

Contract Section

Contractor*

The Warring Group

Contract ID #*

2003-0719

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

The Warring Group 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 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*

\$ 84,000.00

Increase Not to Exceed*

\$ 3,600.00

Revised Total Not to Exceed (NTE)*

\$ 87,600.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 3,600.00

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* (?)

Additional work with the Media required additional hours billed in August

Contract Owner*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

9/1/2022 - 8/31/2023 - Same services - Media consultant

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

- Yes
- No
- Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Christy Warring

Address*

Street Address

9007 Avebury Stone Circle

Address Line 2

City

Missouri City

Postal / Zip Code

77458

State / Province / Region

Texas

Country

USA

Phone Number*

2819066420

Email*

christy@thewarringgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 87,600.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Lievsay, Nicole

Submission Date

8/9/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/9/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

NICOLE LIEVSAY

Approval Date

8/9/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/9/2024



Executive Contract Summary

Contract Section

Contractor*

X-Ray Mobile Texas, Inc.

Contract ID #*

7848

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for Mental Health & IDD and X-Ray Mobile Texas, 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 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"/> |

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*

\$ 13,849.99

Increase Not to Exceed*

\$ 2,000.00

Revised Total Not to Exceed (NTE)*

\$ 15,849.99

Fiscal Year* (?) 2024 Amount* (?) \$ 15,849.99

Funding Source* State

Contract Description / Type* (?)

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

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

Due to unusual spikes in the need for x-ray services, the facility will exhaust available funds. The NTE must be increased to pay outstanding invoices.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes, No, Unknown

Please add previous contract dates and what services were provided*

current agreement CT143216/contract ID 7848

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

- Yes, No, Unknown

Community Partnership* (?)

- Yes, No, Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Patrick A. Truax

Address*

Street Address

P.O. Box 25381

Address Line 2

City

Houston

Postal / Zip Code

77265

State / Province / Region

TX

Country

USA

Phone Number*

979-258-6610

Email*

patrick@houstonmobilexray.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 680.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 460.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 160.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 380.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 160.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 160.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

As per the outlined agreement and based on consumer needs.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

8/9/2024

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

8/9/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

KIM KORNMEYER

Approval Date

8/12/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/13/2024

Contract Section **Contractor***

P-AMBASSADORSHIP PROGRAM

Contract ID #*

2023-0698

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/17/2024

Parties* (?)

Volunteer Community Ambassadors and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input 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"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/1/2023

Contract Term End Date* (?)

12/31/2024

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

Current Contract Amount*

\$ 4,800.00

Increase Not to Exceed*

\$ 2,000.00

Revised Total Not to Exceed (NTE)*

\$ 6,800.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 6,800.00

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* (?)

Increase required to process Community Ambassador July and August stipends.

Contract Owner*

Stanley Williams

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 (?)

PO_CT143530, corrected GL.pdf

162.4KB

Vendor/Contractor Contact Person



Name*

Janet Martinez

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

USA

Phone Number*

832-942-3450

Email*

janeth.zamora@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 2,000.00	540509

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

Requester Name	Submission Date
Shelby, Debbie	8/7/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

8/7/2024

Contract Owner Approval

Approved by

DR. STANLEY WILLIAMS, PHD

Approval Date

8/7/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/7/2024

EXHIBIT R-10

SEPTEMBER 2024 RENEWALS UNDER 100k

Contract NTE* (?)

\$ 6,495.00

Rate(s)/Rate(s) Description

\$108.25 x 5 per month \$541.25 (monthly)

Unit(s) Served*

1135

G/L Code(s)*

5553001

Current Fiscal Year Purchase Order Number*

CT144018

Contract Requestor*

Teri Garland

Contract Owner*

Holly Cumbie

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	\$ 6,495.00	553001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

5 X \$1,299.00 per month

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 6,495.00

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

Holly Cumbie

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Holly Cumbie

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/28/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

6475

Contractor Name *

Sun Coast Resources

Service Provided* (?)

Generator Maintenance at the following locations: 3737 Dacoma, 5901 Long Drive and 9401 SW Freeway

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* (?)

\$ 20,000.00

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

1899

G/L Code(s)*

569022

Current Fiscal Year Purchase Order Number*

CT143376

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 20,000.00	569022

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	\$ 20,000.00

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

Please Explain*

per above - Generator Maintenance at the following locations: 3737 Dacoma, 5901 Long Drive and 9401 SW Freeway
NEED TO ADD THE GENERATOR AT 6160 S LOOP EAST

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

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2023-0774

Contractor Name*

Texas Hospital Association Foundation

Service Provided* (?)

Membership subscription for Access to the Peer Review Network System

Renewal Term Start Date*

8/8/2024

Renewal Term End Date*

8/7/2025

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* (?)

\$ 3,000.00

Rate(s)/Rate(s) Description

annual Payment

Unit(s) Served*

2200

G/L Code(s)*

551003

Current Fiscal Year Purchase Order Number*

CT143674

Contract Requestor*

Reyes Keeme-Sayre

Contract Owner*

Trudy Leidich

File Upload (?)



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2024-0852

Contractor Name*

Peoples United Summit

Service Provided* (?)

Consultant Servies to advise the Harris Center community engagement and intensive behavioral health services of the Youth and Family Wellness Center at the Northeast Clinic location.

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 - |

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* (?)

\$ 60,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

4780

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143766

Contract Requestor*

Mohogany Bowser

Contract Owner*

Tiffanie Williams-Brooks

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.*
4780	\$ 60,000.00	542000
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 60,000.00

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Janae Lynnette Smith

Contract Owner Approval



Approved by

Stephanie Williams Brooks, M.A., BPC&S

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/12/2024

EXHIBIT R-11

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



Executive Contract Summary

Contract Section

**Contractor***

University of Southern California Suzanne Dworak-Peck School of Social Work

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

The Harris Center for Mental Health and IDD & University of Southern California Suzanne Dworak-Peck School of Social Work

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* (?)

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)

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 University of Southern California Suzanne Dworak-Peck School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

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*

University of Southern California Suzanne Dworak-Peck
School of Social Work

Supporting Documentation Upload (?)

1 MOU-Template_USC School of Social Work_updated 2024 (1).docx 154.11KB

Vendor/Contractor Contact Person

Name*

Terri Lee

Address*

Street Address

Waite Phillips Hall 3470 Trousdale Parkway

Address Line 2

City

Los Angeles

Postal / Zip Code

90089

State / Province / Region

CA

Country

US

Phone Number*

847-533-7939

Email*

terri@usc.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	7/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/22/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

7/23/2024

Contracts Approval

Approve*

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

Approved by*

Ernest A. Savoy

Approval Date*

8/7/2024



Executive Contract Summary

Contract Section



Contractor*

Houston Food Bank

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Houston Food Bank, Community Assistance Program (CAP) 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

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* (?)

The purpose of this MOU is to set forth terms of the relationship between The Harris Center, PATH program and The Houston Food Bank (HFB). As HFB works to fulfill its commitments to awareness in social services and provide application and technical assistance for state-funded social services to PATH clients.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

PSA.TheHarrisCenter24.docx

277.87KB

Vendor/Contractor Contact Person

Name*

Jolene Norbert-Harrell

Address*

Street Address

535 Portwall Street

Address Line 2

City

Houston

Postal / Zip Code

77029-1332

State / Province / Region

TX

Country

US

Phone Number*

832-369-9213

Email*

jharrell@houstonfoodbank.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 0.00	0

Budget Manager: Oshman, Jodel
Secondary Budget Manager: Ramirez, Priscilla

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

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

Requester Name: Singh, Patricia
Submission Date: 8/14/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date
8/14/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date
8/16/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
8/16/2024



Executive Contract Summary

Contract Section



Contractor*

Magnificat Houses, Inc.

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/17/2024

Parties* (?)

Magnificat Houses, Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- 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* (?)

8/26/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

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* (?)

The Harris Center will provide on-site, virtual, and in-person counseling and mental health services to Magnificat Houses, Inc. guests.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

LOC Harris Center_MHI082024.docx 138.7KB

Vendor/Contractor Contact Person

Name*

Cathy Ode

Address*

Street Address

3209 Austin Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77004-2917

Country

US

Phone Number*

312-927-1426

Email*

code@mhihouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

2250

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

0

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

8/28/2024

Budget Manager Approval(s)



Approved by

Jodel Oshman

Approval Date

8/28/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

KIM KORNMEYER

Approval Date

8/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/28/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID#*

2023-0716

Contractor Name*

Region 4 Education Service Center

Service Provided* (?)

Lease of Agency's Conference Room

Renewal Term Start Date*

8/21/2024

Renewal Term End Date*

8/21/2024

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

\$250.00 total per event per conference room

Unit(s) Served*

N/A

G/L Code(s) *

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Maria Richardson

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

Please Explain *

the contract needs to be extended to 8/26 for a makeup session due to the hurricane. This makeup sessions fulfills our contractual obligations for FY24 contract with them.

Budget Manager Approval(s)

Approved by

Sign

Contract Owner Approval

Approved by

Carrie Taylor Rep

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/28/2024