

**Resource Committee Meeting**

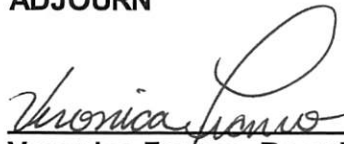
January 21, 2025

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, November 12, 2024  
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
  - A. Approve FY'25 Year-to-Date Budget Report- November/December 2024  
(EXHIBIT R-2 Stanley Adams)
  - B. January 2025 New Contracts Over 250K  
(EXHIBIT R-3 Ernest Savoy)
  - C. January 2025 Contract Renewals Over 250K  
(EXHIBIT R-4 Ernest Savoy)
  - D. January 2025 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. January 2025 New Contracts 100K-250K  
(EXHIBIT R-6)
  - B. January 2025 Contract Renewals 100K-250K  
(EXHIBIT R-7)
  - C. January 2025 Contract Amendments 100K-250K  
(EXHIBIT R-8)
  - D. January 2025 New Contracts Under 100K  
(EXHIBIT R-9)
  - E. January 2025 Contract Amendments Under 100K  
(EXHIBIT R-10)
  - F. January 2025 Contract Renewals Under 100K  
(EXHIBIT R-11)

- G. January 2025 Affiliation Agreements, Grants, MOU's and Revenues Information Only  
(EXHIBIT R-12)
- H. FY 2025 Q1 Supplier Diversity Report  
(EXHIBIT R-13)
- I. First Quarter Financials by Clinics  
(EXHIBIT R-14)
- J. Revenue Management Metrics  
(EXHIBIT R-15)

**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, NOVEMBER 12, 2024  
MINUTES**

Dr. Max Miller, Jr., Chair facilitator, called the meeting to order at 9:37 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: Dr. M. Miller Jr.  
Committee Member Absent: Mr. G. Womack, Mr. J. Lykes  
Other Board Member Present: Dr. K. Bacon, Dr. L. Fernandez-Wische

**1. CALL TO ORDER**

Dr. Miller, Jr. called the Resource Committee meeting to order at 9:37 am.

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

Dr. Miller, Jr. designated Dr. K. Bacon and Dr. L. Fernandez-Wische, as voting members of the committee.

**3. DECLARATION OF QUORUM**

Dr. Miller, Jr., 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 October 15, 2024.

**MOTION: BACON      SECOND: FERNANDEZ**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, October 15, 2024, as presented under Exhibit R-1, are approved and recommended to the Full Board.

**6. CONSIDER AND RECOMMEND ACTION**

A. FY'25 Year-to-Date Budget Report-October

**MOTION: BACON      SECOND: FERNANDEZ**

**With unanimous affirmative votes,**

**BE IT RESOLVED** FY'25 Year-to-Date Budget Report-October, as presented is approved and recommended to the Full Board.

B. November 2024 New Contracts Over 250K

**MOTION:      FERNANDEZ      SECOND: BACON**

**With unanimous affirmative votes,**

**BE IT RESOLVED** November 2024 New Contracts Over 250K, under Exhibit R-2 are approved and recommended to the Full Board.

C. November 2024 Interlocal Agreements

**MOTION: MILLER, JR. SECOND: BACON**

**Dr. Fernandez recused himself from the discussion and vote on Interlocal agenda item #1 and #5.**

**With unanimous affirmative votes,**

**BE IT RESOLVED** November 2024 Interlocal Agreements Exhibit R-3 are approved and recommended to the Full Board.

**MOTION: BACON SECOND: FERNANDEZ**

**With unanimous affirmative votes,**

**BE IT RESOLVED** November 2024 Interlocal Agreements Exhibit R-3 #2, #3 and #4 are approved and recommended to the Full Board.

D. 6168 Apartment Furniture RFP

**MOTION: MILLER, JR. SECOND: FERNANDEZ**

**With unanimous affirmative votes,**

**BE IT RESOLVED** 6168 Apartment Furniture RFP under Exhibit R-4 are approved and recommended to the Full Board.

E. TMC Parking

**MOTION: BACON SECOND: FERNANDEZ**

**With unanimous affirmative votes,**

**BE IT RESOLVED** TMC Parking under 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: BACON SECOND: FERNANDEZ**

**With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:07 am.**

---

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

# **EXHIBIT R-2**

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

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

---

Stanley Adams

Chief Financial Officer

**The Harris Center for Mental Health and IDD  
Results of Financial Operations and Comparison to Original Budget**

**November 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	\$ 31,244,089	\$ 31,169,319	\$ (74,770)
Expenditures	31,160,756	29,101,756	2,059,000
<b>Excess (Deficiency) of revenues over expenditures</b>	<b>\$ 83,333</b>	<b>\$ 2,067,563</b>	<b>\$ 1,984,230</b>
Other Sources (Uses)			
Debt Service	\$ (83,333)	\$ (963,092)	\$ (879,759)
Capital Outlay	-	(209,827)	(209,827)
Revenue Bonds Issued	-	24,745,000	24,745,000
Other Sources (Uses)	-	9,655	9,655
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 25,649,299</b>	<b>\$ 25,649,299</b>

	<b>Fiscal Year to Date</b>		
	<b>Original Budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 93,732,267	\$ 90,994,212	\$ (2,738,055)
Expenditures	93,482,268	88,988,142	4,494,126
<b>Excess (Deficiency) of revenues over expenditures</b>	<b>\$ 249,999</b>	<b>\$ 2,006,070</b>	<b>\$ 1,756,071</b>
Other Sources (Uses)			
Debt Service	\$ (249,999)	\$ (963,092)	\$ (713,093)
Capital Outlay	-	(412,592)	(412,592)
Revenue Bonds Issued	-	24,745,000	24,745,000
Other Sources (Uses)	-	33,552	33,552
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 25,408,938</b>	<b>\$ 25,408,938</b>

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**November 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	\$ 11,054,955	\$ 11,054,909	(46)	0%	\$ 33,164,865	\$ 33,164,696	(169)	0%
Harris County and Local	4,452,047	4,863,521	411,474	9%	13,356,141	13,033,300	(322,841)	-2% <b>A</b>
Federal Contracts and Grants	5,098,793	5,245,780	146,987	3%	15,296,379	15,191,597	(104,782)	-1% <b>B</b>
State Contract and Grants	1,900,240	1,751,926	(148,314)	-8%	5,700,720	4,103,816	(1,596,904)	-28% <b>C</b>
Third Party Billing	3,585,863	3,022,076	(563,787)	-16%	10,757,589	9,727,997	(1,029,592)	-10%
Charity Care Pool	3,340,350	3,340,328	(22)	0%	10,021,050	10,021,239	189	0%
Directed Payment Programs	659,258	548,054	(111,204)	-17%	1,977,774	1,660,733	(317,041)	-16% <b>D</b>
Patient Assistance Program (PAP)	852,441	1,110,825	258,384	30%	2,557,323	3,266,237	708,914	28%
Interest Income	300,142	231,900	(68,242)	-23%	900,426	824,597	(75,829)	-8%
<b>Operating Revenue, total</b>	<b>\$ 31,244,089</b>	<b>\$ 31,169,319</b>	<b>(74,770)</b>	<b>0%</b>	<b>\$ 93,732,267</b>	<b>90,994,212</b>	<b>(2,738,055)</b>	<b>-3%</b>
<b>Operating Expenditures</b>								
Salaries and Fringe Benefits	\$ 21,116,034	\$ 19,307,539	1,808,495	9%	\$ 63,348,102	\$ 60,970,652	2,377,450	4%
Contracts and Consultants	1,379,371	1,055,951	323,420	23%	4,138,113	2,724,631	1,413,482	34%
Contracts and Consultants-HCPC	3,913,250	3,833,236	80,014	2%	11,739,750	11,499,708	240,042	2%
Supplies	354,237	221,040	133,197	38%	1,062,711	500,184	562,527	53%
Drugs	1,995,664	2,399,024	(403,360)	-20%	5,986,992	7,123,094	(1,136,102)	-19% <b>E</b>
Purchases, Repairs and Maintenance of:								
Equipment	99,778	129,247	(29,469)	-30%	299,334	500,527	(201,193)	-67%
Building	177,679	411,241	(233,562)	-131%	533,037	533,480	(443)	0% <b>F</b>
Vehicle	86,851	82,642	4,209	5%	260,553	243,255	17,298	7%
Software	358,400	386,990	(28,590)	-8%	1,075,200	887,625	187,575	17%
Telephone and Utilities	304,496	337,965	(33,469)	-11%	913,488	869,354	44,134	5%
Insurance, Legal and Audit	184,268	184,811	(543)	0%	552,804	570,492	(17,688)	-3%
Travel & Training	251,089	218,302	32,787	13%	753,267	436,108	317,159	42%
Dues & Subscriptions	555,682	217,855	337,827	61%	1,667,046	787,580	879,466	53% <b>G</b>
Other Expenditures	383,957	315,913	68,044	18%	1,151,871	1,341,452	(189,581)	-16% <b>H</b>
<b>Operating Expenditures, total</b>	<b>\$ 31,160,756</b>	<b>\$ 29,101,756</b>	<b>\$ 2,059,000</b>	<b>7%</b>	<b>\$ 93,482,268</b>	<b>\$ 88,988,142</b>	<b>\$ 4,494,126</b>	<b>5%</b>
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 2,067,563	1,984,230		\$ 249,999	\$ 2,006,070	1,756,071	
<b>Other Sources (Uses)</b>								
Debt Service	(83,333)	\$ (963,092)	\$ (879,759)		(249,999)	\$ (963,092)	\$ (713,093)	<b>I</b>
Capital outlay	-	(209,827)	(209,827)		-	(412,592)	(412,592)	
Revenue Bonds Issued	-	24,745,000	24,745,000		-	24,745,000	24,745,000	<b>J</b>
Insurance proceeds	-	-	-		-	1,648	1,648	
Proceeds from Sale of Assets	-	9,655	9,655		-	31,904	31,904	
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 25,649,299</b>	<b>\$ 25,649,299</b>		<b>\$ -</b>	<b>\$ 25,408,938</b>	<b>\$ 25,408,938</b>	

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
Non-GAAP / Budgetary-Basis reporting  
**November 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 incurring related expenditures. We are monitoring contract progress for potential impacts on the budget.

**B Federal Contract and grants**

The primary driver of the unfavorable budget variance is related to low expenditures/billings for the month causing a timing difference of when revenue will be earned.

**C State Contract and Grants**

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired.

**D Directed Payment Programs**

DPP revenue shortfall is due to reduced DPP-related claim throughput. The annual estimates provided by Texas Council for FY 2025 are expected to be received in mid-May 2025 at that time, we will update our accounting records.

**E Drugs**

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$135K and the billing program expense exceeds budget by (\$360K).

**F Building (purchase, repair and maintenance)**

Unfavorable budget variance for the current month is primarily driven by current month janitorial services increase from prior month (\$28K to \$244K) and other service maintenance services increase from prior month (\$20K to \$82K).

**G Dues & Subscriptions**

IT related Dues & Subscriptions total \$183K for the current month and \$575K fiscal year to date.

**H Other expenditures**

YTD unfavorable budget variance for this line item is primarily related to ReCenter's operational & program expenditures exceeding YTD budget by approx. \$98K; in addition YTD postage expenses exceed YTD budget by approx. \$108K. These variances are slightly offset by favorable YTD budget variances in other accounts.

**I Debt Service**

Debt service expenditures are related to the bond issuance costs & underwriter's discount of Revenue Bond Series 2024.

**J Bond Proceeds**

Revenue Bond 2024 proceeds during the current month, presented as other financing sources.

## The Harris Center for Mental Health and IDD

## Balance Sheet

November 30, 2024

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	October - 2024	November - 2024	Change
<b>Assets</b>			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 21,803,683	\$ 13,371,366	\$ (8,432,317)
Cash Equivalents	56,480,784	41,194,541	(15,286,243)
Cash and Cash Equivalents, total	78,284,467	54,565,907	(23,718,560) <b>AA</b>
Inventories, Deposits & Prepaids	11,558,974	10,609,493	\$ (949,481)
Accounts Receivable:			
Patient A/R, net of allowance	1,640,322	1,544,905	(95,417)
A/R from other governments	34,992,135	45,830,225	10,838,090 <b>BB</b>
Other A/R	1,664,394	1,839,722	175,328
Current Assets, total	\$ 128,140,292	\$ 114,390,252	\$ (13,750,040)
Restricted Cash and Cash Equivalents	-	19,911,737	19,911,737 <b>CC</b>
Capital Assets			
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	8,254,332	(131,885)
Construction in Progress	5,794,164	5,794,164	-
Accumulated Depreciation/Amortization	(35,692,400)	(35,560,515)	131,885
Capital Assets, net total	\$ 46,548,048	\$ 46,548,048	\$ -
<b>Total Assets</b>	<b>\$ 174,688,340</b>	<b>\$ 180,850,037</b>	<b>\$ 6,161,697</b>
<b>Liabilities &amp; Fund Balance/Net Position</b>			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 15,377,188	\$ 7,103,583	\$ (8,273,605) <b>DD</b>
Unearned Revenues	27,136,418	15,628,318	(11,508,100) <b>EE</b>
Noncurrent liabilities:			
Due within one year	909,061	1,584,061	675,000 <b>FF</b>
Due in more than one year	9,326,822	33,690,925	24,364,103 <b>FF</b>
Liabilities, total	\$ 52,749,489	\$ 58,006,887	\$ 5,257,398
Fund Balance/Net Position			
Net Investment in Capital Assets	46,548,048	46,548,048	-
Restricted for Capital Projects	-	19,911,737	19,911,737 <b>CC</b>
Nonspendable	11,558,974	10,609,493	(949,481)
Assigned	66,514,014	66,514,014	-
Unassigned/Unrestricted	(2,441,824)	(46,149,080)	(43,707,256) <b>GG</b>
Change in fund balance/net position	(240,361)	25,408,938	25,649,299
Fund Balance/Net Position, Total	\$ 121,938,851	\$ 122,843,150	\$ 904,299
<b>Total Liabilities &amp; Fund Balance/Net Position</b>	<b>\$ 174,688,340</b>	<b>\$ 180,850,037</b>	<b>\$ 6,161,697</b>



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

**Balance Sheet****AA Cash and Investments**

The decrease in cash and cash equivalents is primarily driven by the three payroll periods paid during November (approx. \$23.2M), the requirement to make the second half of Year 4 (SFY25) IGT payment for approx. \$2.7M, and the timing of when funds are received from the various revenue sources vs when funds are spent.

During the month of November, we received a reimbursement of incurred project expenses from the new bond issuance of approx. \$3.9M.

**BB A/R from Other Governments**

The increase is primarily attributable to additional receivables from multiple grants including: Charity Care Pool (CCP) funding of \$3.3M, Harris County allocation funding of \$1.9M, Sheriff's department of \$1.5M, and other federal & state grants receivables with net effect of \$4.1M.

**CC Restricted Cash & Restricted Net Position for Capital Projects**

Cash related to the Revenue Bond Series 2024. This cash is restricted for use for the financing of the approved capital projects; as such the corresponding net position is restricted for capital projects.

**DD Accounts Payable and Accrued Liabilities**

The decrease in Accounts Payable and Accrued Liabilities is due to the regular timing of payments; in addition, due to a decrease in salary accrual in comparison to the prior month salary accrual related to the timing on when the respective months payroll periods were paid.

**EE Unearned Revenues**

Unearned income decreased due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations.

**FF Noncurrent liabilities**

With the revenue bond issue, it is now necessary to continue our alignment to financial reporting requirements.

Liabilities	As presented	Revised presentation	Net change
	October - 2024	October - 2024	
Accounts Payable and Accrued Liabilities	\$ 16,286,249	\$ 15,377,188	\$ (909,061)
Unearned Revenues	27,136,418	27,136,418	-
Long term Liabilities	9,326,822	-	(9,326,822)
Noncurrent liabilities:			
Due within one year		909,061	909,061
Due in more than one year		9,326,822	9,326,822
Total Liabilities	<u>\$ 52,749,489</u>	<u>\$ 52,749,489</u>	<u>-</u>

Amount Due within one year presented in November 2024 is the portion of the Revenue Bond 2024 due 11/01/2025

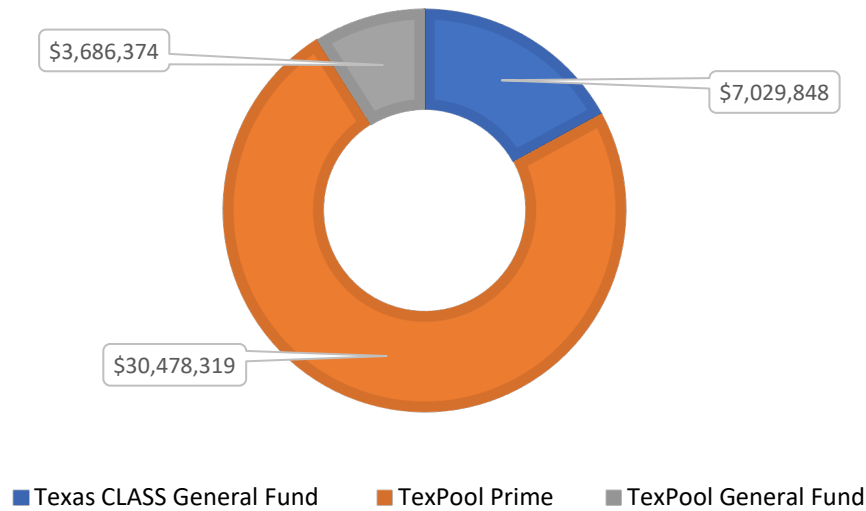
**GG Unassigned Fund Balance**

The temporary deficit is primarily driven by the upcoming release of approx. \$51M in assigned fund balance that will increase this unassigned fund balance line item.

**The Harris Center for Mental Health and IDD**  
**Investment Portfolio**  
**November 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	\$ 7,001,769	\$ -	\$ -	\$ 28,079	\$ 7,029,848	17.06%	4.88%
<i>TexPool</i>							
TexPool Prime	45,806,918	-	(15,490,828)	162,229	30,478,319	73.99%	4.83%
TexPool General Fund	3,672,097	-	-	14,277	3,686,374	8.95%	4.73%
<i>TexPool Sub-Total</i>	49,479,015	-	(15,490,828)	176,506	34,164,693	82.94%	4.82%
<b>Total Investments</b>	\$ 56,480,784	\$ -	\$ (15,490,828)	\$ 204,585	\$ 41,194,541	100.00%	4.83%
				Additional Interest on Checking Accounts	27,315		
				<b>Total Interest Earned during the current month</b>	<u><u>\$ 231,900</u></u>		

**Investment Portfolio Weight**



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.03%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	4.62%
Interest Rate - Chase Hybrid Checking	3.10%
ECR - Chase	3.20%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of November 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**  
**November 30, 2024**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed<sup>(1)</sup></b>	<b>Nov-24</b>	<b>Fiscal Year to Date Total</b>
Lincoln Financial Group (LFG) <sup>(2)</sup>	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,052,736	\$5,407,820
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,431,117	\$7,392,266
UNUM	Life Insurance	\$310,000	\$203,072	\$612,688

Notes:

<sup>(1)</sup> As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

<sup>(2)</sup> LFG payments include 11A & 11B

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

**Results of Financial Operations and Comparison to Original Budget  
December 31, 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*

---

Stanley Adams

Chief Financial Officer



**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**

**December 31, 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	\$ 31,244,089	\$ 30,468,548	\$ (775,541)
Expenditures	31,160,756	32,343,085	(1,182,329)
<b>Excess (Deficiency) of revenues over expenditures</b>	<b>\$ 83,333</b>	<b>\$ (1,874,537)</b>	<b>\$ (1,957,870)</b>
Other Sources (Uses)			
Debt Service	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(4,427,055)	(4,427,055)
Other Sources (Uses)	-	895,421	895,421
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ (5,406,171)</b>	<b>\$ (5,406,171)</b>

	<b>Fiscal Year to Date</b>		
	<b>Original Budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 124,976,356	\$ 121,462,760	\$ (3,513,596)
Expenditures	124,643,024	121,331,227	3,311,797
<b>Excess (Deficiency) of revenues over expenditures</b>	<b>\$ 333,332</b>	<b>\$ 131,533</b>	<b>\$ (201,799)</b>
Other Sources (Uses)			
Debt Service	\$ (333,332)	\$ (963,092)	\$ (629,760)
Capital Outlay	-	(4,839,647)	(4,839,647)
Revenue Bonds Issued	-	24,745,000	24,745,000
Other Sources (Uses)	-	928,973	928,973
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ 20,002,767</b>	<b>\$ 20,002,767</b>

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

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

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
<b>Operating Revenue</b>								
State General Revenue	\$ 11,054,955	\$ 11,054,920	(35)	0%	\$ 44,219,820	\$ 44,219,616	(204)	0%
Harris County and Local	4,452,047	4,348,096	(103,951)	-2%	17,808,188	17,381,396	(426,792)	-2%
Federal Contracts and Grants	5,112,180	5,329,821	217,641	4%	20,448,720	20,584,229	135,509	1%
State Contract and Grants	1,886,853	1,554,862	(331,991)	-18%	7,547,412	5,595,867	(1,951,545)	-26% <b>A</b>
Third Party Billing	3,585,863	2,962,890	(622,973)	-17%	14,343,452	12,690,887	(1,652,565)	-12% <b>B</b>
Charity Care Pool	3,340,350	3,340,328	(22)	0%	13,361,400	13,361,567	167	0%
Directed Payment Programs	659,258	554,862	(104,396)	-16%	2,637,032	2,215,595	(421,437)	-16%
Patient Assistance Program (PAP)	852,441	1,031,219	178,778	21%	3,409,764	4,297,456	887,692	26%
Interest Income	300,142	291,550	(8,592)	-3%	1,200,568	1,116,147	(84,421)	-7%
<b>Operating Revenue, total</b>	<b>\$ 31,244,089</b>	<b>\$ 30,468,548</b>	<b>(775,541)</b>	<b>-2%</b>	<b>\$ 124,976,356</b>	<b>121,462,760</b>	<b>(3,513,596)</b>	<b>-3%</b>
<b>Operating Expenditures</b>								
Salaries and Fringe Benefits	\$ 21,116,034	\$ 21,611,899	(495,865)	-2%	\$ 84,464,136	\$ 82,582,552	1,881,584	2%
Contracts and Consultants	1,379,371	1,248,617	130,754	9%	5,517,484	3,973,248	1,544,236	28%
Contracts and Consultants-HCPC	3,913,250	3,335,536	577,714	15%	15,653,000	14,835,244	817,756	5%
Supplies	354,237	206,352	147,885	42%	1,416,948	706,535	710,413	50%
Drugs	1,995,664	2,251,201	(255,537)	-13%	7,982,656	9,374,294	(1,391,638)	-17% <b>C</b>
Purchases, Repairs and Maintenance of:					-			
Equipment	99,778	216,975	(117,197)	-117%	399,112	717,502	(318,390)	-80%
Building	177,679	173,401	4,278	2%	710,716	706,881	3,835	1%
Vehicle	86,851	73,899	12,952	15%	347,404	317,155	30,249	9%
Software	358,400	522,845	(164,445)	-46%	1,433,600	1,410,471	23,129	2%
Telephone and Utilities	304,496	311,066	(6,570)	-2%	1,217,984	1,180,420	37,564	3%
Insurance, Legal and Audit	184,268	217,275	(33,007)	-18%	737,072	787,767	(50,695)	-7%
Travel & Training	251,089	231,214	19,875	8%	1,004,356	667,322	337,034	34%
Dues & Subscriptions	555,682	1,556,129	(1,000,447)	-180%	2,222,728	2,343,709	(120,981)	-5% <b>D</b>
Other Expenditures	383,957	386,676	(2,719)	-1%	1,535,828	1,728,127	(192,299)	-13% <b>E</b>
<b>Operating Expenditures, total</b>	<b>\$ 31,160,756</b>	<b>\$ 32,343,085</b>	<b>\$ (1,182,329)</b>	<b>-4%</b>	<b>\$ 124,643,024</b>	<b>\$ 121,331,227</b>	<b>\$ 3,311,797</b>	<b>3%</b>
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ (1,874,537)	(1,957,870)		\$ 333,332	\$ 131,533	(201,799)	
<b>Other Sources (Uses)</b>								
Debt Service	(83,333)	\$ -	\$ 83,333		(333,332)	\$ (963,092)	\$ (629,760)	
Capital outlay	-	(4,427,055)	(4,427,055)		-	(4,839,647)	(4,839,647)	<b>F</b>
Revenue Bonds Issued	-	-	-		-	24,745,000	24,745,000	
Insurance proceeds	-	2,488	2,488		-	4,136	4,136	
Proceeds from Sale of Assets	-	-	-		-	31,904	31,904	
Other Financing Sources	-	892,933	892,933		-	892,933	892,933	<b>G</b>
<b>Change in Fund Balance/Net Position</b>	<b>\$ -</b>	<b>\$ (5,406,171)</b>	<b>\$ (5,406,171)</b>		<b>\$ -</b>	<b>\$ 20,002,767</b>	<b>\$ 20,002,767</b>	

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

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

**A State Contract and Grants**

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired. \$1M Revenue contract was not renewed and will not be realized in the current year.

**B Third party billing**

In reviewing our payor mix and particularly the Third Party charges, excluding Pharmacy, we are seeing an increase in both our ACA and Commercial categories, however also an increase month over month in our self-pay book of business. Overall when reviewing our Third Party charges our increase year over year through the first 4 months of FY25 is minimal and averaging \$3.2M per month which is the same figure that we experienced in FY24.

**C Drugs**

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$209K and the billing program expense exceeds budget by (\$514K).

**D Dues & Subscriptions**

IT related Dues & Subscriptions total \$1.5M for the current month and \$2.1M fiscal year to date. Current month expenditures include \$1.2M of YTD expenditures for the EPIC annual subscription invoice received during the month of December.

**E Other expenditures**

YTD unfavorable budget variance for this line item is primarily related to ReCenter's operational & program expenditures exceeding YTD budget by approx. \$263K; this variance is slightly offset by favorable YTD budget variances in other accounts.

**F Capital Outlay**

Capital Outlay for the current month consists of approx. \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement) and approx. \$2.4M in construction costs for the 6168 Apartments.

**G Other Financing Sources**

Draw down of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

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

	<b>November - 2024</b>	<b>December - 2024</b>	<b>Change</b>
<b>Assets</b>			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 13,371,366	\$ 16,585,800	\$ 3,214,434
Cash Equivalents	41,194,541	84,541,672	43,347,131
Cash and Cash Equivalents, total	54,565,907	101,127,472	46,561,565 <b>AA</b>
Inventories, Deposits & Prepaids	10,609,493	8,632,514	\$ (1,976,979) <b>BB</b>
Accounts Receivable:			
Patient A/R, net of allowance	1,544,905	1,534,587	(10,318)
A/R from other governments	45,830,225	45,779,869	(50,356)
Other A/R	1,839,722	1,917,302	77,580
Current Assets, total	\$ 114,390,252	\$ 158,991,744	\$ 44,601,492
Restricted Cash and Cash Equivalents	19,911,737	20,350,034	438,297 <b>CC</b>
Capital Assets			
Land	12,709,144	12,709,144	-
Building and Improvements	52,910,858	54,858,877	1,948,019 <b>DD</b>
Right-to-use assets (Leases & SBITA)	2,440,065	2,440,065	-
Furniture, Equipment and Vehicles	8,254,332	8,254,332	-
Construction in Progress	5,794,164	5,794,164	-
Accumulated Depreciation/Amortization	(35,560,515)	(35,560,515)	-
Capital Assets, net total	\$ 46,548,048	\$ 48,496,067	\$ 1,948,019
<b>Total Assets</b>	<b>\$ 180,850,037</b>	<b>\$ 227,837,845</b>	<b>\$ 46,987,808</b>
<b>Liabilities &amp; Fund Balance/Net Position</b>			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 7,103,583	\$ 10,227,450	\$ 3,123,867
Unearned Revenues	15,628,318	62,984,961	47,356,643 <b>EE</b>
Noncurrent liabilities:			
Due within one year	1,584,061	1,584,061	-
Due in more than one year	33,690,925	34,549,307	858,382 <b>FF</b>
Liabilities, total	\$ 58,006,887	\$ 109,345,779	\$ 51,338,892
Fund Balance/Net Position			
Net Investment in Capital Assets	46,548,048	46,548,048	-
Restricted for Capital Projects	19,911,737	20,350,034	438,297 <b>CC</b>
Nonspendable	10,609,493	8,632,514	(1,976,979)
Assigned	66,514,014	66,514,014	-
Unassigned/Unrestricted	(46,149,080)	(43,555,312)	2,593,768 <b>GG</b>
Change in fund balance/net position	25,408,938	20,002,767	(5,406,171)
Fund Balance/Net Position, Total	\$ 122,843,150	\$ 118,492,065	\$ (4,351,085)
<b>Total Liabilities &amp; Fund Balance/Net Position</b>	<b>\$ 180,850,037</b>	<b>\$ 227,837,844</b>	<b>\$ 46,987,807</b>

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

**Balance Sheet**

**AA Cash and Investments**

The increase in cash and cash equivalents is primarily driven by the receipt of the quarterly payment of the performance contracts of approx. \$40.5M, and the County allocation of approx. \$24.1M; the increase is reduced by monthly payment of operating expenses and a \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement).

**BB Inventories, Deposits & Prepays**

Decrease related to the use of the prepaid benefit of \$1.8MM related to HCPC bed days.

**CC Restricted Cash & Restricted Net Position for Capital Projects**

Increase related to the Quarterly payment to the Trustee to be used to pay principal and interest on the Bond Series 2024 when due, as set forth in the Bond 2024 official statement. This cash is restricted for use for the financing of the approved capital projects and for the payment of principal and interest when due; as such the corresponding net position is restricted for capital projects.

**DD Building & Improvements**

Increase in Building & improvements reflects the \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement). Additional adjustments related to the purchase are expected to be recorded during the upcoming months.

**EE Unearned Revenues**

Unearned revenues increased due to funds provided through state and federal revenue allocations received in advance of performance of related obligations.

**FF Noncurrent liabilities**

Amount due in more than one year increased due to recognition of the liability related to the drawdown of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

**GG Unassigned Fund Balance**

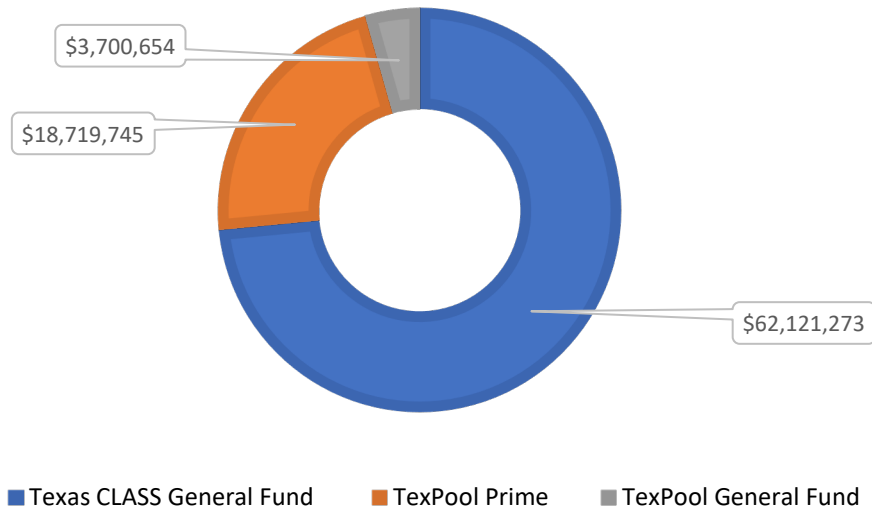
The temporary deficit is primarily driven by the upcoming release of approx. \$51M in assigned fund balance that will increase this unassigned fund balance line item.



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

<b>Local Government Investment Pools (LGIPs)</b>	<b>Beginning Balance</b>	<b>Transfer In</b>	<b>Transfer Out</b>	<b>Interest Income</b>	<b>Ending Balance</b>	<b>Portfolio %</b>	<b>Monthly Yield</b>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 7,029,848	\$ 55,000,000	\$ -	\$ 91,425	\$ 62,121,273	73.48%	4.75%
<i>TexPool</i>							
TexPool Prime	30,478,319	-	(11,848,019)	89,445	18,719,745	22.14%	4.69%
TexPool General Fund	3,686,374	-	-	14,280	3,700,654	4.38%	4.56%
<i>TexPool Sub-Total</i>	<u>34,164,693</u>	<u>-</u>	<u>(11,848,019)</u>	<u>103,725</u>	<u>22,420,399</u>	<u>26.52%</u>	<u>4.67%</u>
<b>Total Investments</b>	\$ 41,194,541	\$ 55,000,000	\$ (11,848,019)	\$ 195,150	\$ 84,541,672	100.00%	4.73%
	Additional Interest on Checking Accounts			96,400			
	<b>Total Interest Earned during the current month</b>			<u>\$ 291,550</u>			

**Investment Portfolio Weight**



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.85%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	4.45%
Interest Rate - Chase Hybrid Checking	2.90%
ECR - Chase	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of December 31, 2024, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

*Thania D. Gonzalez*

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**  
**December 31, 2024**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed <sup>(1)</sup></b>	<b>Dec-24</b>	<b>Fiscal Year to Date Total</b>
Lincoln Financial Group (LFG) <sup>(2)</sup>	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,995,502	\$8,403,322
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,470,809	\$9,863,076
UNUM	Life Insurance	\$310,000	\$204,528	\$817,216

Notes:

<sup>(1)</sup> As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

<sup>(2)</sup> LFG payments include transactions related to pay periods: 11C, 12A & 12B

# **EXHIBIT R-3**

**JANUARY 2025  
NEW CONTRACTS  
OVER 250k**





# Executive Contract Summary

## Contract Section

**Contractor\***

Career & Recovery Resources, Inc.

**Contract ID #\***

TBD

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center for Mental Health & IDD and Career & Recovery Resources, 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 checked="" type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification                                     |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On  |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven   |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <b>Emergency (Staff to provide services)</b> |

**Funding Information\***

- New Contract
- Amendment

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

2/1/2025

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 432,360.00

**Funding Source\***

County

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

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

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

The Harris Center is proposing to partner with Career and Recovery Resources, Inc (CRR) under the UpRise Enterprise program at the new 3809 Main Street campus (formerly Recenter) to support operational services (i.e. janitorial and kitchen staff) for residents. CRR established UpRise Enterprise, a social enterprise focused on helping people with high barriers to employment earn income and get on a path to stability.

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Basic Contract Terms - THC CRR.docx 15.93KB

**Vendor/Contractor Contact Person**

**Name\***

Nkechi "Nikki" Agwuenu

**Address\***

Street Address

2525 San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

**Phone Number\***

713-754-7083

**Email\***

nkechi.agwuenu@careerandrecovery.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>
9273	\$ 432,360.00	543053

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

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

\$16.25 per hour per staff for an estimated 23 FTEs, maximum, plus Supervisor oversight costs (20% of total monthly staff wages) and flat rate of janitorial supply costs at \$300 per month.

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

N/A

<b>Requester Name</b>	<b>Submission Date</b>
Ramirez, Priscilla	1/14/2025

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

1/14/2025

**Procurement Approval**

**File Upload (?)**

**Approved by**

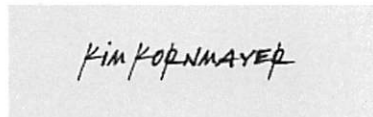


**Approval Date**

1/14/2025

**Contract Owner Approval**

**Approved by**



**Approval Date**

1/14/2025

**Contracts Approval**

**Approve\***

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

**Approved by\***



**Approval Date\***

1/14/2025



# **EXHIBIT R-4**

# **JANUARY 2025 RENEWALS OVER 250k**





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2025

**Contract ID#\***

2022-0597

**Contractor Name\***

CyberOne, LLC (Okta)

**Service Provided\* (?)**

Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT Products) needed to help ensure user and patient data is kept secure.

**Renewal Term Start Date\***

2/1/2025

**Renewal Term End Date\***

1/31/2026

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

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

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

**Procurement Method(s)\***

Check all that Apply

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

\$ 270,637.87

Rate(s)/Rate(s) Description

Unit(s) Served\*

1130

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\*

CT143552

Contract Requestor\*

Rick Hurst

Contract Owner\*

Mustafa Cochinwala

File Upload (?)

Cyber One - Q-33339-The Harris Center for Mental Health - Okta RNL 1 Yr - DIR-CPO-4851.pdf 25.44KB

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

**How does this contract support Agency/Unit Strategic priorities? \***

This software provides security and protections to our infrastructure and data so that The Harris Center can provided uninterrupted services to our clients.

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 275,000.00	553002
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

Per User

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

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 275,000.00

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

N/A

**Contract Funding Source \***

General Revenue (GR)

**Contract Content Changes**

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

Yes  No

**Will the scope of the Services change? \***

Yes  No

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

Yes  No

**Are there any changes in the Performance Targets? \***

Yes  No

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

Yes  No

**File Upload (?)**

**Contract Owner**

**Contract Owner \* (?)**

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Mustafa Cochinwala*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/2/2025

# **EXHIBIT R-5**



# **JANUARY 2025 INTERLOCAL AGREEMENTS**

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Aldine Independent School District	New MOU	New Contract	12/6/2024 - 8/31/2025	General Revenue (GR)	New MOU for the SMART program to collaborate with Aldine ISD to provide Behavioral Health services to students in their families in Aldine ISD.
2	City of Houston Department of Health and Human Services	Annual Renewal	Renewal	2/1/2025 - 1/31/2026	State Grant	Annual renewal of lease Agreement. [FY25/26 NTE: \$3,076.20].
3	Harris County	New Interlocal Agreement	Amendment	9/30/2024 - 9/29/2025	Federal Grant	New Agreement for year 2 for the AWARE Harris Project through 9/29/2025 with three (3) additional renewal options. [Revenue FY25 NTE: \$721,180.00].
4	Harris County Sheriff Office IDD and MH Clinical Services	MH and IDD Services for Inmates in Harris County Detention Facilities including Psychological and Psychiatric services.	Amendment	10/1/2024 - 9/30/2025	County	Amendment to revise the fringe rate specified in the agreement and budget.
5	Harris County Sheriff's Office	Renewal for Treatment and Discharge Planning Services	Renewal	12/19/2024 - 12/19/2025	County	Annual renewal of Interlocal Agreement for Treatment and Discharge Planning for Harris County Inmates. [Revenue NTE: \$1,138,132.00].
6	Houston Downtown Management District ("HDMD")	Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.	Renewal	1/1/2025 - 12/31/2025	Private Grant	Annual renewal of ILA for Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness. [FY25 Revenue: \$281,484.84].
7	Permia Care	New Interlocal Agreement	New Contract	9/1/2024 - 8/31/2025	State Grant	Interlocal Agreement for sharing of funds for MHFA classes.
8	Texas Tech University Health Sciences Center	New Affiliation Agreement	New Contract	1/6/2025 - 12/31/2029	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements.
9	University of Houston Downtown	New Affiliation Agreement	New Contract	2/24/2025 - 2/24/2025	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Houston Downtown College of Humanities and Social Sciences to complete clinical field placements as part of their Social Work degree requirements.
10	University of Texas at Rio Grande Valley School of Social Work	New Affiliation Agreement	New Contract	12/2/2024 - 11/30/2029	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Texas at Rio Grande Valley School of Social Work to complete clinical field placements as part of their degree requirements.



# Executive Contract Summary

## Contract Section

**Contractor\***

Aldine Independent School District

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

12/17/2024

**Parties\* (?)**

Aldine Independent School District 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\* (?)**

12/6/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

The purpose of the contract is for SMART program to collaborate with Aldine ISD to provide Behavioral Health services to students in their families in Aldine ISD. The prevention services may include skills building, problem solving, conflict resolution, healthy parenting, peer support groups, parent education groups, zero suicide awareness, and healthy lifestyle promotion.

**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

**Specify Name\***

Aldine Independent School District

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Abel Garza

**Address\***

Street Address

2520 West West Thorne Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77073-3406

Country

US

**Phone Number\***

2819856203

**Email\***

agarza2@aldineisd.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>
4150	\$ 0.00	000000

<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	12/10/2024

#### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

12/11/2024

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Esther Williams Brooks, M.A., L.P.C., S*

Approval Date

12/11/2024

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/13/2024



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2025

**Contract ID#\***

6186

**Contractor Name\***

City of Houston (Acres Homes)

**Service Provided\* (?)**

City of Houston Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, TX.

**Renewal Term Start Date\***

2/1/2025

**Renewal Term End Date\***

1/31/2026

**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\* (?)**

\$ 3,076.20

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

0000 (Unit on PO) and 4736 (Charged Unit)

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

126006

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

FY25 PO CT144079

**Contract Requestor\***

Chekesha Govan

**Contract Owner\***

Lance Britt

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

By provided space for services to take place.

## 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.*
4736	\$ 3,076.20	126006

Budget Manager*	Secondary Budget Manager*
Smith, Janai	Shelby, Debbie

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

0.00

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

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 3,076.20

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

Lance Britt

## Budget Manager Approval(s)





Approved by

*Janae Lynnette Smith*

Contract Owner Approval



Approved by

*Lance Britt*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/16/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County

**Contract ID #\***

2023-0804

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Harris County 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 checked="" type="checkbox"/> Interlocal                           | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract
- Amendment

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

9/30/2024

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

9/29/2025

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

Federal fiscal year

**Fiscal Year\* (?)**

2025

**Funding Source\***

Federal Grant

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

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

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

This is renewal for year 2 of already existing contract for this program. Program contract is a 5-year agreement through 9/29/2028.

**Contract Owner\***

Tiffanie Williams-Brooks

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

Yes  No  Unknown

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

The agency has multiple contracts with Harris County.

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

Yes  No  Unknown

**Please provide an explanation\***

Federal funding source

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

24GEN2658_Agreement_The Harris Center for Mental Health and IDD_AWARE.pdf	189.06KB
BNF - THC - FY25.pdf.pdf	3MB
5H79SM088049-02-Noa.pdf	190.39KB

**Vendor/Contractor Contact Person**

**Name\***

Gulsah Langan

**Address\***

Street Address

2525 Murworth Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77054-1623

Country

US

**Phone Number\***

8329276356

Email\*

gulsah.langan@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4110	\$ 0.00	435031

Budget Manager  
Smith, Janai

Secondary Budget Manager  
Shelby, Debbie

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

N/A

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

N/A

Requester Name

Bowser, Mohagony

Submission Date

11/11/2024

Budget Manager Approval(s)

Approved by

*Janai Lynnette Smith*

Approval Date

11/11/2024

Contract Owner Approval

Approved by

*William Williams Brink, M.A., CSP, CAS*

Approval Date

11/11/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/11/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

Harris County Sheriff Office IDD and MH Clinical Services

**Contract ID #\***

2023-0661

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center for MH and IDD Services and Harris County Sheriff Office

**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 Amendment to fringe percentage

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

10/1/2024

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

9/30/2025

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

County fiscal year

**Current Contract Amount\***

\$ 10,000,000.00

**Increase Not to Exceed\***

\$ 0.00

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

\$ 10,000,000.00

<b>Fiscal Year*</b> (?)	<b>Amount*</b> (?)
2025	\$ 9,166,666.67

<b>Fiscal Year*</b> (?)	<b>Amount*</b> (?)
2026	\$ 833,333.33

**Funding Source\***

County

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

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

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

To provide the Services in the Detention Facilities including, but not limited to: Psychological services, Psychiatric services, Other mental health care and IDD services as appropriate. Amendment regarding fringe rate not to exceed 32.57%

**Contract Owner\***

Sean McElroy

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

Yes  No  Unknown

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

10/1/23 - 09/30/24 services for inmates with HCSO

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

Yes  No  Unknown

**Community Partnership\*** (?)

Yes  No  Unknown

**Specify Name\***

Harris County

**Supporting Documentation Upload** (?)

First Amendment_HCSO_Fringe.docx	40.45KB
----------------------------------	---------

**Vendor/Contractor Contact Person**



**Name\***

Michael Lanham

**Address\***

Street Address

1200 Baker Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1206

State / Province / Region

TX

Country

United States

**Phone Number\***

3462861620

**Email\***

micheal.lanham@sheriff.hctx.net

**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>
6201	\$ 1,275,466.00	540000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Williams-Wesley, Sheenia	Reyes, Elizabeth

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6202	\$ 2,371,228.00	540000

<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>
6203	\$ 2,326,297.00	540000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Williams-Wesley, Sheenia	Reyes, Elizabeth

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6204	\$ 4,027,009.00	540000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Williams-Wesley, Sheenia	Reyes, Elizabeth

**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	12/6/2024

**Budget Manager Approval(s)**



Approved by

*Sherenia Williams-Wesley*

Approval Date

12/6/2024

Contract Owner Approval



Approved by

*Sean McElroy*

Approval Date

12/9/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/10/2024





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2025

**Contract ID#\***

2023-0783

**Contractor Name\***

Harris County Sheriff's Office

**Service Provided\* (?)**

Services for Treatment and Discharge Planning for Harris County Inmates.

**Renewal Term Start Date\***

12/19/2024

**Renewal Term End Date\***

12/19/2025

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

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE**\* (?)

\$ 1,138,132.00

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

Varies

**Unit(s) Served**\*

6206

**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**How does this contract support Agency/Unit Strategic priorities?\***

N/A

## 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.*
6206	\$ 1,138,132.00	540000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Reyes, Elizabeth

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

n/a

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

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 853,599.00

Fiscal Year* (?)	Amount* (?)
2026	\$ 284,533.00

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

Sean McElroy

Budget Manager Approval(s)



Approved by

*Sheena Williams-Wesley*

Contract Owner Approval



Approved by

*Sean McElroy*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/16/2024

Current Fiscal Year Contract Information **Current Fiscal Year**

2025

**Contract ID# \***

7089

**Contractor Name \***

Houston Downtown Management District ("HDMD")

**Service Provided\* (?)**

Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.

**Renewal Term Start Date \***

1/21/2025

**Renewal Term End Date \***

12/31/2025

**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\* (?)**

\$ 270,500.00

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

Varies

**Unit(s) Served\***

N/A

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

N/A

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

N/A

**Contract Requestor\***

Amber Honsinger

**Contract Owner\***

Kim Kornmayer

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

**How does this contract support Agency/Unit Strategic priorities?\***

Provides access to services and connection to housing support for the homeless population.

**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.*
9238	\$ 270,500.00	540000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Ramirez, Priscilla

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 281,484.84

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

**Contract Funding Source\***

Private 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

*Jodel Ostman*

Contract Owner Approval



Approved by

*KIM KOPNMAVER*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/6/2025





# Executive Contract Summary

## Contract Section



**Contractor\***

Permia Care

**Contract ID #\***

2024-0985

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

This is between Permia Care 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 checked="" type="checkbox"/> Interlocal                           | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract
- Amendment

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

9/1/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 9,000.00

**Funding Source\***

State Grant

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

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

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

We will be sharing funds with Permia Care by purchasing 3 MHFA class rosters.

**Contract Owner\***

Jennifer Battle

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

MOU share funds.docx 36.48KB

**Vendor/Contractor Contact Person**

**Name\***

Dalia Ramirez

**Address\***

Street Address

401 East Illinois

Address Line 2

City

Midland

Postal / Zip Code

79701

State / Province / Region

Texas

Country

United States

**Phone Number\***

(432)570-3322

**Email\***

daliaramirez@permiacare.org

**Budget Section**

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

**Budget Unit Number\***

7110

**Amount Charged to Unit\***

\$ 9,000.00

**Expense/GL Code No.\***

543058

**Budget Manager**

Ilejay, Kevin

**Secondary Budget Manager**

Campbell, Ricardo

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

Thirty signatures per roster. Each signature is worth 100 dollars and we are requesting 90 signatures for \$9,000

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

N/A

**Requester Name**

Prasad, Carroll

**Submission Date**

12/3/2024

**Budget Manager Approval(s)**

**Approved by**

*Kevin Ilejay*

**Approval Date**

12/4/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Jennifer Battle*

**Approval Date**

12/4/2024

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

12/5/2024



# Executive Contract Summary

## Contract Section

### Contractor\*

Texas Tech University Health Sciences Center

### Contract ID #\*

NA

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

1/21/2025

### Parties\* (?)

Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program and The Harris Center for Mental Health and IDD

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

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

### Procurement Method(s)\*

Check all that Apply

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

### Funding Information\*

- New Contract
- Amendment

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

1/6/2025

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

12/31/2029

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\* (?)**

This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Specify Name\***

Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Abby Cain

**Address\***

Street Address

3601 4th Street

Address Line 2

City

Lubbock

Postal / Zip Code

79430

State / Province / Region

TX

Country

USA

**Phone Number\***

(806) 743-1553

**Email\***

abby.cain@ttuhsc.edu

**Budget Section**

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

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

**Budget Manager**  
Campbell, Ricardo

**Secondary Budget Manager**  
Campbell, Ricardo

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

NA

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

NA

**Requester Name**  
Daswani, Bianca

**Submission Date**  
12/17/2024

#### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

12/18/2024

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Ninfa Escobar*

Approval Date

12/18/2024

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/19/2024



# Executive Contract Summary

## Contract Section

**Contractor\***

University of Houston Downtown College of Humanities and Social Sciences

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

12/31/2024

**Parties\* (?)**

The Harris Center for Mental Health and IDD & University of Houston Downtown College of Humanities and Social Sciences

**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\* (?)**

2/24/2025

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

2/24/2025

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\* (?)**

This agreement will allow students enrolled in University of Houston Downtown College of Humanities and Social Sciences to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

University of Houston Downtown College of Humanities and Social Sciences

**Supporting Documentation Upload (?)**

ID 7641 UHD - FY20 Affil Agreement - fully executed.pdf	888.34KB
UHD Collg of Hum and Soc Sciences Grad Handbook 2024 - 2025.pdf	537.22KB
UHD Social Work field practicum handbook.pdf	1.38MB

**Vendor/Contractor Contact Person**



**Name\***

Angela Parrish, MBA

**Address\***

Street Address

1 West Main Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

**Phone Number\***

713-221-8647

**Email\***

parrisha@uhd.edu



### Budget Section



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

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

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

NA

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

NA

Requester Name	Submission Date
Daswani, Bianca	12/10/2024

### Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Approval Date

12/10/2024

### Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval



Approved by

*Ninfa Escobar*

Approval Date

12/11/2024

### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/11/2024



# Executive Contract Summary

## Contract Section



### Select Header For This Contract\*

Interlocal

### Contractor\*

University of Texas at Rio Grande Valley School of Social Work

### Contract ID #\*

MA

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

1/21/2025

### Parties\* (?)

University of Texas at Rio Grande Valley School of Social Work 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\* (?)

12/2/2024

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

11/30/2029

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

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

University of Texas at Rio Grande Valley School of Social Work-

**Supporting Documentation Upload (?)**

Agency-Organization Data Sheet.pdf	205.4KB
BSW-MSSW Field Instructor Data Sheet.pdf	191.49KB
Task Supervisor Data Sheet.pdf	342.85KB

**How does this contract support Agency/Unit Strategic priorities?\***

engagement

**Vendor/Contractor Contact Person**



**Name\***

Arely Alfaro

**Address\***

Street Address

1201 W University Dr

Address Line 2

City

Edinburg

Postal / Zip Code

78539-2909

State / Province / Region

TX

Country

US

**Phone Number\***

956-665-3578

**Email\***

arely.alfaro01@utrgv.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

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

NA

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

NA

Requester Name	Submission Date
Daswani, Bianca	11/25/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

11/26/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mirya Escobar*

Approval Date

11/26/2024

Contracts Approval

Approved by

*Ernest A. Savoy*

Approval Date

12/2/2024

Final Board Report Comments

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

This agreement will allow students enrolled in University of Texas at Rio Grande Valley School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Product/Service Description**

New Affiliation Agreement

# **EXHIBIT R-6**

**JANUARY 2025**  
**NEW CONTRACTS**  
**100k – 250k**







**Due Diligence Project PUR-FY25-0310**  
**Request for Quotes**  
**Revenue Cycle Coding Development**

Purchasing received a request from Revenue Management on Monday, October 28, 2024, for Revenue Cycle Coding Development.

Three (3) vendor quotes were received:

- 1) CSI Companies, Inc. DBA/CSI Professional, CSI Tech, CSI HCIT:
  - Tier 1 ProFee Coder \$44.00/hr. Years of Experience 0-1
  - Tier 2 ProFee Coder \$46.00/hr. Years of Experience 1-2
  - Tier 3 ProFee Coder \$49.00/hr. Years of Experience 2-5
  - Tier 4 ProFee Coder \$52.00/hr. Years of Experience 5+
  - Tier 5 Lead Coding Auditor \$55.00/hr.
  
- 2) CBIZ KA Consulting Services, LLC:
  - The fees for this engagement would be \$55.00 per patient encounter reviewed. There would also be a data analysis and reporting fee of \$4,950.00.
  
- 3) GetixHealth:
  - Phase I Strategic Planning \$125/hr. Estimated Cost \$2,250.00
  - Phase II Workflow Assessment \$125.00/hr. Total Estimated Cost \$18,250.00
  - Phase III Implementation \$125.00/hr. Total Estimated Cost \$8,875.00
  - Phase IV Data Analysis \$125.00/hr. Total Estimated Cost \$26,250.00
  - Phase V Medical Record Review \$100.00/hr. auditor rate. \$125.00/hr. consulting rate.
  - Total Estimated Cost \$28,450.00
  - Phase VI Clinician Education \$125.00/hr. consulting rate. \$80.00/hr. coding expert rate
  - Total Estimated Cost \$4,205.00
  - Phase VII Success Measurement \$100.00/hr. auditor rate. \$125.00/hr. consulting rate.
  - Total Estimated Cost \$4,075.00

Additional Service Option: Vendor Research \$125.00/hr. consulting rate.

Total Estimated Cost \$2,750.00

Travel: Any required travel, hotel cost, and meals are the responsibility of the client. Initial interviews with billing staff may be 2 consultants.

Revenue Management recommendation is to move forward with **CSI Companies, Inc. DBA/CSI Professional, CSI Tech, CSI HCIT**, based on the needs of the team. CSI is the only team that has specialized behavioral health experience. Due to the specialty nature of our coding, we need to start with individuals who have experience working with behavioral health codes as well as the various specificities related to HHSC.

Total NTE: \$150,000.00

Funding Source is Unit 1134 – 540500

Term: 1 year



# Executive Contract Summary

## Contract Section



**Contractor\***

CSI Companies, Inc. d/b/a CSI Professional, CSI Tech, CSI HCIT

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

CSI Companies 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 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\* (?)**

11/18/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 150,000.00

**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\* (?)**

Based on audit findings and compliance needs, it was determined that the organization needed a coding team. In researching the coding for behavioral health specifically and review of several companies, it was determined that a phased approach was necessary. CSI will provide an overview of our current practices as well as individuals to begin coding claims prior to submission. As the contract progresses we will evaluate the need for internal candidates.

**Contract Owner\***

Rachel Beasley

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

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

**Please provide an explanation\***

CSI Companies is publicly owned by Recruit Global, who also owns Indeed and Glassdoor. We are headquartered in Jacksonville, FL with a satellite office in Nashville, TN. At CSI Companies, 71% of our employees are female with 75% of our Executive Team also being comprised of females.

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

The Harris Center ProFee Proposal.pdf

263.24KB

**Vendor/Contractor Contact Person**

**Name\***

Gett Johnson

**Address\***

Street Address

7720 Baymeadows Rd E

Address Line 2

City

Jacksonville

State / Province / Region

FL

Postal / Zip Code

32256-3093

Country

US

**Phone Number\***

904-423-8631

Email\*

GJohnson@csicompanies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 150,000.00	540500
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

See attached document

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

NA

Requester Name

Beasley, Rachel

Submission Date

10/24/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

10/24/2024

Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

10/30/2024

Contract Owner Approval

Approved by

*Rachel Beasley*

Approval Date

10/25/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/6/2024

# **EXHIBIT R-7**

# **JANUARY 2025**

## **RENEWALS 100k - 250k**





Current Fiscal Year Contract Information **Current Fiscal Year**

2025

**Contract ID#\***

2022-0572

**Contractor Name\***

CyberOne, LLC

**Service Provided\* (?)**

Zscaler Cyber Detection Software and Support.

**Renewal Term Start Date\***

12/8/2024

**Renewal Term End Date\***

12/7/2025

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

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

**Procurement Method(s)\***

Check all that Apply

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

\$ 215,784.71

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

Year 3: \$215,784.71. Three-year commitment paid annually.

**Unit(s) Served\***

1147

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

900020

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

CT143546

**Contract Requestor\***

Rick Hurst

**Contract Owner\***

Mustafa Cochinwala

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

**How does this contract support Agency/Unit Strategic priorities?\***

This software provides security and protections to our infrastructure and data so that The Harris Center can provided uninterrupted services to our clients.

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 215,785.00	553002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

Per User

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

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 215,785.00

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

N/A

**Contract Funding Source\***

General Revenue (GR)

**Contract Content Changes**

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

Yes  No

**Will the scope of the Services change?\***

Yes  No

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

Yes  No

**Are there any changes in the Performance Targets?\***

Yes  No

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

Yes  No

**File Upload (?)**

**Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Mustafa Cochirwala*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

1/2/2025

# **EXHIBIT R-8**

**JANUARY 2025**  
**AMENDMENTS 100k - 250k**





# Executive Contract Summary

## Contract Section



**Contractor\***

Century Link Communications D/B/A Lumen Technologies Group

**Contract ID #\***

7802

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Level 3/Lumen and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/2/2024

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

9/1/2025

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

**Current Contract Amount\***

\$ 120,000.00

**Increase Not to Exceed\***

\$ 2,500.00

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

\$ 122,500.00



Fiscal Year* (?)	Amount* (?)
2025	\$ 122,500.00
2026	\$ 3,000.00
2027	\$ 3,000.00

**Funding Source\***

General Revenue (GR)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding    | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor       | <input type="checkbox"/> Service/Maintenance                       |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement             |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                                     |
| <input type="checkbox"/> Renewal of Existing Contract   | <input checked="" type="checkbox"/> Other CT144044                 |

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

To add backup circuit for Security Appliance

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY22 - FY25  
Network Data Circuits

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center 1Gb NaaS Multiplex UNI 36 Month.pdf 96.53KB

**Vendor/Contractor Contact Person**

**Name\***

Tim Wise

**Address \***

Street Address

1025 Eldorado Boulevard

Address Line 2

City

Broomfield

State / Province / Region

CO

Postal / Zip Code

80021-8254

Country

US

**Phone Number \***

713-395-1161

**Email \***

Tim.Wise@Lumen.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 2,500.00	564004
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

\$250 per month

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

N/A

**Requester Name**

Hurst, Richard

**Submission Date**

10/28/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

10/28/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Mustafa Cochran*

Approval Date

10/30/2024

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

11/1/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

Creative Financial Solutions

**Contract ID #\***

2023-0816

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

CFS and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\***

\$ 100,000.00

**Increase Not to Exceed\***

\$ 50,000.00

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

\$ 150,000.00

<b>Fiscal Year*</b> (?)	<b>Amount*</b> (?)
2025	\$ 150,000.00

**Funding Source\***  
General Revenue (GR)

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

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

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

Grant Contractor providing support to Financial Accounting

Increasing support for financial accounting projects through February, 2025 for 1 additional contractor. Current contract will be expended in December 2024. Grant contractor completed assignment in October, 2024.

**Contract Owner\***

Rachel Beasley

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

Yes  No  Unknown

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

Current services provided

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

Yes  No  Unknown

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

FE- Creative Financial Staffing- 2023-0816- FY25 Standard Contract Renewal  
Document.pdf 542.88KB

**Vendor/Contractor Contact Person**

**Name\***

Pam Rodriguez

**Address\***

Street Address

21 Custom House Street

Address Line 2

City

Boston

Postal / Zip Code

02110-3510

State / Province / Region

MA

Country

US

**Phone Number\***

7132605243

**Email\***

prodriguez@cfstaffing.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 50,000.00	540500
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

2 contractors for 16 weeks - \$82K

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

NA

**Requester Name**

Beasley, Rachel

**Submission Date**

11/6/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

11/7/2024

**Contract Owner Approval**

**Approved by**

*Rachel Beasley*

**Approval Date**

11/7/2024

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

11/11/2024

Contract Section **Contractor\***

Mobile Communications America, Inc. (Formerly Knight Security Systems)

**Contract ID #\***

2021-0171

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Mobile Communications America, Inc and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input 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\***

\$ 148,714.00

**Increase Not to Exceed\***

\$ 36,287.00

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

\$ 185,001.00



**Fiscal Year\*** (?)

2025

**Amount\*** (?)

\$ 185,001.00

**Funding Source\***

General Revenue (GR)

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

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

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

additional secure plan charged need to be added to contract to cover new access controls installed at NPC, SW Clinic, 3200 Main and Hillcroft Locations

**Contract Owner\***

Karen Hurst

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

Yes  No  Unknown

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

2015 to current - security access controls

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

Haris Center - Secureplan Additions 2024.pdf

273.47KB

**Vendor/Contractor Contact Person**



**Name\***

Mobile Communications America / Alfred Trevino

**Address\***

Street Address

500 Century Plaza Drive, Ste.120

Address Line 2

City

Houston

Postal / Zip Code

77073

State / Province / Region

TX

Country

US

Phone Number\*

8327865800

Email\*

alfred.trevino@callmc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 36,287.00	553001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

see attached document, increasing NTE by \$36,287.00 to make a grand total NTE of \$185,001.00

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

n/a

Requester Name

Harper, Sarah

Submission Date

12/27/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

12/30/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Karen E. Hurst*

Approval Date

12/30/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date \*

1/2/2025

Contract Section **Contractor\***

Pivot Point

**Contract ID #\***

2021-0145

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Pivot Point and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**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\***

\$ 100,000.00

**Increase Not to Exceed\***

\$ 100,000.00

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

\$ 200,000.00

<b>Fiscal Year*</b> (?)	<b>Amount*</b> (?)
2025	\$ 100,000.00

**Funding Source\***

General Revenue (GR)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding    | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor       | <input type="checkbox"/> Service/Maintenance                       |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement             |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                                     |
| <input type="checkbox"/> Renewal of Existing Contract   | <input checked="" type="checkbox"/> Other CT144185                 |

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

The funds will be used for Epic form building to move from paper forms to electronic within EPIC

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY21 - FY24

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

**Vendor/Contractor Contact Person**

**Name\***

Paul Meyer

**Address\***

Street Address

5501 Virginia Way

Address Line 2

City

Brentwood

Postal / Zip Code

37027

State / Province / Region

TN

Country

United States

**Phone Number\***

2817052368

**Email\***

pmeyer@pivotpointconsulting.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 100,000.00	900060
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

\$143.00 hour

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

IT24.1147.04

**Requester Name**

Hurst, Richard

**Submission Date**

10/28/2024

**Budget Manager Approval(s)****Approved by***Ricardo Campbell***Approval Date**

10/28/2024

**Procurement Approval****File Upload (?)****Approved by**

Sign

**Approval Date****Contract Owner Approval****Approved by***Mustafa Cokinnwala***Approval Date**

10/30/2024

**Contracts Approval****Approve\***

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

Approved by \*

*Belinda Stude*

Approval Date \*

11/1/2024

Contract Section **Contractor\***

P-Nursing (LVNs and MAs)

**Contract ID #\***

2021-0149

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

MASTER POOLED CONTRACT. TAG-ON TO HARRIS COUNTY HOSPITAL DISTRICT (HCHD) DBA HARRIS HEALTH CONTRACT(S). TEMPORARY NURSING PERSONNEL SERVICES FOR LICENSED VOCATIONAL NURSES (LVNs) AND MEDICAL ASSISTANTS (MAs).

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Current Contract Amount\***

\$ 70,000.00

**Increase Not to Exceed\***

\$ 160,996.00



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

\$ 230,996.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 230,996.00

**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\* (?)**

Increasing the available funds for the Nursing Department for the year 2025.  
Available funds are currently limited which results in a delay in bills being paid, let alone, on time.

**Contract Owner\***

Kia Walker

**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 (?)**

ContractManagement\_002.pdf

308.06KB

**Vendor/Contractor Contact Person**

**Name\***

N/A

**Address\***

Street Address

N/A

Address Line 2

N/A

City

N/A

Postal / Zip Code

N/A

State / Province / Region

N/A

Country

N/A

**Phone Number\***

N/A

**Email\***

Jws@ultrastaff.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>
3530	\$ 130,996.00	540502

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Degracia, Ericka	Kerlegon, Charles

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3550	\$ 8,000.00	540502

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Degracia, Ericka	Kerlegon, Charles

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3611	\$ 7,000.00	540502

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Degracia, Ericka	Kerlegon, Charles

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2213	\$ 6,700.00	540502

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2214	\$ 3,000.00	540502

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

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

Varies

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

N/A

**Requester Name**

DeBose, Brier

**Submission Date**

12/10/2024

**Budget Manager Approval(s)**

Approved by

*Ericka Degracia*

Approval Date

12/10/2024

Approved by

*Janae Lynette Smith*

Approval Date

12/11/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

*Kia Denae Walker*

Approval Date

12/13/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/16/2024

# **EXHIBIT R-9**

**JANUARY 2025  
NEW CONTRACTS  
UNDER 100k**





**DUE DILIGENCE  
3 QUOTES  
HR CASE MANAGEMENT SOFTWARE**

Purchasing received a request from the Human Resources Department for HR Case Management Software in August 2024. HR lacks the necessary tools to be able to track and trend employee relations cases across The Harris Center, resulting in inability to target training and remediation to ensure they are equipping leaders and staff with the necessary tools and training to meet strategic objectives under the People Component in addition to being a best place to work and increase retention and engagement.

Four (4) vendors were identified, AllVoices, Case IQ, HR Acuity, and UKG/Workforce Dimensions (Kronos). The four vendors were vetted, and demos were obtained. It was determined by the end users that UKG/Workforce Dimensions (Kronos) did not meet the basic requirements needed by The Harris Center and therefore could not meet its needs and a quote was not requested.

Quotes were obtained from three (3) vendors, AllVoices, Case IQ, and HR Acuity. Quote pricing is for three (3) year term.

AllVoices – \$106,500.00  
Case IQ - \$56,800.00  
HR Acuity - \$131,670.00

HR’s recommendation is to move forward with Customer Expressions Corp dba Case IQ. The selection is based on lower cost.

The first (1) year NTE is \$24,600.00. The total NTE is \$56,800.00 The Funding Source is Unit 1108 (Personnel Management).

FY25 NTE: \$24,600.00 (\$8,500 Implementation Fee and \$16,100 Yearly Fee)  
FY26 NTE: \$16,100.00  
FY27 NTE: \$16,100.00

DocuSigned by:  
*Frances Otto*  
18F53331C825405  
\_\_\_\_\_  
Frances Otto, CTCD  
Buyer II

DocuSigned by:  
*Nina Cook*  
5183E40813774C8  
\_\_\_\_\_  
Nina Cook, MBA, CTCM, CTCD  
Purchasing Director

DocuSigned by:  
*Stanley Adams*  
E750E9D666F0493  
\_\_\_\_\_  
Stanley Adams, MBA



## Executive Contract Summary

### Contract Section ▲

**Select Header For This Contract\***

Administration

**Contractor\***

Customer Expressions Corp

**Contract ID #\***

2024-0967

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Case IQ

**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\* (?)**

12/1/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 25,000.00



**Funding Source\***

General Revenue (GR)

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

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

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Jeremy Tremblay

**Address\***

Street Address

2255 Carling Avenue

Address Line 2

Suite 500

City

Ottawa

Postal / Zip Code

K2B7Z5

State / Province / Region

ON

Country

Canada

**Phone Number\***

613-244-5111

**Email\***

jtremblay@caseiq.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>
1108	\$ 25,000.00	551003

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

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

NA

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

NA

<b>Requester Name</b>	<b>Submission Date</b>
Escobar, Ninfa	10/30/2024

**Budget Manager Approval(s)** 

**Approved by**



**Approval Date**  
10/30/2024

**Procurement Approval** 

**File Upload (?)**

**Approved by**



**Approval Date**  
10/31/2024

**Contract Owner Approval** 

**Approved by**



**Approval Date**  
10/31/2024

**Contracts Approval** 

**Approved by**



**Approval Date**  
11/1/2024

**Final Board Report Comments** 

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

Case IQ is an investigative case management solution designed to track, manage, and report complaints, referrals, or allegations within a centralized, secure system. This solution enhances efficiency and reduces risk as HR addresses employee relations issues.

**Product/Service Description**

Case Management Solution Software System for HR



# Executive Contract Summary

## Contract Section

**Contractor\***

Data Vox, Inc.

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center and Data Vox

**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 TIPS 230105

**Funding Information\***

- New Contract
- Amendment

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

11/11/2024

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

8/31/2029

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

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2025	\$ 44,778.15

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2026	\$ 2,534.61

Fiscal Year* (?)	Amount* (?)
2027	\$ 2,534.61
2028	\$ 2,534.61
2029	\$ 2,534.61

**Funding Source\***

General Revenue (GR)

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

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

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

Update technology for Harris Center Board Meetings in Harris Center Board Room (109)

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY20-FY25  
 Hardware purchases and installation services  
 Lifesize Licensing

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center - Boardroom AV Upgrade (TIPS) - AV Proposal Rev1 1.pdf	1.31MB
TIPS 230105_DataVox.pdf	916.11KB

**Vendor/Contractor Contact Person**

**Name\***

Data Vox

**Address\***

Street Address

6650 W. Sam Houston Pkwy South

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77072

Country

US

**Phone Number\***

713-881-5300

**Email\***

caseyb@datavox.net

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 44,778.15	551001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

See attached. We also want the 5 year extended support agreement. See bottom of quote.

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

N/A

**Requester Name**

Hurst, Richard

**Submission Date**

11/11/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

11/11/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

*Sharon Brauner*

**Approval Date**

11/11/2024

**Contract Owner Approval**

Approved by

*Mustafa Cochinnala*

Approval Date

11/14/2024

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/14/2024



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Eplus Technology Inc.,

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Eplus and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal         |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                  |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification    |
| <input type="checkbox"/> Request for Quote                               | <input checked="" type="checkbox"/> Tag-On            |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven              |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other TIPS 210305 |

**Funding Information\***

- New Contract  Amendment

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

11/1/2024

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

10/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 98,855.18

**Funding Source\***

General Revenue (GR)



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

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

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

Cyberint's AI-driven External Risk Management Solution Will Deliver Collaborative, Actionable Intelligence Against Advanced Threats

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY23-FY25  
Checkpoint, DDI, Forescout, Gigamon Contracts

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

23225264-Harris Center-Check Point 1YR.pdf	85.4KB
TIPS 230105_EPlus_Cyberint.pdf	60.7KB

**Vendor/Contractor Contact Person** 

**Name\***

Kevin McMullin

**Address\***

Street Address  
13595 Dulles Technology Drive  
Address Line 2

City

Herndon

Postal / Zip Code

20171-3413

State / Province / Region

VA

Country

US

**Phone Number\***

512-652-4345

**Email\***

kevin.mcmullin@eplus.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 98,855.18	574000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

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

See Attached

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

N/A

Requester Name

Hurst, Richard

Submission Date

10/28/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

10/29/2024

Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

10/30/2024

Contract Owner Approval

Approved by

*Mustafa Cechinwala*

Approval Date

11/5/2024

Contracts Approval

Approve\*


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

Approved by\*

*Belinda Stude*

Approval Date\*

11/6/2024

Contract Section **Select Header For This Contract \***

Administration

**Contractor \***

J. Taylor &amp; Associates, LLC d/b/a JTaylor

**Contract ID # \***

2024-0969

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

1/21/2025

**Parties \* (?)**

The Harris Center for Mental Health and IDD and J. Taylor &amp; Associates, LLC d/b/a JTaylor

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Fiscal Year \* (?)**

2025

**Amount \* (?)**

\$ 60,000.00

**Funding Source\***

General Revenue (GR)

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

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

**Contract Owner\***

Ninfa Escobar

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

- Yes
- No
- Unknown

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

09/01/2023-08/31/2024

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

**How does this contract support Agency/Unit Strategic priorities?\***

**Vendor/Contractor Contact Person**



**Name\***

Anna K. Brewer

**Address\***

Street Address

4800 Overton Plaza

Address Line 2

City

Fort Worth

Postal / Zip Code

76109-4428

State / Province / Region

TX

Country

US

**Phone Number\***

817-924-5900

**Email\***

abrewer@jtaylor.com

**Budget Section**



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 60,000.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

NA

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


NA

Requester Name

Escobar, Ninfa

Submission Date

10/31/2024


Budget Manager Approval(s) 

Approved by

*Ricardo Campbell*

Approval Date

10/31/2024


Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

*Ninfa Escobar*

Approval Date

10/31/2024

Contracts Approval 

Approved by

*Belinda Stude*

Approval Date

11/1/2024

Final Board Report Comments 

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

Consultant provides analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.

Product/Service Description

Consulting Services





**DUE DILIGENCE  
3 QUOTES  
VERITI SECURITY SOLUTIONS**

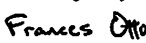
Purchasing received a request from the IT Department for Veriti Software Solution in October 2024. The request is for a one (1) year contract. Veriti Software Solution enhances security controls across six (6) firewalls and one thousand (1,000) seats (including vulnerability assessment, EDR, MDM/UEM). The product also offers significant functionality like Protection and Operating System Hardening, Attack and Business Disruption Analysis, IoC Management, and Security Hygiene.


The Harris Center received quotes from four vendors.

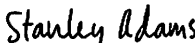
- Altasage - \$170,525.00
- Atlantic Data Security - \$216,500.00
- The Teneo Group - \$94,550.00
- Verity - \$216,500.00

IT's recommendation is to move forward with The Teneo Group. The selection is based on the lowest cost.

The one (1) year NTE is \$94,550.00. The contract dates are November 1, 2024 through October 21, 2025. The Funding Source is Unit 1130 (Computer Maintenance User Fee).

DocuSigned by:  
  
 18F53537CB25405  
 Frances Otto, CTCD  
 Buyer II

DocuSigned by:  
  
 3163F40913774C9  
 Nina Cook, MBA, CTCM, CTCD  
 Purchasing Director

DocuSigned by:  
  
 E758EDD88CF04D3...  
 Stanley Adams, MBA  
 Chief Financial Officer





## Executive Contract Summary

### Contract Section



**Contractor\***

The Teneo Group

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Teneo Group and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Competitive Bid                      | <input type="checkbox"/> Competitive Proposal  |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source   |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification   |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On  |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven   |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 15px;"></span> |

**Funding Information\***

- New Contract  Amendment

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

11/18/2024

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

12/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 94,550.00

**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 Veriti Server Enterprise License enhances security controls across six firewalls and 1,000 seats (including vulnerability assessment, EDR, MDM/UEM).

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

2109-the-harris-center.pdf	65.66KB
Q-16667 - Harris Center - Veriti.pdf	52.62KB
THC-Veriti-Full-TIPS-5351 - 4000 Endpoints.pdf	44.46KB
The Harris Center- Veriti FINAL.pdf	1.36MB
texas franchise tax.pdf	106.48KB
SAMS.pdf	982.22KB
Complete_with_Docusign_DUE_DILIGENCE_VERITIp (1).pdf	347.81KB

**Vendor/Contractor Contact Person** ▲

**Name\***

Paul Warnagiris

**Address\***

Street Address

11709 Pallas Pl

Address Line 2

City

Godley

Postal / Zip Code

76044-1512

State / Province / Region

TX

Country

US

Phone Number\*

888-814-9995

Email\*

Paul.Warnagiris@theteneogroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 94,550.00	574000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

See Attached

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

N/A

Requester Name

Hurst, Richard

Submission Date

10/28/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

10/28/2024

Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

11/11/2024

Contract Owner Approval

Approved by

*Mustafa Coshinnala*

Approval Date

11/11/2024

Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

11/11/2024



# Executive Contract Summary

## Contract Section

### Select Header For This Contract\*

Forensics

### Contractor\*

Adventure Playground Systems, Inc.

### Contract ID #\*

2024-0978

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

1/21/2025

### Parties\* (?)

Harris Center Foundation for Mental Health & IDD

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

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

### Procurement Method(s)\*

Check all that Apply

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

### Funding Information\*

- New Contract
- Amendment

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

12/1/2024

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

11/30/2025

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,641.75

Fiscal Year* (?)	Amount* (?)
2026	\$ 13,547.25

**Funding Source \***  
 Private Grant ▼

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

**How does this contract support Agency/Unit Strategic priorities? \***  
 This contract will support the agency/unit strategic priorities by transforming lives through health and fitness.

**Contract Owner \***  
 Monalisa Jiles ▼

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

**Please add previous contract dates and what services were provided \***  
 2021 - Install Playground at Airline Clinic

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

**Community Partnership \* (?)**  
 Yes  No  Unknown

**Supporting Documentation Upload (?)**

Upload	
Adventure Playground Systems Inc-Franchise Tax.html	22.17KB
AdventurePlaygroundsQuote11.20.24.pdf	143.06KB
AdventurePlaygroundVendorForm 11.20.24.pdf	4.31MB
AdventurePlaygroundW9 11.19.24.pdf	980.85KB
debarred-vendor-list.pdf	67.8KB
SAM.gov _ Search Adventure Playground.html	344.43KB

**Vendor/Contractor Contact Person** ▲

**Name \***  
 James Knight

**Address\***

Street Address

10845 Church Lane

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77043-4007

Country

US

**Phone Number\***

7139359684

**Email\***

James.Knight@adventureplaysystems.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 54,189.00	543001

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Reyes, Elizabeth

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

NA

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

NA

**Requester Name**

Rendon, Richard

**Submission Date**

11/20/2024

**Budget Manager Approval(s)**

**Approved by**

*Sheenia Williams-Wesley*

**Approval Date**

11/21/2024

**Procurement Approval**

**File Upload (?)**

Upload

Approved by

*Sharon Brauner*

Approval Date

11/21/2024

Contract Owner Approval



Approved by

*Monalisa Tiles*

Approval Date

11/22/2024

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

11/25/2024

Final Board Report Comments



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

Grant awarded to the Youth Diversion Center to install recreational equipment for the youth

Product/Service Description

Installation of Recreational Equipment for the Youth Diversion Center


Revised Comments For Board Report\*

New Agreement to install recreational equipment at the Youth Diversion Center. The YDC received a grant award from the Harris Center Foundation for Mental Health and IDD for the equipment.

Exclude this ECS from Board Report?\*

Yes  No



Contract Section **Contractor\***

Health Street, LLC

**Contract ID #\***

2024-0962

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Health Street LLC, 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 1,000.00

**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\* (?)**

Per regulatory requirements, all respite and CFC providers must be certified.

**Contract Owner\***

Dr. Evanthe Collins

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

Yes  No  Unknown

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

9/1/2023 - 8/31/2024

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Vendor/Contractor Contact Person ^

**Name\***

Health Street, LLC

**Address\***

Street Address

1710 South Dairy Ashford Road

Address Line 2

City

Houston

Postal / Zip Code

77077-3853

State / Province / Region

TX

Country

United States

**Phone Number\***

2819209490

**Email\***

street-info@cprologist.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>
3585	\$ 1,000.00	543066

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Johnson, Kenyonika	Kerlegon, Charles

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Anthony, Patrina	8/26/2024

**Budget Manager Approval(s)**

**Approved by**

*Kenyonika Johnson*

**Approval Date**  
10/29/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Evanthe Collins*

**Approval Date**  
10/29/2024

**Contracts Approval**


**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
10/29/2024

Contract Section **Contractor\***

Health Street, LLC

**Contract ID #\***

2024-0962

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Health Street LLC, 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 1,000.00

**Funding Source\***

General Revenue (GR)

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

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

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

Per regulatory requirements, all respite and CFC providers must be certified.

**Contract Owner\***

Dr. Evanthe Collins

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

Yes  No  Unknown

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

9/1/2023 - 8/31/2024

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Health Street, LLC

**Address\***

Street Address

1710 South Dairy Ashford Road

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77077-3853

Country

United States

**Phone Number\***

2819209490

**Email\***

street-info@cprologist.com

**Budget Section**

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

**Budget Unit Number\***

3585

**Amount Charged to Unit\***

\$ 1,000.00

**Expense/GL Code No.\***

543066

**Budget Manager**

Johnson, Kenyonika

**Secondary Budget Manager**

Kerlegon, Charles

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

45.00 per course

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

na

**Requester Name**

Anthony, Patrina

**Submission Date**

8/26/2024

**Budget Manager Approval(s)**



**Approved by**

*Kenyonika Johnson*

**Approval Date**

10/29/2024

**Procurement Approval**



**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**



**Approved by**

*Evanthe Collins*

**Approval Date**

10/29/2024

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

10/29/2024

Contract Section **Contractor\***

Latanya L Mitchell-Sam

**Contract ID #\***

N/A

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center for Mental Health &amp; IDD and Latanya L Mitchell-Sams

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

11/22/2024

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

8/31/2025

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

N/A

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 15,000.00

**Funding Source\***

State

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

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

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

For the provision of Emergency CFC Respite and Regular CFC Respite Services to a TxHmL Wavier Individual.

**Contract Owner\***

Dr. Evanthe Collins

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Latanya L Mitchell-Sam

**Address\***

Street Address

1802 Wooded Acres Drive

Address Line 2

City

Humble

State / Province / Region

TX

Postal / Zip Code

77396-2991

Country

US

**Phone Number\***

8325454514

**Email\***

TEBL1958@gmail.com

**Budget Section**

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



**Budget Unit Number\***

3585

**Amount Charged to Unit\***

\$ 15,000.00

**Expense/GL Code No.\***

543005

**Budget Manager**

Degracia, Ericka

**Secondary Budget Manager**

Kerlegon, Charles

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

11.50 per hour

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

N/A

**Requester Name**

Wells, Rosa

**Submission Date**

11/22/2024

**Budget Manager Approval(s)**

**Approved by**

*Ericka Degracia*

**Approval Date**

11/22/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Evanthe Collins*

**Approval Date**

12/4/2024

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

12/5/2024



**Due Diligence  
Tag-On  
Project# FY25-0308**

**State of Work: Public Engagement Strategy & Marketing for ABA-SKIP and Inspire**

Purchasing received a request from Margo Childs, Program Director of Intellectual & Developmental Disability in August 2024, for State of Work: Public Engagement Strategy & Marketing for ABA-SKIP and Inspire. In our research, it was noted that tag-on opportunities were available for marketing vendors through Choice Partners.

Two (2) vendors available via tag on through Choice Partners were identified, Satori Agency and Love Advertising. Demos were requested and held with both vendors in October 2024. Quotes were requested from both vendors. Satori submitted a quote while Love Advertising was unable to collaborate with The Harris Center due to their lack of resources. Upon reviewing Choice Partners contract 23/035SG-06 with Satori Agency it was confirmed that the first renewal was July 12, 2024, with (3) three renewable options remaining.

The team recommends proceeding with Satori Agency, through Choice Partners.

The Fiscal Year 2025 budget is \$30,000.00, subject to the appropriation and availability of funds. The two (2) year Not to Exceed (NTE) is \$40,000.00 subject to Fiscal Year budget approval. The funding source is units 3530 (Harris County Rise) and 3531 (Harris County Inspire).

**FY25 NTE:**

Unit 3530 - \$20,000.00

Unit 3531 - \$10,000.00

**FY26 NTE:**

Unit 3531 - \$10,000.00

DocuSigned by:  
*Rosalind Armstrong*  
DC920BC585B74BB...  
Rosalind Armstrong, BSBA  
Buyer II

DocuSigned by:  
*Nina Cook*  
5183E40913774CA  
Nina Cook, MBA, CTCM, CTCD  
Director of Purchasing

DocuSigned by:  
*Stanley Adams*  
E758E99880F0493...  
Stanley Adams, MBA  
Chief Financial Officer

### Contract Section

**Contractor\***

Satori Marketing, LLC

**Contract ID #\***

2024-0976

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Satori Marketing, LLC and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

1/1/2025

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

8/31/2025

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

NA

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 40,000.00

**Funding Source\***

Federal Grant

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

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

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

For the retention of the Satori Marketing, LLC marketing firm for the purpose of providing public engagement and marketing support to promote the RISE ABA-SKiP and Inspire programs to drive participation and engagement (see attachment).

**Contract Owner\***

Dr. Evanthe Collins

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

Yes  No  Unknown

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

Vendor through Choice Partners Contract/RFP

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

Yes  No  Unknown

**Please provide the HUB status\***

HUB - State.

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Satori Marketing, LLC

**Supporting Documentation Upload (?)**

RE State of Work Public Engagement Strategy Marketing for ABA-SKIP and Inspire- Due Diligence Memo.msg	47.5KB
03 Amendment to CP RFP Contract Revised 2 CFR 200 eff. 10.1.24.pdf	1.98MB
09 23-035SG Satori Mkt Contract.pdf	1.29MB
10 23-035SG Satori Req Docs 23.pdf	1.46MB
debarred-vendor-list (8).pdf	67.8KB
Due Diligence Memo- Public Engagement Strategy Marketing for ABA-SKIP and Inspire -DocuSign.pdf	211.87KB
Franchise Tax.pdf	137.13KB
Sams Search.pdf	831.2KB
Satori Harris Center for Mental Health Oct 2024 Proposal Final.pdf	750.1KB
HUB Vendor.pdf	184.47KB

**Vendor/Contractor Contact Person**



**Name\***

Marche Warfield, Owner/CEO

**Address \***

Street Address

448 W 19th St #735

Address Line 2

City

Houston

Postal / Zip Code

77008

State / Province / Region

TX

Country

USA

**Phone Number \***

713-501-1990

**Email \***

mw@satori.agency

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3530	\$ 20,000.00	595000

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3531	\$ 20,000.00	595000

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

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

See attachments

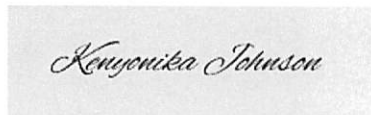
**Project WBS (Work Breakdown Structure)\* (?)**

NA

Requester Name	Submission Date
Childs, Margo	11/13/2024

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

11/13/2024

**Procurement Approval**

**File Upload (?)**

Approved by

*Sharon Brauner*

Approval Date

11/13/2024

Contract Owner Approval



Approved by

*Evanthe Collins*

Approval Date

11/15/2024

Contracts Approval

Approve \*

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

Approved by \*

*Ernest A. Savoy*

Approval Date \*

11/20/2024


# **EXHIBIT R-10**

# **JANUARY 2025 AMENDMENTS UNDER 100k**



SNAPSHOT SUMMARY  
CONTRACT AMENDMENTS  
LESS THAN \$100,000

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ACCESS</b>								
	<b>ADMINISTRATION</b>								
1	Automated Logic Contracting Services, Inc.	Multi-Facility Building Automation System, Software and Maintenance	\$12,000.00	\$30,000.00	\$42,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to perform repairs on the Building Automation System in the buildings currently being used.
2	CROTHALL FACILITIES MANAGEMENT INC	Medical Equipment Maintenance and Support Services	\$5,900.00	\$1,717.53	\$7,617.53	1/1/2024 - 12/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE for additional equipment for the following locations: 6160 South Loop, 6505 Southmore and the Youth Diversion Center at 6500 Chimney Rock.
3	J Taylor & Associates, LLC	Consulting Services	\$60,000.00	\$15,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for evaluation of existing managed care rates for competitors using payer price transparency filings and assist in negotiation of new rates and business terms.
4	P- Real Estate Surveyor Services	Master Pool for Real Estate Surveyor Services	\$20,000.00	\$36,480.00	\$56,480.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Amendment to increase the NTE to complete the surveys of seven (7) properties of the Recenter.
5	Set Solutions Inc., d/b/a Trace3	Subscription for Information Security External Attack Surface Management and Issue Tracking as well as Benchmarking.		\$32,163.76	\$32,163.76	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to issue a FY25 purchase order for payment due to the FY24 PO being closed before payment was issued.
6	The Westin Galleria Houston	Lease of Space for Employee Appreciation Event	\$15,000.00	\$5,000.00	\$20,000.00	10/1/2024 - 12/1/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE due to additional employees who will be attending the annual Employee Recognition event.
7	Vertiv Corporation	9401 Data Center-Liebert UPS Power and Battery Maintenance and Support Services	\$13,140.00	\$13,140.00	\$26,280.00	6/15/2024 - 6/14/2025	General Revenue (GR)	Sole Source	Amendment to increase the NTE to pay for FY24 invoice.
8	Xerox Corporation DBA/Xerox Financial Services	Print Shop Production Copiers (2)	\$16,978.05	\$6,289.00	\$23,267.05	9/1/2024 - 8/31/2025	General Revenue (GR)		Amendment to increase the NTE to cover past due invoices from FY23.
	<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>								

Contract Section **Contractor\***

Automated Logic Contracting Services, Inc.

**Contract ID #\***

2021-0124

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Automated Logic 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 checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Current Contract Amount\***

\$ 12,000.00

**Increase Not to Exceed\***

\$ 30,000.00

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

\$ 42,000.00

<b>Fiscal Year*</b> (?)	<b>Amount*</b> (?)
2025	\$ 42,000.00

**Funding Source\***

General Revenue (GR)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding    | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor       | <input 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\*** (?)

Adding \$30,000.00 to unit 1899, gl code 569020 to perform repairs on the Building Automation System in the buildings that it's being used. Current contract amount of \$12,000.00 prior to increase was for the software utilized by the BAS.

**Contract Owner\***

Karen Hurst

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

Yes  No  Unknown

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

prior year (FY24) from 9/1/2023 thru 8/31/2024, and may have used the year prior as well.

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)**Vendor/Contractor Contact Person****Name\***

Automated Logic / Karl Henson

**Address\***

Street Address

290 Beltway Green Blvd

Address Line 2

City

Pasadena

State / Province / Region

TX

Postal / Zip Code

77503

Country

USA

**Phone Number\***

2818370777

**Email\***

karlhenson@carrier.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,000.00	569020
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

Adding \$30,000.00 to unit 1899 / gl code 569020 for any repairs to be made to the building automation system at several facilities

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

n/a

**Requester Name**

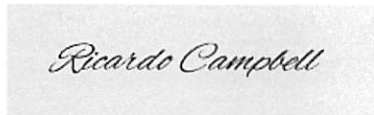
Harper, Sarah

**Submission Date**

12/23/2024

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

12/23/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Karen E. Hurst*

Approval Date

12/26/2024

Contracts Approval

Approve\*


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

Approved by\*

*Belinda Stude*

Approval Date\*

1/2/2025

Contract Section **Contractor\***

CROTHALL FACILITIES MANAGEMENT INC

**Contract ID #\***

6638

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

CROTHALL FACILITIES MANAGEMENT INC and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

1/1/2024

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

12/31/2024

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

**Current Contract Amount\***

\$ 5,900.00

**Increase Not to Exceed\***

\$ 1,717.53

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

\$ 7,617.53

**Fiscal Year\*** (?)

2025

**Amount\*** (?)

\$ 7,617.53

**Funding Source\***

General Revenue (GR)

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

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

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

Medical equipment maintenance and support services

**Contract Owner\***

Kim Kornmayer

**Previous History of Contracting with Vendor/Contractor\*** Yes  No  Unknown**Please add previous contract dates and what services were provided\***

Currently under contract

**Vendor/Contractor a Historically Underutilized Business (HUB)\*** (?) Yes  No  Unknown**Community Partnership\*** (?) Yes  No  Unknown**Supporting Documentation Upload** (?)**Vendor/Contractor Contact Person****Name\***

Kirsten Adams

**Address\***

Street Address

1500 Liberty Road

Address Line 2

Suite 210

City

Wayne

Postal / Zip Code

19087

State / Province / Region

PA

Country

US

**Phone Number\***

704.832.5610

## Email\*

Kirsten.Adams@Crothall.com

Budget Section 

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 2,442.66	553001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,442.66	553001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 277.98	553001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 277.98	553001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 579.20	553001

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Adams, Betty

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 543.00	553001

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 127.76	553001

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 367.33	553001

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni



<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9264	\$ 127.76	553001

<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	\$ 143.73	553001

<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	\$ 159.71	553001

<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>
9267	\$ 127.76	553001

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

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

na

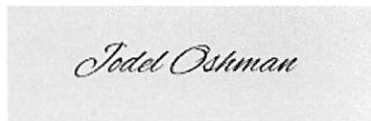
Project WBS (Work Breakdown Structure)\* (?)

na

<b>Requester Name</b>	<b>Submission Date</b>
Singh, Patricia	10/24/2024

**Budget Manager Approval(s)**

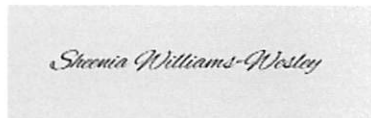
Approved by



Approval Date

10/24/2024

Approved by



Approval Date

10/24/2024

Approved by



Approval Date

10/31/2024

**Procurement Approval**

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

*KIM KORNMEYER*

10/31/2024

Contracts Approval

Approve\*

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

Approved by\*

Approval Date\*

*Belinda Stude*

11/1/2024

Contract Section **Contractor\***

J Taylor &amp; Associates, LLC

**Contract ID #\***

2024-0969

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**J Taylor  
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 checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Current Contract Amount\***

\$ 60,000.00

**Increase Not to Exceed\***

\$ 15,000.00

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

\$ 75,000.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 15,000.00

**Funding Source \***

General Revenue (GR)

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

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

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

Evaluation of existing managed care rates for competitors using payer price transparency filings and will assist in negotiation of new rates and business terms.

Part of Strategic Plan

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

09/01/2023-08/31/2024

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Harris\_Center\_Eng\_Ltr\_20240909.docx

1.21MB

**Vendor/Contractor Contact Person**



**Name\***

Anna K Brewer, CVA

**Address\***

Street Address

4800 Overton Plaza

Address Line 2

Suite 360

City

Fort Worth

Postal / Zip Code

76109

State / Province / Region

Texas

Country

USA

**Phone Number\***

817-924-5900

**Email\***

abrewer@jtaylor.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 15,000.00	540500
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

See attached Proposal

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

NA

**Requester Name**

Beasley, Rachel

**Submission Date**

12/23/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

12/23/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Ninfa Escobar*

Approval Date

12/23/2024

Contracts Approval

Approve\*


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

Approved by\*

*Ernest A. Savoy*

Approval Date\*

1/2/2025

Contract Section **Contractor\***

P- Real Estate Surveyor Services

**Contract ID #\***

2022-0407

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Landtech, Inc and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal                 |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                          |
| <input type="checkbox"/> Request for Application                         | <input checked="" 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\***

\$ 20,000.00

**Increase Not to Exceed\***

\$ 36,480.00

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

\$ 56,480.00

**Fiscal Year\*** (?)

2025

**Amount\*** (?)

\$ 56,480.00

**Funding Source\***

General Revenue (GR)

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract                  | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding               | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor                  | <input type="checkbox"/> Service/Maintenance                       |
| <input type="checkbox"/> BAA/DUA                                   | <input type="checkbox"/> IT/Software License Agreement             |
| <input checked="" type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                                     |
| <input type="checkbox"/> Renewal of Existing Contract              | <input checked="" type="checkbox"/> Other amend PO CT144276        |

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

Landtech, Inc is part of Master Pool for Real Estate Surveyor Services contract id 2022-0395. We are asking them to complete the surveys for 7 properties at ReCenter, and need to increase the amount of the purchase order CT#144276 by \$36,480.00 to have the work done. This will make the new NTE for this purchase order \$56,480.00. It is being charged to the ReCenter location code 1821, gl code 557001

**Contract Owner\***

Karen Hurst

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

Yes  No  Unknown

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

surveying services on pooled contract started in FY2022,  
unsure of dates prior to that

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

LandTech ReCenter Survey Proposal.pdf

198.58KB

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

Landtech, Inc / Paul Kwan



**Address\***

Street Address

1315 West Sam Houston Parkway North, ste. 100

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77043-4010

Country

US

**Phone Number\***

7138617068

**Email\***

pkwan@landtech.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1821	\$ 36,480.00	557001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

please see attached quote for \$36,480.00 1821/557001

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

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

11/11/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

11/11/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Karen E. Hurst*

Approval Date

11/11/2024

Contracts Approval

Approve\*


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

Approved by\*

*Belinda Stude*

Approval Date\*

11/11/2024

Contract Section **Contractor\***

Set Solutions Inc., d/b/a Trace3

**Contract ID #\***

2024-0925

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Trace3 and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2024

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

8/31/2025

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

**Current Contract Amount\***

\$ 0.00

**Increase Not to Exceed\***

\$ 32,163.76

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

\$ 32,163.76

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2025	\$ 32,163.76

**Funding Source \***

General Revenue (GR)

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

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

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

CT144035 - PO was created in FY24 for FY25 contract and PO was closed before payment was attempted.

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY21-FY25 - various Information Security platforms

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Trace3_SPM.pdf	42.18KB
PO_CT144035_Trace3_SPMEssentials.PDF	164.98KB

**Vendor/Contractor Contact Person**



**Name\***

Teresa Cheney

**Address \***

Street Address

815 Walker Street

Address Line 2

City

Houston

Postal / Zip Code

77002-5715

State / Province / Region

TX

Country

United States

**Phone Number \***

9366890068

**Email \***

teresa.cheney@trace3.com

**Budget Section**

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

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

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

See Attached

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

N/A

**Requester Name**

Hurst, Richard

**Submission Date**

11/27/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

11/27/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Mustafa Cochinwala*

Approval Date

12/2/2024

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/2/2024



## Executive Contract Summary

### Contract Section

**Contractor\***

The Westin Galleria Houston

**Contract ID #\***

CT144306

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

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

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

10/1/2024

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

12/1/2025

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

**Current Contract Amount\***

\$ 15,000.00

**Increase Not to Exceed\***

\$ 5,000.00

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

\$ 20,000.00

**Fiscal Year\* (?)** **Amount\* (?)**  
 2025 \$ 20,000.00

**Funding Source\***  
 General Revenue (GR)

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

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

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

Need to increase the NTE due to additional employees at the annual Employee Recognition event.

**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 this venue last year.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** 

**Name\***

Garrett Lambright

**Address\***

Street Address

5060 West Alabama Street

Address Line 2

City

Houston

Postal / Zip Code

77056-5801

State / Province / Region

Texas

Country

US

**Phone Number\***

936-299-1692



Email \*

Garrett.Lambright@westin.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 5,000.00	549009
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

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

NA

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

NA

Requester Name

Escobar, Ninfa

Submission Date

11/1/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

11/4/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Ninfa Escobar*

Approval Date

11/5/2024

Contracts Approval

Approve \*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/5/2024

Contract Section **Contractor\***

Vertiv Corporation

**Contract ID #\***

7664

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Vertiv and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

6/15/2024

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

6/14/2025

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

N/A

**Current Contract Amount\***

\$ 13,140.00

**Increase Not to Exceed\***

\$ 13,140.00

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

\$ 26,280.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 13,140.00

**Funding Source\***

General Revenue (GR)

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

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

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

FY24 Invoice to be paid

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY19- FY24

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

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Vertiv\_FY24.pdf

29.56KB

**Vendor/Contractor Contact Person**

**Name\***

Carly Halik

**Address\***

Street Address

1050 Dearborn Drive

Address Line 2

City

Columbus

Postal / Zip Code

43085-1544

State / Province / Region

OH

Country

US

**Phone Number\***

7136645462

**Email\***

carlyhalik@bgasales.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 13,140.00	553001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

See Attached

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

N/A

**Requester Name**

Hurst, Richard

**Submission Date**

11/26/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

11/26/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Mustafa Cochinnwala*

**Approval Date**

12/2/2024

**Contracts Approval**

**Approve\***

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/5/2024



## Executive Contract Summary

### Contract Section

#### Contractor\*

Xerox Corporation DBA/Xerox Financial Services

#### Contract ID #\*

2021-0236

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

1/21/2025

#### Parties\* (?)

The Harris Center and Xerox Corporation DBA/Xerox Financial 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\* (?)

9/1/2024

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

8/31/2025

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

#### Current Contract Amount\*

\$ 16,978.05

#### Increase Not to Exceed\*

\$ 6,289.00

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

\$ 23,267.05

Fiscal Year\* (?)

2025

Amount\* (?)

\$ 23,267.05

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 cover past due invoices from FY23.

Contract Owner\*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

9/1/2023 - 8/31/2024

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

K Gilbert

Address\*

Street Address

201 Merritt 7

Address Line 2

City

Norwalk

Postal / Zip Code

06851-1047

State / Province / Region

CT

Country

US

Phone Number\*

7133299909



Email\*

kgilbert@dahill.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 6,289.00	552002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

NA

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

NA

Requester Name

Lievsay, Nicole

Submission Date

11/1/2024

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

11/4/2024

Contract Owner Approval

Approved by

*NICOLE LIEVSAY*

Approval Date

11/4/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/5/2024

# **EXHIBIT R-11**

# **JANUARY 2025 RENEWALS UNDER 100k**



Current Fiscal Year Contract Information **Current Fiscal Year**

2025

**Contract ID# \***

7618

**Contractor Name \***

Articulate Global, Inc.

**Service Provided\* (?)**

Articulate 360 E-Learning Software online course creation and development applications

**Renewal Term Start Date \***

12/12/2024

**Renewal Term End Date \***

12/11/2025

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 2,978.00

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

Ninfa - We need a FY25 quote from Articulate Global

**Unit(s) Served\***

1975

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

551003

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

CT143514

**Contract Requestor\***

Ninfa Escobar

**Contract Owner\***

Ninfa Escobar

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

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 2,998.00	551003
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Campbell, Ricardo	

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

See attached.

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

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,998.00

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 (?)

ART-1401339 - Articulate Renewal Quote.pdf

71.52KB

### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Ninfa Escobar

### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Ninfa Escobar*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/2/2024





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2025

#### Contract ID# \*

2022-0297

#### Contractor Name \*

Asset Systems, Inc.

#### Service Provided\* (?)

Ingenium - a cloud based fixed asset tracking software. Upgrade to previously existing software platform to cloud-based solution with mobile direct application.

#### Renewal Term Start Date \*

2/1/2025

#### Renewal Term End Date \*

1/31/2026

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

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

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

#### Procurement Method(s) \*

Check all that Apply

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

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 7,450.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1122

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\*

FY24 PO CT143535

Contract Requestor\*

Shiela Oquin

Contract Owner\*

Stanley Adams

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 7,450.00	553002

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

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

NA

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

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,450.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Stanley Adams

### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Stanley Adams*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/7/2024



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2025

#### Contract ID# \*

2021-0128

#### Contractor Name \*

Don'Angelo & Company, LLC

#### Service Provided\* (?)

Executive Coaching Program.

#### Renewal Term Start Date \*

1/1/2025

#### Renewal Term End Date \*

6/30/2025

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

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

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

#### Procurement Method(s) \*

Check all that Apply

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

#### 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\* (?)**

\$ 17,000.00

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

\$8,500.00 partial payment and \$8,500.00 final payment for six-month program.

**Unit(s) Served\***

1110

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

542000

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

CT144178

**Contract Requestor\***

Christina Gerardo

**Contract Owner\***

Kendra Thomas

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

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**Renewal Determination**

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

Yes  No

How does this contract support Agency/Unit Strategic priorities?\*

Coaching for General Counsel

## 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.*
1110	\$ 8,500.00	542000
<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

Fiscal Year* (?)	Amount* (?)
2025	\$ 8,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

## Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Kendra Thomas*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/2/2025



Current Fiscal Year Contract Information **Current Fiscal Year**

2025

**Contract ID#\***

2023-0618

**Contractor Name\***

Frost Insurance Agency, Inc.

**Service Provided\* (?)**

Insurance Agent of Record Services for property and casualty insurance

**Renewal Term Start Date\***

1/1/2025

**Renewal Term End Date\***

12/31/2025

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

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

**Procurement Method(s)\***

Check all that Apply

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

\$ 75,000.00

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

\$65,000.00 flat annual fee for year(s) 2-5/FY24-27 Budget.

**Unit(s) Served\***

1117

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

579000

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

CT143494

**Contract Requestor\***

Egla MacKinney

**Contract Owner\***

Kendra Thomas

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

**How does this contract support Agency/Unit Strategic priorities?\***

This contract is directly related to the unit's ability to provide coverage throughout the organization as well as work directly with HUD Coverage agent.

**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.*
1117	\$ 65,000.00	579000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Moynihan, Kelly	Campbell, Ricardo	

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

\$65,000.00 FOR EACH RENEWAL YEAR FROM FY24 - FY27.

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

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 65,000.00

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

65,000.00

**Contract Funding Source\***

General Revenue (GR)

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

Yes  No

**Will the scope of the Services change?\***

Yes  No

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

Yes  No

**Are there any changes in the Performance Targets?\***

Yes  No

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

Yes  No

**File Upload (?)****Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

Kendra Thomas

**Budget Manager Approval(s)**

Approved by

*Ricardo Campbell*

**Contract Owner Approval**

Approved by

*Kendra Thomas*

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/2/2025



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2025

**Contract ID#\***

2024-0885

**Contractor Name \***

Shave Dental Houston PLLC, d/b/a Believe Dental

**Service Provided\* (?)**

Contracted providers (Believe Dental) will provide an evaluation and comprehensive dental services tailored to meet the unique and specialized needs of individuals at The Harris Center. Contractor will provide services to a minimum of 10 and maximum of 12 clients annually.

**Renewal Term Start Date \***

9/1/2024

**Renewal Term End Date \***

8/31/2025

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

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes  
 No  
 Unknown

**Contract NTE\* (?)**

\$ 20,000.00

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

3350-543011 \$10,000; 3609-543011 \$10,000

**Unit(s) Served\***

3550, 3609

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

543011

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

CT143995

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Dr. Evanthe Collins

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\***

- Yes  No

**Were Services delivered as specified in the contract?\***

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

**Renewal Determination**

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

Yes  No

## Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 10,000.00	543011

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 10,000.00	543011

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

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

Individualized rate per individual

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

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 20,000.00

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

Contract Funding Source\*

Federal

## Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

*Kenyonika Johnson*

Contract Owner Approval



Approved by

*Evanthe Collins*

Contracts Approval

Approve\*

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


Approved by\*

*Belinda Stude*

Approval Date\*

11/1/2024



Current Fiscal Year Contract Information **Current Fiscal Year**

2025

**Contract ID#\***

2022-0471

**Contractor Name\***

Family to Family

**Service Provided\* (?)**

Family-to-Family will provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually)

**Renewal Term Start Date\***

9/1/2024

**Renewal Term End Date\***

8/31/2025

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Personal/Professional Services          | <input type="checkbox"/> Consultant                     |
| <input 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\* (?)**

\$ 6,000.00

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

4780

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

542000

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

CT143341

**Contract Requestor\***

Mohogany Bowser

**Contract Owner\***

Tiffanie Williams-Brooks

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

NA

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 6,000.00	542000
<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

Fiscal Year\* (?)

2025

Amount\* (?)

\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

Federal Grant

## Contract Content Changes



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

 Yes  No

Will the scope of the Services change?\*

 Yes  No

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

 Yes  No

Are there any changes in the Performance Targets?\*

 Yes  No

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

 Yes  No

File Upload (?)

## Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

## Budget Manager Approval(s)



Approved by

*Janae Lynette Smith*

Contract Owner Approval



Approved by

*Esther Williams-Brink, M.A., LPC-S*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/16/2024

# **EXHIBIT R-12**

**JANUARY 2025  
AFFILIATION AGREEMENTS,  
GRANTS, MOU'S AND  
REVENUES  
INFORMATION ONLY**

SNAPSHOT SUMMARY  
AFFILIATIONS, REVENUE, AND MOUs

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
<b>AFFILIATION</b>						
1	Alabama State University	New Affiliation Agreement	New Contract	1/2/2025 - 12/31/2030	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Alabama State University Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements.
2	Fort Hays State University	New Affiliation Agreement	New Contract	12/9/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Fort Hays State University to complete clinical field placements for psychology part of their degree requirements.
3	Houston Christian University	New Affiliation Agreement	New Contract	12/9/2024 - 11/30/2028	General Revenue (GR)	New Affiliation Agreement with the Houston Christian University's College of Education and Behavioral Sciences to complete clinical mental health counseling field placements with the Harris Center.
4	Western New Mexico University School of Social Work	New Affiliation Agreement	New Contract	12/2/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.
<b>MOU</b>						
5	Houston Gateway Academy	New MOU for Charter School	New Contract	12/11/2024 - 8/31/2025	General Revenue (GR)	New MOU to collaborate with Houston Gateway Academy to provide Behavioral Health services to their students.
<b>REVENUE</b>						
6	Kimmons Care Inc.	Individualized Skills and Socialization Services ("ISS")	New Contract	12/30/2024 - 8/31/2025	State	New Revenue Agreement to provide On-Site and Off-Site ISS Services to consumers.
7	Texas Native Health	New Collaboration Care Coordination Revenue Agreement	New Contract	2/1/2025 - 8/31/2025	Private Pay Source	New Collaboration Care Coordination Revenue Agreement to fund a LPHA C to provide counseling services to the Native American population of Harris County. [Revenue FY25 NTE: \$96,999.00].
8	United Behavioral Health	Managed Care-Addendum	Amendment	9/1/2024 - 8/31/2025	State	An addendum to the Optum- Integrated Behavioral Health Contract, which allows for the attribution – points and counts to be every 6 months versus the lengthy 1-year period. It will improve the Agency's ability to see our numbers quicker and provides better reimbursement. The addendum will bring in more dollars and better value for clients that are in the program 6 months and leave the program.

Contract Section **Contractor\***

Alabama State University Master of Science in Clinical Mental Health Counseling Program

**Contract ID #\***

NA

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center and Alabama State University Master of Science in Clinical Mental Health Counseling Program

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

12/1/2024

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

12/31/2030

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\* (?)**

This agreement will allow students enrolled in Alabama State University Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Alabama State University Master of Science in Clinical Mental Health Counseling Program

**Supporting Documentation Upload (?)**

COU\_506\_16-week\_syllabus Spring 2024.pdf 1.24MB

**Vendor/Contractor Contact Person**

**Name\***

Juanita Barnett, PhD, LPC, NCC

**Address\***

Street Address  
237 Abernathy Hall  
Address Line 2

City	State / Province / Region
Montgomery	AL
Postal / Zip Code	Country
36106	USA

**Phone Number\***

(334) 604-8370

**Email\***

jbarnett@alasu.edu

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

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

Requester Name

Daswani, Bianca

Submission Date

12/17/2024


Budget Manager Approval(s) 

Approved by



Approval Date

12/18/2024

Procurement Approval 

File Upload (?)


Approved by



Approval Date

Contract Owner Approval 

Approved by



Approval Date

12/18/2024

## Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

12/19/2024



# Executive Contract Summary

## Contract Section

**Contractor\***

Fort Hays State University

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/1/2024

**Parties\* (?)**

The Harris Center for Mental Health & IDD and Fort Hays State University

**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\* (?)**

10/1/2024

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

10/31/2028

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\* (?)**

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

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Fort Hays State University

**Supporting Documentation Upload (?)**

FHSU Psychology MOU_2024.pdf	7.3MB
PSY892VA_VB F24 Syllabus.docx	124.27KB

**Vendor/Contractor Contact Person**

**Name\***

Brooke Mann

**Address\***

Street Address

600 Park St

Address Line 2

City

Hays

Postal / Zip Code

67601

State / Province / Region

KS

Country

USA

**Phone Number\***

785-628-4768

**Email\***

bmmann@fhsu.edu

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
<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> Daswani, Bianca	<b>Submission Date</b> 10/29/2024
--	--------------------------------------

#### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

**Approval Date**  
11/8/2024

#### Procurement Approval

File Upload (?)

Approved by

Sign

**Approval Date**

#### Contract Owner Approval

Approved by

*Ninfa Escobar*

**Approval Date**  
11/11/2024

#### Contracts Approval


Approve\*

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

Approved by\*

*Ernest A. Savoy*

**Approval Date\***  
11/15/2024

Contract Section **Contractor\***

Houston Christian University

**Contract ID #\***

NA

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Houston Christian University College of Education and Behavioral Sciences and The Harris Center for MH 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 <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

12/9/2024

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

11/30/2028

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

This agreement will allow students enrolled in Houston Christian University College of Education and Behavioral Sciences to complete clinical mental health counseling field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Houston Christian University College of Education and Behavioral Sciences

**Supporting Documentation Upload (?)**

PSYC\_6191.pdf

469.89KB

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

Aleksandar Drobnjakovic

**Address\***

Street Address

7502 Fondren Rd

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

**Phone Number\***

(281) 649-3000

**Email\***

adrobnjakovic@HC.edu

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo


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

NA

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

NA

Requester Name	Submission Date
Daswani, Bianca	11/8/2024


Budget Manager Approval(s) 

Approved by



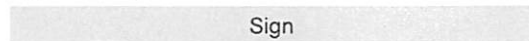
Approval Date

11/8/2024


Procurement Approval 

File Upload (?)

Approved by



Approval Date

Contract Owner Approval 

Approved by



Approval Date

11/11/2024

## Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

12/12/2024





# Executive Contract Summary

## Contract Section

### Select Header For This Contract\*

Affiliation v

### Contractor\*

Western New Mexico University School of Social Work

### Contract ID #\*

2024-0980

### Presented To\*

- Resource Committee
- Full Board

### Date Presented\*

1/21/2025

### Parties\* (?)

Western New Mexico University School of Social Work 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 [Redacted]

### 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="float: right;">[Redacted]</span> |

### Funding Information\*

- New Contract  Amendment

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

12/2/2024

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

8/31/2028

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

[Redacted]

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

How does this contract support Agency/Unit Strategic priorities?\*

talent pipeline, increase engagement

Contract Owner\*

Ninfa Escobar ▼

Previous History of Contracting with Vendor/Contractor\*

- Yes  No  Unknown

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

- Yes  No  Unknown

Community Partnership\* (?)

- Yes  No  Unknown

Specify Name\*

Western New Mexico University School of Social Work

Supporting Documentation Upload (?)

Upload

TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf

3.97MB

Vendor/Contractor Contact Person



Name\*

Yvonne Esparza

**Address\***

Street Address

1000 West College Avenue

Address Line 2

City

Silver City

State / Province / Region

NM

Postal / Zip Code

88061-4112

Country

US

**Phone Number\***

575 538-6558

**Email\***

Yvonne.Esparza@wnmu.edu

**Budget Section**

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

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

**Budget Manager**

Campbell, Ricardo

**Secondary Budget Manager**

Campbell, Ricardo

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

NA

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

NA

**Requester Name**

Daswani, Bianca

**Submission Date**

11/19/2024

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

11/19/2024

**Procurement Approval**

**File Upload (?)**

Upload

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

*Ninfa Escobar*

Approval Date

11/25/2024

Contracts Approval



Approved by

*Belinda Stude*

Approval Date

11/26/2024

Final Board Report Comments



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

This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Product/Service Description**

New Affiliation Agreement

**Revised Comments For Board Report\***

New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.

**Exclude this ECS from Board Report?\***

Yes  No

Contract Section **Contractor\***

Houston Gateway Academy

**Contract ID #\***

2024-0994

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

Houston Gateway Academy 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 <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

12/11/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

The purpose of the contract is to collaborate with Houston Gateway Academy to provide Behavioral Health services to their students.

**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\***

Elizabeth McCarthy

**Address\***

Street Address

7310 Bowie Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77012-2904

Country

US

**Phone Number\***

832-649-2700

**Email\***

mccarthyeh@hgaschools.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>
4323	\$ 0.00	000000

<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	12/11/2024

**Budget Manager Approval(s)**

**Approved by**

*Janai Lynnette Smith*

**Approval Date**  
12/11/2024

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Elizabeth Williams Brooks, M.A., LPC-S*

**Approval Date**  
12/13/2024

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
12/16/2024

Contract Section **Contractor\***

Texas Native Health

**Contract ID #\***

NA

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

The Harris Center for Mental Health and IDD  
 Texas Native Health

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

2/1/2025

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

8/31/2025

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

February 2025 through August 2025 with renewal options

**Fiscal Year\* (?)**

2025

**Funding Source\***

Private Pay Source



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

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

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

Texas Native Health will fund an LPHA C to provide counseling services to the Native American population of Harris County. Standard Care Coordination agreement to be included. Texas Native Health will provide The Harris Center \$74,443 salary plus \$22,556 in fringe for a total of \$96,999 for the LPHA C position.

**Contract Owner \***

Lance Britt

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

Yes  No  Unknown

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

Yes  No  Unknown

**Please provide the HUB status \***

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

**Community Partnership \* (?)**

Yes  No  Unknown

**Specify Name \***

Texas Native Health

**Supporting Documentation Upload (?)**

TNH- Therapist Job Description NEW.pdf 186.58KB

**Vendor/Contractor Contact Person**

**Name \***

Omer Tamir

**Address \***

Street Address

1283 Record Crossing Road

Address Line 2

City

Dallas

State / Province / Region

TX

Postal / Zip Code

75235-6003

Country

US

**Phone Number \***

214-941-1050

Email\*

ceo@texasnativehealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	0
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Smith, Janai	Shelby, Debbie	

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

na

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

na

Requester Name

Britt, Lance

Submission Date

12/17/2024

Budget Manager Approval(s)

Approved by

*Janai Lynnette Smith*

Approval Date

12/17/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Lance Britt*

Approval Date

12/17/2024

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/17/2024



# Executive Contract Summary

## Contract Section



**Contractor\***

United Behavioral Health - P4V Addendum

**Contract ID #\***

0000

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/21/2025

**Parties\* (?)**

United Behavioral Health 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 <input type="text"/> |

**Funding Information\***

- New Contract
- Amendment

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

9/1/2024

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

8/31/2025

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

**Fiscal Year\* (?)**

2025

**Funding Source\***

State

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

- Personal/Professional Services
- Consultant
- Consumer Driven Contract
- New Contract/Agreement
- Memorandum of Understanding
- Amendment to Existing Contract
- Affiliation or Preceptor
- Service/Maintenance
- BAA/DUA
- IT/Software License Agreement
- Pooled Contract
- Lease
- Renewal of Existing Contract
- Other Board approval not required

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

The contract is incentive based using existing staff, revenue only. It is part of the Integrated Health Home and provides additional dollars for meeting 7-day and 30-day follow up.

**Contract Owner\***

Stanley Williams

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

Yes  No  Unknown

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

September 01, 2023 - August 31, 2024

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

BHPi_2025 Final 10 4 2024 TX The Harris Center for Mental Health and IDD.pdf	234.93KB
---	----------

**Vendor/Contractor Contact Person**

**Name\***  
Brittney Gilliland

**Address\***

Street Address  
Contract Administration

Address Line 2  
PO Box 9472

City  
Minneapolis

State / Province / Region  
MN

Postal / Zip Code  
55440-9472

Country  
USA

**Phone Number\***  
763.347.3370

**Email\***  
brittney.gilliland@optum.com

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2690	\$ 0.00	540040

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie


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

\$0.00

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

\$0.00

Requester Name	Submission Date
Shelby, Debbie	12/6/2024


Budget Manager Approval(s) 

Approved by

*Janai Lynnette Smith*

Approval Date

12/9/2024

Contract Owner Approval 

Approved by

*DR. STANLEY WILLIAMS, PhD*

Approval Date

12/9/2024

## Contracts Approval

Approve\*

- Yes  
 No, reject entire submission  
 Return for correction

Approved by\*

*Belinda Stude*

Approval Date\*

12/10/2024

# **EXHIBIT R-13**

# Supplier Diversity Report

Q1 FY2025

Presented by: Stanley Adams, CFO, MBA  
January 21, 2025





# Overview

- RFP Advertisement – Examples
- Q1 FY2025 HUB Spent Report

# RFP Advertisements – Example (Defender Network)

8 | September 5, 2024 | DEFENDER NETWORK



## Dr. Monica G. Williams Takes helm as TWU-Houston President

By Laura Onyeneho

Dr. Monica G. Williams, a prominent Black fundraising executive and educator, has now taken on a new role as Texas Woman’s University’s (TWU) first president in Houston. Her life’s path, marked by personal and professional triumphs, breaks barriers and creates new possibilities for women of color, particularly in higher education.

Growing up in Houston, Dr. Williams didn’t initially envision a career in education, let alone leadership. Her early years were uncertain, especially after becoming a mother at a young age. “I started out as a



### CLASSIFIED

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

#### 6168 Apartment Furniture

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



#### LEGAL NOTICE

**In-Person Open House with Virtual Public Meeting  
I-45 North Houston Highway Improvement Project (NHHIP)  
US 59/I-69 at Spur 527 to I-45 at Beltway 8  
Harris County, Texas**

The Texas Department of Transportation (TxDOT) invites you to attend an in-person public meeting to discuss the Interstate (I) 45 North Houston Highway Improvement Project (NHHIP). **The Segment 3A Public Meeting is scheduled for Thursday, Sept. 19, 2024, from 5 to 7 p.m. at the Young Women’s College Preparatory Academy (YWCPA) Gymnasium, located at 1906 Cleburne St., Houston, TX 77004. The virtual public meeting will be available starting on Thursday, Sept. 19, 2024, by 5 p.m.** The virtual public meeting will consist of a pre-recorded video presentation and will include both audio and visual components. To view the virtual public meeting presentation and view project information, visit [www.txdot.gov/projects/hearings-meetings.html](http://www.txdot.gov/projects/hearings-meetings.html) or <https://www.txdot.gov/nhhip/public-engagement/2024-public-meetings.html>

The I-45 NHHIP is designed to create additional roadway capacity to manage congestion, enhance safety, and improve mobility. The I-45 NHHIP Segment 3 encompasses the reconstruction of the downtown Houston freeway loop system, including I-45, I-69, I-10, and State Highway (SH) 288. In Segment 3, I-45 will be rerouted from the west side of downtown Houston to run parallel with I-69 and I-10 until it exits the downtown area and continues north.

**The I-45 NHHIP public meeting will focus on the proposed design changes for Segment 3A,**

# RFP Advertisements – Example (Houston Chronicle)

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

## 6168 Apartment Furniture

Specifications may be secured from The Harris Center website [www.theharriscenter.org](https://www.theharriscenter.org) beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

HOUSTON CHRONICLE | HOUSTONCHRONICLE.COM      HoustonChronicle.com/Place-Legals      legals@chron.com      713.362.6868      FRIDAY, SEPTEMBER 6, 2024

### LEGAL NOTICES

#### LEGAL PUBLIC NOTICE

**CITY OF HOUSTON**  
**NOTICE OF ADMINISTRATIVE HEARING ON A PROPOSED ZONING DISTRICT**  
**Title: 6168 Apartment Furniture**

The City of Houston, Texas, will hold an Administrative Hearing on the proposed zoning district on September 10, 2024, at 10:00 AM, at the City of Houston, 1001 Fannin Street, Houston, Texas 77002, and the hearing will be open to the public. The proposed zoning district is a new zoning district, 6168 Apartment Furniture, which is proposed to be added to the City of Houston's zoning code. The proposed zoning district is intended to regulate the use of property in the area of 6168 Apartment Furniture. The proposed zoning district is intended to regulate the use of property in the area of 6168 Apartment Furniture. The proposed zoning district is intended to regulate the use of property in the area of 6168 Apartment Furniture.

#### LEGAL PUBLIC NOTICE

**NOTICE TO DISSENT**

The Board of Directors of Harris County Municipal Utility District No. 536 (the "District") will publicly receive bids on or up to \$2,000,000 Unimproved Tax Bonds, Series 2024 (the "Bonds") on Thursday, September 19, 2024, at 10:00 A.M., Houston, Texas, at the offices of the District's Financial Advisor, Messmore Advisors L.L.C., 3 Cronshaw Plaza, Suite 1500, Houston, Texas 77056. As a Board of Directors meeting on Thursday, September 19, 2024, at 12:00 P.M., Houston, Texas, at the offices of Schwartz, Page & Harding, L.L.P., 1500 Post Oak Boulevard, Suite 2500, Houston, Texas 77056, the Board will immediately take action to reject any and all bids or accept the bid resulting in the lowest net interest cost to the District.

#### LEGAL PUBLIC NOTICE

**NOTICE OF SALE**

**HARRIS COUNTY MUNICIPAL UTILITY DISTRICT NO. 539**  
 (A Political Subdivision of the State of Texas)

**\$425,000**  
 Unimproved Tax Bonds, Series 2024

Bids to be Submitted: 9:30 A.M., Central Time  
 Bids to be Opened: 2:00 P.M., Central Time  
 Thursday, September 19, 2024

Please and Time of Sale: The Board of Directors of Harris County Municipal Utility District No. 539 (the "District") will receive and publicly read bids for the purchase of the \$425,000 Unimproved Tax Bonds, Series 2024 (the "Bonds") at the designated meeting place outside the boundaries of the District, at the offices of Messmore Advisors L.L.C., 3 Cronshaw Plaza, Suite 1500, Houston, Texas 77056, on Thursday, September 19, 2024, at 9:30 A.M., Central Time, and the designated meeting place outside the boundaries of the District, at the offices of Schwartz, Page & Harding, L.L.P., 1500 Post Oak Boulevard, Suite 2500, Houston, Texas 77056, on Thursday, September 19, 2024, at 12:00 P.M., Central Time. All bids must be accompanied by a signed "Official Bid Form" and a Bank Cashier's Check in the amount of \$50,000 payable to the order of the District as a good faith deposit.

#### LEGAL PUBLIC NOTICE

**NOTICE OF SALE**

**GENERATION PARK MANAGEMENT DISTRICT**  
 (A Political Subdivision of the State of Texas located within Harris County)

**\$422,000,000**  
 Unimproved Tax Bonds, Series 2024

Bids to be Submitted: 9:30 A.M., Central Time  
 Bids to be Opened: 12:00 A.M., Central Time  
 Wednesday, September 18, 2024

Please and Time of Sale: The Board of Directors of Generation Park Management District (the "District") will receive and publicly read bids for the purchase of the \$422,000,000 Unimproved Tax Bonds, Series 2024 (the "Bonds") at the designated meeting place outside the boundaries of the District, at 1500 Post Oak Boulevard, Suite 2500, Houston, Texas 77056 at 9:30 A.M., Central Time, Wednesday, September 18, 2024.

#### LEGAL PUBLIC NOTICE

**NOTICE OF SALE**

**HARRIS COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO. 158**  
 (A Political Subdivision of the State of Texas located within Harris County)

**\$23,955,000**  
 Unimproved Tax Bonds, Series 2024

"Net Qualified Tax-Exempt Obligation"

The Board of Directors of Harris County Water Control and Improvement District No. 158 (the "District") will publicly receive sealed bids on or up to \$23,955,000 Unimproved Tax Bonds, Series 2024 (the "Bonds") on Thursday, September 19, 2024, at 10:00 A.M., Houston, Texas, at the office of the District's Financial Advisor, Messmore Advisors L.L.C., 3 Cronshaw Plaza, Suite 1500, Houston, Texas 77056. As a Board of Directors meeting on Thursday, September 19, 2024, at 12:00 P.M., Houston, Texas, at the offices of Schwartz, Page & Harding, L.L.P., 1500 Post Oak Boulevard, Suite 2500, Houston, Texas 77056, the Board will immediately take action to reject any and all bids or accept the bid resulting in the lowest net interest cost to the District.



# RFP Advertisements – Example (La Informacion)



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

Del 5 al 11 de Septiembre 2024

## CLASIFICADOS

13

**The HARRIS CENTER**  
Mental Health and IDD

The Harris Center for Mental Health and IDD will be accepting proposals for the following:  
**6168 Apartment Furniture**

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

**¿NECESITA reemplazar tu unidad de aire acondicionado?**  
Tenemos las mejores ofertas del mercado y con el mejor financiamiento disponible.  
**Todos caben en Home! (281) 895-3114.**

**NOTICE TO PROPOSERS**

The Houston Independent School District is soliciting Request for Proposals (RFP) via the District's electronic bidding portal. Proposers may login to view specifications and submit their responses at the following link <https://houstonisd.onwave.net/Login.aspx> until 10:00 a.m. (CST) Wednesday, October 9, 2024, for the following supplemental solicitation for the following project:

RFP 25-08-04 Events-Venues, Catering, AV & Related Products/Services

Pre-proposal conferences via Microsoft Teams will be held in conjunction with this RFP. Information regarding dates, times, and a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.

**NOTICE TO PROPOSERS**

The Houston Independent School District is soliciting Request for Proposals (RFP) via the District's electronic bidding portal. Proposers may log in to view specifications and submit their responses at the following link <https://houstonisd.onwave.net/Login.aspx> until Wednesday, September 25, 2024, 5:00 pm (CST) for the following supplemental solicitation for the following projects:

RFP 24-05-06 Aviation Training Services, Equipment, and Related Goods and Services

Pre-proposal conferences via Microsoft Teams will be held in conjunction with this RFP. Information regarding dates, times, and a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.

**GARCIA Remodeling**  
Cabinets & Painting

The Stain Terminator  
Concrete  
Wood Floor  
Crown Molding  
Pressure Washing  
Painting  
Installation and more

Alejandro (español) 281-662-8824  
Jesus (Inglés) 713-261-6677

**ESTIMADOS GRATIS EN REPARACIONES**  
\$100 off en reparaciones de techo  
llame ya al  
832-878-2664 /  
281-748-2798

**¡El mismo día!**  
Con garantía por un año, plan de pagos disponibles. Cera gratis con trabajo mayor, mejoramos cualquier estimado.  
llame ya al  
713-956-9444 o al 713-956-9444

**¿Necesitas polarizar los vidrios de tu carro y no sabes con quién?**  
Llámanos y te ayudamos!  
Porcentajes del 5%, 10%, 20%, 25%, 35%, 50%.  
Llame al  
346-779-3111.

**EL EMPLEO QUE NECESITAS ESTÁ AQUÍ**  
Empresa en crecimiento está en búsqueda de personas proactivas con deseos de superación, ofrecemos entrenamientos para los puestos vacantes en áreas de telemarketing, cobranzas, atención al cliente, ventas.  
LLAMA HOY MISMO al 713-553-7116  
Envía tu curriculum a [Caminoalxito42@gmail.com](mailto:Caminoalxito42@gmail.com)

**EXCELENTES DESCUENTOS PARA HOMBRES Y MUJERES EN OFELIA'S HAIR SALON!**  
EL MEJOR SERVICIO AQUÍ VISITENOS  
Cypress Creek Pkwy # 248, Houston, TX 77070  
LLAMENOS AL 281-469-7310

**Plan de pagos disponibles, grúa gratis en trabajos mayores, mejoramos cualquier estimado. Más de 30 años de experiencia. Reparaciones en 1 día. Garantía por un año, llama ya 713-956-9444 y 281-865-1259**

**TIENDA DE REPOSTERIA LETTYS CAKES IVEN Y PRUEBA LOS PASTELES MÁS DELICIOSOS Y CASEROS!**  
1717 FREDERICKSBURG RD. SAN ANTONIO, TX 78201, 210-837-6315

**ROOFING COMERCIAL Y RESIDENCIAL**  
Además hacemos todo tipo de remodelaciones. llame ya para estimados gratis  
713-349-4457  
TRABAJO GARANTIZADO!

**EFFICIENCY**  
-2 PERSONAS  
- COCINA  
- BAÑO  
- PARQUEO  
NW MIAMI :  
Excelente Ubicación.  
Todo Céntrico.  
786-832-7125

**CONSTRUCCIÓN, NIVELACION DE CASAS, REMODELACION CEMENTO, PISOS, DRIVEWAY, PORCHES, TECHOS NUEVAS ESTRUCTURAS COMERCIALES. 10 AÑOS DE EXPERIENCIA. PRESUPUESTO GRATIS. LLAMA PARA MÁS INFORMACIÓN AL 832-417-7698**

**Deja que tu mascota viva su mejor vida**  
Tu amigo de cuatro patas merece la mejor atención profesional y las compañías que ayudan en Houston y en línea. Solo se llevará unos minutos realizar una solicitud gratuita. Lo mejor de todo es que la búsqueda es gratuita. Popular en Houston: [www.petpark.com](http://www.petpark.com) (424) 832-5323 (abierto 24 horas al día, 7 días a la semana)

1. Paseadores de perros
2. Peluquería de perros y mascotas
3. Cuidadores de mascotas
4. Adiestradores de perros

# RFP Advertisements – Example (Forward Times)

## REQUEST FOR PROPOSAL

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

48 | September 4 - 10, 2024

JEWELS Continued from Page 1



Child Learning Center

WEEKS Continued from Page 1



Community Meeting (Right) During Information about the Harris Center



Community Meeting (Left) During Information about the Harris Center

CLASSIFIEDS

LEGAL NOTICE

LEGAL NOTICE

HELP WANTED

NOTICE TO PROPOSERS

NOTICE TO PROPOSERS

REQUEST FOR PROPOSAL



# RFP Advertisements – Example (WBEA)



**The Harris Center for Mental Health and IDD** will be accepting proposals for the following:

**Pharmacy Inventory Services**

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning **Wednesday, May 15, 2024**. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is **Wednesday, May 22, 2024**. Proposals must be submitted by **10:00 a.m., Wednesday, June 12, 2024**. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

**6168 Apartment Furniture**

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning **Tuesday, September 10, 2024**. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is **Wednesday, September 18, 2024**. Proposals must be submitted by **11:00 a.m., Wednesday, October 2, 2024**. Historically Underutilized Businesses, including

Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

[View Project](#)

The Texas A&M University System is seeking proposals from qualified firms who can provide staff augmentation services for a like for like software refresh of the Maestro system (Custom Software Electronic Research Administration System) to A&M System as specified and listed in Section 3 of this RFP. Maestro is an enterprise-wide system that supports researchers and research administrators across the A&M System. Texas A&M University Research Information System (RIS) department is managing the Maestro system.

**RFP Response Due Date: 09/10/2024 by 2:00 PM – Central Time**

[View Project](#)

The Texas A&M University System ("A&M System"), Office of Facilities Planning & Construction ("FP&C"), is soliciting statements of qualifications ("Qualifications") from firms (also hereafter referred to as "Respondent") who have demonstrated knowledge and experience in providing construction project support personnel and related construction project management services.

# Q1 FY2025 HUB Report (1 of 2)

Vendor Name	FY2025 Q1 Spend (\$)	Description	Local Vendor		
			Greater Houston	State of Texas	HUB
Ultra Medical Cleaning	217,430	Janitorial services	x	x	x
Rey De La Reza Architects	118,652	Architecture services	x	x	x
Ultra Staff	59,135	Temporary Staffing	x	x	x
Webhead	58,813	Technology Company	x	x	x
M Strategic Partners, INC	57,524	Design and Construction	x	x	x
Metropolitan Landscape*	57,354	Landscape	x	x	x
Rekruters	49,950	IT staffing	x	x	x
Right Now Pest	49,321	Pest Control and Exterminator	x	x	x
LAB USA	46,575	Technology Company	x	x	x
Dura Pier Facilities Services, LTD	28,013	Facility services - construction	x	x	x
Innovation Network	23,810	Networks, storage & cloud migration	x	x	x
The Burnett Companies Consolidated	22,946	Specialist Staffing	x	x	x
The Warring Group	21,000	PR/Media Relations	x	x	x
Universe Technical Translation	20,935	Translation and interpretation services	x	x	x
SHI Government Solutions, INC	18,974	Computer Software &, Hardware	x	x	x
Nightingale Interpreting	15,460	Translation and interpretation services	x	x	x
A-Rocket Moving & Storage	12,422	Moving services	x	x	x
DAAS Inc	7,509	Flooring Contractors	x	x	x
MasterWord Services INC	5,524	Translation and interpretation services	x	x	x
Virtue Construction	4,715	Interior and exterior renovations and repairs	x	x	x
THR3EDSIGN	4,120	Architecture services	x	x	x
Globo Language Solutions	3,606	Translation and interpretation services			x
Modern Psychological & Allied	2,400	Psychological services	x	x	x
City Fire Protection	2,190	Full-service fire protection company	x	x	x
Crystal Communications Ltd	1,430	Data, IP, and video communications systems integration	x	x	x
Next Level Urgent Care	505	Urgent care/workers' comp	x	x	x
Forward Times	342	African-American Newspaper	x	x	x
Houston Defender	197	African-American Newspaper	x	x	x
<b>Total HUB Spend</b>	<b>\$ 910,850</b>				

\* Did not renew HUB certification during FY2023

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

# Q1 FY2025 HUB Report (2 of 2)

- Q1 FY2025 HUB spend = **\$910,850**
- Q1 FY2025 discretionary spend = **\$6,016,088**
- HUB spend % = **15%**
- Exclusion categories from discretionary spend
  - *Intergovernmental contracts*
  - *Key service contracts with non-profits (Easter Seals)*
  - *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*



Thank you.

# **EXHIBIT R-14**

# Financials by Clinic + NPC

## Q1FYTD FY2025

Presented by: Stan Adams, Chief Financial Officers  
January 28, 2025



# Northwest Community Service Center

## FY2025 Q1 Financial Performance

Revenues	\$4,489,566
Expenses	<u>(\$5,568,349)</u>
Gross Margin	<b>(\$1,078,784)</b>

## Clinic Information

Address	3737 Dacoma St
Facility Size	40,000 Sq Ft
Clinic FTE's	139

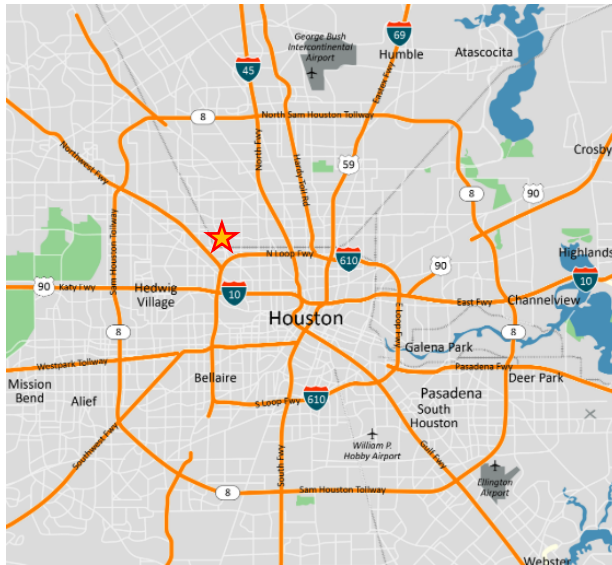
## FY2025 Clinical Performance

Annual Patient Visits	13865
Average Monthly Patient V	4622
Average No Show	37.00%
Average Patient Wait Time	29 Minutes
Average Third Next Available	1.01 Day
Average Patient Satisfaction	85%

# Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 4,219
- **FTEs** 139
- **Facility Size** 40,000 sq ft

Q1FYTD 2025 Financial Performance		
+ Revenues	\$	4,489,566
- Expenses		5,568,349
= Gross Margin	(\$	<u>1,078,784</u> )



# Northeast Community Service Center

## FY2025 Q1 Financial Performance

Revenues	\$2,965,530
Expenses	<u>(\$4,835,527)</u>
Gross Margin	<b>(\$1,869,996)</b>

## FY2025 Clinical Performance

Annual Patient Visits	9773
Average Monthly Patient V	3258
Average No Show	40.00%
Average Patient Wait Time	31 Minutes
Average Third Next Available	1.25Day
Average Patient Satisfaction	87%

## Clinic Information

Address	7200 N Loop East Fwy
Facility Size	18,000 Sq Ft
Clinic FTE's	78

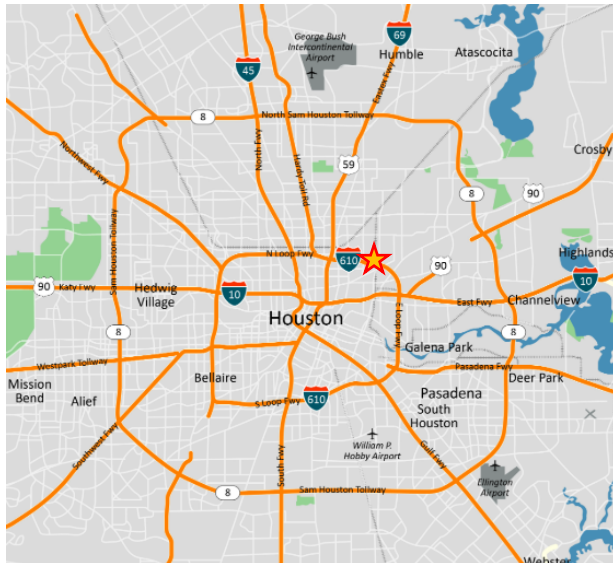


# Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 2,534
- **FTEs** 78
- **Facility Size** 18,000 sq ft

## Q1FYTD 2025 Financial Performance

+ Revenues	2,965,530
- Expenses	4,835,527
= Gross Margin	(\$ 1,869,996)



# Southeast Community Service Center

## FY2025 Q1 Financial Performance

Revenues	\$6,170,966
Expenses	<u>(\$8,450,438)</u>
Gross Margin	<b>(\$2,279,472)</b>

## FY2025 Clinical Performance

Annual Patient Visits	17063
Average Monthly Patient V	5688
Average No Show	35.00 %
Average Patient Wait Time	20 Minutes
Average Third Next Available	1.42 Day
Average Patient Satisfaction	88%

## Clinic Information

Address	5901 Long Drive
Facility Size	45,000 Sq Ft
Clinic FTE's	165

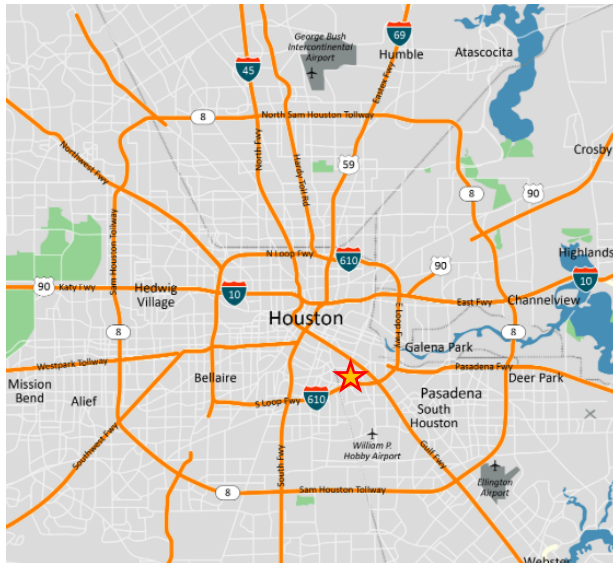


# Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 4,641
- **FTEs** 165
- **Facility Size** 45,000 sq ft

## Q1FYTD 2025 Financial Performance

+ Revenues	\$	6,170,966
- Expenses		8,450,438
= Gross Margin	(\$	<u>2,279,472)</u>



# Southwest Community Service Center

## FY2025 Q1 Financial Performance

Revenues	\$5,702,653
Expenses	<u>(\$7,986,109)</u>
Gross Margin	<b>(\$2,283,456)</b>

## FY2025 Clinical Performance

Annual Patient Visits	19790
Average Monthly Patient V	6597
Average No Show	36.00 %
Average Patient Wait Time	36 Minutes
Average Third Next Available	1.40 Day
Average Patient Satisfaction	87%

## Clinic Information

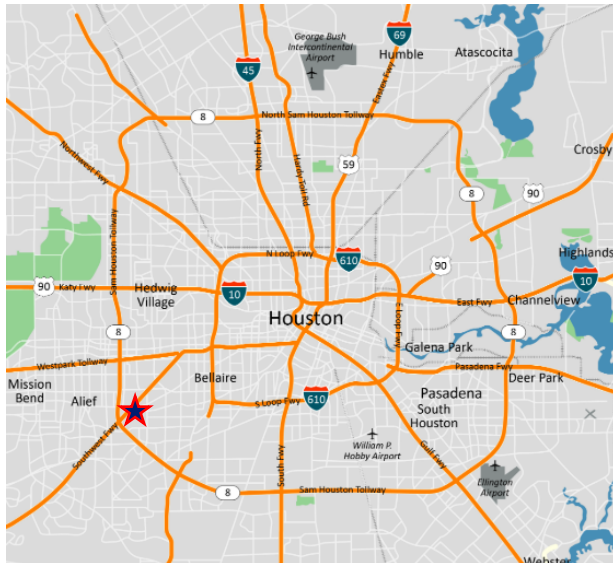
Address	9401 Southwest Fwy
Facility Size	37,770 Sq Ft
Clinic FTE's	181

# Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 4,830
- **FTEs** 181
- **Facility Size** 37,770 sq ft (clinic space)

## Q1FYTD 2025 Financial Performance

+ Revenues	\$	5,702,653
- Expenses		7,986,109
= Gross Margin	(\$	<u>2,283,456</u> )



# Neuro Psychiatric Center

## FY2025 Q1 Financial Performance

Revenues	\$4,076,086
Expenses	<u>(\$5,520,910)</u>
Gross Margin	<b>(\$1,444,824)</b>

## FY2025 Clinical Performance

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

## Clinic Information

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

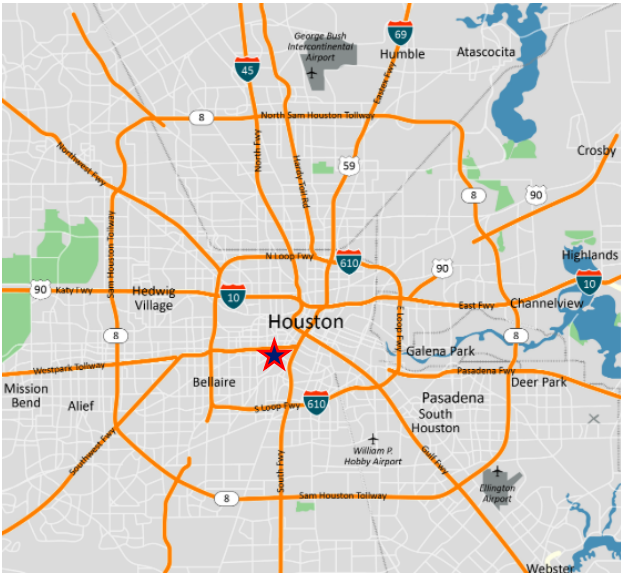


# Neuro-Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 1,555
- **FTEs** 153
- **Facility Size** 37,308 sq ft

## Q1FYTD 2025 Financial Performance

+ Revenues	\$	4,076,086
- Expenses		5,520,910
= Gross Margin	(\$	1,444,824)



# Q1FYTD 2025 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
<b>Revenues</b>					
Harris County and Local	45,948	12,468	118,007	307,804	1,476,841
PAP / Samples	781,118	739,261	920,396	787,794	9,205
State General	-	-	9,855	-	15,970
State Grants	2,337,884	776,784	3,553,947	3,239,908	2,139,689
Federal Grants	692,738	-	-	155,047	-
3rd Party Billings	229,239	1,185,979	865,294	738,618	-
<b>Total Revenues</b>	<b>402,638</b>	<b>251,038</b>	<b>703,467</b>	<b>473,482</b>	<b>434,381</b>
<b>Expenses</b>					
Salaries	2,997,513	2,523,057	4,733,338	4,535,984	3,969,126
Fringe	848,969	794,843	1,413,258	1,386,487	977,662
Contract Labor	-	1,200	-	53,866	-
Travel & Training	38,029	10,987	71,494	17,313	6,302
Contracts and Consultant	4,459	19,886	6,995	16,792	182,838
Supplies	30,949	5,503	17,425	19,629	11,913
Food	1,815	205	1,429	2,352	-
Drugs	138,324	43,017	96,734	71,567	13,943
PAP Drugs	781,837	739,261	920,396	787,794	9,205
Pharmacy	3,752	294	9,686	3,169	25,858
Pharmacy Use Fee	310,779	206,544	311,511	227,373	26,730
Equipment (Purch, Rent, Maint)	169,847	354,865	489,370	326,235	136,117
Software (Purch, Rent, Maint)	1,090	-	-	2,000	-
Building (Purch, Rent, Maint)	189,239	85,095	260,056	160,458	54,003
Vehicle (Purch, Rent, Maint)	-	-	28,494	-	6,421
Telephone and Utilities	37,951	32,006	63,080	56,969	10,992
Insurance, Legal, Audit	4,345	4,117	12,797	(4,206)	8,233
Dues & Subscriptions	71	45	-	-	375
Other	9,381	14,602	14,376	322,327	81,191
<b>Expense Total</b>	<b>5,568,349</b>	<b>4,835,527</b>	<b>8,450,438</b>	<b>7,986,109</b>	<b>5,520,910</b>
<b>Gross Margin</b>	<b>\$ (1,078,784)</b>	<b>\$ (1,869,996)</b>	<b>\$ (2,279,472)</b>	<b>\$ (2,283,456)</b>	<b>\$ (1,444,824)</b>

Thank you.

# **EXHIBIT R-15**



# Revenue Management Metrics

Presented by: Stan Adams, Chief Financial Officer  
January 28, 2025



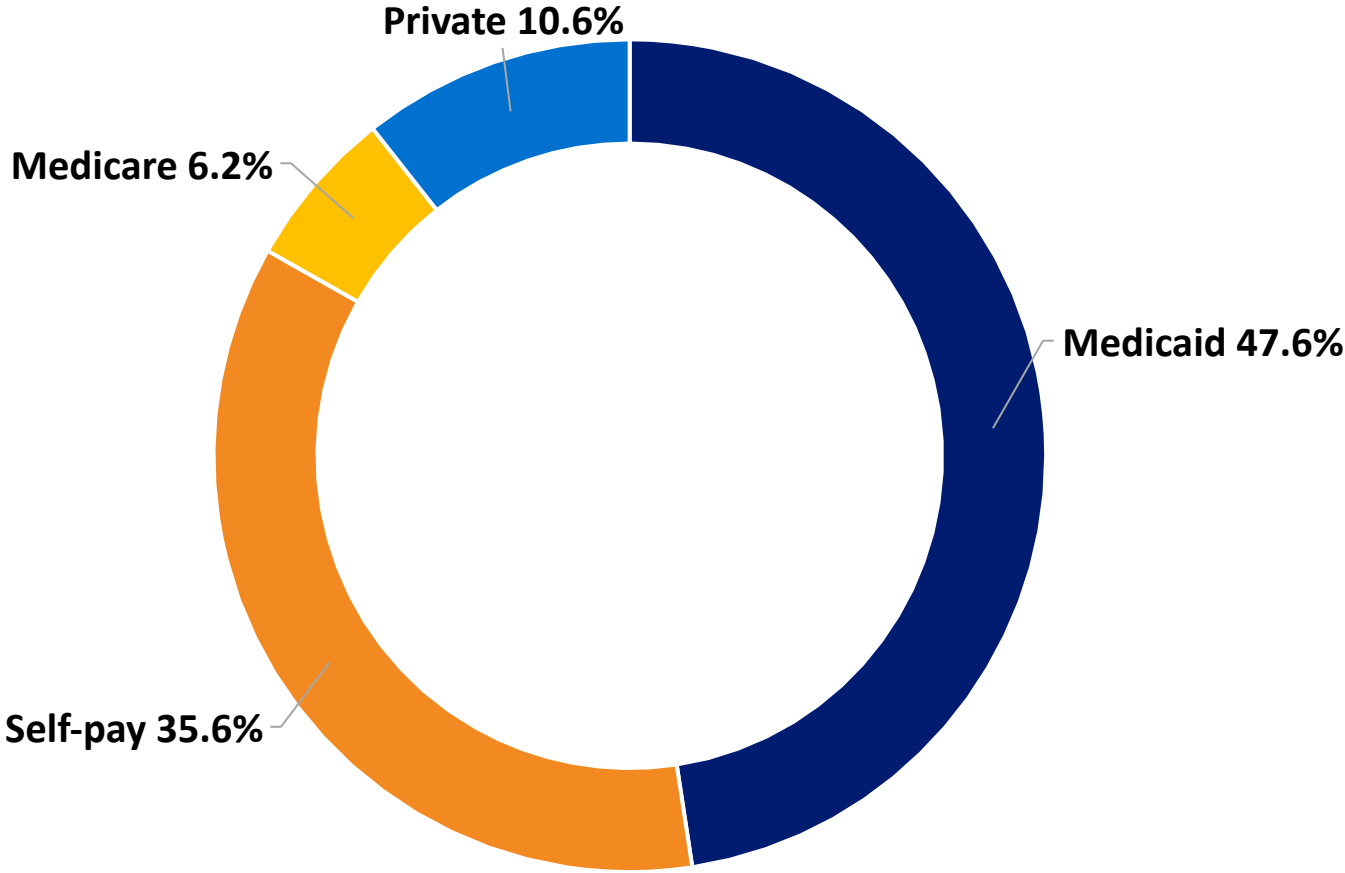
# Overview

- Payor Mix
- Revenue Cycle Performance Metrics
  - Days in Accounts Receivable
  - Claims & Collections



# Payor Mix

# Payor Mix



*Note: Payor Mix based on patient visit coverage in Q1 FY2025*

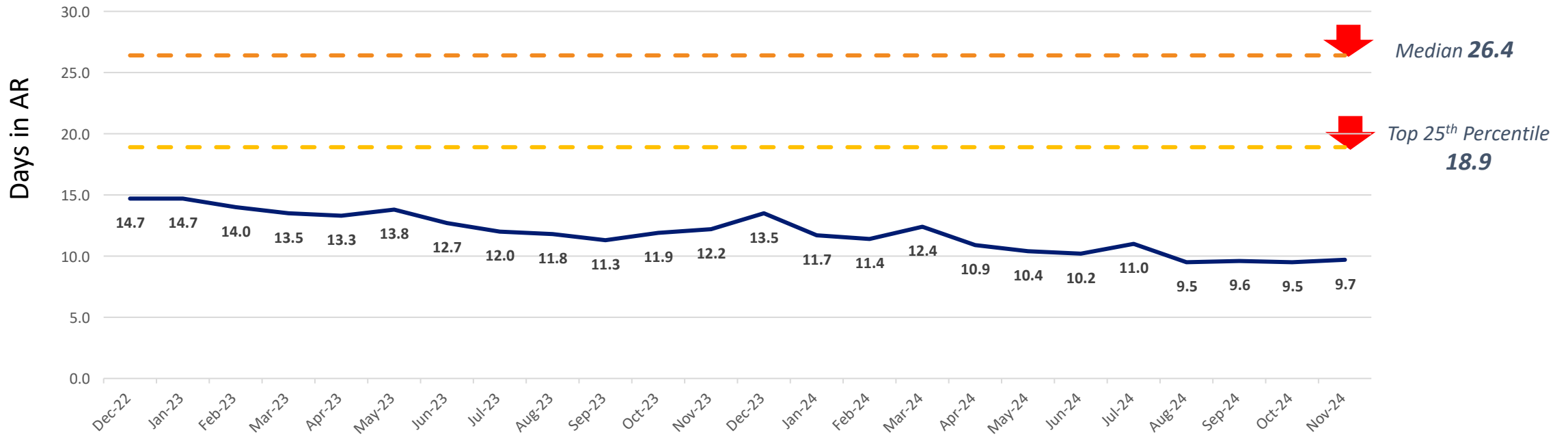




# Revenue Cycle Performance Metrics

# Days in Accounts Receivable

- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.

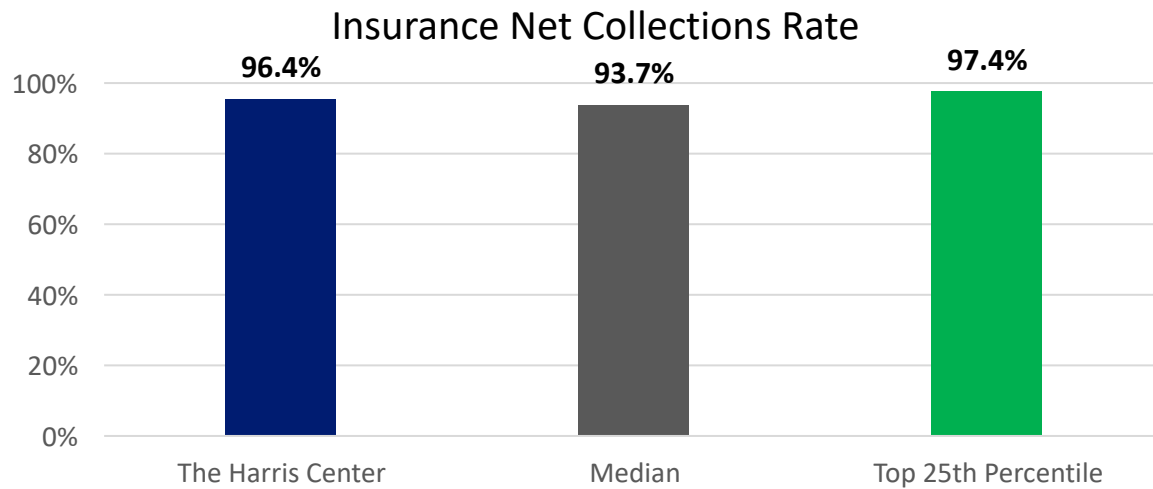


*Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (143 service areas)*

# Claims and Collections

## Average Monthly Count of Claims

FY2025 Q1	FY2024	FY 2023	FY 2022
32,830	29,151	32,490	32,020



## Insurance Net Collections Rate by Financial Class\*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	95%
Managed Medicaid	98%
Traditional Medicare	92%
Managed Medicare	86%
MMP	95%
CHIP	95%
Commercial	90%

\* Q1 FY2025

- *Insurance Net Collections Rate is the ratio of matched insurance payments to net insurance resolution activity (payments and adjustments, not including allowances) for charges that went to zero active AR within the prior quarter (91 days).*
- *The data source for Insurance Net Collections Rate is the Epic Financial Pulse reports.*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations.*

Thank you.