



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

**Resource Committee Meeting**

October 15, 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, September 17, 2024  
(EXHIBIT R-1)
- IV. CONSIDER AND RECOMMEND ACTION**
  - A. Approve FY'25 Year-to-Date Budget Report- September  
(EXHIBIT R-2 Stanley Adams)
  - B. Board Resolution-Signature Authorization and Delegation Authority for Certain Items  
(EXHIBIT R-3 Stanley Adams)
  - C. October 2024 Contract Amendments Over 250K  
(EXHIBIT R-4 Ernest Savoy)
  - D. October 2024 Interlocal Agreements  
(EXHIBIT R-5 Ernest Savoy)
- 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. October 2024 New Contracts Under 100K  
(EXHIBIT R-6)
  - B. October 2024 Contract Amendments Under 100K  
(EXHIBIT R-7)
  - C. October 2024 Contract Renewals Under 100K  
(EXHIBIT R-8)
  - D. FY 2024 Supplier Diversity Report  
(EXHIBIT R-9)
  - E. Financials by Clinic + NPC Q4 FYTD FY2024  
(EXHIBIT R-10)

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

IX. ADJOURN



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



# **EXHIBIT R-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
RESOURCE COMMITTEE MEETING  
TUESDAY, SEPTEMBER 17, 2024  
MINUTES**

Mr. Gerald Womack, Committee Chair, called the meeting to order at 10:25 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, Dr. M. Miller Jr

Committee Member Absent:

Other Board Member Present: Dr. K. Bacon, Dr. L. Fernandez, Dr. R. Gearing  
Mrs. N. Hurtado-teleconference, Ms. R. Thomas, Dr. J. Lankford

**1. CALL TO ORDER**

Mr. Womack called the Resource Committee meeting to order at 10:25 am.

**2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**

Mr. Womack designated Dr. K. Bacon, Dr. L. Fernandez, Dr. R. Gearing, Mrs. N. Hurtado, Dr. J. Lankford and Ms. R. Thomas as voting members of the committee.

**3. DECLARATION OF QUORUM**

Mr. Womack declared a quorum was present.

**4. PUBLIC COMMENTS**

No public comment.

**5. MINUTES**

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday August 20, 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, August 20, 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-August

**MOTION:** Dr. Miller, Jr. motioned to approve a third to reserve, a third to security and third to employees

**SECOND:** Mr. Lykes seconded the motion

**MOTION: GEARING      SECOND: FERNANDEZ**

**With unanimous affirmative votes,**

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

B. September 2024 Contract Amendments Over 250K

**MOTION: GEARING      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** September 2024 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. September 2024 Interlocal Agreements

**MOTION: GEARING      SECOND: LYKES**

**BE IT RESOLVED** September 2024 Interlocal Agreements, under item #1-#10 in Exhibit R-4 are approved and recommended to the Full Board.

**MOTION: LYKES      SECOND: THOMAS**

**Dr. Gearing and Dr. Bacon recused themselves from discussing and voting on agenda item #11 University of Houston School of Social Work (MH-RITES)**

**With unanimous affirmative votes,**

**BE IT RESOLVED** September 2024 Interlocal Agreements, under item #11 Exhibit R-4 are approved and recommended to the Full Board.

D. Authorization to create FY25 PO to pay Employee Parking at Texas Medical Center

**MOTION: LYKES      SECOND: FERNDNEZ**

**With unanimous affirmative votes,**

**BE IT RESOLVED** Authorization to create FY25 PO to pay Employee Parking at Texas Medical Center, EXHIBIT R-5 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: LYKES**

**SECOND: LANKFORD**

**With unanimous affirmative voted and there being no further business, the meeting was adjourned at 11:08 am.**

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

DRAFT

# **EXHIBIT R-2**

**The Harris Center for Mental Health and IDD**

**Results of Financial Operations and Comparison to Original Budget  
September 30, 2024**

**Fiscal Year 2025**

## The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

The Harris Center for Mental Health and IDD (The Center)

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

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

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

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

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

*Stanley Adams*

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Stanley Adams

Chief Financial Officer

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**September 30, 2024**  
*Non-GAAP / Budgetary-Basis Reporting*  
*Unaudited - Subject to Change*

<b>For the Month Ended</b>			
	<b>Original Budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 31,244,088	\$ 29,964,639	\$ (1,279,449)
Expenditures	31,160,755	29,189,489	1,971,266
<b>Excess (Deficiency) of revenues over expenditures</b>	<b>\$ 83,333</b>	<b>\$ 775,150</b>	<b>\$ 691,817</b>
Other Sources (Uses)			
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(77,962)	(77,962)
Other Sources (Uses)	-	6,079	6,079
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 703,267</b>	<b>\$ 703,267</b>

<b>Fiscal Year to Date</b>			
	<b>Original Budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 31,244,088	\$ 29,964,639	\$ (1,279,449)
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**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**September 30, 2024**  
*Non-GAAP / Budgetary-Basis Reporting*  
*Unaudited - Subject to Change*

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
<b>Operating Revenue</b>								
State General Revenue	\$ 11,054,954	\$ 11,054,882	(72)	0%	\$ 11,054,954	\$ 11,054,882	(72)	0%
Harris County and Local	4,452,049	4,004,503	(447,546)	-10%	4,452,049	4,004,503	(447,546)	-10% <b>A</b>
Federal Contracts and Grants	5,098,792	5,174,129	75,337	1%	5,098,792	5,174,129	75,337	1%
State Contract and Grants	1,900,240	1,373,527	(526,713)	-28%	1,900,240	1,373,527	(526,713)	-28% <b>B</b>
Third Party Billing	3,585,862	3,224,079	(361,783)	-10%	3,585,862	3,224,079	(361,783)	-10%
Charity Care Pool	3,340,350	3,340,436	86	0%	3,340,350	3,340,436	86	0%
Directed Payment Programs	659,258	548,476	(110,782)	-17%	659,258	548,476	(110,782)	-17%
Patient Assistance Program (PAP)	852,441	965,875	113,434	13%	852,441	965,875	113,434	13%
Interest Income	300,142	278,732	(21,410)	-7%	300,142	278,732	(21,410)	-7%
<b>Operating Revenue, total</b>	<b>\$ 31,244,088</b>	<b>\$ 29,964,639</b>	<b>(1,279,449)</b>	<b>-4%</b>	<b>\$ 31,244,088</b>	<b>29,964,639</b>	<b>(1,279,449)</b>	<b>-4%</b>
<b>Operating Expenditures</b>								
Salaries and Fringe Benefits	\$ 21,116,028	\$ 20,409,546	706,482	3%	\$ 21,116,028	\$ 20,409,546	706,482	3% <b>C</b>
Contracts and Consultants	1,356,504	557,252	799,252	59%	1,356,504	557,252	799,252	59%
Contracts and Consultants-HCPC	3,913,250	3,833,236	80,014	2%	3,913,250	3,833,236	80,014	2%
Supplies	354,238	68,426	285,812	81%	354,238	68,426	285,812	81% <b>D</b>
Drugs	1,995,664	2,170,495	(174,831)	-9%	1,995,664	2,170,495	(174,831)	-9%
Purchases, Repairs and Maintenance of:								
Equipment	99,777	248,436	(148,659)	-149%	99,777	248,436	(148,659)	-149%
Building	177,680	12,483	165,197	93%	177,680	12,483	165,197	93%
Vehicle	86,851	82,130	4,721	5%	86,851	82,130	4,721	5%
Software	358,400	273,349	85,051	24%	358,400	273,349	85,051	24%
Telephone and Utilities	304,496	311,265	(6,769)	-2%	304,496	311,265	(6,769)	-2%
Insurance, Legal and Audit	184,268	172,744	11,524	6%	184,268	172,744	11,524	6%
Travel & Training	251,089	34,660	216,429	86%	251,089	34,660	216,429	86%
Dues & Subscriptions	555,682	301,193	254,489	46%	555,682	301,193	254,489	46% <b>E</b>
Other Expenditures	406,828	714,274	(307,446)	-76%	406,828	714,274	(307,446)	-76%
<b>Operating Expenditures, total</b>	<b>\$ 31,160,755</b>	<b>\$ 29,189,489</b>	<b>\$ 1,971,266</b>	<b>6%</b>	<b>\$ 31,160,755</b>	<b>\$ 29,189,489</b>	<b>\$ 1,971,266</b>	<b>6%</b>
<b>Excess (Deficiency) of revenues over expenditures</b>	<b>\$ 83,333</b>	<b>\$ 775,150</b>	<b>691,817</b>		<b>\$ 83,333</b>	<b>\$ 775,150</b>	<b>691,817</b>	
<b>Other Sources (Uses)</b>								
Debt Service	\$ (83,333)	\$ -	\$ 83,333		\$ (83,333)	\$ -	\$ 83,333	
Capital outlay	-	(77,962)	(77,962)		-	(77,962)	(77,962)	
Insurance proceeds	-	-	-		-	-	-	
Proceeds from Sale of Assets	-	6,079	6,079		-	6,079	6,079	
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 703,267</b>	<b>\$ 703,267</b>		<b>\$ -</b>	<b>\$ 703,267</b>	<b>\$ 703,267</b>	



**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**September 30, 2024**

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

**A Harris County and Local Revenue**

Unfavorable budget variance is attributed to revenue budgeted for the current fiscal year prior to contract extensions approved by Commissioners Court, while actual revenues are aligned with expectations under contracts in effect. We are monitoring contract progress for potential impacts on the budget.

**B State Contract and Grants**

The primary driver of the variance is two new contracts starting in the current fiscal year, which has resulted in low expenditures/billings for September. Personnel are being hired and, as the contracts start, the variance is primarily attributed to a timing difference.

**C Salaries and Fringe Benefits**

The salaries and fringe benefits expenditures include 1/12<sup>th</sup> of the accrual for planned merit increases for the current fiscal year. The favorable variance is primarily due to vacancies in budgeted positions.

**D Supplies**

The favorable budget variance in supplies expenditures is expected in the first month of the year with fewer supply purchases during the month compared to the rest of the year.

**E Dues & Subscriptions**

IT related Dues & Subscriptions total \$231K for the current month.

## The Harris Center for Mental Health and IDD

## Balance Sheet

September 30, 2024

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	August - 2024	September - 2024	Change
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 13,356,823	\$ 61,592,913	\$ 48,236,090
Cash Equivalents	55,497,114	36,278,230	(19,218,884)
Cash and Cash Equivalents, total	68,853,937	97,871,143	29,017,206 <b>AA</b>
Inventories, Deposits & Prepaids	5,938,541	\$ 6,973,998	\$ 1,035,457
Accounts Receivable:			
Other A/R	1,974,092	1,491,173	(482,919)
A/R from other governments	29,668,580	34,821,027	5,152,447 <b>BB</b>
Patient A/R, net of allowance	1,531,659	1,522,590	(9,069)
<b>Current Assets, total</b>	<b>\$ 107,966,809</b>	<b>\$ 142,679,931</b>	<b>\$ 34,713,122 <b>BB</b></b>
<b>Capital Assets</b>			
Land	12,709,144	12,709,144	-
Building and Improvements	52,910,858	52,910,858	-
Right-to-use assets (Leases & SBITA)	2,440,065	2,440,065	-
Furniture, Equipment and Vehicles	8,386,217	8,386,217	-
Construction in Progress	5,794,164	5,794,164	-
Accumulated Depreciation	(35,692,400)	(35,692,400)	-
<b>Capital Assets, net total</b>	<b>\$ 46,548,048</b>	<b>\$ 46,548,048</b>	<b>\$ - <b>CC</b></b>
<b>Total Assets</b>	<b>\$ 154,514,857</b>	<b>\$ 189,227,979</b>	<b>\$ 34,713,122</b>
<b>LIABILITIES &amp; FUND BALANCE/NET POSITION</b>			
<b>Liabilities</b>			
Unearned Revenues	\$ 7,878,196	\$ 40,600,655	\$ 32,722,459 <b>DD</b>
Accounts Payable and Accrued Liabilities	15,288,774	16,425,168	1,136,394
Long term Liabilities	9,168,675	9,319,677	151,002
<b>Liabilities, total</b>	<b>\$ 32,335,645</b>	<b>\$ 66,345,500</b>	<b>\$ 34,009,855</b>
<b>Fund Balance/Net Position</b>			
Net Investment in Capital Assets	46,548,048	46,548,048	-
Nonspendable	5,938,541	6,973,998	1,035,457
Assigned	66,514,014	66,514,014	-
Unassigned/Unrestricted	5,390,144	4,354,687	(1,035,457)
Change in fund balance/net position	(2,211,535)	(1,508,268)	703,267
<b>Fund Balance/Net Position, Total</b>	<b>\$ 122,179,212</b>	<b>\$ 122,882,479</b>	<b>\$ 703,267</b>
<b>Total Liabilities &amp; Fund Balance/Net Position</b>	<b>\$ 154,514,857</b>	<b>\$ 189,227,979</b>	<b>\$ 34,713,122</b>

\*prior to period 13 AJEs &amp; Audit AJEs

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**September 30, 2024**

**Balance Sheet**

**AA Cash and Investments**

The increase in cash and cash equivalents is due to the receipt of the first quarterly payment of the performance contracts for FY 2025, approx. \$43M.

**BB Accounts receivable**

Starting FY 2025 we are presenting a different category "A/R from other governments" to show all A/R related to contracts and grants as opposed to a general category of "Other A/R". This revised presentation follows proper financial statement presentation and allows to perform better financial statement analysis going forward.

**BB A/R from Other Governments**

The increase is primarily attributable to additional receivables of Charity Care Pool (CCP) funding of \$3.3M and Harris County allocation funding of \$1.9M.

**CC Capital assets, net**

Starting FY 2025 we are presenting a different category "Right-to-use assets (Leases & SBITA)" to further categorize items included in "Furniture, Equipment and Vehicles". This revised presentation follows proper financial statement presentation and allows to perform better financial statement analysis going forward.

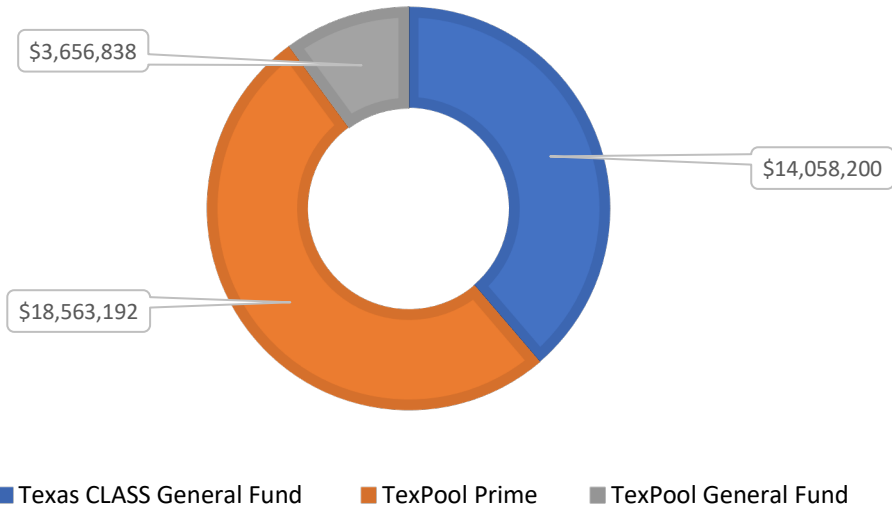
**DD Unearned Revenues**

As we start FY 2025, unearned revenue shows an increase from the prior month for any funds we receive at the beginning of the fiscal year for our state & federal grants & contracts to be recognized as the year progresses.

**The Harris Center for Mental Health and IDD**  
**Investment Portfolio**  
**September 30, 2024**

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 33,372,746	\$ -	\$ (19,400,000)	\$ 85,454	\$ 14,058,200	38.75%	5.29%
<i>TexPool</i>							
TexPool Prime	18,482,985	-	-	80,207	18,563,192	51.17%	5.28%
TexPool General Fund	1,108,380	2,533,003	-	15,455	3,656,838	10.08%	5.16%
TexPool Internal Service Fund	2,533,003	-	(2,533,003)	-	-	0.00%	5.16%
<i>TexPool Sub-Total</i>	<u>22,124,368</u>	<u>2,533,003</u>	<u>(2,533,003)</u>	<u>95,662</u>	<u>22,220,030</u>	<u>61.25%</u>	<u>5.26%</u>
<b>Total Investments</b>	<b>\$ 55,497,114</b>	<b>\$ 2,533,003</b>	<b>\$ (21,933,003)</b>	<b>\$ 181,116</b>	<b>\$ 36,278,230</b>	<b>100.00%</b>	<b>5.27%</b>
				Additional Interest on Checking Accounts	<u>97,616</u>		
				<b>Total Interest Earned during the current month</b>	<u><u>\$ 278,732</u></u>		

**Investment Portfolio Weight**



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.38%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.07%
Interest Rate - Chase Hybrid Checking	3.30%
ECR - Chase	3.40%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of September 30, 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

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**  
**September 30, 2024**

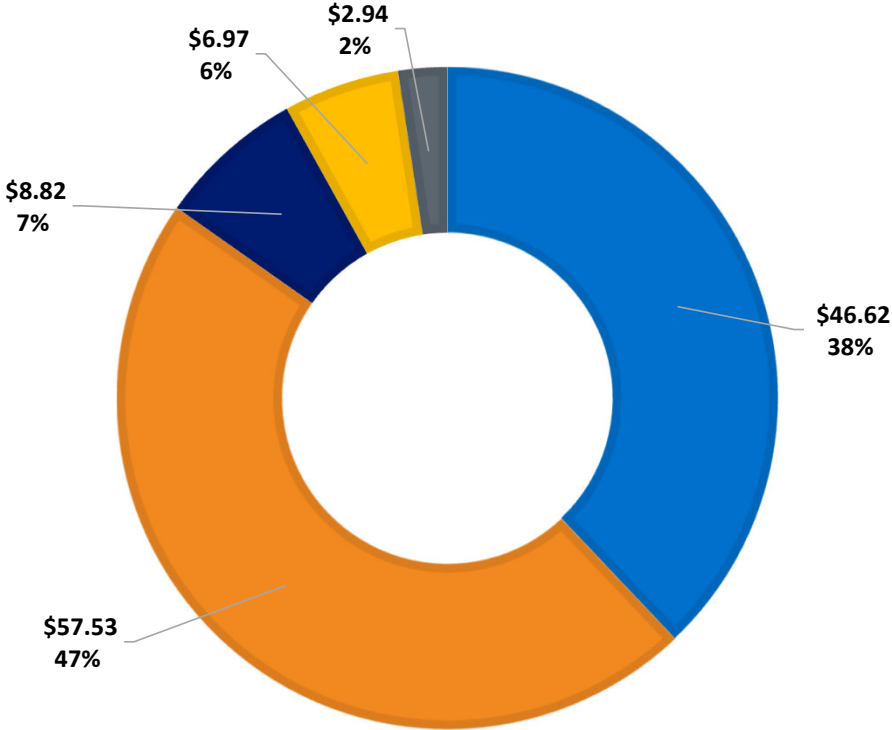
<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed <sup>(1)</sup></b>	<b>Sep-24</b>	<b>Fiscal Year to Date Total</b>
Lincoln Financial Group (LFG) <sup>(2)</sup>	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,919,612	\$1,919,612
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,485,804	\$2,485,804
UNUM	Life Insurance	\$300,000	\$204,581	\$204,581

Notes:

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

<sup>(2)</sup> LFG payments include PP 09A & 09B

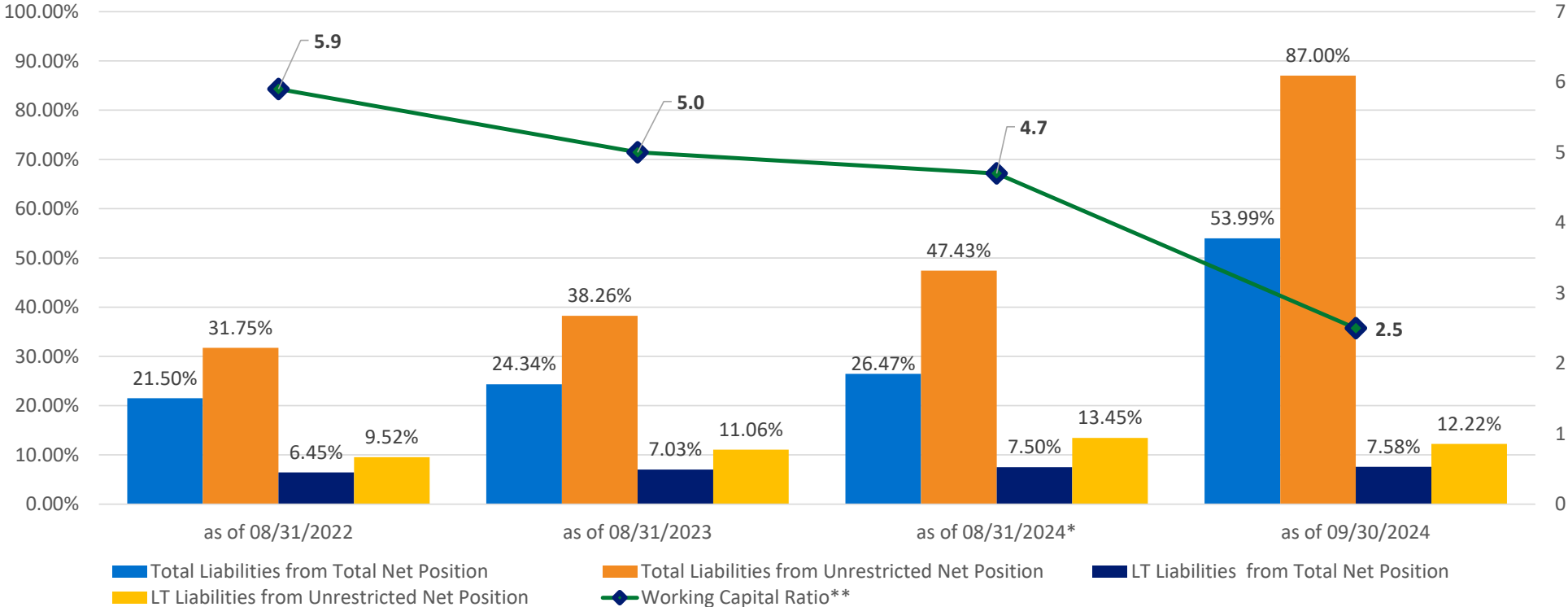
# Available Resources (in Millions) – as of 09/30/2024



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

\*pending 2024 Period 13 AJEs & 2024 Audit AJEs

# Ratios – as of 09/30/2024



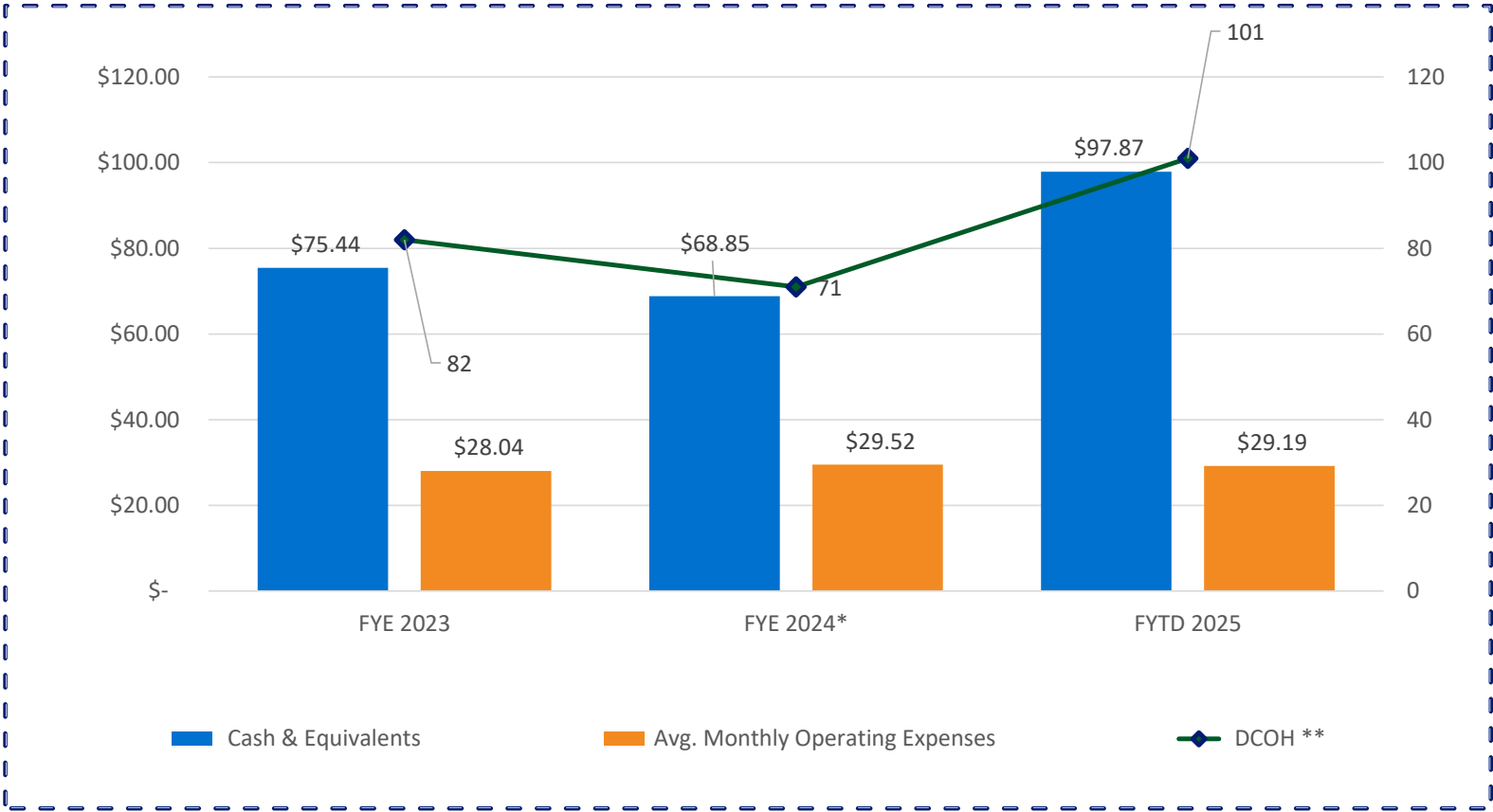
LT Liabilities Included in Calculation:		as of 09/30/2024
Accrued Compensated absences	\$	8,565,878
Leases Liability - LT portion		722,722
Subscription-Based IT Arrangements Liability		31,077
	\$	<u>9,319,677</u>

\*pending 2024 Period 13 AJEs & 2024 Audit AJEs  
 \*\*Working Capital Ratio = Current Assets/Current Liabilities



# Days-Cash-On-Hand (DCOH)– as of 09/30/2024

(amounts in millions)



\*pending 2024 Period 13 AJEs & 2024 Audit AJEs  
\*\*DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

# **EXHIBIT R-3**



*Transforming Lives*

## THE HARRIS CENTER FOR MENTAL HEALTH AND IDD BOARD OF TRUSTEES RESOLUTION

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### Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items

WHEREAS, The Harris Center Board of Trustees (the "Board") has determined that for the business operations of the Harris Center to function in a proper and efficient manner, it is necessary and prudent for this Board to delegate certain powers and control over the Harris Center's affairs to designated officers at The Harris Center.

RESOLVED, for purposes of this resolution, the Chief Executive Officer and the Chief Financial Officer shall each be considered an "Authorized Officer," individually, and collectively, the "Authorized Officers".

RESOLVED, that the following actions authorizing payment or transfer in the name and on behalf of the Harris Center, without Board signature approval, for certain items was approved by the Board of Trustees on this date:

1. The Board resolves that the Authorized Officers, collectively, are empowered, authorized and directed to authorize payment in the name and on behalf of the Harris Center, without Board signature approval, the below liabilities for employee benefits with stated monthly not-to-exceed amounts. Approval and authorization by each Authorized Officer, or designee, is required to initiate and complete the payment or transfer of liabilities for employee benefits. Each Authorized Officer must affix his or her own signature (physical or electronic, as permitted) to any foregoing payment or transfer to conclusively establish authority and approval to carry out this resolution:

Vendor	Description	Monthly Not-to-Exceed
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,650,000
Blue Cross Blue Shield of TX	Health, Dental, and Life Insurance	\$3,300,000
UNUM Life Insurance Co.	Life Insurance	\$310,000

2. The Chief Financial Officer shall prepare a monthly report of all financial transactions related to the payment of the liabilities for employee benefits and submit the report to the Harris Center Board of Trustees Resource Committee. The Chief Financial Officer shall



Transforming Lives

ensure all supporting documentation sufficient to demonstrate the business purpose of the transaction(s), its occurrence and the accuracy of the amount are retained and available upon request by the Harris Center Board of Trustees.

ALL OF THE FOREGOING SHALL BE EFFECTIVE  
September 24, 2024

\_\_\_\_\_  
Dr. Robin Gearing, Chair  
The Harris Center for Mental health and IDD  
Board of Trustees

**THE STATE OF TEXAS**       §  
  §  
**COUNTY OF HARRIS**       §

BEFORE ME, a Notary Public, on this day personally appeared, \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and having been sworn, upon his oath stated that he is the Chairperson of the Board of Trustees of The HARRIS CENTER for Mental Health and IDD; that he is authorized to execute such instrument pursuant to Board of Trustees bylaws and that said instrument is executed as the free and voluntary act and deed of such governmental unit for the purposes expressed therein.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Notary Public, State of Texas

# **EXHIBIT R-4**

# **OCTOBER 2024 AMENDMENTS OVER 250k**







Contract Section **Contractor\***

P - FOREIGN &amp; SIGN LANGUAGE

**Contract ID #\***

2023-0793

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

8/20/2024

**Parties\* (?)**

The Harris Center, GLOBO Holdings I LLC dba Globo Language Solutions, Idea Language Services LLC dba Idea Translations, INGCO International, Interpreters Unlimited, Inc., Language Line Services dba Language Line Solutions, MasterWord Services, Inc., Nightingale Interpreting Services, Inc., Translation & Interpretation Network LLC, Universe Technical Translation Inc., Visual Language Professionals LLC, Volatia Language Network Inc., Worlwide Language & Communications LLC

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/1/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**Current Contract Amount\***

\$ 413,368.00

**Increase Not to Exceed\***

\$ 3,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 416,368.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 416,368.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

Adding two CPEP units (2250 & 9263) and funds requested by budget manager

**Contract Owner\***

Demetria Lockett

**Previous History of Contracting with Vendor/Contractor\***

- Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

New contract began 12/1/2024 with in person, over the phone, video/virtual, translation services and language competency testing.

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

FY25 Allocation - GL 543018.xlsx

11.83KB

**Vendor/Contractor Contact Person**



**Name\***

Daniel Poma

**Address \***

Street Address

One Lower Ragsdale Dr.

Address Line 2

Bldg. 2

City

Monterey

Postal / Zip Code

93940

State / Province / Region

CA

Country

USA

**Phone Number \***

831-648-5404

**Email \***

dpoma@languageline.com

**Budget Section****Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
1102	\$ 500.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Campbell, Ricardo		Campbell, Ricardo
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2200	\$ 14,000.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Shelby, Debbie		Hooper Jr., Michael
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2212	\$ 20,000.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Shelby, Debbie		Hooper Jr., Michael
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2213	\$ 5,160.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Shelby, Debbie		Hooper Jr., Michael
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2214	\$ 27,000.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Shelby, Debbie		Hooper Jr., Michael
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2215	\$ 6,000.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Shelby, Debbie		Hooper Jr., Michael

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2250	\$ 1,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2299	\$ 2,660.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2301	\$ 7,100.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2802	\$ 1,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3350	\$ 47,423.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Johnson, Kenyonika	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3360	\$ 68,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4160	\$ 5,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4323	\$ 40,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4325	\$ 6,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4736	\$ 16,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4780	\$ 5,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4913	\$ 15,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6201	\$ 200.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Jiles, Monalisa	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6204	\$ 300.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Jiles, Monalisa	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6205	\$ 3,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Jiles, Monalisa	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6302	\$ 2,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Jiles, Monalisa	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6401	\$ 1,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Jiles, Monalisa	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6500	\$ 2,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Adams, Betty	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6601	\$ 7,536.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
7001	\$ 24,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	



<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
7011	\$ 5,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
7110	\$ 5,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9206	\$ 8,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9208	\$ 9,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9209	\$ 1,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9210	\$ 900.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9228	\$ 1,200.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9238	\$ 1,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9244	\$ 560.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Oshman, Jodel	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9247	\$ 500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9261	\$ 600.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9263	\$ 1,500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 3,752.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9405	\$ 2,997.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9407	\$ 2,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9501	\$ 120.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9502	\$ 500.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9504	\$ 360.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9810	\$ 7,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1108	\$ 35,000.00	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	



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

See contract for rates as rates vary by vendor, year and mode of interpretation.

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

N/A

Requester Name

MacKinney, Eggl

Submission Date

8/15/2024

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Approval Date

8/15/2024

Approved by

*Debbie Chambers Stelby*

Approval Date

8/15/2024

Approved by

*Jodel Osman*

Approval Date

8/15/2024

Approved by

*Kenyonika Johnson*

Approval Date

8/16/2024

Approved by

*Tanai Lynnette Smith*

Approval Date

8/16/2024

Approved by

*Shenica Williams-Wesley*

Approval Date

8/21/2024

Approved by

*Priscilla M. Ramirez*

Approval Date

9/4/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval



Approved by

*Demetria D. Lockett*

Approval Date

9/5/2024

### Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

9/5/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

OSC Holdings, LLC dba/O'Donnell/Snider Construction, LLC

**Contract ID #\***

2022-0428

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center for MH & IDD and OSC Holdings, LLC dba/O'Donnell/Snider Construction, LLC

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2024

**Contract Term End Date\* (?)**

2/28/2025

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

**Current Contract Amount\***

\$ 268,557.38

**Increase Not to Exceed\***

\$ 280,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 548,557.38

Fiscal Year\* (?)  
2025

Amount\* (?)  
\$ 548,557.38

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

FY25 funding requested due to project delays and extension of contract \$268,557.38 and \$280,000 increase for change orders associated with the project

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Please provide an explanation\*

does not qualify

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Cory Burkhalter

Address\*

Street Address

1900 West Loop South

Address Line 2

Suite 500

City

Houston

Postal / Zip Code

77027-3214

State / Province / Region

TX

Country

US

Phone Number\*

713-554-4811

Email\*

cburkhalter@odonnellshider.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 548,557.38	900040
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

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

Project WBS (Work Breakdown Structure)\* (?)  
FM21.1126.02

Requester Name	Submission Date
Cantu-Espinoza, Lisa	8/30/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/30/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

9/3/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/19/2024

# **EXHIBIT R-5**

# **OCTOBER 2024 INTERLOCAL AGREEMENTS**







# Executive Contract Summary

## Contract Section ▲

**Contractor\***

Channel View ISD

**Contract ID #\***

0000

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Channel View ISD.

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On   |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/17/2024

**Contract Term End Date\* (?)**

8/31/2025

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

CVISD would like to attend an instructor training hosted by the Harris Center. They would like to submit a purchase order to pay for registraion.

**Fiscal Year\* (?)**

2025

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

The Harris Center for Mental Health and IDD is hosting a TOT October 28-30 and CVISD would like to submit payment for registration with a purchase order.

**Contract Owner\***

Jennifer Battle

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Fw\_ T4T Invoice Channelview - vendor forms .zip 353.09KB

**Vendor/Contractor Contact Person**

**Name\***

Channelview ISD Purchasing Department

**Address\***

Street Address

828 Sheldon Road

Address Line 2

City

Channelview

Postal / Zip Code

77530

State / Province / Region

Texas

Country

United States

**Phone Number\***

281-452-8070

**Email\***

j.carnathan@cvisd.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
7003	\$ 0.00	543058

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ilejay, Kevin	Campbell, Ricardo

**Provide Rate and Rate Descriptions if applicable\* (?)**  
It's fee for service and they will be paying us for the training.

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

<b>Requester Name</b>	<b>Submission Date</b>
Prasad, Carroll	9/17/2024

**Budget Manager Approval(s)** 

<b>Approved by</b>	<b>Approval Date</b>
	9/18/2024

**Procurement Approval** 

**File Upload (?)**

<b>Approved by</b>	<b>Approval Date</b>
	

**Contract Owner Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	9/18/2024

**Contracts Approval**

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	9/18/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

Galveston ISD

**Contract ID #\***

0000

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Galveston ISD

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/23/2024

**Contract Term End Date\* (?)**

8/31/2025

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

Galveston ISD wants to attend the Instructor Training hosted at The Harris Center October 28-30, 2024

**Fiscal Year\* (?)**

2025

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

The Harris Center for Mental Health and IDD is hosting a YMHFA instructor training. Galveston ISD would like to attend and pay with a purchase order. To do this they will need to become vendors.

**Contract Owner\***

Jennifer Battle

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

GISD Vendor Packet- Revised 5.31.23 (1).pdf 732.31KB

**Vendor/Contractor Contact Person**

**Name\***

Gabrielle Maxwell

**Address\***

Street Address

3904 Avenue T

Address Line 2

City

Galveston

Postal / Zip Code

77550

State / Province / Region

Texas

Country

United States

**Phone Number\***

409-766-5158

**Email\***

GabrielleMaxwell@gisd.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
7003	\$ 0.00	543058

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ilejay, Kevin	Campbell, Ricardo

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

They will pay us the registration fee of \$1875.00

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

NA

<b>Requester Name</b>	<b>Submission Date</b>
Prasad, Carroll	9/17/2024

**Budget Manager Approval(s)**

Approved by

*Kevin Ilejay*

Approval Date

9/18/2024

**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*J B...*

Approval Date

9/18/2024

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/18/2024



# Executive Contract Summary

## Contract Section



**Select Header For This Contract\***

Interlocal

**Contractor\***

Harris County Hospital District d/b/a Harris Health System

**Contract ID #\***

NEW

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

Harris Health and The Harris Center for Integrated Care

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/10/2024

**Contract Term End Date\* (?)**

9/10/2029

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00



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

**Contract Owner\***

Stanley Williams

**Previous History of Contracting with Vendor/Contractor\***

- Yes  No  Unknown

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

FQHC - Harris Health MOU and The Harris Center for Integrated Health.docx 18.3KB

**Vendor/Contractor Contact Person**

**Name\***

Harris Health- Monica Carbajal

**Address\***

Street Address

4800 Fournace Place

Address Line 2

E516

City

Bellaire

Postal / Zip Code

77401

State / Province / Region

TX

Country

USA

**Phone Number\***

346.426.1519

**Email\***

monica.carbajal@harrishealth.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2801	\$ 0.00	0

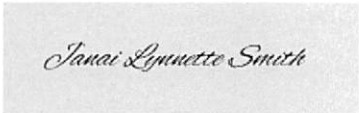
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

**Provide Rate and Rate Descriptions if applicable\* (?)**  
No funding associated with this MOU.

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

<b>Requester Name</b>	<b>Submission Date</b>
Martinez, Janeth	9/6/2024

**Budget Manager Approval(s)** 

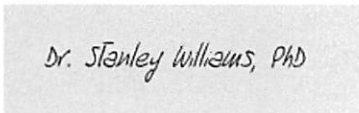
<b>Approved by</b>	<b>Approval Date</b>
	9/10/2024

**Procurement Approval** 

**File Upload (?)**

<b>Approved by</b>	<b>Approval Date</b>
	

**Contract Owner Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	9/11/2024

**Contracts Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	9/11/2024

**Final Board Report Comments** 

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

Point of Contact for this MOU is Amanda Jones.

Amanda.Jones@TheHarrisCenter.org

713-970-7921

With a proposal to enhance and expand access to comprehensive primary health care and related services through New Access Point funding for community health centers, the Harris Center will serve all lifecycles of the population with the greatest barriers to care: adult men and women, children, adolescents, and seniors of low or very low-income living within the service area. The Harris Center offers holistic care that addresses patients' physical, emotional and social wellbeing: primary health screening, behavioral health services, health education and counseling, coordinated specialty care, chronic health condition education and management, pharmacy services, reproductive healthcare, women's health, and enabling services such as: eligibility assistance, translation, and case management/connection with services to address social determinants of health. The mobile unit provides primary care through a Nurse Practitioner, health screening, evaluation of chronic diseases, injections/medication, and other preventive services. Through partnerships with other entities serving the community such as the Harris Health System, and neighboring health centers, the Harris Center will provide access to oral health, vision, specialty, and other required services not offered directly.

This contract is necessary to refer patients to Harris Health for access to specialty services.

**Product/Service Description**

New MOU



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2025

**Contract ID# \***

2022-0515

**Contractor Name \***

Harris County Resources for Children and Adults

**Service Provided\* (?)**

Comprehensive Mental Health Services for youth and their families.

**Renewal Term Start Date \***

10/1/2024

**Renewal Term End Date \***

9/30/2025

**Term for Off-Cycle Only (For Reference Only)**

**Agenda Item Submitted For: (?)**

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

**Procurement Method(s) \***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 392,374.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served\*

N/A

G/L Code(s)\*

N/A

Current Fiscal Year Purchase Order Number\*

N/A

Contract Requestor\*

Sheenia Williams-Wesley

Contract Owner\*

Monalisa Jiles

File Upload (?)

### Evaluation of Current Fiscal Year Performance



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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination



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

Yes  No

### Renewal Information for Next Fiscal Year



### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	\$ 392,374.00	540000
<b>Budget Manager*</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager*</b> Jiles, Monalisa

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 392,374.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
County

#### Contract Content Changes

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

Will the scope of the Services change? \*  
 Yes  No

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

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

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

File Upload (?)

#### Contract Owner

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

#### Budget Manager Approval(s)

Approved by

*Shemica Williams-Wesley*

Contract Owner Approval



Approved by

*Monalisa Jiles*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/18/2024



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2025

**Contract ID#\***

2023-0738

**Contractor Name\***

Houston Community College System

**Service Provided\* (?)**

Lease of Space located at 3200 Main Street, Houston, TX.

**Renewal Term Start Date\***

9/1/2024

**Renewal Term End Date\***

8/31/2025

**Term for Off-Cycle Only (For Reference Only)**

**Agenda Item Submitted For: (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown



**Contract NTE\* (?)**

\$ 321,689.00

**Rate(s)/Rate(s) Description**

\$22,392.42 per month, \$3,415.00 per month for parking and  
\$1,000.00 per month estimate for overtime AC

**Unit(s) Served\***

0000

**G/L Code(s)\***

126000

**Current Fiscal Year Purchase Order Number\***

CT143090

**Contract Requestor\***

Priscilla Ramirez

**Contract Owner\***

Kim Kornmayer

**File Upload (?)****Evaluation of Current Fiscal Year Performance**

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

Yes  No

Please Explain\*

Property had numerous improvements needed after lease  
execution before move in.

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

Please Explain\*

No, move in was delayed by months.

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

 Yes  No

## Renewal Information for Next Fiscal Year

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 109,723.00	555000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 2,239.00	555000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 100,766.00	555000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 43,105.00	555000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 12,876.00	555000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 21,360.00	544005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 420.00	544005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 15,000.00	544005

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9244	\$ 3,360.00	544005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Oshman, Jodel	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9245	\$ 840.00	544005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Oshman, Jodel	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9208	\$ 6,600.00	595000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9248	\$ 6,600.00	595000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Ramirez, Priscilla	

**Provide Rate and Rate Descriptions if applicable\* (?)**  
 Rates as outlined in lease agreement

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

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2025	\$ 322,889.00

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**

**Contract Funding Source\***  
 State Grant

**Contract Content Changes** 

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


**Will the scope of the Services change?\***  
 Yes  No

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

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

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

File Upload (?)

Contract Owner 

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer


Budget Manager Approval(s) 

Approved by

*Jedid Oshman*

Approved by

*Priscilla M. Ramirez*

Contract Owner Approval 

Approved by

*KIM KORNMEYER*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/13/2024

# **EXHIBIT R-6**

**OCTOBER 2024  
NEW CONTRACTS  
UNDER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
NEW CONTRACTS  
LESS THAN \$100,000

OCTOBER 2024  
FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ACCESS</b>						
1	National Council for Mental Wellbeing	Youth MHFA Training Instructors	\$24,500.00	9/13/2024 - 10/31/2024	State Grant	Training Services	New Training Agreement for training event on October 28-30th. The Harris Center will host an instructor training for 16 participants. The National Council who will provide two instructors about how to teach the Youth Mental Health First Aid curriculum.
	<b>ADMINISTRATION</b>						
2	CuraLinc, LLC	Agency-Wide Employee Assistance Program (EAP) Services	\$65,000.00	1/1/2025 - 12/31/2029	General Revenue (GR)	Competitive Proposal	New Agreement to provide Employee Assistance Program (EAP) to the Harris Center's employees. The vendor was selected by Agency's Insurance Broker as part of the annual Benefits Vendor review. The vendor change was presented to the Board in August and approved as part of the Benefit Review presentation by the VP of HR.
3	Health Management Associates	Consulting Services	\$66,408.00	8/1/2024 - 12/31/2024	Private Grant		New Agreement for Board Development for the FQHC application process.
4	Hilton Garden Inn	Lease of Space for Leadership Development Institute Event	\$6,000.00	9/16/2024 - 3/31/2025	General Revenue (GR)	only available option for the date of the event	New Agreement for lease of space for Agency's Leadership Development Institute.
	<b>CPEP/CRISIS SERVICES</b>						
	<b>FORENSICS</b>						
5	All Play Inc.	Playground Equipment and Installation	\$54,189.00	10/1/2024 - 4/30/2025	Private Grant	Request for Quote	Grant funds received from The Harris Center's Foundation to award the Youth Diversion Center for an Agreement to install recreation equipment for youth in the program.
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>						
	<b>MENTAL HEALTH</b>						
	<b>MENTAL HEALTH SERVICES-ECI</b>						
	<b>LEASES</b>						



# Executive Contract Summary

## Contract Section

**Contractor\***

National Council for Mental Wellbeing

**Contract ID #\***

2024-0939

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

This is between The Harris Center for Mental Health and IDD and The National Council for Mental Wellbeing

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/13/2024

**Contract Term End Date\* (?)**

10/31/2024

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 24,500.00

**Funding Source\***

State Grant



**Contract Description / Type\* (?)**

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

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

In October 28-30th The Harris Center will host an instructor training for 16 participants. The National Council will provide two National instructors to teach 16 participants about how to teach the Youth Mental Health First Aid curriculum. Each participant will be charged \$1875.00.

**Contract Owner\***

Jennifer Battle

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

We've worked with the National Council for more than ten years.

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

The Harris Center for Mental Health and IDD_MSA_00115163.docx	95.68KB
The Harris Center for Mental Health and IDD_MSA_00115163_SOW_001_5770.Y001.docx	69.91KB

**Vendor/Contractor Contact Person**

**Name\***

Carroll Prasad

**Address\***

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

**Phone Number\***

8034792587

**Email\***

carroll.prasad@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7010	\$ 24,500.00	543058
Budget Manager Ilejay, Kevin		Secondary Budget Manager Campbell, Ricardo

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

\$24,500 for two National Council Instructors

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

N/A

Requester Name

Wong, Millie

Submission Date

9/9/2024

Budget Manager Approval(s)

Approved by

*Kevin Ilejay*

Approval Date

9/9/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*J. M. Wong*

Approval Date

9/10/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/10/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

CuraLinc, LLC

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center for Mental Health and IDD and CuraLinc, LLC

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other \$65,000 per CY

**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\* (?)**

1/1/2025

**Contract Term End Date\* (?)**

12/31/2029

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 65,000.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

CuraLinc is the new service provider for Employee Assistance Program (EAP). The vendor was selected as part of the annual Benefits Vendor review. The vendor change was presented to the Board in August and approved as part of the Benefit Review presentation by the VP of HR. The ECS is needed to have the agreement reviewed by Contracts.

**Contract Owner\***

Kip Baughman

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

CuraLinc Healthcare - EAP Agreement for The Harris Center for Mental Health and IDD.docx 51.16KB

**Vendor/Contractor Contact Person**

**Name\***

Alex Sewall

**Address\***

Street Address

314 W Superior Ste

Address Line 2

Ste 601

City

Chicago

Postal / Zip Code

60654

State / Province / Region

IL

Country

US

**Phone Number\***

312.300.3251

**Email\***

asewall@curalinc.com

**Budget Section**

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 65,000.00	217049

<b>Budget Manager</b> Campbell, Ricardo	<b>Secondary Budget Manager</b> Campbell, Ricardo
--	--

Provide Rate and Rate Descriptions if applicable\* (?)  
 (\$1.85) per Covered Employee per month

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


<b>Requester Name</b> Abraham, Suja	<b>Submission Date</b> 8/27/2024
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#### Budget Manager Approval(s)

<b>Approved by</b> 	<b>Approval Date</b> 8/28/2024
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#### Procurement Approval

File Upload (?)

<b>Approved by</b> 	<b>Approval Date</b> 9/3/2024
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#### Contract Owner Approval

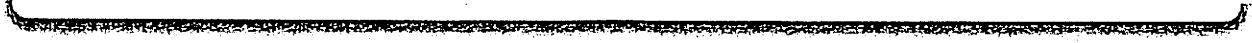
<b>Approved by</b> 	<b>Approval Date</b> 9/3/2024
---	----------------------------------

#### Contracts Approval

**Approve\***

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

<b>Approved by*</b> 	<b>Approval Date*</b> 9/13/2024
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# Executive Contract Summary

## Contract Section



**Select Header For This Contract\***

Administration

**Contractor\***

Health Management Associates

**Contract ID #\***

2022-0509

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/17/2024

**Parties\* (?)**

Health Management Associates and The Harris Center for Mental Health and IDD Services

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

8/1/2024

**Contract Term End Date\* (?)**

12/31/2024

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

**Current Contract Amount\***

\$ 66,408.00

**Increase Not to Exceed\***

\$ 0.00

Revised Total Not to Exceed (NTE)\*

\$ 66,408.00

Fiscal Year\* (?)

2024

Amount\* (?)

\$ 66,408.00

Funding Source\*

Private Grant

Contract Description / Type\* (?)

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

Contract Owner\*

Stanley Williams

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

09-01-2022 to 12-31-2023

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Specify Name\*

Episcopal Health Foundation Grant

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Stephen Palmer PhD

Address\*

Street Address

120 North Washington Square

Address Line 2

City

Lansing

Postal / Zip Code

48933-1617

State / Province / Region

MI

Country

USA



**Phone Number\***

512.473.2626

**Email\***

spalmer@helathmanagement.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 0.00	542000

**Budget Manager**

Shelby, Debbie

**Secondary Budget Manager**

Hooper Jr., Michael

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

\$0.00

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

\$0.00

**Requester Name**

Shelby, Debbie

**Submission Date**

8/7/2024

**Budget Manager Approval(s)**

**Approved by**

*Debbie Chambers Shelby*

**Approval Date**

8/7/2024

**Contract Owner Approval**

**Approved by**

*DR. STANLEY WILLIAMS, PhD*

**Approval Date**

8/7/2024

**Contracts Approval**

**Approved by**

*Belinda Stude*

**Approval Date**

8/7/2024

**Final Board Report Comments**

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

The total not to exceed: \$66,408 for the period August 7, 2024 to December 31, 2024 or when the funds are exhausted for Board Development for FQHC application

**Product/Service Description**

Consulting Services



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Hilton Garden Inn

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center for Mental Health and IDD and the Hilton Garden Inn

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/16/2024

**Contract Term End Date\* (?)**

3/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 6,000.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

This is the venue for our Leadership Development Institute.

**Contract Owner\***

Ninfa Escobar

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

We utilized them in June 2024.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

THE HARRIS CENTER-09132024-CONTRACT.pdf	164.05KB
---	----------

**Vendor/Contractor Contact Person**

**Name\***

Paloma Lopez

**Address\***

Street Address

722 Bonaventure Way

Address Line 2

City

Sugar Land

Postal / Zip Code

77479-4520

State / Province / Region

TX

Country

US

**Phone Number\***

281-325-5909

**Email\***

paloma.lopez@hilton.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number*</b> 1975	<b>Amount Charged to Unit*</b> \$ 6,000.00	<b>Expense/GL Code No.*</b> 549005
<b>Budget Manager</b> Campbell, Ricardo	<b>Secondary Budget Manager</b> Campbell, Ricardo	

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

NA

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

NA

<b>Requester Name</b> Escobar, Ninfa	<b>Submission Date</b> 9/10/2024
---	-------------------------------------

**Budget Manager Approval(s)**

Approved by

*Ricardo Campbell*

**Approval Date**  
9/11/2024

**Procurement Approval**

File Upload (?)

Approved by

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Ninfa Escobar*

**Approval Date**  
9/11/2024

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

**Approval Date\***  
9/11/2024



# Executive Contract Summary

## Contract Section



**Select Header For This Contract \***

Forensics

**Contractor \***

All Play Inc.

**Contract ID # \***

2024-0944

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

10/15/2024

**Parties \* (?)**

The Harris Center for Mental Health and IDD Services and All Play Inc.

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date \* (?)**

10/1/2024

**Contract Term End Date \* (?)**

4/30/2025

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

**Fiscal Year \* (?)**

2025

**Amount \* (?)**

\$ 54,189.00

**Funding Source \***

Private Grant

**Contract Description / Type \* (?)**

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

**Contract Owner \***

Monalisa Jiles

**Previous History of Contracting with Vendor/Contractor \***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership \* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name \***

Patrick Stalling

**Address \***

Street Address

13903 Van Wall Street

Address Line 2

City

Houston

Postal / Zip Code

77040-5445

State / Province / Region

TX

Country

US

**Phone Number \***

713-939-9888

**Email \***

patrick@allplayinc.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6500	\$ 54,189.00	9999999

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Williams-Wesley, Sheenia	Adams, Betty

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

n/a

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

n/a

<b>Requester Name</b>	<b>Submission Date</b>
Williams-Wesley, Sheenia	9/12/2024

**Budget Manager Approval(s)** 

**Approved by**

*Sheenia Williams-Wesley*

**Approval Date**  
9/13/2024

**Procurement Approval** 

**File Upload (?)**

**Approved by**

*Sharon Brauner*

**Approval Date**  
9/17/2024

**Contract Owner Approval** 

**Approved by**

*Monalisa Fites*

**Approval Date**  
9/18/2024

**Contracts Approval** 

**Approved by**

*Belinda Stude*

**Approval Date**  
9/19/2024

**Final Board Report Comments** 

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

Grant awarded to the Youth Diversion Center to install recreation equipment for youth.

**Product/Service Description**

Playground Equipment and Installation

# **EXHIBIT R-7**



**OCTOBER 2024  
AMENDMENTS UNDER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT AMENDMENTS  
LESS THAN \$100,000

OCTOBER 2024  
FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ACCESS</b>								
	<b>ADMINISTRATION</b>								
1	City Fire Protection, LLC	Installation and Monitoring of the Harris Center's Intrusion Alarms	\$8,000.00	\$10,800.00	\$18,800.00	6/10/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to add three (3) new systems for the Humble location and the Pasadena Cottages to the network of systems. Additionally, existing systems are in need of repair/replacement due to false alarms caused by faulty sensors and panels.
2	P-Emergency Evacuation Services	Master pool Emergency Evacuation Lodging Services	\$5,847.37	\$40,931.63	\$46,779.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to house consumers in a safe place during emergencies if they must be evacuated.
	<b>CPEP/CRISIS SERVICES</b>								
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
	<b>MENTAL HEALTH</b>								
	<b>MENTAL HEALTH SERVICES-ECI</b>								
	<b>LEASES</b>								



# Executive Contract Summary

## Contract Section



**Contractor\***

City Fire Protection LLC

**Contract ID #\***

2024-0888

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center and City Fire Protection LLC.

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

6/10/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**Current Contract Amount\***

\$ 8,000.00

**Increase Not to Exceed\***

\$ 10,800.00

**Revised Total Not to Exceed (NTE)\***

\$ 18,800.00

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2025	\$ 18,800.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

This is for intrusion alarm monitoring, servicing of equipment and install of new systems. We are adding three (3) new systems (Humble, and Pasadena cottages) to the network of systems. Additionally, we have existing systems that are in need of repair/replacement due to false alarms caused by faulty sensors and panels.

**Contract Owner\***

Carrie Rys

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Robert Perez

**Address\***

Street Address

4302 East Sam Houston Parkway North

Address Line 2

City

Houston

Postal / Zip Code

77015-3228

State / Province / Region

TX

Country


US

**Phone Number\***

8775772338

## Email\*

robertp@cityfireprotectionllc.com

Budget Section 

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1806	\$ 1,855.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 1,855.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1808	\$ 1,855.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 3,710.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1888	\$ 1,855.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1850	\$ 1,855.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 1,855.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1874	\$ 1,980.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1875	\$ 1,980.00	569010

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Campbell, Ricardo	Campbell, Ricardo

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Coleman, Darryl	9/27/2024

**Budget Manager Approval(s)** 

<b>Approved by</b>	<b>Approval Date</b>
	9/27/2024

**Procurement Approval** 

**File Upload (?)**

<b>Approved by</b>	<b>Approval Date</b>
	

**Contract Owner Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	9/27/2024

**Contracts Approval**

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	9/27/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

P-Emergency Evacuation Services

**Contract ID #\***

2021-0215

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

The Harris Center and P-Emergency Evacuation Services

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**Current Contract Amount\***

\$ 5,847.37

**Increase Not to Exceed\***

\$ 40,931.63

**Revised Total Not to Exceed (NTE)\***

\$ 46,779.00

**Fiscal Year\*** (?) 2025  
**Amount\*** (?) \$ 46,779.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\*** (?)

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

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

To house consumers in a safe place during emergencies where they must be evacuated.

**Contract Owner\***

Carrie Rys

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

FY2024

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

Yes  No  Unknown

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

**Vendor/Contractor Contact Person**

**Name\***

N/A

**Address\***

Street Address

N/A

Address Line 2

9401 Southwest freeway, Houston TX 77074

City

Houston

Postal / Zip Code

77095

State / Province / Region

TX

Country

United States

**Phone Number\***

N/A



## Email\*

darryl.coleman@theharriscenter.org

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3390	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Johnson, Kenyonika	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9210	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9247	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9261	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9264	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9407	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9810	\$ 5,847.37	595031
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

Daily rate per occupant we house during emergency.

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

N/A

Requester Name

Coleman, Darryl

Submission Date

9/19/2024

Budget Manager Approval(s)

Approved by

*Charles Kerlegon*

Approval Date

9/24/2024

Approved by

*Jodel Oshman*

Approval Date

9/24/2024

Approved by

*Priscilla M Ramirez*

Approval Date

9/27/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Joseph Gorczyca*

Approval Date

9/27/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/27/2024

# **EXHIBIT R-8**

# **OCTOBER 2024 RENEWALS UNDER 100k**





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2025

**Contract ID# \***

2022-0434

**Contractor Name \***

Hillmann Consulting LLC

**Service Provided\* (?)**

Consulting services to review, report on Plan, Cost Review and reporting of construction of 6168 S Loop E Apartments as required by the City of Houston.

**Renewal Term Start Date \***

9/1/2024

**Renewal Term End Date \***

8/31/2025

**Term for Off-Cycle Only (For Reference Only)**

**Agenda Item Submitted For: (?)**

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

**Procurement Method(s) \***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 46,030.00

**Rate(s)/Rate(s) Description**

N/A

**Unit(s) Served\***

FM21.1126.23

**G/L Code(s)\***

90040

**Current Fiscal Year Purchase Order Number\***

CT143536

**Contract Requestor\***

Sarah Harper

**Contract Owner\***

Todd McCorquodale

**File Upload (?)****Evaluation of Current Fiscal Year Performance**

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

 Yes  No

Were Services delivered as specified in the contract?\*

 Yes  No

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

 Yes  No

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

 Yes  No

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

 Yes  No

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

 Yes  No

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

 Yes  No

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

 Yes  No**Renewal Determination**

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

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

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 28,530.00	900040
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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

PO CT#143536 - balance as of 9/4/2024 to renew contract, may change if any invoices are paid prior to renewal being completed

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

FM21.1126.23 - 6168 Apartments

Fiscal Year* (?)	Amount* (?)
2025	\$ 28,530.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

**Contract Funding Source\***

General Revenue (GR)

### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

### Contract Owner

**Contract Owner\* (?)**

Please Select Contract Owner

Todd McCorquodale

### Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Todd McCorquodale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/5/2024

# **EXHIBIT R-9**

# Supplier Diversity Report

Q4 FY2024 HUB Report

Presented by: Stanley Adam, MBA  
Oct 15, 2024



# Q4 FY2024 HUB Report (1 of 2)

\* Did not renew HUB certification during FY2023

Vendor Name	FY2024 Q4 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Ultra Medical Cleaning	940,861	Janitorial services	x	x	x
Rey De La Reza Architects	731,338	Architecture services	x	x	x
M Strategic Partners, INC	287,302	Design and Construction	x	x	x
Metropolitan Landscape*	214,888	Landscape	x	x	x
Webhead	202,756	Technology Company	x	x	x
Universe Technical Translation	157,379	Translation and interpretation services	x	x	x
Right Now Pest	153,889	Pest Control and Exterminator	x	x	x
Rekruters	142,076	IT staffing	x	x	x
SHI Government Solutions, INC	128,074	Computer Software &, Hardware	x	x	x
Innovation Network	117,001	Networks, storage & cloud migration	x	x	x
The Warring Group	87,600	PR/Media Relations	x	x	x
Physician Resources, INC	60,503	Temporary Staffing and Direct Hire Placement	x	x	x
Nightingale Interpreting	55,828	Translation and interpretation services	x	x	x
THR3EDSIGN	53,080	Architecture services	x	x	x
Ultra Staff	49,723	Temporary Staffing	x	x	x
Landtech	41,670	Surveying	x	x	x
LAB USA	33,120	Technology Company	x	x	x
Dura Pier Facilities Services, LTD	32,998	Facility services - construction	x	x	x
The Burnett Companies Consolidated	26,116	Specialist Staffing	x	x	x
A-Rocket Moving & Storage	25,064	Moving services	x	x	x
Ascend HR	23,200	Recruitment	x	x	x
Modern Psychological & Allied	22,500	Psychological services	x	x	x
DAAS Inc	19,487	Flooring Contractors	x	x	x
MasterWord Services INC	17,089	Translation and interpretation services	x	x	x
ATIME4MARKET	14,085	Marketing Consultant	x	x	x
Globo Language Solutions	12,929	Translation and interpretation services			x
Crystal Communications Ltd	10,475	Data, IP, and video communications systems integration	x	x	x
DCR Builders	7,765	Construction, Commercial Build-outs	x	x	
Virtue Construction	5,765	Interior and exterior renovations and repairs	x	x	x
Autoarch Architects	5,000	Architectural and planning firmx	x	x	x
Next Level Urgent Care	4,830	Urgent care/workers' comp	x	x	x
Viking Fence*	2,344	Fence	x	x	x
Houston Defender	883	African-American Newspaper	x	x	x
Forward Times	798	African-American Newspaper	x	x	x
Broadus Planning, LLC	555	Consulting and Planning Services		x	x
Blind Sensations	435	Window Treatment	x	x	x
City Fire Protection	299	Full-service fire protection company	x	x	x
Melody's Place	133	A home-like residential facility providing habilitation and s	x	x	x
<b>Total HUB Spend</b>	<b>\$ 3,689,840</b>				

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area

# Q4 FY2024 HUB Report (2 of 2)

- Q4 FY2024 HUB spend = **\$3,689,840**
- Q4 FY2024 discretionary spend = **\$25,969,677**
- HUB spend % = **14%**
- Exclusion categories from discretionary spend
  - *Intergovernmental contracts*
  - *Key service contracts with non-profits (Easterseals)*
  - *University systems (BCM for residency program)*
  - *Enterprise software (EHR, ERP)*
  - *Leases*
  - *Supported housing*
  - *Pharmaceuticals*
  - *Utilities*
  - *Physician services*
  - *Trade organizations (National Council, Texas Council)*
  - *Employee reimbursements*
  - *Employee benefits*
  - *Consumer-chosen individuals for respite services*

Thank you.

# **EXHIBIT R-10**

Transforming Lives



# Financials by Clinic + NPC

Q4FYTD FY2024



October 15, 2024

Presented By: Stanley Adams, Chief Financial Officer



# Northwest Community Service Center

## FY2024 Q4 Financial Performance

Revenues	\$17,196,933
Expenses	<u>(\$21,816,919)</u>
Gross Margin	<b>(\$4,619,919)</b>

## Clinic Information

Address	3737 Dacoma St
Facility Size	40,000 Sq Ft
Clinic FTE's	148

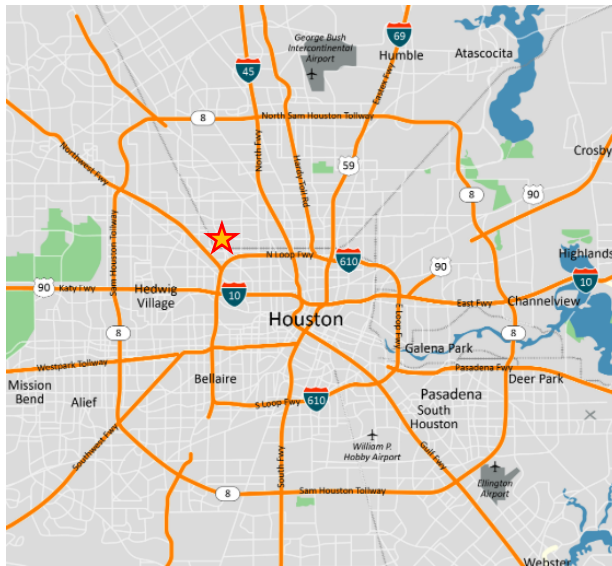
## FY2024 Clinical Performance

Annual Patient Visits	26549
Average Monthly Patient V	2212
Average No Show	38.00%
Average Patient Wait Time	32 Minutes
Average Third Next Available	1.20 Day
Average Patient Satisfaction	91%

# Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 7,848
- **FTEs** 148
- **Facility Size** 40,000 sq ft

Q4FYTD 2024 Financial Performance		
+ Revenues	\$	17,196,933
- Expenses		21,816,919
= Gross Margin	(\$	<u>4,619,986</u> )



# Northeast Community Service Center

## FY2024 Q4 Financial Performance

Revenues	\$12,591,820
Expenses	<u>(\$20,713,450)</u>
Gross Margin	(\$8,121,630)

## Clinic Information

Address	7200 N Loop East Fwy
Facility Size	18,000 Sq Ft
Clinic FTE's	107

## FY2024 Clinical Performance

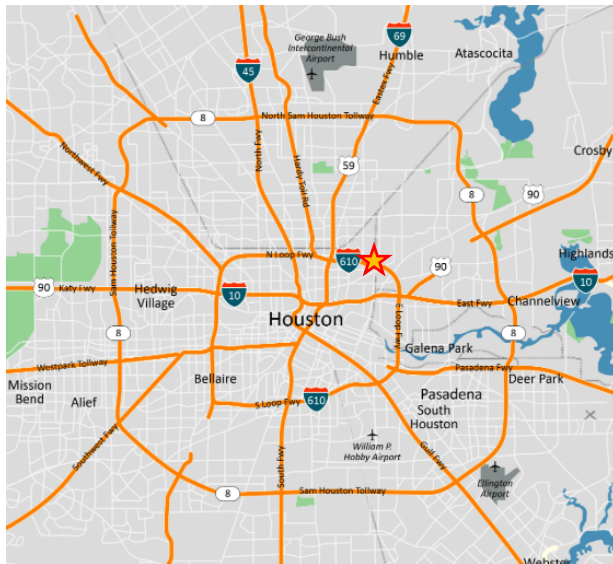
Annual Patient Visits	17159
Average Monthly Patient V	1430
Average No Show	40.00%
Average Patient Wait Time	30 Minutes
Average Third Next Available	1.1Day
Average Patient Satisfaction	93%



# Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 4,434
- **FTEs** 107
- **Facility Size** 18,000 sq ft

Q4FYTD 2024 Financial Performance	
+ Revenues	12,591,820
- Expenses	20,713,450
= Gross Margin	(\$ 8,121,630)



# Southeast Community Service Center

## FY2024 Q4 Financial Performance

Revenues	\$24,838,372
Expenses	<u>(\$31,432,970)</u>
Gross Margin	(\$6,594,599)

## FY2024 Clinical Performance

Annual Patient Visits	35907
Average Monthly Patient V	2992
Average No Show	40.00 %
Average Patient Wait Time	22 Minutes
Average Third Next Available	1.03 Day
Average Patient Satisfaction	96%

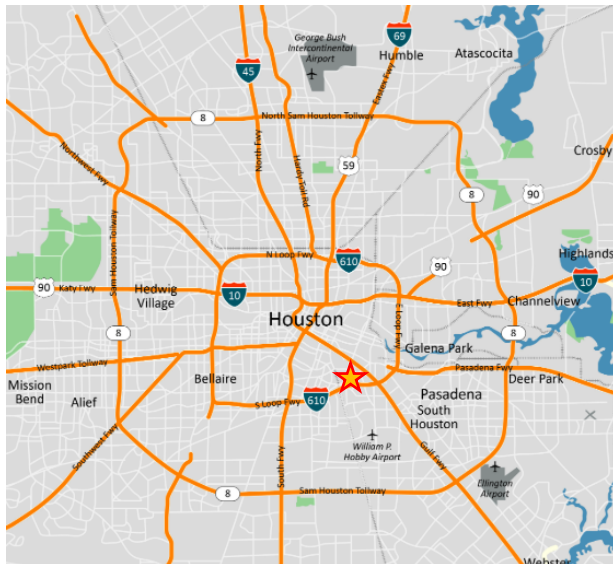
## Clinic Information

Address	5901 Long Drive
Facility Size	45,000 Sq Ft
Clinic FTE's	164

# Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 8,796
- **FTEs** 164
- **Facility Size** 45,000 sq ft

Q4FYTD 2024 Financial Performance		
+ Revenues	\$	24,838,372
- Expenses		31,432,970
= Gross Margin	(\$	<u>6,594,599</u> )



# Southwest Community Service Center

## FY2024 Q4 Financial Performance

Revenues	\$33,156,876
Expenses	<u>(\$42,780,235)</u>
Gross Margin	(\$9,623,359)

## Clinic Information

Address	9401 Southwest Fwy
Facility Size	37,770 Sq Ft
Clinic FTE's	175

## FY2024 Clinical Performance

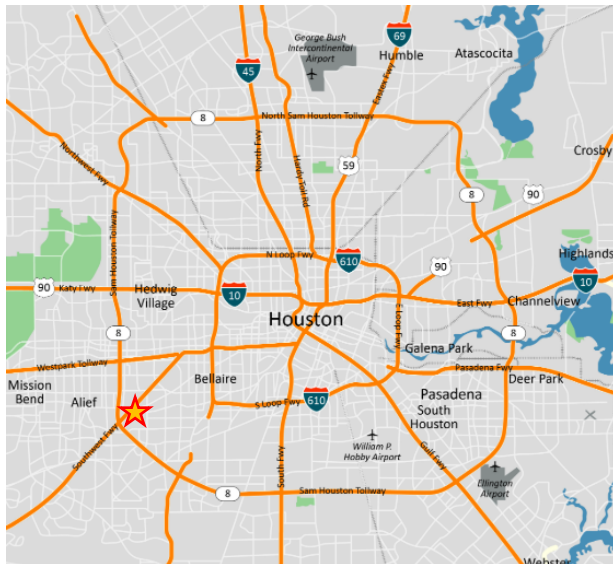
Annual Patient Visits	32536
Average Monthly Patient V	2711
Average No Show	35.00 %
Average Patient Wait Time	23 Minutes
Average Third Next Available	1.1 Day
Average Patient Satisfaction	90%



# Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 10,059
- **FTEs** 175
- **Facility Size** 37,770 sq ft (clinic space)

Q4FYTD 2024 Financial Performance		
+ Revenues	\$	33,156,876
- Expenses		42,780,235
= Gross Margin	(\$	<u>9,623,359</u> )





# Neuro Psychiatric Center

## FY2024 Q4 Financial Performance

Revenues	\$15,61,170
Expenses	<u>(\$22,160,631)</u>
Gross Margin	(\$6,549,461)

## FY2024 Clinical Performance

Annual Patient Visits	13468
Average Monthly Patient V	1122
Average No Show	N/A
Average Patient Wait Time	N/A
Average Third Next Available	N/A
Average Patient Satisfaction	85%

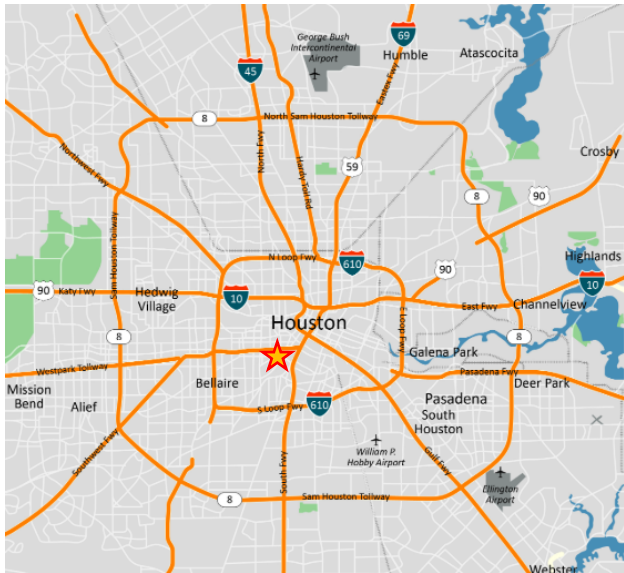
## Clinic Information

Address	1502 Taub Loop
Facility Size	37,308 Sq Ft
Clinic FTE's	153

# Neuro-Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 6,669
- **FTEs** 153
- **Facility Size** 37,308 sq ft

Q4FYTD 2024 Financial Performance		
+ Revenues	\$	15,611,170
- Expenses		22,160,631
= Gross Margin	(\$	6,549,461)



# Q4FYTD 2024 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
<b>Revenues</b>					
Harris County and Local	200,251	249,193	472,052	955,793	5,907,393
PAP / Samples	2,833,573	2,588,277	2,808,864	2,458,596	2,479
State General	8,548,506	3,054,106	14,779,287	24,459,584	8,405,349
State Grants	2,760,128	-	-	643,343	-
Federal Grants	1,216,312	6,063,092	3,673,894	2,883,212	-
3rd Party Billings	1,638,163	637,153	3,104,275	1,756,347	1,295,949
<b>Total Revenues</b>	<b>17,196,933</b>	<b>12,591,820</b>	<b>24,838,372</b>	<b>33,156,876</b>	<b>15,611,170</b>
<b>Expenses</b>					
Salaries	12,013,526	11,408,274	17,937,369	17,618,420	15,868,353
Fringe	3,432,635	3,471,006	5,355,802	5,195,243	3,868,478
Contract Labor	-	-	-	415,202	-
Contracted Pharmacy	-	-	1,877	-	-
Travel	132,161	60,817	433,608	114,921	21,922
Staff Development	10,999	36,119	6,360	9,758	5,787
Contracts and Consultant	55,308	85,161	471,037	935,816	826,890
Contracts and Consultants-HCPC	-	-	-	11,125,100	-
Drugs	3,344,661	2,797,782	3,207,996	2,753,542	58,262
Pharmacy Supplies	3,162	2,839	15,220	8,130	86,210
Pharmacy use fee	1,002,992	685,853	1,234,682	688,314	51,573
Supplies	120,879	30,722	82,989	80,775	84,084
Food-Other	7,788	4,119	4,782	12,362	5,106
Equipment(Purch, Rent, Maint	742,906	1,555,666	1,352,640	1,459,703	425,007
Building(Purch, Rent, Maint	756,726	340,200	897,267	816,746	449,895
Telephone and Utilities	134,691	145,475	250,309	222,464	43,007
Insurance, Legal, Audit	20,580	19,395	49,496	27,734	34,360
Dues & Subscriptions	621	706	1,057	1,726	8,490
Vehicle Purch, Rent, Maint	-	1,652	91,081	-	29,698
Other	37,284	67,665	39,400	1,294,281	293,510
<b>Total Expenses</b>	<b>16,446,083</b>	<b>15,749,949</b>	<b>23,170,955</b>	<b>30,366,755</b>	<b>16,474,681</b>
<b>Gross Margin</b>	<b>\$ (4,619,986)</b>	<b>\$ (8,121,630)</b>	<b>\$ (6,594,599)</b>	<b>\$ (9,623,359)</b>	<b>\$ (6,549,461)</b>

# **EXHIBIT R-11**

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







# Executive Contract Summary

## Contract Section



**Contractor\***

Assumption Catholic School

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

Assumption Catholic School and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/16/2024

**Contract Term End Date\* (?)**

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

The Harris Center for Mental Health and IDD will provide screenings, clinical assessments, and treatment plans for students at Assumption Catholic School.

**Contract Owner\***

Tiffanie Williams-Brooks

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Mary Mack

**Address\***

Street Address

801 Roselane St

Address Line 2

City

Houston

Postal / Zip Code

77037

State / Province / Region

TX

Country

US

**Phone Number\***

281-447-2132

**Email\***

mmack@houstonassumption.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**



<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4736	\$ 0.00	00000

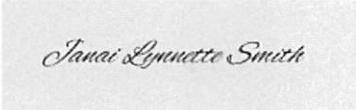
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Shelby, Debbie

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Bowser, Mohagony	9/16/2024

**Budget Manager Approval(s)** 

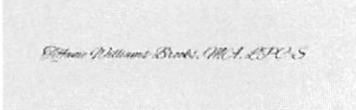
<b>Approved by</b>	<b>Approval Date</b>
	9/17/2024

**Procurement Approval** 

**File Upload (?)**

<b>Approved by</b>	<b>Approval Date</b>
	

**Contract Owner Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	9/17/2024

**Contracts Approval**

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	9/26/2024



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Legacy

**Contract ID #\***

NEW

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/15/2024

**Parties\* (?)**

Legacy and The Harris Center

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On   |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/10/2024

**Contract Term End Date\* (?)**

9/10/2029

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00

**Funding Source\***

Federal

**Contract Description / Type\* (?)**

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

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

Point of Contact for this MOU is Amanda Jones.

Amanda.Jones@TheHarrisCenter.org

713-970-7921

With a proposal to enhance and expand access to comprehensive primary health care and related services through New Access Point funding for community health centers, the Harris Center will serve all lifecycles of the population with the greatest barriers to care: adult men and women, children, adolescents, and seniors of low or very low-income living within the service area. The Harris Center offers holistic care that addresses patients' physical, emotional and social wellbeing: primary health screening, behavioral health services, health education and counseling, coordinated specialty care, chronic health condition education and management, pharmacy services, reproductive healthcare, women's health, and enabling services such as: eligibility assistance, translation, and case management/connection with services to address social determinants of health. The mobile unit provides primary care through a Nurse Practitioner, health screening, evaluation of chronic diseases, injections/medication, and other preventive services. Through partnerships with other entities serving the community such as Legacy, and neighboring health centers, the Harris Center will provide access to oral health, vision, specialty, and other required services not offered directly.

This contract is necessary to refer patients to Harris Health for access to specialty services.

**Contract Owner\***

Stanley Williams

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

FQHC - Harris Health MOU and The Harris Center for Integrated Health.docx

18.3KB

**Vendor/Contractor Contact Person****Name\***

Legacy- Jack Winn

**Address\***

Street Address

2929 Allen Parkway

Address Line 2

Ste. 1300

City

Houston

Postal / Zip Code

77019

State / Province / Region

TX

Country

USA

**Phone Number\***

000-000-0000

**Email\***

JWinn@legacycommunityhealth.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 0.00	0
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Smith, Janai		Shelby, Debbie

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

No funding associated with this MOU.

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

N/A

**Requester Name**

Martinez, Janeth

**Submission Date**

9/6/2024

**Budget Manager Approval(s)**

**Approved by**

*Janai Lynnette Smith*

**Approval Date**

9/9/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Dr. Stanley Williams, PhD*

Approval Date

9/9/2024

### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/9/2024