

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

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 (EXHBIT 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 (EXHBIT 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.

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

Committee Member Absent:

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.

F. FY2025 Capital Budget Review

MOTION: FERNANDEZ SECOND: LYKES

With unanimous affirmative votes,

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

G. Human Resource Insurance Update

MOTION: GEARING SECOND: MOORE

With unanimous affirmative votes,

BE IT RESOLVED Human Resource Insurance Update, are approved and recommended to the Full Board.

H. Commercial Insurance Renewal

MOTION: GEARING SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED Commercial Insurance Renewal, are approved and recommended to the Full Board.

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

MOTION: MOORE SECOND: HELLUMS

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 11:15 am.

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

EXHIBIT R-2

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget
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 <u>not</u> in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has <u>not</u> been audited by an independent auditor.

Stanley Adams

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 th	ne Month Ended	
	Or	iginal Budget		Actual	Variance
Revenues Expenditures	\$	28,619,834 28,536,501	\$	31,244,822 31,622,769	\$ 2,624,988 (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)

			Fisc	al Year to Date		
	Oı	riginal Budget		Actual	Variance	
Revenues Expenditures	\$	343,438,012 342,438,012	\$	359,364,202 354,290,078	\$ 15,926,190 (11,852,066)	
Excess (Deficiency) of revenues over expenditures	\$	1,000,000	\$	5,074,124	\$ 4,074,124	
Other Sources (Uses) Debt payment Capital Outlay	\$	(1,000,000)	\$	- (7,458,089)	\$ 1,000,000 (7,458,089)	
Other Sources (Uses) Change in Fund Balance/Net Position	\$	<u>-</u>	\$	172,430 (2,211,535)	\$ 172,430 (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 E	nded			Fiscal Year to Dat	te		1
j	Original		Variance		Original		Variance		ī
	Budget	Actual	\$	%	Budget	Actual	\$	%	
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%	Α
Harris County and Local	4,989,759	3,980,919	(1,008,840)	-20%	59,877,110	56,111,431	(3,765,679)	-6%	В
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%	Ε
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%	Н
Other Expenditures	383,736		(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	\$	21 120 051	۲.	12 256 922	۲	(17 774 020)
Cash and Petty Cash Cash Equivalents	Þ	31,130,851 54,556,827	\$	13,356,823 55,497,114	\$	(17,774,028) 940,287
Cash Equivalents Cash and Cash Equivalents, total		85,687,678		68,853,937		(16,833,741) AA
•						
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	\$	126,619,146	\$	107,966,810	\$	(18,652,336) BB
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	\$	46,518,047	\$	46,548,047	\$	30,000 CC
Total Assets	\$	173,137,193	\$	154,514,857	\$	(18,622,336)
LIABILITIES & FUND BALANCE/NET POSITION Liabilities						
Unearned Revenues	\$	24,504,332	\$	7,878,196	\$	(16,626,136) DD
Accounts Payable and Accrued Liabilities	Ψ	16,288,973	*	15,288,774	*	(1,000,199) EE
Long term Liabilities		9,048,192		9,168,675		120,483
Liabilities, total	\$	49,841,497	\$	32,335,645	\$	(17,505,852) FF
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	\$	123,295,696	\$	122,179,212	\$	(1,116,484)
Total Liabilities & Fund Balance/Net Position	\$	173,137,193	\$	154,514,857	\$	(18,622,336)

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	Cor	rect presentation	
Accounts Receivable:	July - 2024		July - 2024	Net change
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	\$ 34,970,081	\$	34,970,081	\$ -

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

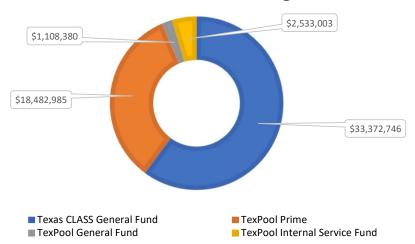
During the current month, the long-term liabilities category was reviewed to accurately reflect long-term liabilities accounts. Upon review, it was noted that the entire Accrued PTO Payable was presented as "Accrued liabilities" as opposed to presenting the long-term portion separately and only the amount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

		As presented	Co	rrect presentation		
Liabilities	July - 2024			July - 2024		Net change
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	\$	49,841,497	\$	49,841,497	\$	-

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

												Monthly
Local Government Investment Pools (LGIPs)	Begi	nning Balance		Transfer In		Transfer Out	I	nterest Income	En	ding Balance	Portfolio %	Yield
Texas CLASS												
Texas CLASS General Fund	\$	32,533,826	\$	11,400,000	\$	(10,748,493)	\$	187,413	\$	33,372,746	60.13%	5.45%
TexPool												
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%
TexPool Sub-Total		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%
	Addit	ional Interest o	n Che	ecking Accounts		_		48,489				
	Total	Interest Earned	d dur	ing the current n	nont	h :	\$	337,269				

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.

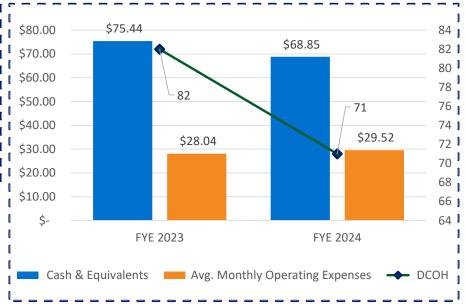
⁽²⁾ LFG payments include PP 08A & 08B

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

HARRIS CENTER for

(amounts in millions)

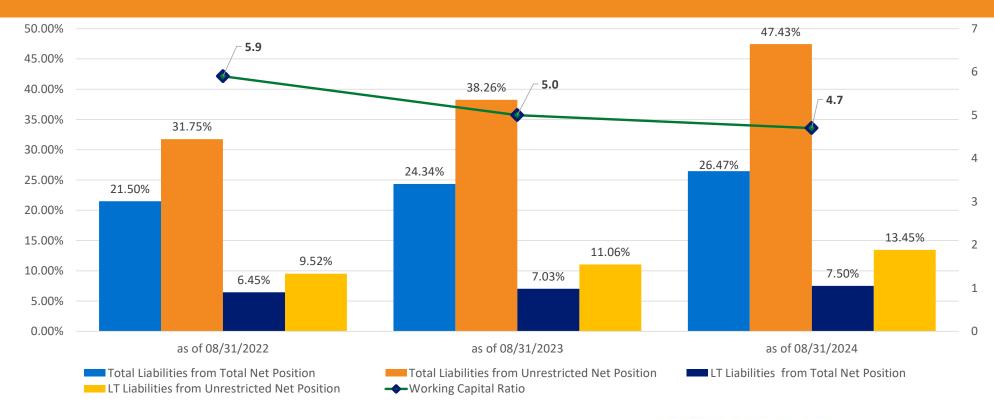




DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

Ratios – as of 08/31/2024





LT Liabilities Included in Calculation:

Accrued Compensated absences Leases Liability - LT portion Subscription-Based IT Arrangements Liability

\$ 8,414,876 722,722 31,077 \$ 9,168,675

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

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



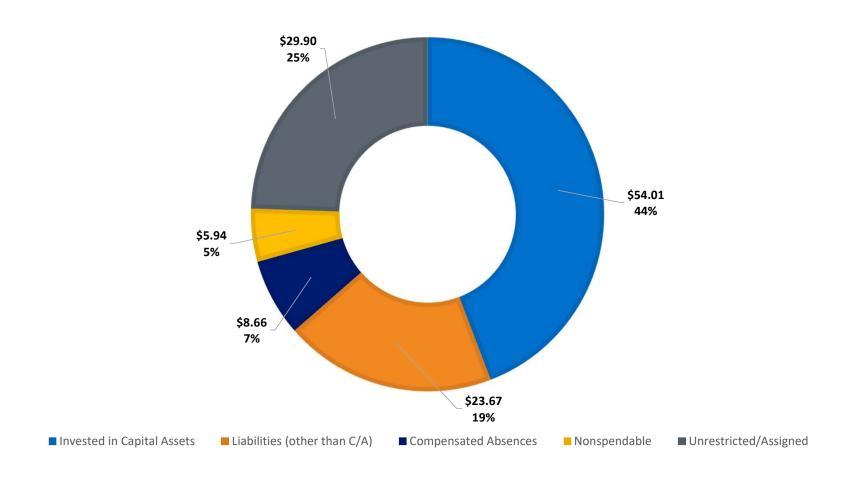


EXHIBIT R-3

SEPTEMBER 2024 AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS MORE THAN \$250,000

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	J. Tyler Services, Inc.	Furniture Purchase and Installation for NPC Renovations Project	\$264,683.52		\$264,683.52	9/1/2024 - 2/28/2025	General Revenue (GR)	Proposal	Amendment to extend the contract though construction completion of the NPC. Due to project delay, only \$1,000 was spent for FY24. \$234,683.52 (FY25 Capital Project Funds) + \$30,000 Contingency = Tota NTE \$264,683.52.
2	VC5 Partners d/b/a Rekruiters	Temporary IT Recruitment and Placement Services	\$143,000.00	\$135,000.00	\$278,000.00	9/1/2023 - 2/28/2025	General Revenue (GR)		Amendment to increase the NTE and extend the term for Staff augmentation services.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
\exists									

Fiscal Year* (?)	Amount* (?)
2025	\$ 264,683.52
Funding Source*	
General Revenue (GR)	
10000 Address	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	
Affiliation or Preceptor BAA/DUA	Service/Maintenance
Pooled Contract	 IT/Software License Agreement Lease
Renewal of Existing Contract	Other
Tremend of Exicting Contract	
Justification/Purpose of Contract/Description	n of Services Being Provided * (?)
Extension of contract through construction comp	
\$234,683.52 (FY25 Funds) + \$30,000 Continger 9/1/2024-2/28/2025	ncy = Total NTE \$264,683.52
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/	Contractor*
	*
Please add previous contract dates and what	services were provided
to present	
Vendor/Contractor a Historically Underutilize	d Business (HUB) * (?)
Yes No Unknown	
Please provide an explanation*	
does not qualify	
1000000 PC00 AV 1000	
Community Partnership* (?)	
○ Yes ○ No ○ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	n
+	
Name *	
Jennifer Longbotham	
Address*	
Street Address	
5920 Milwee Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77092-6214	US

Phone Number*							
713-468-2166							
Email*							
longbothamj@jtyler.com							
Budget Section	Budget Section						
Budget Units and Amount	Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*				
1126	\$ 264,383.52		900040				
Budget Manager		Secondary Budge					
Campbell, Ricardo		Campbell, Ricardo					
Provide Rate and Rate Description	s if applicable * (?)						
Remaining Balance from RFP							
Project WBS (Work Breakdown Str	ructure)* (?)						
FM21.1126.02							
Requester Name		Submission Date					
Cantu-Espinoza, Lisa		8/28/2024					
Budget Manager Approva	l(s)	nenent (1945 tille 1946), sei er en et et e	٥				
Approved by							
		Approval Date					
Ricardo Campbell		8/28/2024					
Procurement Approval			<u> </u>				
File Upload (?)							
Approved by		Approval Date					
Sign							
Contract Owner Approval							
Approved by							
		Approval Date					
Fodd McCorquodale		8/28/2024					
Contracts Approval							
Approve*							
Yes							
No, reject entire submission Return for correction							
Return for correction							

Approved by *

Belinda Stude

Approval Date* 8/28/2024

Increase Not to Exceed*

Revised Total Not to Exceed (NTE)*

\$ 135,000.00

\$ 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* (?)							
Personal/Professional Services	✓ Consultant						
Consumer Driven Contract	New Contract/Agreement						
Memorandum of Understanding	Amendment to Existing Contract						
Affiliation or Preceptor	Service/Maintenance						
BAA/DUA	IT/Software License Agreement						
Pooled Contract	Lease						
Renewal of Existing Contract	☐ Other						
Justification/Purpose of Contract/Description of Serv	vices Being Provided * (?)						
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	Yes No Unknown						
Please add previous contract dates and what services were provided*							
FY20 - FY24							
Staffing Services							
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)						
Yes No Unknown							
Discourse ide the LUID each *							
Please provide the HUB status*							
WBE - Women owned business.							
Community Partnership * (?)							
Supporting Documentation Upload (?)							
Vendor/Contractor Contact Person							
Name *							
Gabe Quintanilla							
Gabe Quintanilla	Cape Quintainia						

Address* Street Address 14053 Memorial Dr Address Line 2 City State / Province / Region Houston TX Postal / Zip Code Country 77079-6826 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.* \$ 135,000.00 542000 1130 Secondary Budget Manager **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 Submission Date Requester Name 8/8/2024 Hurst, Richard Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/8/2024 Contract Owner Approval Approved by Approval Date Mustafa Cochinwala 8/8/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date*
8/9/2024

EXHIBIT R-4

SEPTEMBER 2024 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

SEPTEMBER 2024 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	City of Houston	CDBG-CV BHRT Program	Amendment	5/3/2023 - 1/31/2025	Federal	Amendment to extend the service period only through January 2025 for the CDBG-CV BHRT Program. [Revenue of \$40,935.00 will be carried forward into FY25].
2	Denton County MHMR Center	New Interlocal MOU	New Contract	6/1/2024 - 8/31/2026	State Grant	New Interlocal Agreement with Denton County MHMR to provide additional funding for Mental Health First Aid classes in order for the Harris Center to utilize all FY2024 State funding. [Revenue FY24/25 NTE: \$20,000.00].
3	Harris County	New Interlocal Agreement	New Contract	10/1/2024 - 9/30/2025	State Grant	New Interlocal Agreement with Harris County Sheriff's Office to provide Pertinent Security Services at the 6160 location to include two (2) deputies 100% onsite. [FY25 NTE: \$248,200.00].
4	Harris County	Community Mental Health Grant Program OCR for Coordination of Mental Health and Intellectual Developmental Disability Services	Renewal	9/1/2024 - 8/31/2025	County	Community Mental Health Grant Program OCR for Coordination of Mental Health and Intellectual Developmental Disability Services for Harris County. [FY25 Revenue NTE: \$2,115,000.00].
5	Harris County	Court-Ordered Competency and Sanity Evaluations of Inmates Housed Detention Facilities	Renewal	10/1/2024 - 9/30/2025	County	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].
6	Harris County Sheriff's Office	Renewal	Renewal	10/1/2024 - 9/30/2025	County	Annual renewal of Interlocal to provide Mental Health and IDD Services to Inmates Housed in the Detention Facilities Operated by HSCO. [FY25 Revenue NTE: \$10,000,000].
7	MHMR Authority of Brazos Valley	The Harris Center will share funds with Brazos Valley for Mental Health First Aid classes.	New Contract	7/19/2024 - 8/31/2024	State	New Interlocal Agreement with Brazos Valley to provide funding for Mental Health First Aid classes. [Revenue FY24/25 NTE: \$7,100.00].
8	Texas Family First Prevention Services	To provide evidence-based family preservation services for those in Harris County referred by DFPS	New Contract	9/1/2024 - 8/31/2025	State	New Interlocal Agreement 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. [Revenue FY25 NTE: \$2,619,514.86].
9	Texas Parks and Wildlife	Renewal	Renewal	11/8/2021 - 4/30/2026	State Grant	Renewal of Texas Parks and Wildlife Grant for 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. [Revenue NTE: \$4,723,268.00]. Federal Grant.
10	Texas Workforce Commission	Interlocal Agreement	New Contract	2/1/2024 - 4/30/2024	General Revenue (GR)	The contract term was briefly extended from 1/31/2024 to 4/30/2024 resulting in a fee of \$500. Contract is now expired and requires payment of the last invoice.
11	University of Houston School of Social Work (MH-RITES)	Amendment	Amendment	9/1/2024 - 10/25/2024	Federal	Amendment to extend the term and decrease the NTE due to the External program evaluation of the Community Initiated Mental Health and Resilience Care ARPA program as required by Harris County is ending and reallocation of funds. [Revised FY25 NTE: \$221,882.93].
_						
-						

\$ 2,199,970.86

Fiscal Year* (?) 2023	Amount* (?) \$ 343,937.02					
Fiscal Year* (?) 2024	Amount* (?) \$ 1,815,098.84					
Fiscal Year* (?) 2025	Amount* (?) \$ 40,935.00					
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 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 ② Unknown						
Supporting Documentation Upload (?) 4600017669 - The Harris Center Initial Agreement.pdf 17669 Harris Center CDBG-CV Initial Agreement Extensi Executed.pdf	987.88KB on - 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 State / Province / Region TX Houston Postal / Zip Code Country 77002-8709 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 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable * (?) n/a; reimburseable grant Project WBS (Work Breakdown Structure)* (?) n/a Submission Date Requester Name Ramirez, Priscilla 8/14/2024 Budget Manager Approval(s) Approved by Approval Date Priscilla M. Ramirez 8/14/2024 Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 8/19/2024 Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date*
8/19/2024

Fiscal Year* (?) 2024

Amount* (?)

\$ 20,000.00

Funding Source*

State Grant

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Sen	vices Being Provided* (?)
The Harris Center has additional funding that will be sha	red with Denton County MHMR
Center in order for the Harris Center utilization all FY202	4 State funding.
Contract Owner*	
Jennifer Battle	
Jennier Battle	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	Page (HTIP)* (2)
	ess (nob) (iii
Yes No Unknown	
Community Partnership* (?)	
Supporting Decumentation Unlead (2)	
Supporting Documentation Upload (?)	400 00KB
MOU- Denton MHMR.pdf	102.62KB
Vendor/Contractor Contact Person	⊙
	•
Name*	⊙
Name* Carroll Prasad	⊙
Name*	⊙
Name * Carroll Prasad Address * Street Address	⊙
Name* Carroll Prasad Address* Street Address 9401 Southwest Freeway	
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2	
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway	Cieto / Devises / Devises
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City	State / Province / Region
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston	Texas
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code	Texas Country
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston	Texas
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code	Texas Country
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074	Texas Country
Name* Carroll Prasad Address* Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number* 8034792587	Texas Country
Name* Carroll Prasad Address* Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number* 8034792587 Email*	Texas Country
Name* Carroll Prasad Address* Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number* 8034792587	Texas Country
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number * 8034792587 Email * carroll.prasad@theharriscenter.org	Texas Country
Name* Carroll Prasad Address* Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number* 8034792587 Email*	Texas Country
Name* Carroll Prasad Address* Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number* 8034792587 Email * carroll.prasad@theharriscenter.org Budget Section	Texas Country United States
Name * Carroll Prasad Address * Street Address 9401 Southwest Freeway Address Line 2 9401 Southwest Freeway City Houston Postal / Zip Code 77074 Phone Number * 8034792587 Email * carroll.prasad@theharriscenter.org	Texas Country United States

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 Submission Date Requester Name Prasad, Carroll 8/1/2024 Budget Manager Approval(s) Approved by Approval Date kevin ilejay 8/2/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by **Approval Date** 8/2/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 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 End Date* Renewal Term Start Date* 10/1/2024 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 Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract

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

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

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

- Yes
- No
- Unknown

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 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 Are * Yes * No Nere Services delivered as specified in the contract? * Yes * No Did Contractor perform duties in a manner consistent with standards of the profession? * Yes * No Did Contractor adhere to the contracted schedule? * Yes * No Did Contractor adhere to the contracted schedule? * Yes * No Did Contractor adhere to the contracted schedule? * Yes * No Did Contractor perform duties in a manner consistent with standards of the profession? * Yes * No Did Contractor adhere to the contracted schedule? * Yes * No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * Yes * No Did Contractor render services consistent with Agency policy and procedures? * Yes * No Maintained legally required standards for certification, licensure, and/or training? * Yes * No Renewal Determination Is the contract being renewed for next fiscal year with this Contractor? * Yes * No	Contract NTE * (?)	
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 (r) Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes ® No Were Services delivered as specified in the contract?* Yes ® No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes ® No Did Contractor adhere to the contracted schedule?* Yes ® No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes ® No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes ® No Did Contractor render services consistent with Agency policy and procedures?* Yes ® No 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	\$ 10,000,000.00	
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 Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes No Did Contractor render services consistent with Agency policy and procedures?* Yes No Maintained legally required standards for certification, licensure, and/or training?* Yes No Renewal Determination		
Gil. 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 Did Contractor adhere to the contracted schedule?* Yes ® No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes ® No Did Contractor render services consistent with Agency policy and procedures?* Yes ® No 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	Unit(s) Served*	
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 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	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 As a services delivered as specified in the contract?* 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 No Did Contractor adhere to the contracted schedule?* Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* Yes No Did Contractor render services consistent with Agency policy and procedures?* Yes No 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	G/L Code(s)*	
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 Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?) Yes No Did Contractor render services consistent with Agency policy and procedures?* (?) Yes No No Modintained 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	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 involces 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	Current Fiscal Year Purchase Order Number*	
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 involces 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	N/A	
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?*(?)	Contract Requestor*	
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 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	Sheenia Williams-Wesley	
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 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	Contract Owner*	
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	Monalisa Jiles	
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No Did Contractor adhere to the contracted schedule?*(?) Yes No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?*(?) Yes No Maintained legally required standards for certification, licensure, and/or training?*(?) Yes No Renewal Determination	File Upload (?)	
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		en .
Were Services delivered as specified in the contract?* ② Yes ③ No Did Contractor perform duties in a manner consistent with standards of the profession?* ③ Yes ③ No Did Contractor adhere to the contracted schedule?*(?) ③ Yes ③ No Were reports, billing and/or invoices submitted in a timely manner?*(?) ④ Yes ③ No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) ⑥ Yes ③ No Did Contractor render services consistent with Agency policy and procedures?*(?) ⑥ Yes ⑤ No Maintained legally required standards for certification, licensure, and/or training?*(?) ⑥ Yes ⑥ No Renewal Determination Services No	Evaluation of Current Fiscal Year Performance	-
Were Services delivered as specified in the contract?* No Pid Contractor perform duties in a manner consistent with standards of the profession?* No Pid Contractor adhere to the contracted schedule?*(?) No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes No Maintained legally required standards for certification, licensure, and/or training?*(?) Yes No Renewal Determination	Have there been any significant performance deficiencies within the current fiscal year?*	
© Yes ○ No Did Contractor perform duties in a manner consistent with standards of the profession?* © 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 Solution: Is the contract being renewed for next fiscal year with this Contractor?*(?) © 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?*(?)	Were Services delivered as specified in the contract?*	
© 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 Services for the Agency?*(?)	Yes No	
Did Contractor adhere to the contracted schedule?*(?) Yes No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?*(?) Yes No Maintained legally required standards for certification, licensure, and/or training?*(?) Yes No Renewal Determination Services for the Agency?*(?) Yes No	Did Contractor perform duties in a manner consistent with standards of the profession?*	
Yes	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	Did Contractor adhere to the contracted schedule?* (?)	
 Yes ■ No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes ■ No Did Contractor render services consistent with Agency policy and procedures?*(?) Yes ■ No Maintained legally required standards for certification, licensure, and/or training?*(?) Yes ■ No Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?*(?) Yes ■ No 	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 Services for the Agency?*(?) Yes No	Were reports, billing and/or invoices submitted in a timely manner?* (?)	
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	Yes No	
 Yes ○ No Did Contractor render services consistent with Agency policy and procedures?* (?) Yes ○ No Maintained legally required standards for certification, licensure, and/or training?* (?) Yes ○ No Renewal Determination S the contract being renewed for next fiscal year with this Contractor?* (?) Yes ○ No 		
 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 		
 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 	Did Contractor render services consistent with Agency policy and procedures?* (?)	
 Yes ○ No Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes ○ No 		
 Yes ○ No Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes ○ No 	Maintained legally required standards for certification, licensure, and/or training?* (?)	
Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes No		
Yes No	Renewal Determination	ST. ST. ST. ST.
Yes No	Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Renewal Information for Next Eiscal Year		
Nenewal information for Next 1 iscar real	Renewal Information for Next Fiscal Year	

Budget Unit Number* 6201	Amount Charged to Unit* \$ 1,762,208.00	Expense/GL Code No.* 540000
Budget Manager* Williams-Wesley, Sheenia	Secondary Bo Jiles, Monalisa	udget Manager*
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 2,520,015.00	540000
Budget Manager*	Secondary B	udget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
5203	\$ 1,987,801.00	540000
Budget Manager*	Secondary B	udget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
5204	\$ 3,729,976.00	540000
*	Secondary Br	*
Budget Manager"	Secondary Bi	udget Manager*
Budget Manager* Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown	Jiles, Monalisa	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown	Jiles, Monalisa	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown	Jiles, Monalisations if applicable * (?) Structure) * (?) Amount * (?)	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?)	Jiles, Monalisa tions if applicable*(?) Structure)*(?)	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed	Jiles, Monalisations if applicable * (?) Structure) * (?) Amount * (?)	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* County	Jiles, Monalisa tions if applicable * (?) a Structure) * (?) Amount * (?) \$ 10,000,000.	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan	Jiles, Monalisa tions if applicable * (?) a Structure) * (?) Amount * (?) \$ 10,000,000.	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan	Jiles, Monalisa tions if applicable * (?) Amount * (?) \$ 10,000,000. Amount for Master Pooled Contracts	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required change	Jiles, Monalisa tions if applicable * (?) Amount * (?) \$ 10,000,000. Amount for Master Pooled Contracts ges s to the contract language? * (?)	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdown n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required change Yes No	Jiles, Monalisa tions if applicable * (?) Amount * (?) \$ 10,000,000. Amount for Master Pooled Contracts ges s to the contract language? * (?)	
Williams-Wesley, Sheenia Provide Rate and Rate Descrip n/a Project WBS (Work Breakdowr n/a Fiscal Year* (?) 2025 Next Fiscal Year Not to Exceed Contract Funding Source* County Contract Content Chan Are there any required change Yes No Will the scope of the Services	Jiles, Monalisa tions if applicable * (?) Amount * (?) \$ 10,000,000. Amount for Master Pooled Contracts ges s to the contract language? * (?) change? *	

Are there any changes to the Submission Yes No	deadlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Monalisa Jiles	
Budget Manager Approval(s)	
Approved by	
Sheenia Williams-Wesley	
Contract Owner Approval	
Approved by	
Monatisa Tiles	
Contracts Approval	
Approve*	
Yes	
No, reject entire submissionReturn for correction	
Approved by *	
Belinda Stude	Approval Date *
Deunda Stude	8/12/2024

Annual Renewal Evaluation

Current Fiscal Year Contract Information	on (
Current Fiscal Year	
2025	
Contract ID#*	
2023-0737	
Contractor Name*	
Harris County	
Service Provided * (?)	
Court-Ordered Competency and Sanity Evaluations of it operated by the Harris County Sheriff's Office and of de Revenue NTE: \$2,700,000.00].	
Renewal Term Start Date*	Renewal Term End Date*
8/19/2024	8/19/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	250,000.00)
☐ Information Only (Total NTE Amount is Less than \$2	
■ Information Only (Total NTE Amount is Less than \$2☑ Board Approval (Total NTE Amount is \$250,000.00 cm)	
 □ Information Only (Total NTE Amount is Less than \$2 ☑ Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue 	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source Request for Qualification
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract

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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) (*) (*)
Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?) Per Services Consistent with Agency policy and procedures?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?) • Yes • No
Renewal Determination

Renewal Information for I		
Budget Units and Amoun	ts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
5205	\$ 2,700,000.00	540000
Budget Manager* Williams-Wesley, Sheenia	Secondary Bu Jiles, Monalisa	dget Manager*
Provide Rate and Rate Description	ns if applicable* (?)	
Project WBS (Work Breakdown St n/a	tructure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 2,700,000.00	
Contract Funding Source*	mount for Master Pooled Contracts	
Contract Funding Source* County Contract Content Change Are there any required changes to	mount for Master Pooled Contracts	
Contract Funding Source* County Contract Content Change	mount for Master Pooled Contracts PS o the contract language?* (?)	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No	mount for Master Pooled Contracts PS the contract language?* (?)	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha	mount for Master Pooled Contracts es to the contract language?* (?)	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha Yes No sthe payment deadline different	mount for Master Pooled Contracts of the contract language?* (?) ange?* than net (45)?*	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha Yes No Is the payment deadline different Yes No Are there any changes in the Perf	mount for Master Pooled Contracts of the contract language?* (?) ange?* than net (45)?*	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha Yes No Is the payment deadline different Yes No Are there any changes in the Perf Yes No Are there any changes to the Sub	mount for Master Pooled Contracts es the contract language?* (?) ange?* than net (45)?* formance Targets?*	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha Yes No Is the payment deadline different Yes No Are there any changes in the Perf Yes No Are there any changes to the Sub Yes No	mount for Master Pooled Contracts es the contract language?* (?) ange?* than net (45)?* formance Targets?*	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha Yes No As the payment deadline different Yes No Are there any changes in the Perf Yes No Are there any changes to the Sub Yes No File Upload (?)	mount for Master Pooled Contracts es the contract language?* (?) ange?* than net (45)?* formance Targets?*	
Contract Funding Source* County Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha Yes No Is the payment deadline different Yes No Are there any changes in the Perf	mount for Master Pooled Contracts of the contract language?* (?) ange?* than net (45)?*	

Budget Manager Approval(s)	Ć
Approved by	
Sheenia Williams-Wesley	
Contract Owner Approval	Ô
Approved by	
Monalisa Tiles	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	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* Renewal Term End Date* 10/1/2024 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 Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven ✓ Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) 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?* See No.
Were Services delivered as specified in the contract?* Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No No Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes • No
Renewal Information for Next Fiscal Year

	Amount Charged to Unit* \$ 1,762,208.00	Expense/GL Code No.* 540000
et Manager* ms-Wesley, Sheenia		dget Manager*
et Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
	\$ 2,520,015.00	540000
et Manager*	Secondary Bu	dget Manager*
ms-Wesley, Sheenia	Jiles, Monalisa	
et Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
	\$ 1,987,801.00	540000
et Manager*	Secondary Bu	dget Manager*
ms-Wesley, Sheenia	Jiles, Monalisa	
et Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
	\$ 3,729,976.00	540000
et Manager*	Secondary Bu	dget Manager*
ms-Wesley, Sheenia	Jiles, Monalisa	
ct WBS (Work Breakdown Stro	ucture)* (?)	
ct WBS (Work Breakdown Stru	Amount*(?)	0
		0
ıl Year* (?)	Amount*(?)	0
Il Year* (?) Fiscal Year Not to Exceed Amract Funding Source*	Amount* (?) \$ 10,000,000.0	0
il Year* ^(?) Fiscal Year Not to Exceed Am	Amount* (?) \$ 10,000,000.0 ount for Master Pooled Contracts	0
Il Year* (?) Fiscal Year Not to Exceed Am ract Funding Source*	Amount* (?) \$ 10,000,000.0 ount for Master Pooled Contracts	0
Fiscal Year Not to Exceed Amract Funding Source* ty ntract Content Changes there any required changes to	Amount*(?) \$ 10,000,000.0 ount for Master Pooled Contracts the contract language?*(?)	0
Fiscal Year Not to Exceed Amract Funding Source* ty htract Content Changes here any required changes to s No he scope of the Services char	Amount*(?) \$ 10,000,000.0 ount for Master Pooled Contracts the contract language?*(?)	0
Fiscal Year Not to Exceed Amract Funding Source* ty ntract Content Changes there any required changes to	Amount*(?) \$ 10,000,000.0 ount for Master Pooled Contracts the contract language?*(?)	0
Fiscal Year Not to Exceed Amract Funding Source* ty htract Content Changes here any required changes to s No he scope of the Services char	Amount*(?) \$ 10,000,000.0 ount for Master Pooled Contracts the contract language?*(?)	0
Fiscal Year Not to Exceed Amoract Funding Source* ty here any required changes to see No the scope of the Services charges No	Amount*(?) \$ 10,000,000.0 ount for Master Pooled Contracts the contract language?*(?)	

Are there any changes to the Submis Signal Yes No	sion deadlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	⊘
Contract Owner * (?) Please Select Contract Owner Monalisa Jiles	
Budget Manager Approval(s)
Sheenia Wittiams-Westry	
Contract Owner Approval	
Approved by	
Monatisa Tites	
Contracts Approval	
Approve* Yes No, reject entire submission Return for correction	
Approved by *	*
Belinda Stude	Approval Date* 8/12/2024



Rianris Executive Contract Summary

Mental Health and IDD	
Contract Section	e de la companya de
Contractor*	
MOU between The Harris Center and Brazos Valley M	ental 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:* (?)	200 000
Information Only (Total NTE Amount is Less than \$	
Board Approval (Total NTE Amount is \$250,000.00Grant Proposal	of more)
Revenue	
SOW-Change Order-Amendment#	
✓ Other Interlocal	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date* (?)	Contract Term End Date * (?)
7/19/2024	8/31/2024
If contract is off-cycle, specify the contract term (?))
NA	
Fiscal Year* (?)	Amount* (?)
2024	\$ 7,100.00
Funding Source*	
State	

Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other Other		
Justification/Purpose of Contract/Description of Service	res Being Provided * (?)		
The Harris Center will share funds with Brazos Valley for N			
2	ionar risulti i nat rita siasses.		
Contract Owner*			
Jennifer Battle			
Previous History of Contracting with Vendor/Contractor	ır*		
Yes No Unknown			

Vendor/Contractor a Historically Underutilized Busines	s (HnR), (4)		
Yes No Unknown			
Community Partnership * (?)			
Yes No W Unknown			
Comparing Decomparate in Huland (0)			
Supporting Documentation Upload (?)	70.00//D		
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	State / Dravings / Paging		
City Houston	State / Province / Region Texas		
Postal / Zip Code	Country		
77074	United States		
Phone Number*			
8034792587			
Email*			
Cilidii			
carroll prasad@theharriscenter.org	carroll.prasad@theharriscenter.org		
carroll.prasad@theharriscenter.org			
carroll.prasad@theharriscenter.org Budget Section	⊙		
	•		
Budget Section	ach Budget Unit		
	ach 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 Approval Date kevin ilejay 8/2/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date J Maros 8/2/2024 **Contracts Approval** Approve* No, reject entire submission Return for correction Approved by * Approval Date* Ernest CA. Savoy 8/6/2024



Executive Contract Summary

Mental Health and IDD		
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 (D	FPS) and The Harris Center for Mental Health and IDD	
Services		
Agenda Item Submitted For: * (?)		
Information Only (Total NTE Amount is Less than \$2		
Board Approval (Total NTE Amount is \$250,000.00 or more)		
Grant Proposal		
Revenue SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for QualificationTag-On	
Request for Quote Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
9/1/2024	8/31/2025	
If contract is off-cycle, specify the contract term (?)		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 2,619,514.86	
Funding Source* State		

Contract Description / Type (*)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	✓ New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract Renewal of Existing Contract	☐ Lease ☐ Other		
Treflewar of Existing Contract	Other		
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)		
To implement an approved evidence-based family preserv	vation 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/Contract	or ^		
Yes No Wunknown			
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)		
Yes No Unknown			

Community Partnership* (?)	+1		
Yes No Unknown			
Supporting Documentation Upload (?)			
	A.		
V 1 10 1 1 0 1 1 D			
Vendor/Contractor Contact Person	•		
Name*			
Rene Fernandez			
/			
Address*			
Street Address			
501 Hawkins Boulevard	11=		
Address Line 2			
City	State / Province / Region		
El Paso	TX		
Postal / Zip Code	Country		
79915-1945	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 * (?) Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Williams-Wesley, Sheenia 8/20/2024 Budget Manager Approval(s) Approved by Approval Date Janai Lynnette Smith 8/20/2024 Procurement Approval File Upload (?) . Approved by Approval Date Sign **Contract Owner Approval** Approved by **Approval Date** 8/22/2024 Bittania Williams Brooks, Mex. LEVES Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/22/2024

Annual Renewal Evaluation

Current Fiscal Year Contract Information	on		
Current Fiscal Year			
2024			
Contract ID#*			
2022-0468			
Contractor Name*			
Texas Parks and Wildlife			
Service Provided * (?)			
Expanding construction of a Youth and Family Wellness wing within clinic that will add wraparound services for			
Renewal Term Start Date*	Renewal Term End Date*		
9/1/2024	8/31/2025		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
■ Information Only (Total NTE Amount is Less than \$250,000.00)			
Grant Proposal			
Revenue			
SOW-Change Order-Amendment#			
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	 Request for Qualification 		
Request for Quote	Tag-On		
■ Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other Grant Funds		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
☐ BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)		
O Yes			
◎ No			
Unknown			

Contract NTE* (?)	
\$ 0.00	
Rate(s)/Rate(s) Description	
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?* (?)	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	
Yes No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
Yes No	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Renewal Determination	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Yes No	
Bonowal Information for Novt Figural Year	
Renewal Information for Next Fiscal Year	

Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 4780	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000000			
Budget Manager* Smith, Janai		ry Budget Manager* ., Michael			
Provide Rate and Rate Descrip	Provide Rate and Rate Descriptions if applicable * (?) 0.00				
Project WBS (Work Breakdown 0.00	Structure)* (?)				
Fiscal Year* (?) 2024	Amount* \$ 0.00	(?)			
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contr	acts			
Contract Funding Source* State Grant					
Contract Content Chan	ges	<u> </u>			
Are there any required change Yes No	s to the contract language?* (?)				
Will the scope of the Services Yes No	change?*				
Is the payment deadline difference of Yes No	ent than net (45)?*				
Are there any changes in the F Yes No	Are there any changes in the Performance Targets?* See No.				
Are there any changes to the S Yes No	Are there any changes to the Submission deadlines for notes or supporting documentation?* See Yes No				
File Upload (?)					
Contract Owner		⊘			
Contract Owner* (?)					
Please Select Contract Owner Todd McCorquodale					
Budget Manager Appro	oval(s)	<u> </u>			

Approved by		
Janai Lynnette Smith		
Contract Owner Approval		3
Approved by		
Office Williams Brooks, MO1, LSPC-5		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	8/21/2024	

SETARRIS Executive Contract Summary

Mental Health and IDD	
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	r Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply	Competitive President
Competitive Bid Request for Proposal	☐ Competitive Proposal✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
2/1/2024	4/30/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount*(?)
2024	\$ 500.00
Funding Source*	
General Revenue (GR)	

	Contract Description / Type * (?)	Je 1
	Personal/Professional Services	Consultant
	Consumer Driven Contract	✓ New Contract/Agreement
	Memorandum of Understanding	Amendment to Existing Contract
	Affiliation or Preceptor	Service/Maintenance
1	BAA/DUA	☐ IT/Software License Agreement
	Pooled Contract	Lease
1	Renewal of Existing Contract	Other
	Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)
	Contract Term was briefly extended from 1/31/2024 to 4/3	
	Contract is now expired; however, the last invoice is pendi	
100	Contract Owner*	
	Lance Britt	4
	Previous History of Contracting with Vendor/Contract	or*
	Yes No Unknown	
	Please add previous contract dates and what services	were provided*
	02-01-2023 to 01-31-2024	were provided
	Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)
	Yes No • Unknown	
	Community Partnership* (?)	· -
	○ Yes ③ No ○ Unknown	
	Supporting Documentation Upload (?)	
	Supporting Documentation opioad (*)	
	2921PEN033_CD.TWCSHEET, signature.pdf	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf	378.48KB
		378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name*	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name* Melissa Carrillo	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name*	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name* Melissa Carrillo Address* Street Address	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name* Melissa Carrillo Address*	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name* Melissa Carrillo Address* Street Address Contracts & Billing Management Address Line 2	378.48KB
	2921PEN033_CD.TWCSHEET, signature.pdf Vendor/Contractor Contact Person Name* Melissa Carrillo Address* Street Address Contracts & Billing Management Address Line 2 P.O Box 322	
	Vendor/Contractor Contact Person Name* Melissa Carrillo Address* Street Address Contracts & Billing Management Address Line 2 P.O Box 322 City	State / Province / Region
	Vendor/Contractor Contact Person Name* Melissa Carrillo Address* Street Address Contracts & Billing Management Address Line 2 P.O Box 322 City Austin	State / Province / Region
	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	State / Province / Region TX Country
	Vendor/Contractor Contact Person Name* Melissa Carrillo Address* Street Address Contracts & Billing Management Address Line 2 P.O Box 322 City Austin	State / Province / Region
	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	State / Province / Region TX Country
	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
	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 Phone Number* 737.667.5198	State / Province / Region TX Country
	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 Phone Number* 737.667.5198 Email*	State / Province / Region TX Country
	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 Phone Number* 737.667.5198	State / Province / Region TX Country
	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 Phone Number* 737.667.5198 Email*	State / Province / Region TX Country
	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 Phone Number* 737.667.5198 Email* melissa.carrillo@twc.texas.gov	State / Province / Region TX Country
	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 Phone Number* 737.667.5198 Email* melissa.carrillo@twc.texas.gov	State / Province / Region TX Country USA

Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 574000 2299 \$ 500.00 **Budget Manager** Secondary Budget Manager Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable * (?) 0.00 Project WBS (Work Breakdown Structure)* (?) **Submission Date** Requester Name 8/27/2024 Shelby, Debbie Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 8/27/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 8/28/2024 **Contract Owner Approval** Approved by Approval Date Lance Britt 8/28/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 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 Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On ✓ Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2024 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* (?)	Amount* (?)	
2025	\$ 221,882.93	
	Ψ £Ε 1,002,00	
- · · · ·		
Funding Source*		
Federal		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Sen	vices Being Provided* (?)	
External program evaluation of the Community Initiated I		
ARPA program evaluation of the Community Initiated in ARPA program as required by Harris County. Annual fun		
Contract Owner*		
Jennifer Battle		
Previous History of Contracting with Vendor/Contracting	etor*	
Yes No Unknown		
Please add previous contract dates and what service	es were provided	
02/1/2022-09/30/2024		
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)	
○ Yes ○ No ⑨ 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	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77004	US	
7,007		
Phone Number*		
713-743-8672		

Email* rgearing@uh.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 7008 \$ 221,882.93 542000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Ilejay, Kevin Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure) * (?) n/a Submission Date Requester Name Wong, Millie 8/2/2024 Budget Manager Approval(s) Approved by **Approval Date** kevin ilejay 8/2/2024 **Contract Owner Approval** Approved by **Approval Date** J MULAD 8/2/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Ernest CA. Savoy 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

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

Purchasing Manager

Recommended By:

—DocuSigned by:

Nina M. Cook, MBA, CTCM, CTCD

Director of Purchasing

-DocuSigned by:

Stanley adams

Stanley Adams, MBA Chief Financial Officer

EXHIBIT R-6

SEPTEMBER 2024 NEW CONTRACTS 100k - 250k

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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
1	Metropolitan Landscape Management	Agency Wide Landscape Services	\$245,000.00	9/1/2024 - 8/31/2026	General Revenue (GR)	Tag-On	New Agreement requested by Facilities to tag-on to Choice Partners to provide Agency Wide Landscape Services. FY 25 Total NTE \$245,000.00 includes a contingency of \$64,972.00. One-year agreement with four (4) renewal options. [Tag-On to Choice Partners 24/048MR-07].
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES			· · · · · · · · · · · · · · · · · · ·			



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).

Frances Otto, CTCD
Buyer II

Nina Cook, MBA, CTPM Director of Purchasing

—Bocusigned by: Stanley Ilams

DocuSigned by:

Mua (ook

Stanley Adams, MBA
Chief Financial Officer

Fiscal Year* (?)	Amount*(?)
2026	\$ 245,000.00
Funding Source* General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services Consumer Driven Contract	☐ Consultant☑ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
2016 to present / landscaping services	
Vendor/Contractor a Historically Underutilized Busir	ness (HUB)* (?)
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	Country
77386-1765	US
Phone Number*	
281.788.6926	
Email*	
jerrythomp@gmail.com	
Budget Section	

Budget Units and Amounts	s Charged to e	ach Budget Un	it
Budget Unit Number* 1899	Amount Charged \$ 245,000.00	I to Unit*	Expense/GL Code No.* 569003
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions Choice Partners tag-on agreement	s if applicable* (?)		
Project WBS (Work Breakdown Str	ructure)* (?)		
Requester Name Harper, Sarah		Submission Date 8/20/2024	
Budget Manager Approval	l(s)		
Approved by		Approval Date	
Ricardo Campbell		8/20/2024	
Procurement Approval			Ô
File Upload (?)			
Approved by			
Sharon Brauner		Approval Date 8/20/2024	
Contract Owner Approval			○
Approved by			
Todd McCorquodale		Approval Date 8/21/2024	
Contracts Approval			•
Approved by			
Belinda Stude		Approval Date 8/22/2024	
Final Board Report Comm	nents		

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

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

SEPTEMBER 2024 FISCAL YEAR 2025

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ACCESS								
ADMINISTRATION								
CPEP/CRISIS SERVICES								
L Labatt Institutional Supply Company d/b/a Labatt Food	Food Services for Consumers in the CRU	\$113,700.00	\$35,039.00	\$148,739.00	9/1/2023 - 8/31/2024	State Grant	Tag-On	Amendment to increase the NTE as a result of the Outpatient Competency Restoration (OCR) program which moved from the 6160 location to the Southmore location and to share the cost of food/nutrition contract as necessary.
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
MENTAL HEALTH								
MENTAL HEALTH SERVICES-ECI								
LEASES								
- CONSCI								

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 Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote √ Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2023 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* (?)	Amount* (?)
2024	\$ 148,739.00
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description o	f Services Being Provided* (?)
The Outpatient Competency Restoration (OCR) pro	
the Southmore location and needs to be added to t	
cost share as necessary.	
Contract Owner*	
Kim Kornmayer	
1475000 H 0 14 140	
Previous History of Contracting with Vendor/Co	ontractor*
Yes No Unknown	
Please add previous contract dates and what se	ervices were provided*
Current PO 143164	
	4
Vendor/Contractor a Historically Underutilized I	Business (HUB) * (?)
Yes No • Unknown	
Community Partnership* (?)	
○ Yes ○ No ◉ Unknown	
O marking December 1 to 1 to 1 to 1	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name *	
Tony Michael	
Address*	
Street Address	
4500 Industry Park Drive	
Address Line 2	
City	State / Province / Region
San Antonio	TX
Postal / Zip Code	Country
78218-5405	US
7.02.10-0400	
Phone Number*	
(281) 795-5563	

Email* tmichael@labattfood.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 9407 \$ 35,039.00 548000 Secondary Budget Manager **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 8/9/2024 Ramirez, Priscilla Budget Manager Approval(s) Approved by Approval Date Priscilla M. Ramirez 8/9/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 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	(A)					
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, Al 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					Analysis spilitaris	
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. 4 196		
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 TXHmLI.
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".

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
11	The Furniture Bank	Furniture Delivery Services	\$40,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consumer Driven	New Agreement with the Furniture Bank to provide furniture delivery services to Consumers.
12	The Furniture Bank	Furniture Vouchers for Consumers	\$80,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		New agreement to provide furniture vouchers for 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.
	MENTAL HEALTH SERVICES-ECI						
	LEASES						

Executive Contract Summary

Mental Health and IDD	
Contract Section	6
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: * (?)	
	2000.00
☑ Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
	010 112 02 0
If contract is off-cycle, specify the contract term (?)	
***	* 0
Fiscal Year* (?)	Amount*(?)
2025	\$ 0.00

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/Contra	ctor*
Vendor/Contractor a Historically Underutilized Busi Yes No Unknown	ness (HUB)* (?)
Community Partnership* (?) Yes No Unknown	
Supporting Documentation Upload (?) 2024-2025 - HCSC VSA The Harris Center for Mental H (Revised).pdf	Health and IDD 213.03KB
Vendor/Contractor Contact Person	
Name* Heidi Tran Address* Street Address 14610 Memorial Drive	
Heidi Tran Address* Street Address	State / Province / Region
Heidi Tran Address* Street Address 14610 Memorial Drive Address Line 2	State / Province / Region TX
Heidi Tran Address* Street Address 14610 Memorial Drive Address Line 2 City Houston Postal / Zip Code	TX Country
Address* Street Address 14610 Memorial Drive Address Line 2 City Houston Postal / Zip Code 77079 Phone Number* 7132683514	TX
Heidi Tran Address* Street Address 14610 Memorial Drive Address Line 2 City Houston Postal / Zip Code 77079 Phone Number*	TX Country
Heidi Tran Address* Street Address 14610 Memorial Drive Address Line 2 City Houston Postal / Zip Code 77079 Phone Number* 7132683514 Email*	TX Country

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 * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** 8/19/2024 Abraham, Suja Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/19/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Minfa Escobar 8/20/2024 Contracts Approval Approved by Approval Date Belinda Stude 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:

Rosalind armstrong 7/16/2024

Rosalind Armstrong, BSBA

Buyer II

—DocuSigned by:

Sharon Braunes 7/16/2024

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

Purchasing Manager

-DocuSigned by:

Stanley Adams

7/22/2024

Stanley Adams, MBA

Interim Chief Financial Officer

\$ 6,000.00

2024

State

Funding Source*

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of S	arvises Being Broyided* (2)
Instrumentl Inc. offers the most robust functionality an system integrates with the agency's two-factor	d compatibility for their needs. The
authentication (OKTA). They also offer a grant trackin	g centralized system. The software
provides a budget tracking system for each grant, Al-	
tools. Additionally, the interface is user-friendly and ea	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Cont	ractor*
Yes No Unknown	
	• •
Vendor/Contractor a Historically Underutilized Bu	siness (HUB) * (?)
Yes No Unknown	
Please provide an explanation*	
Per company, they do not meet the criteria.	
rei company, they do not meet the chiena.	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
988 St. 765 - 0.05 - 185 - 285 - 25	320.44KB
Grant_tracking_System.doc.pdf	
Instrumenti W-9.pdf	629.81KB
RE Grant Tracking System.msg	1.06MB
Vandar/Cantractor Contact Bargan	
Vendor/Contractor Contact Person	
Name*	
Sara Guerra	
Said Guella	
Address*	
Street Address	
440 N Barranca Ave #4165	
Address Line 2	
City	State / Province / Region
Covina	CA
Postal / Zip Code	Country
91723	United States
Phone Number*	
510-214-4627	
Email*	
ons@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** Secondary Budget Manager Shelby, Debbie 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 **Submission Date** Degracia, Ericka 7/24/2024 Budget Manager Approval(s) Approved by **Approval Date** Debbie Chambers Shelby 7/25/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 7/25/2024 **Contract Owner Approval** Approved by **Approval Date** Evanthe Collins 7/25/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *	
	Approval Date*
Belinda Stude	8/2/2024

Contract Term Start Date* (?) 9/1/2024 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	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
Consulting work on Government Relations, Strategic Fundament and MCO Consultation.	ding Opportunities, Organizational
Contract Owner*	
Wayne Young	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	⊘
Vendor/Contractor Contact Person	
Name*	
Name* Sonja Gaines	
Name* Sonja Gaines Address*	
Name* Sonja Gaines Address* Street Address	
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway	State / Province / Region
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2	State / Province / Region TX
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston	STOCK CONTRACTOR OF THE STOCK OF TH
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City	TX
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074	TX Country
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074 Phone Number*	TX Country
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074 Phone Number* 817-721-9395	TX Country
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074 Phone Number*	TX Country
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074 Phone Number* 817-721-9395	TX Country
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074 Phone Number* 817-721-9395 Email*	TX Country
Name* Sonja Gaines Address* Street Address 9401 Southwest Freeway Address Line 2 City Houston Postal / Zip Code 77074 Phone Number* 817-721-9395 Email* sonjag56@gmail.com	TX Country US

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 Submission Date Franco, Veronica 7/29/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 7/29/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date 8/5/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/6/2024

Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	□ IT/Software License Agreement □ Lease
Renewal of Existing Contract	Other
- The state of the	
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
We would like to use this venue for our employee appreci year and we received positive feedback.	iation event; they were utilized last
Contract Owner*	
Ninfa Escobar	
B	*
Previous History of Contracting with Vendor/Contract	tor
Yes No Unknown	
Please add previous contract dates and what services. We utilized them last year.	s were provided*
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	1
cupporting becamentation opioad (i)	
111324 CR1 The Harris Center for Mental Health and no	f 158.05KB
111324_CR1 The Harris Center for Mental Health and.pd	f 158.05KB
Vendor/Contractor Contact Person	f 158.05KB
	f 158.05KB
Vendor/Contractor Contact Person	f 158.05KB
Vendor/Contractor Contact Person Name* Catherine Ellender	f 158.05KB
Vendor/Contractor Contact Person Name* Catherine Ellender Address*	f 158.05KB
Vendor/Contractor Contact Person Name* Catherine Ellender	f 158.05KB
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address	f 158.05KB
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street	f 158.05KB
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2	
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2 City Houston	State / Province / Region TX
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
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2 City Houston Postal / Zip Code 77056-5801 Phone Number*	State / Province / Region TX Country
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
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2 City Houston Postal / Zip Code 77056-5801 Phone Number*	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2 City Houston Postal / Zip Code 77056-5801 Phone Number* 936-299-1692	State / Province / Region TX Country
Vendor/Contractor Contact Person Name* Catherine Ellender Address* Street Address 5060 West Alabama Street Address Line 2 City Houston Postal / Zip Code 77056-5801 Phone Number* 936-299-1692 Email*	State / Province / Region TX Country

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * 549009 1108 \$ 15,000.00 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See attached. Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Escobar, Ninfa 8/26/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 8/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** Approved by **Approval Date** Minfa Escobar 8/26/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/26/2024

General Revenue (GR)

Executive Contract Summary 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 Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 10/4/2024 10/1/2024 If contract is off-cycle, specify the contract term (?) Amount* (?) Fiscal Year* (?) 2025 \$ 55,250.00 Funding Source*

Contract Description / Type (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser We would like to contract with Sugar Land Space Cowbo	bys to host our employee
appreciation picnic; they will provide the venue, food, an	d activities.
Contract Owner* Ninfa Escobar	
Previous History of Contracting with Vendor/Contracting	tor*
Yes No Unknown	5.01
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
○ Yes ○ No ◉ Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Event License Agreement (Sugar Land)(rev.11.23) - The	Harris Center
	194.87KB
Employee Picnic_encryptedpdf	
Vendor/Contractor Contact Person	<u> </u>
Vendor/Contractor Contact Person	•
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person Name* Brandon McArthur	
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address	
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr	
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2	
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land	Texas
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code	Texas Country
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land	Texas
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code	Texas Country
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code 77498	Texas Country
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code 77498 Phone Number* 281-207-9116	Texas Country
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code 77498 Phone Number* 281-207-9116 Email*	Texas Country
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code 77498 Phone Number* 281-207-9116	Texas Country
Vendor/Contractor Contact Person Name* Brandon McArthur Address* Street Address 1 Stadium Dr Address Line 2 City Sugar Land Postal / Zip Code 77498 Phone Number* 281-207-9116 Email*	Texas Country

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 * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Escobar, Ninfa 8/30/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/30/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 9/3/2024 Contract Owner Approval Approved by Approval Date Minfa Escobar 9/3/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 9/3/2024

Executive Contract Summary Contract Section Contractor* Danielle Todaro Contract ID #* 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 8/31/2025 9/1/2024 If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

Amount* (?)

2025

\$ 60,000.00

Funding Source*

County

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
hadifi ali ali ali ali ali ali ali ali ali al	D.: D
Justification/Purpose of Contract/Description of Serv	
To provide court-ordered competency and sanity evaluation	on assessments.
Contract Owner*	
Monalisa Jiles	
Previous History of Contracting with Vendor/Contrac	tor*
Yes No O Unknown	
Vanday/Contractor a Historically Underwilliand Dusin	200 (HUD)* (2)
Vendor/Contractor a Historically Underutilized Busine	ess (nob) (i)
Yes No W 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	State / Province / Region
Katy	TX
Postal / Zip Code	Country
77494	US
Phone Number*	
832-612-4322	
Email*	
drtodaro@linkforensicpsych.com	
Budget Section	0
Budget Units and Amounts Charged to	each Budget Unit

Amount Charged to Unit* **Budget Unit Number*** 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 8/20/2024 Williams-Wesley, Sheenia Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wesley 8/20/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by **Approval Date** Monalisa Tiles 8/22/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/28/2024

Executive Contract Summary Contract Section Contractor* Jones Comrehinsive 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 8/31/2025 9/1/2024

Fiscal Year* (?)

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

2025

Amount* (?)

\$ 13,125.00

Funding Source*

Federal Grant

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
Psychological services as identified in the Personal Direct with planning team approval. Reports and progress notes of the month for previous month of service. Compliance we Texas Department of Health and Human Services Guideli established time frames	ted Plan and as recommended to be submitted by the 56th day vith ICF-IDD and TxHmL and
Contract Owner*	
Dr. Evanthe Collins	
Durations History of Contraction with VandariContract	**
Previous History of Contracting with Vendor/Contract Yes No Unknown	O
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
Community Posture and the * (2)	
Community Partnership* (?)	
Yes No Wunknown	
Supporting Documentation Upload (?)	
Certificate of Insurance_58G28835747_6362689.pdf	83.68KB
Contract Proposal The Harris Center for Mental Health ar	103.58KB
IDD_DrMMoore (1).pdf	103.36KB
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 Almeda Road	
Address Line 2	
Suite 407	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77004	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 Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 543021 3611 \$ 3,281.25 Secondary Budget Manager **Budget Manager** Johnson, Kenyonika Kerlegon, Charles Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543021 \$ 3,281.25 3692 **Budget Manager** Secondary Budget Manager Kerlegon, Charles Johnson, Kenyonika Provide Rate and Rate Descriptions if applicable * (?) Please see the attached Project WBS (Work Breakdown Structure)* (?) NA Submission Date Requester Name 8/14/2024 Anthony, Patrina Budget Manager Approval(s) Approved by Approval Date Kenyonika Tohnson 8/15/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign

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

HARRIS CENTER.

Executive Contract Summary

Mental Health and IDD	The state of the s
Contract Section	0
Contractor*	
Coalition for the Homeless of Houston Harris County, Inc.	5.
Contract ID #*	
7578	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
9/17/2024	
*	
Parties* (?)	
Coalition for the Homeless of Houston Harris County, Inc.	c. and The Harris Center for Mental Health and IDD
Services	
Agenda Item Submitted For: * (?)	·
☑ Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	No. 1
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Net Applicable (If there are no funda required)	✓ Consumer Driven✓ Other
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 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	ices Being Provided * (?)
Contract Owner* Lance Britt	
Previous History of Contracting with Vendor/Contract Yes No Unknown	or*
Please add previous contract dates and what services 09-01-2023 to 08-31-2024	s were provided*
Vendor/Contractor a Historically Underutilized Busine ○ Yes ○ No ○ Unknown	ess (HUB)* (?)
Community Partnership* (?) Yes No Unknown	
Specify Name* Coalition for the Homeless Houston	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Name*	
Sarah Holmes Address*	
Street Address 2000 Crawford St, Ste 700 Address Line 2	
City	State / Province / Region
Houston Postal / Zip Code	TX Country
77002	USA
Phone Number* 713.739.7514	
Email*	
sholmes@homelesshouston.org	
Budget Section	<u> </u>

Budget Unit Number* 2200	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 543022
Budget Manager Shelby, Debbie	Secondar Hooper Jr	ry Budget Manager ., Michael
Provide Rate and Rate Descriptio	ons if applicable* (?)	
Project WBS (Work Breakdown S 0.00	Structure)* (?)	
Requester Name	Submissi	on Date
Shelby, Debbie	8/15/2024	
Budget Manager Approv	al(s)	
Approved by Debbie Chambers Shelby	Approval 8/15/2024	
Procurement Approval		
Approved by	Approval	Date
Contract Owner Approva	al a	
Approved by Lance Britt	Approval 8/19/2024	
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction		
Approved by *		
	Approval	I Date*

86 HARRIS CENTER for Mental Health and IDD Executive Contract Sun	nmary
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	s Center for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)* Check all that Apply	
Competitive Bid Request for Proposal Request for Application	Competitive ProposalSole SourceRequest for Qualification
Request for Quote Interlocal Not Applicable (If there are no funds required)	Tag-On Consumer Driven Other
Funding Information*	
New Contract	
Contract Term Start Date* (?) 9/1/2024	Contract Term End Date * (?) 8/31/2025
If contract is off-cycle, specify the contract term (?)	

Fiscal Year* (?)

Amount* (?)

2025

\$ 73,550.00

Funding Source*

Federal Grant

Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAADUDA BAOUDA Pooled Contract Renewal of Existing Contract Uses Provided * (*) Trissfoware License Agreement Lease Renewal of Existing Contract Usustification/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		Contract Description / Type * (?)			
Memorandum of Understanding Amendment to Existing Contract BAA/DUA BAA/DUA BAA/DUA BAA/DUA BAA/DUA BROOLED BAA/DUA BROOLED BRO		Personal/Professional Services	4	Consult	ant
Affiliation or Preceptor BA/OUA TITSoftware License Agreement Lease Pooled Contract Lease Cother 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 93.8KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 93.8KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 99.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 41.09KB Vendor/Contractor Contact Person Name * Brenda Szumski Address * Streat Address Address * Streat Address Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country US		Consumer Driven Contract	40	New Co	entract/Agreement
BAA/DUA Pooled Contract Renewal of Existing Contract Usustification/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 Checkist 2024.docx		Memorandum of Understanding		Amenda	ment to Existing Contract
Pooled Contract Renewal of Existing Contract 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 98.85KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 99.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 99.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 41.09KB Vendor/Contractor Contact Person All MST requires Market Adverses 3490 Padmont Road Northeast Suite 304 Address * Streat Adverses 3490 Pladmont Road Northeast Suite 304 Address * Streat Adverses 3490 Pladmont Road Northeast Suite 304 Address * State I Province / Region Allanta GA Postal / Zip Code Country US		Affiliation or Preceptor		Service	/Maintenance
Renewal of Existing Contract 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 2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address* Street Address 3490 Piedmont Road Northeast Suite 304 Address Agency Agency Region Atlanta GA Postal 729 Code Country 30305-1743 US		■ BAA/DUA		IT/Softw	vare License Agreement
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				Lease	9
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 Hinknown Community Partnership* Yes No Unknown Supporting Documentation Upload (?) Provider New Program Development Checklist 2024.docx 69.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2024_HS07_TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Name* Brends Szumski Address * Street Address Jael Province / Region Allanta GA Postal / 2p Code Country Justification Address Line 2 City State / Province / Region Allanta GA Postal / 2p Code Country Justification Address A US		Renewal of Existing Contract		Other	
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 Hinknown Community Partnership* Yes No Unknown Supporting Documentation Upload (?) Provider New Program Development Checklist 2024.docx 69.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2024_HS07_TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Name* Brends Szumski Address * Street Address Jael Province / Region Allanta GA Postal / 2p Code Country Justification Address Line 2 City State / Province / Region Allanta GA Postal / 2p Code Country Justification Address A US		hadification ID.	-		** ** (2)
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 69.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2024_0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address * State / Province / Region Allanta GA Postal / 2p Code Country 30305-1743 US					
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 Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address Line 2 City State / Province / Region Allanta GA Postal / 2p Code Country 30305-1743 US					ACCESSAGE AND CONTRACTOR OF CONTRACTOR AND ACCESSAGE AND A
Contract Owner* Tiffanie Williams-Brooks Previous History of Contracting with Vendor/Contractor* * Yes O 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 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 41.09KB Vendor/Contractor Contact Person Vendor/Contractor Contact Person Address * Sireat Add			ically	TOT IVIS I	. Vendor is sole
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 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2024_0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address * Street Address Street Address Street Address City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US					
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 Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address* Street Address Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Contract Owner*			
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 99.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 99.38KB 2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address * Streta Address Streta Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Tiffanie Williams-Brooks			
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 99.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 99.38KB 2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address * Streta Address Streta Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Previous History of Contracting with Vendor/Contracto	r*		
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 93.8KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 989.68KB (partially executed).pdf Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Name* Brenda Szumski Address* Streat Address 440 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US			5 . 0.0		
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743		IES INO UNKNOWN			
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 Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Address * Streat Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Please add previous contract dates and what services	were	provide	ed*
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 Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Name * Brenda Szumski Address * Streat Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Agency has two other contracts with this provider for each	of		
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		the MST programs that are currently active.			I I
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 Sole Source Justification.docx 41.09KB Vendor/Contractor Contact Person Name* Brenda Szumski Address* Street Address Street Address Street Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US					
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		for the training of teams.			
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Vendor/Contractor a Historically Underutilized Busines	s (H	UB)* (?)	
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US					
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US					
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 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 State / Province / Region Atlanta GA Postal / Zip Code Country 38.85KB 38.85KB 38.85KB 989.68KB 989.68KB Street Address 41.09KB		Community Partnership* (?)			
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 Sole Source Justification.docx Vendor/Contractor Contact Person Name * Brenda Szumski Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code 30305-1743 US		Yes No Unknown			
2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Supporting Documentation Upload (?)			
2022_MST_Standard_Domestic_Terms_07_2022_HC.docx 69.38KB 2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf 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 State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Provider New Program Development Checklist 2024.docx			38.85KB
2024-0907 TDFP Complete_with_Docusign_FY24_Grant Agreement (partially executed).pdf 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 State / Province / Region Atlanta GA Postal / Zip Code 30305-1743 US		The state of the s	X		69.38KB
(partially executed).pdf 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 State / Province / Region Atlanta GA Postal / Zip Code 30305-1743 US				ement	
Sole Source Justification.docx Vendor/Contractor Contact Person Name * Brenda Szumski Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US			3		989.68KB
Name* Brenda Szumski Address* Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Managara Andrea de Caracteria			41 09KB
Name * Brenda Szumski Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country US		Ole Course dustinoation.doox	100000000000000000000000000000000000000		
Name * Brenda Szumski Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country US	CHESTON	Vendor/Contractor Contact Person			A
Brenda Szumski Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country US	100	venden contractor contact research	and the second	The second second	
Brenda Szumski Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country US		Name *			
Address * Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US					
Street Address 3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		-			
3490 Piedmont Road Northeast Suite 304 Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		Address*			
Address Line 2 City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US					
City State / Province / Region Atlanta GA Postal / Zip Code Country 30305-1743 US		3490 Piedmont Road Northeast Suite 304			
Atlanta GA Postal / Zip Code Country 30305-1743 US		Address Line 2			
Postal / Zip Code Country 30305-1743 US		City	State	/ Province	/ Region
30305-1743 US		Atlanta	GA		
		Postal / Zip Code	Coun	ry	
Phone Number*		30305-1743	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

Submission Date

Bowser, Mohagony

8/16/2024

Budget Manager Approval(s)



Approved by

Janai Lynnette Smith

Approval Date

8/19/2024

Procurement Approval



File Upload (?) Approved by **Approval Date** Sharon Brauner 9/3/2024 Contract Owner Approval Approved by Approval Date 8/20/2024 Coffee Williams Broks, M. J. LSIC. S Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application

- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Tag-On
- Consumer Driven
- Other

Funding Information*

New Contract Amendment

Contract Term Start Date * (?)

Contract Term End Date * (?)

8/31/2025

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

Fiscal Year* (?)

Amount* (?)

2025

9/1/2024

\$ 33,000.00

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 Service	
The Center for Practice Innovations (CPI) will provide Traini OnTrackUSA early psychosis programming to staff at The H	
This training, and training organization, is required by the st programs. The purpose is to ensure programs are aligned v concepts and fidelity of the program. The fidelity currently u Adapted ONTrackNY Fidelity Assessment.	with the understanding of core
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 ■ Yes ■ No ● Unknown	s (HUB)* (?)
Community Partnership * (?) ⊚ Yes ⊚ No ⊚ Unknown	
Supporting Documentation Upload (?) TA Agreement TheHarrisCenter TX Remote 2024-2025 with	n Att. AB.pdf 71.52KB
Vendor/Contractor Contact Person	O
Name* Robert Burke	

Address* Street Address 150 Broadway Address Line 2 Suite 301 City State / Province / Region Menands NY Postal / Zip Code Country 12204-2719 US Phone Number* 518-474-5661 Email* contracts@rfmh.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 549005 2424 \$ 33,000.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure) * (?) NA Submission Date Requester Name 8/26/2024 Boswell, Jennifer Budget Manager Approval(s) Approved by **Approval Date** Debbie Chambers Shelby 8/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 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 *	
	Approval Date*
Belinda Stude	8/30/2024

Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contract Section	9
Select Header For This Contract*	
Mental Health Services	
Mental Realth 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 a	and IDD Services
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$250)	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
	Contract Town Ford Pote * (2)
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 40,000.00

Fullding Source	
General Revenue (GR)	
Contract Description / Type * (?)	The state of the s
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
*	
Contract Owner*	
Lance Britt	
Previous History of Contracting with Vendor/Contractor	or*
Yes No Unknown	
Please add previous contract dates and what services	wore provided*
	were provided
09-01-23 to 08-31-24	¹ =
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
Furniture Bank	
Supporting Documentation Upload (?)	
Supporting Documentation Spisous (4)	-
Vendor/Contractor Contact Person	
Name*	
Oli Mohammed	
Address*	1
Street Address	
8220 Mosley Rd	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77075	USA
Phone Number*	
832.863.1996	
Email*	
oli@houstonfurniturebank.org	
Budget Section	©

Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 2200	Amount Charged to Un \$ 40,000.00	it* Expense/GL Code No.3 595000	¢		
Budget Manager Shelby, Debbie		ndary Budget Manager er Jr., Michael			
Provide Rate and Rate Descript Furniture Bank Delivery Rate Incre 0-19 miles = \$99 20-29 miles = \$129 30-40 miles = \$149 and >40 miles = \$149 + \$5/mile or	ease: ver 40				
Project WBS (Work Breakdown 0.00	Structure) "(?)				
Requester Name Shelby, Debbie	8/22/2	ission Date 2024			
Budget Manager Approv		oval Date			
Debbie Chambers Shelby	8/22/2	2024	â		
Procurement Approval File Upload (?)					
Approved by Sign	Appro	oval Date			
Contract Owner Approv	al		<u> </u>		
Approved by Lance Britt	Appro 8/22/2	oval Date 2024			
Contracts Approval			•		
Approved by Belinda Stude	Appro 8/22/2	oval Date 2024			
Final Board Report Con	nments		•		

HIARRIS CENTER

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# Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?) 2025 \$ 80,000.00 Funding Source* General Revenue (GR)

Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	✓ New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Service	es 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	or"	
Yes No Unknown		
Please add previous contract dates and what services 09-01-23 to 08-31-24	were provided*	
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)	
Yes No Unknown		
Tes No W 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	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77075	USA	
D		
Phone Number*		
832.863.1996		
Email*		
oli@houstonfurniturebank.org		

Budget Section Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* \$ 80,000.00 595000 2200 Secondary Budget Manager **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 Submission Date Requester Name 8/22/2024 Shelby, Debbie Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 8/22/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Lauce Britt 8/26/2024 Contracts Approval Approve* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 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								

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	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	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/Contract Previous History of Contracting with Vendor/Contract Previous History of Contracting with Vendor/Contract	or*		
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 * (?) See No See Unknown			
Supporting Documentation Upload (?)			
Vendor/Contractor Contact Person Name* Gina Rumore			

Address* Street Address 6235 Hurst St Address Line 2 6235 Hurst St City State / Province / Region Houston TX Postal / Zip Code Country 77008-6334 **United States** Phone Number* 3462079982 Email* gina.rumore@caseware.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 551003 1101 \$ 3,500.00 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) N/A Submission Date Requester Name 8/30/2024 Fojtik, David Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/30/2024 **Contract Owner Approval** Approved by **Approval Date** David Wayne Portik 8/30/2024 Contracts Approval

Approve*		
Yes		
O No, reject entire submission		
Return for correction		
Approved by*		
	Approval Date*	
Belinda Stude	9/3/2024	
March (March Mitter) in the Control of the Control		

HARRIS CENTER for

Executive Contract Summary

Mental Health and IDD	
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 G	roup, Inc. DBA PreCheck
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information * New Contract Amendment	
Contract Term Start Date * (?) 9/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2025
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 * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description	of Services Being Provided* (?)
Background services are required for employmen	
review FY25 NTE to 75,000 due to an increase in	
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/G	Contractor*
Yes No Unknown	
Please add previous contract dates and what	services were provided*
This is a renewal contract.	
Vendor/Contractor a Historically Underutilized	d Business (HUB)*(?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Persor	
*	
Name*	
Lisa Roman	
Address*	
Street Address	
5000 Corporate Ct	
Address Line 2	
City	State / Province / Region
Holtsville	NY
Postal / Zip Code	Country
11742	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 Submission Date Requester Name Escobar, Ninfa 8/27/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 8/27/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by Approval Date Minfa Escobar 8/30/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date*
8/30/2024

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 * (?)			
Personal/Professional Services	✓ Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	□ IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)		
Leadership and Consultant for the CEO			
Contract Owner*			
Wayne Young			
Previous History of Contracting with Vendor/Contract	tor*		
Yes No Unknown			
Please add previous contract dates and what service	s were provided*		
09/1/23-08/31/24			
	*.co		
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)" (?)		
Yes No G 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	State / Province / Region		
Annapolis	MD		
Postal / Zip Code	Country		
21409-4719	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 542000 \$ 4,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) \$375 per hour Project WBS (Work Breakdown Structure) * (?) n/a **Submission Date** Requester Name 8/28/2024 Franco, Veronica Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/28/2024 **Contract Owner Approval** Approved by Approval Date 65 8/28/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 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 Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application ✓ Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 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* (?)	Amount* (?)	
2025	\$ 47.041.82	
	¥ 77,041.02	
Funding Source*		
50 Sept. (1999)		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Ø Other Amending FY25 Renewal	
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)	
Updated quote received after original FY2025 ECS Rene		
Contract Owner*		
Mustafa Cochinwala		
Previous History of Contracting with Vendor/Contracting	ctor*	
Yes No Unknown		
Places add provious contract dates and what services	es were provided*	
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.pd	If 87.88KB	
Vendor/Contractor Contact Person		
*		
Name* Kevin McMullin		
Address*		
Street Address		
13595 Dulles Technology Drive		
Address Line 2		
City	State / Province / Region	
Herndon	VA	
Postal / Zip Code	Country	
20171-3413	US	

Phone Number* 512-652-4345		
Email*		
Kevin.McMullin@eplus.com		
Budget Section		
Budget Units and Amount	s Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 47,041.82	Expense/GL Code No.* 553001
Budget Manager Campbell, Ricardo	Secondary Bu Campbell, Rica	udget Manager ardo
Provide Rate and Rate Description See Attached	s if applicable* (?)	
Project WBS (Work Breakdown Str	ructure)*(?)	
N/A	ucture) W	
Requester Name	Submission D	Date
Hurst, Richard	8/13/2024	
Budget Manager Approva	l(s)	©
Approved by		
Ricardo Campbell	Approval Date 8/13/2024	e
Sawai Campica	0/10/2024	
Procurement Approval		©
File Upload (?)		
Approved by	Approval Date	е
Contract Owner Approval		•
Approved by		
Mustafa Cochiuwala	Approval Dat 8/19/2024	e
Mustaja Comunicata	0/19/2024	
Contracts Approval		
Approve*		
Yes		
No, reject entire submissionReturn 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Behavior Management Training Agreement. Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 4,300.00 Increase Not to Exceed* \$ 700.00

Revised Total Not to Exceed (NTE)*	
\$ 5,000.00	
Fiscal Year* (?)	Amount* (?)
2025	\$ 5,000.00
Funding Source*	
General Revenue (GR)	and the second s
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
✓ Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	rvices Being Provided* (?)
Behavior management on-site training for the preventio	n and management of
aggressive behavior resulting in instructor certification f	or selected Agency staff. Behavior
management training is required according to the Texas	s Administrative Code.
The amount has been increased per the Handle with Ca	
maintain this as our agency behavioral management tra match the increased amount.	aining, we are updating the NTE to
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contra	ctor*
Yes No Unknown	
	*
Please add previous contract dates and what service	es were provided"
This is a renewal contract.	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
V 1 10 1 1 0 1 1 B	
Vendor/Contractor Contact Person	
Name*	
Hilary Adler	
mary Autor	

Address*				
Street Address				
11700 Old Georgetown Road				
Address Line 2				
184 McKinstry Road				
City	State /	Province / Region		
Gardiner	New '	York		
Postal / Zip Code	Country	/		
12525	US			
*				
Phone Number*				
845-255-4031				
Email*				
Hilary@handlewithcare.com				
Budget Section		The second second		0
Budget Units and Amou	nts Charged to each	Budaet Un	it	
About a book a surple of operations contain and can extend which the particle or in the particle of the partic				
Budget Unit Number*	Amount Charged to Ur	nit*	Expense/GL Code No.*	
1975	\$ 5,000.00		549005	
Budget Manager	Seco	ndary Budget	Manager	
Campbell, Ricardo		pbell, Ricardo		
Provide Rate and Rate Descripti	ons if applicable * (?)			
NA				
Project WBS (Work Breakdown	Structure)* (?)			
NA	F0000000000000000000000000000000000000			
Requester Name		nission Date		
Escobar, Ninfa	8/20/	2024		
Budget Manager Approv	val(s)			
Budget Manager Approx	rai(5)			The state of the s
Approved by				
	Appr	roval Date		
Ricardo Campbell		2024		
Success Campital				
Contract Owner Approve	al			<u> </u>
	ACALWOOD REGION AND AND AND AND AND AND AND AND AND AN	ALEXA COLOR DESCRIPTION	Commission of the Commission o	A STATE OF THE PARTY OF THE PAR
Approved by				
	Аррі	roval Date		
Minfa Escobar	8/23/	2024		
		SEA DATE		
Contracta Annroyal				
Contracts Approval				

Approve*

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

Approved by *

Belinda Stude

Approval Date*

9/3/2024

HARRIS Executive Contract Sum	nmary
Stellar Heard and 1917	
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 \$2	50 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On Consumer Driven
Interlocal Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 5,200.00	
Increase Not to Exceed*	
\$ 960.00	
Revised Total Not to Exceed (NTE)*	
\$ 6,160.00	

Fiscal Year* (?)	Amount* (?)	
2025	\$ 6,160.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	☑ Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA		
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Descripti	on of Sarvices Being Provided * (?)	
Adding IDD unit for 12 apprentices	on of Services Being Provided (V)	
1000		
Contract Owner*		
Kendra Thomas		
Previous History of Contracting with Vendo	or/Contractor*	
Please add previous contract dates and who Vendor has been providing services for the particle Vendor/Contractor a Historically Underutility Yes No Unknown	sst 4 - 5 years	
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Pers	on 💍	
Name*		
Allyson Waybright		
Address*		
Street Address		
5718 Westheimer Road		
Address Line 2		
Ste 1800		
City	State / Province / Region	
Houston	Texas	
Postal / Zip Code	Country	
77057	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 Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 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 8/16/2024 MacKinney, Eggla Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/19/2024 Approved by Approval Date Kenyonika Johnson 8/19/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2023 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* (?)	Amount* (?)	
2024	\$ 3,600.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services		
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	■ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)	
Additional work with the Media required additional hours		
Contract Owner*		
Nicole Lievsay		
Previous History of Contracting with Vendor/Contrac	tor*	
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 Busine	ess (HUB)* (?)	
Yes No Unknown		
Please provide the HUB status*		
WBE - Women owned business.		
Community Partnership* (?)		
Ves No Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person	⊙	
Name*		
Christy Warring		
Address*		
Street Address		
9007 Avebury Stone Circle		
Address Line 2		
	State / Bravings / Begins	
City	State / Province / Region	
Missouri City	Texas	
Postal / Zip Code	Country	
77458	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.* 542000 1109 \$ 87,600.00 **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** Lievsay, Nicole 8/9/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 8/9/2024 Procurement Approval File Upload (?) Approval Date Approved by Sign Contract Owner Approval Approved by Approval Date NICOLE LIEVSAY 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 8/31/2024 9/1/2023 If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 13,849,99

Increase Not to Exceed*

\$ 2,000.00

Revised Total Not to Exceed (NTE)*

\$ 15,849.99

Fiscal Year* (?)	Amount* (?)
2024	\$ 15,849.99
Funding Source*	
State	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	rvices Being Provided* (?)
Due to unusual spikes in the need for x-ray services, the	
funds. The NTE must be increased to pay outstanding i	
Contract Owner*	
Kim Kornmayer	
11	
Previous History of Contracting with Vendor/Contra	actor*
Yes No Unknown	
Please add previous contract dates and what service	res were provided*
current agreement CT143216/contract ID 7848	note provided
19	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)*(?)
Community Partnership * (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	lacktriangle
Name*	
Patrick A. Truax	
Address*	
Street Address	
P.O. Box 25381	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77265	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 Ramirez, Priscilla Secondary Budget Manager

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 Ramirez, Priscilla Secondary Budget Manager

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

Submission Date

Ramirez, Priscilla

8/9/2024

Budget Manager Approval(s)

Approved by	Approval Date	
Priscilla M. Ramirez	8/9/2024	
Procurement Approval	⊙	
File Upload (?)		
Approved by Sign	Approval Date	
Contract Owner Approval		
Approved by	Approval Date	
Kin KOKNMAYER	8/12/2024	
Contracts Approval		
Approve*		
YesNo, reject entire submission		
Return for correction		
Approved by *		
Belinda Stude	Approval Date* 8/13/2024	
Deunau Nuae	0.10/2027	

HARRIS Executive Contract Summary

	Mental Health and IDD		
1	Contract Section		_
Section 1	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 Cente	r for Mental Health and IDD Services	
	Agenda Item Submitted For: * (?)		
	Information Only (Total NTE Amount is Less than \$250,		
	Board Approval (Total NTE Amount is \$250,000.00 or n	nore)	
	Grant Proposal		
	Revenue		
	SOW-Change Order-Amendment# Other		
	other .		
	Procurement Method(s)*		
	Check all that Apply		
	Competitive Bid	Competitive Proposal	
	Request for Proposal	Sole Source	
	Request for Application	Request for Qualification	
	Request for Quote	Tag-On	
	Interlocal	Consumer Driven	
	Not Applicable (If there are no funds required)	Other	
	Funding Information*		
	New Contract Amendment		
	Out 1 Town Ot - 4 D - 4 * (2)	Contract Term End Date * (?)	
	Contract Term Start Date * (?)		
	8/1/2023	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* (?)	Amount* (?)
2024	\$ 6,800.00
Funding Source*	
Private Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of	Services Being Provided* (?)
Increase required to process Community Ambassad	or July and August stipends.
Contract Owner*	
Stanley Williams	

Previous History of Contracting with Vendor/Con	ntractor
Yes No Unknown	
Vendor/Contractor a Historically Underutilized B	usiness (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	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77074	USA
D. *	
Phone Number*	
832-942-3450	
Email*	
janeth.zamora@theharriscenter.org	

Budget Section Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 540509 \$ 2,000.00 2626 **Budget Manager** Secondary Budget Manager Hooper Jr., Michael Shelby, Debbie Provide Rate and Rate Descriptions if applicable * (?) 0.00 Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Shelby, Debbie 8/7/2024 Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 8/7/2024 **Contract Owner Approval** Approved by Approval Date DE STANLEY WILLIAMS, PHD 8/7/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/7/2024

EXHIBIT R-10

SEPTEMBER 2024 RENEWALS UNDER 100k

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

Budget Units and Amo	unts Charged to ea	ach Budget Ui	nit
Budget Unit Number*	Amount Charged \$ 6,495.00	to Unit*	Expense/GL Code No.* 553001
Budget Manager* Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdown n/a	n Structure)* (?)		
Fiscal Year* (?)		Amount* (?) \$ 6,495.00	
Next Fiscal Year Not to Exceed			
Contract Funding Source* General Revenue (GR)			
Contract Content Chan	iges		o
Are there any required change Yes No	s to the contract languag	ge?* ^(?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline different than net (45)?*			
Are there any changes in the F Yes No	Performance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			0
Contract Owner* (?) Please Select Contract Owner			
Holly Cumbie Budget Manager Appro	oval(s)		<u> </u>

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u></u>
Approved by		
Holly Cumbie		
Contracts Approval		andrew American Mark
Approve*		
Yes		
No, reject entire submissionReturn for correction		
Approved by *		
	Approval Date*	
Belinda Stude	8/28/2024	

Annual Renewal Evaluation

Mental Health and IDD	the production of the second
Current Fiscal Year Contract Information	on —
Current Fiscal Year	
2025	
Contract ID#*	
6475	
Contractor Name *	
Sun Coast Resources	
Service Provided * (?)	
Generator Maintenance at the following locations: 3737	7 Dacoma, 5001 Long Drive and
9401 SW Freeway	Daconia, 5901 Long Drive and
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Business	ness (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?*
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
	Did Contractor adhere to the contracted schedule?* (?)
	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 \$ 20,000.00	l to Unit*	Expense/GL Code No.* 569022
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	dget Manager* rdo
Provide Rate and Rate Descript	ions if applicable * (?)		
Project WBS (Work Breakdown n/a	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 20,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Poo	oled Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Chang	ges		
Are there any required changes	to the contract langua	ige?* (?)	
Yes No			
Will the scope of the Services of	hange?*		
Yes No			
Please Explain*			
per above - Generator Maintenan locations: 3737 Dacoma, 5901 Lo			
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)?*			
Are there any changes in the Pe	erformance Targets?*		
○ Yes ● No			
Are there any changes to the So	ubmission deadlines fo	or notes or supp	porting documentation? *
30 000000			
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?)			
Please Select Contract Owner Todd McCorquodale			

Budget Manager Approval(s	<u> </u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Todd McCorquedale	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Approved by *	A
Belinda Stude	Approval Date* 8/21/2024
Deunaa Quae	0/21/2024

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#* 2023-0774 Contractor Name* Texas Hospital Assocation Foundation Service Provided * (?) Membership subscription for Access to the Peer Review Network System Renewal Term End Date* Renewal Term Start Date* 8/8/2024 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven ✓ Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type* Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown 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

Mental Health and IDD	The state of the s
Current Fiscal Year Contract Informatio	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2024-0852	
Contractor Name *	
Peoples United Summit	
Service Provided * (?)	he appropriate and test and te
Consultant Servies to advise the Harris Center communi behavioral health services of the Youth and Family Wellr	
location.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$25)	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other -
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

venuor/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*	
Mohagany Bowser	
Contract Owner*	
Tiffanie Williams-Brooks	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	N. O. C. S.
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ● No	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
● Yes ● No	
Did Contractor adhere to the contracted schedule?* (?)	
Yes No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
Yes No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the	
Agency?* (?)	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Yes No	100
Renewal Determination	1

	or Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 60,000.00	542000
Budget Manager* Smith, Janai	Secondary Bu Hooper Jr., Mid	udget Manager* chael
Provide Rate and Rate Descrip	ptions if applicable* (?)	
Project WBS (Work Breakdow	n Structure)* (?)	
N/A	in Structurey (1)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 60,000.00	
Contract Funding Source* Federal Grant Contract Content Char	nges	
Federal Grant Contract Content Char		
Federal Grant Contract Content Char Are there any required change	nges es to the contract language?* (?)	
Federal Grant Contract Content Char Are there any required change Yes No	es to the contract language?* (?)	
Federal Grant Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Federal Grant Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differences	es to the contract language?* (?) change?*	
Federal Grant Contract Content Char	es to the contract language?* (?) change?* ent than net (45)?*	
Federal Grant Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the Form Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Federal Grant Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the F	change?* ent than net (45)?* Performance Targets?*	porting documentation?*

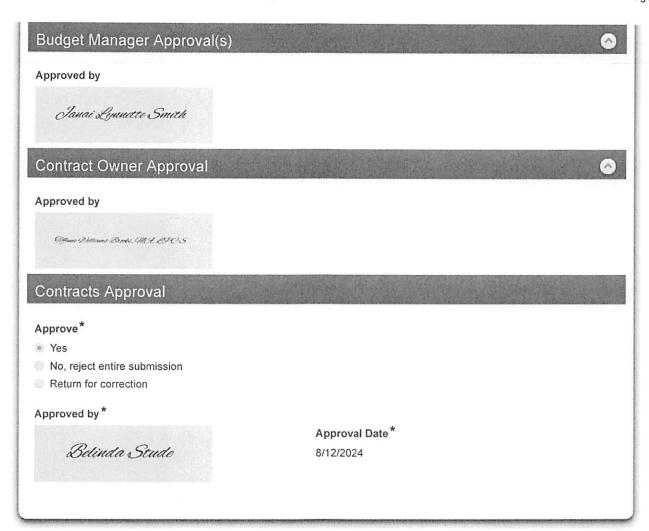


EXHIBIT R-11

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

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

SEPTEMBER 2024 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
1	University of Southern California Suzanne Dworak-Peck School of Social Work	New Affiliation Agreement	New Contract	7/1/2024 - 7/31/2028	General Revenue (GR)	New Affiliation 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.
-	MOU					
2	Houston Food Bank	New MOU	New Contract	9/1/2024 - 8/31/2025	General Revenue (GR)	New MOU between the Houston Food Bank (HFB) and the Harris Center for the PATH program. The HFB fulfill its commitments to awareness in social services and provide application and technical assistance for state-funded social services to PATH clients.
3	Magnificat Houses, Inc.	New MOU	New Contract	8/26/2024 - 8/31/2025	General Revenue (GR)	New MOU for the Harris Center to provide on-site, virtual, and in-person counseling and mental health services to Magnificat Houses, Inc. guests.
-	REVENUE					
4	Region 4 Education Service Center	Lease of Agency's Conference Room	Renewal	8/21/2024 - 8/21/2024		Annual renewal of lease of space rental of Agency's Conference Rooms for the purpose of conducting training(s) for school personnel.

HARRIS Mental Health and IDD Executive Contract Sur	nmary
Contract Section	
Contractor*	
University of Southern California Suzanne Dworak-Pec	k School of Social Work
Contract ID #*	S. S
NA	
NA NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
9/17/2024	
Parties* (?)	
The Harris Center for Mental Health and IDD & Univers	ity of Southern California Suzanne Dworak-Peck School
of Social Work	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
7/1/2024	7/31/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type "(7)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Duraness of Contract/Decovirties of Sam	deca Data Data (A)
Justification/Purpose of Contract/Description of Serv	30 at 1
This agreement will allow students enrolled in University Dworak-Peck School of Social Work to complete clinical	
degree requirements. The students will utilize the skills g	
adhering to agency policy and procedures.	since though outstand while
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contrac	tor*
Yes No • Unknown	
V. 1.10	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) " (?)
Yes No lo Unknown	
Community Partnership* (?)	
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 2	024 (1).docx 154.11KB
Vendor/Contractor Contact Person	<u> </u>
*	
Name	
Terri Lee	
Address*	
Street Address	
Waite Phillips Hall 3470 Trousdale Parkway	
Address Line 2	
City	State / Province / Region
Los Angeles	CA
Postal / Zip Code	Country
90089	US
Phone Number*	
847-533-7939	
Email*	
terri@usc.edu	
Come uso.com	
Budget Section	<u> </u>

Budget Units and Amount	s Charged to each Bu	udget Unit
Budget Unit Number* 1108	Amount Charged to Unit* \$ 0.00	* Expense/GL Code No.* NA
Budget Manager Campbell, Ricardo		lary Budget Manager ell, Ricardo
Provide Rate and Rate Description	s if applicable* (?)	
Project WBS (Work Breakdown Str	ucture)* (?)	
Requester Name Daswani, Bianca	Submiss 7/20/202	sion Date 24
Budget Manager Approval	l(s)	6
Approved by Ricardo Campbell	Approva 7/22/202	
Procurement Approval		6
File Upload (?)		
Approved by Sign	Approva	al Date
Contract Owner Approval		
Approved by Minfa Escobar	Approva 7/23/2024	
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction		
Approved by* Ernest (A. Savoy	Approva 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Amount* (?) Fiscal Year* (?) \$ 0.00 2025 Funding Source* General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	vices Being Provided * (?)
The purpose of this MOU is to set forth terms of the rela	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Center, PATH program and The Houston Food Bank (Hi	FB). As HFB works to fulfill its
commitments to awareness in social services and provide	
assistance for state-funded social services to PATH clien	nts.
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contracting	ctor*
	CLOI -
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
Currently under contract.	
Vendor/Contractor a Historically Underutilized Busir	Dags (HIID)* (2)
	less (nub) (i)
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	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77029-1332	US
Phone Number*	
832-369-9213	
Email*	
jharrell@houstonfoodbank.org	
Budget Section	<u> </u>

Budget Units and Amoun	ts Charged to each Budget Unit
Budget Unit Number* 2250	Amount Charged to Unit* Expense/GL Code No.* \$ 0.00 0
Budget Manager Oshman, Jodel	Secondary Budget Manager Ramirez, Priscilla
Provide Rate and Rate Description	is if applicable * (?)
Project WBS (Work Breakdown St	ructure)* (?)
Requester Name Singh, Patricia	Submission Date 8/14/2024
Budget Manager Approva	l(s) 📀
Approved by Sodel Oshman	Approval Date 8/14/2024
Procurement Approval	· ·
File Upload (?)	
Approved by	Approval Date
Contract Owner Approval	
Approved by Kim Kok NMAYER	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

ental Health and IDD		
Contract Section		
Contractor*		manufacture.
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 Mer	ntal Health and IDD	
Agenda Item Submitted For: * (?)		
	250,000,00\	
 Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 		
Grant Proposal	of filoto)	
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote Interlocal	Tag-OnConsumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
3/26/2024	8/31/2025	
f contract is off-cycle, specify the contract term (?)		
Fiscal Year* (?)	Amount* (?)	
	\$ 0.00	

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	
The Harris Center will provide on-site, virtual, and in-pers services to Magnificat Houses, Inc. guests.	on counseling and mental health
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)*(?)
● Yes ● No ● Unknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
LOC Harris Center_MHI082024.docx	138.7KB
The state of the control of the cont	100.110
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person	O
Name*	
Name* Cathy Ode	<u></u>
Name*	<u></u>
Name* Cathy Ode Address* Street Address	
Name* Cathy Ode Address*	
Name* Cathy Ode Address* Street Address	
Name* Cathy Ode Address* Street Address 3209 Austin Street	State / Province / Region
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2	State / Province / Region
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City	Control Management and Adults
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston	TX
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number*	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number*	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number* 312-927-1426	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number* 312-927-1426 Email* code@mhihouston.org	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number* 312-927-1426 Email*	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number* 312-927-1426 Email* code@mhihouston.org	TX Country
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number* 312-927-1426 Email* code@mhihouston.org Budget Section	TX Country US
Name* Cathy Ode Address* Street Address 3209 Austin Street Address Line 2 City Houston Postal / Zip Code 77004-2917 Phone Number* 312-927-1426 Email* code@mhihouston.org	TX Country US

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
2250	\$ 0.00	0	
Budget Manager	Secondary Bud	lget Manager	
Oshman, Jodel	Ramirez, Priscill		
Provide Rate and Rate Descripti	ons if applicable * (?)		
na	0.200		
Project WBS (Work Breakdown	Structure)* (?)		
na			
Requester Name	Submission Da	te	
Singh, Patricia	8/28/2024		
Budget Manager Approv	ral(s)	0	
Approved by			
0.0	Approval Date		
Todel Oshman	8/28/2024		
Procurement Approval			
rocarement Approvar			
File Upload (?)			
Approved by	Approval Date		
Sign			
Contract Owner Approva	al	<u></u>	
Approved by			
	Approval Date		
Kin KOPNMAYER	8/28/2024		
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
	Approval Date*		
Belinda Stude	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* Renewal Term End Date* 8/21/2024 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 Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No 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?* No Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes • No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?) 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		
session due to the hurricane. This makeup our contractual obligations for FY24 contra		
Budget Manager Approval(s)		<u> </u>
		and and the second seco
Approved by Sign		
Contract Owner Approval		
		•
Approved by		
Carrie Taylor Rys		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	8/28/2024	