



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

Resource Committee Meeting
February 18, 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- January 2025
(EXHIBIT R-2 Stanley Adams)
 - B. February 2025 Contract Amendments Over 250K
(EXHIBIT R-3 Ernest Savoy)
 - C. February 2025 Interlocal Agreements
(EXHIBIT R-4 Ernest Savoy)
 - D. Retirement Plan Update
(Ninfa Escobar/Kip Baughman)
 - E. Pharmacy Drug Wholesaler
(Stanley Adams)
- V. **EXECUTIVE SESSION-**
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
 - ***In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney regarding amendments to the Harris Center retirement plans. Kendra Thomas, General Counsel, Ninfa Escobar, Interim Vice President of Human Resources***
 - ***In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney about a contract with a pharmaceutical vendor. Ernest Savoy, Assistant General Counsel-Contract Services and Real Estate, Holly Cumbie, Senior Director of Pharmacy Programs***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

VIII. INFORMATION ONLY

- A. February 2025 Contract Amendments 100K-250K
(EXHIBIT R-5)
- B. February 2025 New Contracts Under 100K
(EXHIBIT R-6)
- C. February 2025 Contract Amendments Under 100K
(EXHIBIT R-7)
- D. February 2025 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT R-8)

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

PENDING EXHIBIT

EXHIBIT R-3

FEBRUARY 2025 AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
MORE THAN \$250,000

FEBRUARY 2025
FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Master Pooled Foreign & Sign Language Translation Services	Foreign & Sign Language Translation Service Agency Wide	\$416,368.00	\$133,080.00	\$549,448.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Competitive Proposal	Amendment to increase the FY25 NTE as a result of one of the units not budgeting enough funds for remaining fiscal year.
2	UKG Kronos Group, LLC	HRMS Software Including Time and Attendance	\$374,840.00	\$69,829.00	\$444,669.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	An amendment to increase the NTE for additional hardware and professional services.
3	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$965,746.84	\$18,125.00	\$983,871.84	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE for additional cleaning weekly at the following locations: 2122 Wichita A & B, 526 Applewhite, and 5707 Warm Springs.
4	Vaco LLC d/b/a Pivot Point Consulting	Adding additional professional service hours to current contract to help facilitate Crisis Line and Access Line Contact Center upgrade.	\$200,000.00	\$71,500.00	\$271,500.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE due to additional professional service hours needed to help facilitate Crisis Line and Access Line Contact Center upgrade.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								



Executive Contract Summary

Contract Section



Contractor*

Master Pooled Foreign & Sign Language Translation Services

Contract ID #*

2023-0793

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Globo Languages, Idea Language Services, Ingco International, Interpreters Unlimited, Language Line Services, MasterWord Services, Nightingale Interpreting Services, Translation & Interpretation Network, Universe Technical Translations, Visual Language Professionals, Volatia Language, Worldwide Languages

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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*

\$ 416,368.00

Increase Not to Exceed*

\$ 133,080.00

Revised Total Not to Exceed (NTE)*

\$ 549,448.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 549,448.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To provide interpretation services to consumers whose primary language is other than English. This is done to ensure both the team and consumers are able to communicate effectively with each other allowing for better/continuous care.

Contract Owner*

Demetria Lockett

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Interpretation & Translation services for consumers. New
Contract began 12/1/2023

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Nicole Krasnov

Address*

Street Address

9225 Katy Freeway

Address Line 2

Ste. 400

City

Houston

Postal / Zip Code

77024-1521

State / Province / Region

TX

Country

US

Phone Number*

713-827-8800

Email*

Nicole@universe.us

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

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

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 3,000.00	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 45,000.00	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 13,000.00	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 30,000.00	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 105,000.00	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 12,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 3,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 47,423.00	543018
Budget Manager	Secondary Budget Manager	
Degracia, Ericka	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 68,000.00	543018
Budget Manager	Secondary Budget Manager	
Degracia, Ericka	Johnson, Kenyonika	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 40,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 6,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 16,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 15,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 3,500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 2,500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 1,000.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6601	\$ 7,536.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 21,520.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 8,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 9,000.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 900.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 1,200.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 560.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 600.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 3,752.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 2,997.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 2,000.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 120.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 500.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9504	\$ 360.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 7,000.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 35,000.00	543018
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7013	\$ 3,900.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Budget Unit Number* 7011	Amount Charged to Unit* \$ 3,900.00	Expense/GL Code No.* 543018
Budget Manager Ilejay, Kevin	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Rates vary by mode of interpretation and vendor.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

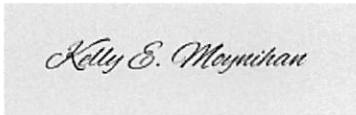
MacKinney, Eggl

Submission Date

1/23/2025

Budget Manager Approval(s)

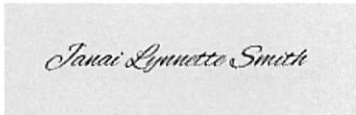
Approved by



Approval Date

1/24/2025

Approved by



Approval Date

1/27/2025

Approved by



Approval Date

1/27/2025

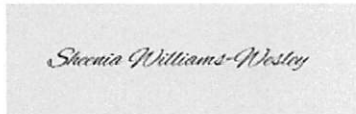
Approved by



Approval Date

1/27/2025

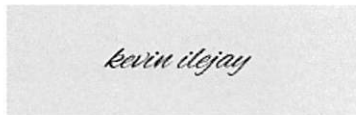
Approved by



Approval Date

1/27/2025

Approved by



Approval Date

1/27/2025

Approved by



Approval Date

1/28/2025

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Demetria D. Luckett

1/28/2025

Contracts Approval

Approve*

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

Approved by*

Approval Date*

Belinda Stude

1/29/2025



Executive Contract Summary

Contract Section



Contractor*

UKG Kronos Group, LLC

Contract ID #*

6685

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

The Harris Center for Mental Health and IDD & Ultimate Kronos Group

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 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 US Communities |

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*

\$ 374,840.00

Increase Not to Exceed*

\$ 69,829.00

Revised Total Not to Exceed (NTE)*

\$ 444,669.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 444,669.00

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 type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

The Amendment is required to increase the NTE for additional hardware and professional services.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2024 - 8/31/2025

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Lisa Assad

Address*

Street Address

900 Chelmsford Street

Address Line 2

City

Lowell

Postal / Zip Code

01851

State / Province / Region

MA

Country

US

Phone Number*

864 642 8446

Email*

lisa.assad@ukg.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 13,944.00	551001
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 55,885.00	90060
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

13,944.00 = Additional hardware
55,885.00 = Professional Services

Project WBS (Work Breakdown Structure)* (?)

IT21.1147.06

Requester Name

Jones, Anthony

Submission Date

1/24/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/24/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

1/27/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/27/2025



Executive Contract Summary

Contract Section



Contractor*

Ultra Medical Cleaning and Environmental Services, Inc.

Contract ID #*

2022-0559

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

The Harris Center for MH & IDD and Ultra Medical Cleaning and Environmental Services, Inc.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 965,746.84

Increase Not to Exceed*

\$ 18,125.00

Revised Total Not to Exceed (NTE)*

\$ 983,871.84

Fiscal Year* (?)

2025

Amount* (?)

\$ 983,871.84

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* (?)

Cleaning 1 x Week at following locations 2122 Wichita A & B, 526 Applewhite, and 5707 Warm Springs. Cleaning will begin on February 3, 2025.

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2010 To Present

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

Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Proposal Harris Center- Residential Home.docx

18.04KB

Vendor/Contractor Contact Person

Name*

Kunal Puri

Address*

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

US

Phone Number*

713-254-9209

Email*

kpuri@ultrabuildingsvc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 4,893.75	569002

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 4,893.75	569002

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 4,168.75	569002

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 4,168.75	569002

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See Attached quote

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

1/29/2025

Budget Manager Approval(s)

Approved by



Approval Date

1/30/2025

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Karen E. Hurst

1/30/2025

Contracts Approval

Approve*

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

Approved by*

Approval Date*

Belinda Stude

1/30/2025



Executive Contract Summary

Contract Section



Contractor*

Vaco LLC d/b/a Pivot Point Consulting

Contract ID #*

2021-0145

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

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

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*

\$ 200,000.00

Increase Not to Exceed*

\$ 71,500.00

Revised Total Not to Exceed (NTE)*

\$ 271,500.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 271,500.00

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* (?)

Adding additional professional service hours to current contract to help facilitate Crisis Line and Access Line Contact Center upgrade.

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

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.*
7001	\$ 71,500.00	542000

Budget Manager

Ilejay, Kevin

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

1/10/2025

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

1/10/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinvala

Approval Date

1/10/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/17/2025



Executive Contract Summary

Contract Section



Contractor*

Compassion First LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Compassion First LLC would like to contract with 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 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* (?)

1/27/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Fiscal Year* (?)

2025

Funding Source*

State

Contract Description / Type* (?)

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

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

Compassion First LLC would like for their consumers to receive both Off-Site and On-Site Services from the Humble Service Center or The Hillcroft Empowerment Center.

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*

Deanna Mingo

Address*

Street Address

1201 Fannin Street suite 262

Address Line 2

City

Houston

Postal / Zip Code

77002-6929

State / Province / Region

TX

Country

US

Phone Number*

713.269.0516

Email*

deannamingo@att.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000


Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
 Rates for ISS both on-site and off-site will be based on the LON (Level of Need).

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

Requester Name	Submission Date
Wills, Thomas	1/27/2025

Budget Manager Approval(s) ^


Approved by	Approval Date
	1/27/2025

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	1/27/2025

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/27/2025



Executive Contract Summary

Contract Section



Contractor*

Compassion First LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Compassion First LLC would like to contract with 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 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* (?)

1/27/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Fiscal Year* (?)

2025

Funding Source*

State

Contract Description / Type* (?)

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

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

Compassion First LLC would like for their consumers to receive both Off-Site and On-Site Services from the Humble Service Center or The Hillcroft Empowerment Center.

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*

Deanna Mingo

Address*

Street Address

1201 Fannin Street suite 262

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-6929

Country

US

Phone Number*

713.269.0516

Email*

deannamingo@att.net

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000


Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
Rates for ISS both on-site and off-site will be based on the LON (Level of Need).

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

Requester Name	Submission Date
Wills, Thomas	1/27/2025

Budget Manager Approval(s) 


Approved by	Approval Date
	1/27/2025

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	1/27/2025

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/27/2025

EXHIBIT R-4

FEBRUARY 2025 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Harris County Office of County Administration

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

The Harris Center for Mental Health & IDD and Harris County Office of County Administration

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"/> |

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*

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* (?)

Renewal of the new fiscal year 2025 for the Community Mental Health Grant (CMHG) contract that covers the Joint Processing Center (JPC) and Outpatient Competency Restoration (OCR) programs via Harris County. The Harris Center is a subrecipient of these HHSC funds. Harris County has reorganized departments and there was a delay with contract execution.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

2018 - 2024, CMHG contracts

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Cindy Paz, Grants Production Manager

Address*

Street Address

1001 Preston St,

Address Line 2

#500

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

713-274-1106

Email*

cindy.paz@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9402	\$ 599,761.00	n/a
Budget Manager Ramirez, Priscilla	Secondary Budget Manager Puente, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 1,515,239.00	n/a
Budget Manager Ramirez, Priscilla	Secondary Budget Manager Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

\$2,115,000 renewal award; grant reimbursement.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

1/30/2025

Budget Manager Approval(s) ⬆

Approved by

Priscilla M Ramirez

Approval Date

1/30/2025

Procurement Approval ⬆

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval ⬆

Approved by

Kim Kopnmayer

Approval Date

1/30/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/30/2025



Executive Contract Summary

Contract Section

Contractor*

Harris County Office of Court Management

Contract ID #*

7632

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Harris County Office of Court Management and The Harris Center for MH and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

12/19/2024

Contract Term End Date* (?)

11/30/2025

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

County designated term

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,339,485.75

Fiscal Year* (?)

2026

Amount* (?)

\$ 446,495.25

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 provision of mental health and intellectual developmental disability ("IDD") services in relation to orders issued pursuant to Article 16.22 of the Texas Code of Criminal Procedure (the "Services") to inmates booked into the Harris County Jail or housed in the detention facilities operated by the HCSO ("Detention Facilities") or while out on bond ("Bonded Defendants").

Contract Owner*

Sean McElroy

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

December 2023 - December 2024; Detention facilities and Bonded Defendants services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Naomi Walker

Address*

Street Address

1001 Preston St

Address Line 2

Suite 500

City

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

US

Phone Number*

7132741107

Email*

naomi.walker@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6002	\$ 1,785,981.00	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

Requester Name	Submission Date
Williams-Wesley, Sheenia	1/9/2025

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

1/9/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

1/10/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/10/2025



Executive Contract Summary

Contract Section



Contractor*

Harris County Public Health

Contract ID #*

2025-1002

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Harris County Public Health Agreement with The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/15/2025

Contract Term End Date* (?)

12/31/2030

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

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 will be providing support to the Harris County Public Health Wellness on Wheels (WoW) program. The Harris Center will be providing behavioral health and developmental disability services, education, and resources to community members. This will be done during WoW events offering free or low-cost HCPH mobile health services and programs to priority communities in need.

Contract Owner*

Stanley Williams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Brian Banks-Cooper

Address*

Street Address

1111 Fannin Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

United States

Phone Number*

832-927-7652

Email*

Bria.Banks-Cooper@phs.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2120	\$ 0.00	0.00

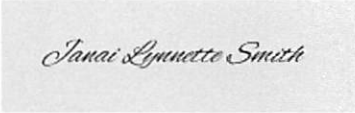
Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

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

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

Requester Name	Submission Date
Martinez, Janeth	1/15/2025

Budget Manager Approval(s) 

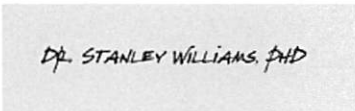
Approved by	Approval Date
	1/17/2025

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	1/17/2025

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/17/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID# *

2022-0515

Contractor Name *

Harris County Resources for Children and Adults Department

Service Provided* (?)

Comprehensive Mental Health Services for the TRIAD Prevention Program for Youth

Renewal Term Start Date *

10/1/2024

Renewal Term End Date *

9/30/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 392,374.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

.

G/L Code(s) *

.

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? *

Provides mental health services for at-risk youths

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	\$ 392,374.00	540000
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	\$ 359,676.00

Fiscal Year* (?)	Amount* (?)
2026	\$ 32,698.00

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

Shemia 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*

1/13/2025



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office (HCSO)

Contract ID #*

2024-0917

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

The Harris Center for Mental Health & IDD and the Harris County Sheriff's Office (HSCO)

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* (?)

3/1/2025

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 248,200.00

Increase Not to Exceed*

\$ 723,917.00

Revised Total Not to Exceed (NTE)*

\$ 972,117.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 972,117.00

Funding Source*

Private Pay Source

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* (?)

Request to amend the HCSO contract to provide 24/7 coverage at the Neuropsychiatric Center (NPC) i.e., 2 law enforcement officers (LEOs) on every shift, including a working sergeant utilizing funds from The Harris Center's prior year reserves (FY24).

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Several HCSO collaborative programs and MOUs

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

HCSO Request Letter_The Harris Center amendment 01.21.25 sent 01.29.25.pdf

882.36KB

Vendor/Contractor Contact Person

Name*

Kevin Markowski, Assistant County Attorney

Address*

Street Address

1019 Congress

Address Line 2

15th Floor

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

713-274-3052

Email*

Kevin.Markowski@harriscountytx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 579,134.00	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 101,348.00	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 43,435.00	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

Rate is outlined based on HCSO personnel costs. The total amended cost is estimated based on the HCSO rate per FTE which is \$124,100/FTE/year. Thus, for 10 FTEs this equates to \$1,241,000 annually. However, contract will be prorated at \$723,917.00, max within FY25.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Ramirez, Priscilla	1/29/2025

Budget Manager Approval(s)

Approved by	Approval Date
<i>Jodel Oshman</i>	1/29/2025

Contract Owner Approval

Approved by	Approval Date
<i>KIM KORNMEYER</i>	1/30/2025

Contracts Approval

Approve*

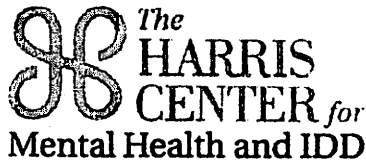
- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

1/30/2025



Transforming Lives

9401 Southwest Freeway
Houston, TX 77074
713-970-7000 office

January 21, 2025

Harris County Sheriff's Office
Attn: Patrol Bureau
1200 Baker Street
Houston, TX 77022

RE: The Harris Center for Mental Health and IDD - Request to Amend Patrol Contract Services

Dear Patrol Bureau:

In addition to our current request for two deputies to work at the 6160 South Loop East location, we would like to request additional deputies to work at the Neuropsychiatric Center (NPC).

Thank you for considering the additional changes needed. Please accept this letter as notification of an amendment to the current contracted 2 deputies. Upon further review, The Harris Center would like to move forward with requesting an additional 9 deputies and 1 sergeant at 100%, to be stationed at the Neuropsychiatric Center (NPC) facility on 1502 Taub Loop, Houston, TX 77030. The sergeant will be responsible for oversight of the deputies at both this location as well as the South Loop location.

Enclosed is the NPC's floor plan as well as the preferred shift schedule for the additional personnel.

The primary point of contact will be Senior Director, Evelyn Locklin, evelyn.locklin@TheHarrisCenter.org 713-970-4729.

The Harris Center will be rendering payment, and the payables contact is as follows –

The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, TX 77074
Attn: Priscilla Ramirez, Budget Manager
priscilla.ramirez@TheHarrisCenter.org



9401 Southwest Freeway
Houston, TX 77074
713-970-7000 office

Transforming Lives

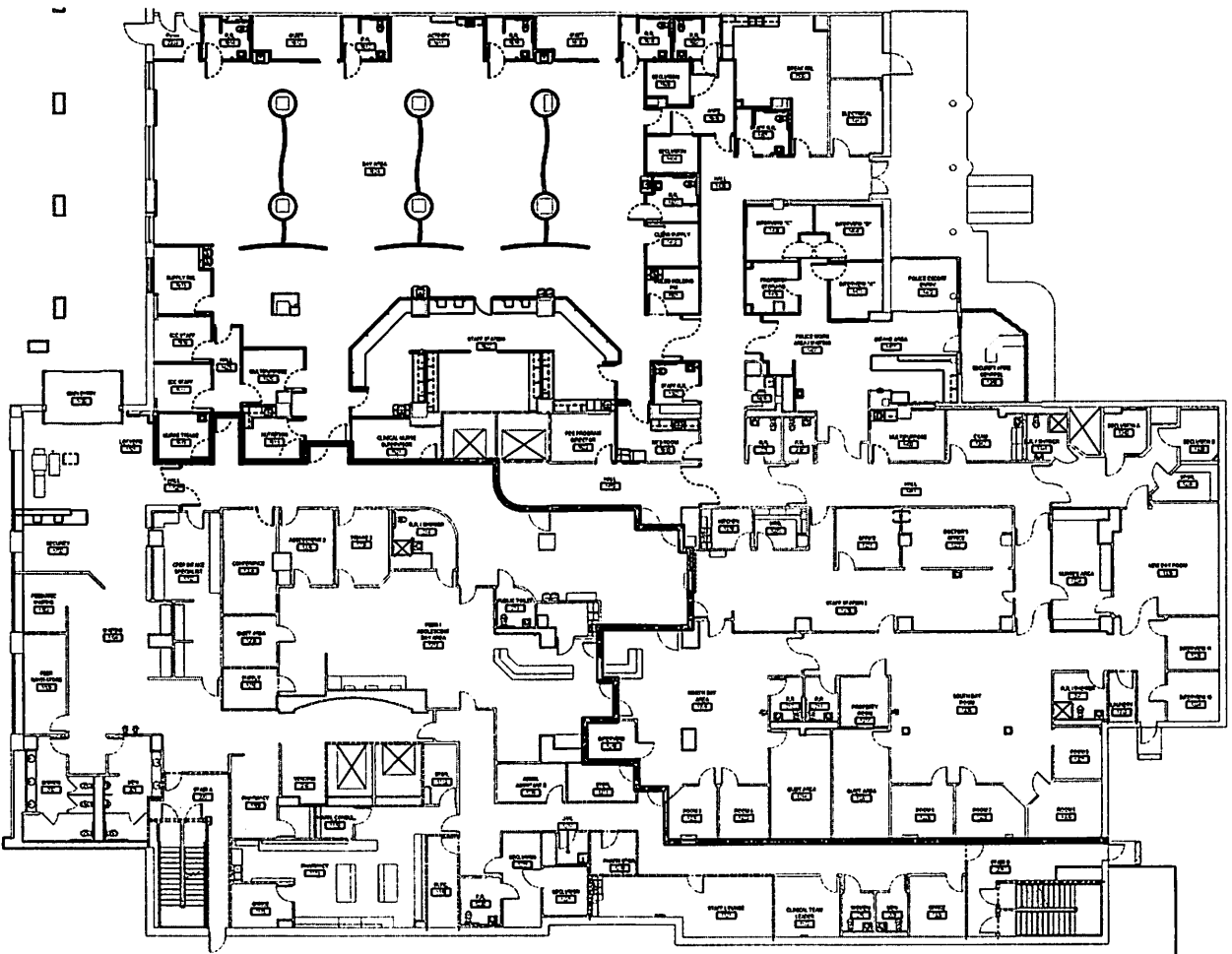
The Harris Center is a governmental entity, that is the local mental health authority for Harris County and would like to commence services as early as permissible or upon contract execution as approved by both parties. Please feel free to contact me if you have any questions or if you need additional information at kim.kornmayer@TheHarrisCenter.org or at 713-970-4646.

Kind regards,

A handwritten signature in black ink, appearing to be 'Kim Kornmayer', written over a circular stamp or mark.

Kim Kornmayer
Vice President, Crisis Services

Enclosures (2): Shift preferences
Floorplan of the Neuropsychiatric Center (NPC) building (1st floor)





Annual Renewal Evaluation

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*

1/1/2025

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 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* (?)

\$ 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

Budget Manager*	Secondary Budget Manager*
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 Oshtman

Contract Owner Approval 

Approved by

KIM KORNMAVER

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*

Metropolitan Transit Authority of Harris County, TX

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Metro Regional Van Pool 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

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

1/8/2025

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
- 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* (?)

Metropolitan Transit Authority (Metro Vanpool Program) is desiring to continue to contract with The Harris Center to pay for transportation services for consumer to and from Day Programs using the agency vans.

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*

January 1, 2024, through current date.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Edward Bell

Address*

Street Address

1900 Main Street

Address Line 2

City

Houston

Postal / Zip Code

77002-8130

State / Province / Region

TX

Country

US

Phone Number*

713.739.6801

Email*

edward.bell2@ridemetro.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3390	\$ 0.00	000

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Rates paid will be based on the number of trips and the consumers transported on vans.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Wills, Thomas	1/8/2025

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

1/8/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/14/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/14/2025



**Due Diligence for Traliant Training
Project# FY25-0321**

Purchasing received a request from Toby Hicks and Ninfa Escobar with Human Resources for a bundle of training provided by Traliant with results in an Employment Law Fundamentals Certificate Program for leaders upon completion. This certificate is valid for three years, offering long-term value.

Traliant ensures that the training content is continuously updated, allowing Human Resources to consistently provide Agency leaders with accurate and relevant information to navigate complex employment challenges effectively.

Two other vendors who are experts in employment law, specifically The Society of Human Resource Management (SHRM) and the American Management Association (AMA) were reviewed, and pricing were obtain online. Research indicates that their training services are not fully comparable resources to Traliant's product.

Here are the quotes for three (3) vendors:

- **Traliant:** \$39.99 x 200 people = \$8,000.00
- **SHRM:** \$69.00 x 200 = \$13,800.00
- **AMA:** \$2,595.00 x 30 = \$77,850.00 (Due to their courses being available in limited timeframes, we could only estimate based on purchasing 30 seats at a time).

Despite thorough due diligence, no other vendor offers a service that matches Traliant's combination of expertise, certification for managers, and seamless integration with the Agency's Learning Management System (LMS) at a comparable price point.

The Human Resource Department recommendation is to move forward with the vendor that met all the team's requirements.

Traliant

The total NTE (Not to Exceed) for a one (1) year contract is \$8,000.00.

FY25 - \$8,000.00 (Funding Source: Unit 1108, GL Code 549009)

Submitted By:

James Blunt 1/8/2025
 F92C07A6C594FFD
 James Blunt, C.P.M.
 Buyer II

Recommended By:

Sharon Brauner 1/8/2025
 258C31C9A8EF9418
 Sharon Brauner, C.P.M., A.P.P.
 Purchasing Manager

DocuSigned by:

Stanley Adams 1/8/2025
 E758E0DB8CF04D4
 Stanley Adams, MBA
 Chief Financial Officer

EXHIBIT R-5

FEBRUARY 2025

AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Your Part Time Controller, LLC

Contract ID # *

2023-0705

Presented To *

- Resource Committee
- Full Board

Date Presented *

2/18/2025

Parties * (?)

YPTC
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 * (?)

9/1/2024

Contract Term End Date * (?)

8/31/2025

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

Current Contract Amount *

\$ 150,000.00

Increase Not to Exceed*

\$ 80,000.00

Revised Total Not to Exceed (NTE)*

\$ 230,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 230,000.00

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*

Rachel Beasley

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 (?)

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

Recenter is a strategic mission oriented acquisition to facilitate additional housing and substance abuse programs. Other accounting requests are necessary to report accurate and timely financials.

Vendor/Contractor Contact Person



Name*

Ashley Garcia

Address*

Street Address

2603 Augusta, Suite 1075

Address Line 2

City

Houston

Postal / Zip Code

77057

State / Province / Region

Texas

Country

United States

Phone Number*

7133515295

Email*

Ashley.Garcia@yptc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 230,000.00	540500
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

No change in rate sheet

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Beasley, Rachel

Submission Date

1/7/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/7/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date


Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

1/7/2025

Contracts Approval 

Approved by

Belinda Stude

Approval Date

1/7/2025

Final Board Report Comments 

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

Based on current analysis of projects, we will utilize contractors for 11 additional weeks with Recenter and Capital Asset projects.

Product/Service Description

Temporary Replacement Services for Finance and Grant's Department

EXHIBIT R-6

**FEBRUARY 2025
NEW CONTRACTS
UNDER 100k**



Executive Contract Summary

Contract Section ▲

Contractor*

Stephanie Cunningham

Contract ID #*

2025-1004

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Stephanie Cunningham and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/6/2025

Contract Term End Date* (?)

12/31/2025

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

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

Stephanie Cunningham will serve as the executive director for The Harris Center Foundation Board.

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*

Stephanie Cunningham

Address*

Street Address

1106 Riverbend Road

Address Line 2

City

Sweeny

State / Province / Region

TX

Postal / Zip Code

77480-4701

Country

US

Phone Number*

281-381-0171

Email*

stephaniecunningham706@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 60,000.00	542000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Please note that the additional 60,000 will be paid by the foundation.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Escobar, Ninfa	1/8/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/9/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

1/9/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/10/2025



**Due Diligence for Traliant Training
Project# FY25-0321**

Purchasing received a request from Toby Hicks and Ninfa Escobar with Human Resources for a bundle of training provided by Traliant with results in an Employment Law Fundamentals Certificate Program for leaders upon completion. This certificate is valid for three years, offering long-term value.

Traliant ensures that the training content is continuously updated, allowing Human Resources to consistently provide Agency leaders with accurate and relevant information to navigate complex employment challenges effectively.

Two other vendors who are experts in employment law, specifically The Society of Human Resource Management (SHRM) and the American Management Association (AMA) were reviewed, and pricing were obtain online. Research indicates that their training services are not fully comparable resources to Traliant’s product.

Here are the quotes for three (3) vendors:

- **Traliant:** \$39.99 x 200 people = \$8,000.00
- **SHRM:** \$69.00 x 200 = \$13,800.00
- **AMA:** \$2,595.00 x 30 = \$77,850.00 (Due to their courses being available in limited timeframes, we could only estimate based on purchasing 30 seats at a time).

Despite thorough due diligence, no other vendor offers a service that matches Traliant’s combination of expertise, certification for managers, and seamless integration with the Agency’s Learning Management System (LMS) at a comparable price point.

The Human Resource Department recommendation is to move forward with the vendor that met all the team’s requirements.

Traliant

The total NTE (Not to Exceed) for a one (1) year contract is \$8,000.00.

FY25 - \$8,000.00 (Funding Source: Unit 1108, GL Code 549009)

Submitted By:

James Blunt 1/8/2025

James Blunt, C.P.M.

Buyer II

Recommended By:

Sharon Brauner 1/8/2025

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

Purchasing Manager

DocuSigned by:

Stanley Adams 1/8/2025

Stanley Adams, MBA

Chief Financial Officer



Executive Contract Summary

Contract Section

Contractor*

Traliant Operating, LLC f/k/a Traliant Holdings, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Traliant 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* (?)

2/1/2025

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*

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* (?)

Improving employee engagement is a key priority in our current strategic plan. By providing targeted training to equip our leaders with the skills and tools they need, we create a supportive environment that fosters engagement, enhances team dynamics, and drives overall organizational success.

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 (?)

Debarred Vendor List.pdf	47.94KB
Franchise Tax Account Status - Traliant.pdf	195.61KB
Sam.gov - Traliant.pdf	199.27KB
SIGNED - Due Diligence Letter-February FY25 FINAL DRAFT.pdf	278.34KB
Traliant Presentation for The Harris Center (002).pdf	910.24KB
Traliant W-9 (July 2024) 3.pdf	6.01MB

Vendor/Contractor Contact Person

Name*

Laura Hofius

Address*

Street Address

169 Madison Avenue

Address Line 2

City

New York

Postal / Zip Code

10016

State / Province / Region

NY

Country

US

Phone Number*

973-446-6845

Email*

laura.hofius@traliant.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 9,000.00	549009

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$39.99 per learner.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Escobar, Ninfa	1/13/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/13/2025

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

1/13/2025

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

1/13/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/14/2025

EXHIBIT R-7

FEBRUARY 2025 AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section



Contractor*

Hilton Garden Inn

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Hilton Garden Inn 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 checked="" type="checkbox"/> Other only available option for the date of the event |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/16/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 6,000.00

Increase Not to Exceed*

\$ 8,000.00

Revised Total Not to Exceed (NTE)*

\$ 14,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 14,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This is the venue for our Leadership Development Institute.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

We have used this venue for the past 2 LDIs

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paloma Lopez

Address*

Street Address

722 Bonaventure Way

Address Line 2

City

Sugar Land

Postal / Zip Code

77479-4520

State / Province / Region

TX

Country

US

Phone Number*

2813255909

Email*

paloma.lopez@hilton.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 8,000.00	549005
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

1/14/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/14/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

1/14/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/15/2025



Executive Contract Summary

Contract Section



Contractor*

Next Level Urgent Care, PLLC

Contract ID #*

2004-0891

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Next Level Urgent Care, PLLC, 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 |

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*

\$ 6,160.00

Increase Not to Exceed*

\$ 80.00

Revised Total Not to Exceed (NTE)*

\$ 6,240.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 6,240.00

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* (?)

There was an additional apprentice added to complete drug screening for on-the-job training program with HHSC.

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*

FY24 - complete drug screening for on-the-job training program with HHSC.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Maria Galvez

Address*

Street Address

PO Box 201

Address Line 2

City

Houston

Postal / Zip Code

77001

State / Province / Region

TX

Country

USA

Phone Number*

281-799-0600

Email*

mgalvez@nextlevelurgentcare.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 80.00	550000
Budget Manager	Secondary Budget Manager	
Degracia, Ericka	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

Total \$80.00 per person for screening for 13 persons = total budget impact 1, 040.00.

\$35-Breath Alcohol

\$45 - Generic Urine

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Anthony, Patrina

Submission Date

12/19/2024

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

12/19/2024

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/6/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/7/2025

EXHIBIT R-8

FEBRUARY 2025
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY



Executive Contract Summary

Contract Section



Contractor*

Christ Clinic Katy

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Christ Clinic Katy and The Harris Center 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

- 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* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

Private Pay Source

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* (?)

Bidirectional referral pathway for Christ Clinic and THC to ensure patients have the proper care depending on acuity.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Christ Clinic

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jay Donnella

Address*

Street Address

25722 Kingsland Blvd

Address Line 2

Suite 101

City

Katy

Postal / Zip Code

77494

State / Province / Region

TX

Country

US

Phone Number*

7138572359

Email*

jay@christclinickaty.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	n/a

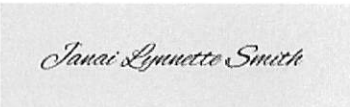
Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

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

Project WBS (Work Breakdown Structure)* (?)
They will be sending their referrals to us via our external referral system

Requester Name	Submission Date
Shamsi, Muhammad	1/30/2025

Budget Manager Approval(s) ^

Approved by	Approval Date
	1/30/2025

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	1/31/2025

Contracts Approval

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

Approved by*	Approval Date*
	1/31/2025



Executive Contract Summary

Contract Section ^

Contractor*

Ibn Sina Foundation

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Ibn Sina Foundation 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* (?)

2/1/2025

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

Private Pay Source

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* (?)

Bidirectional referral pathway for Ibn Sina and THC to ensure patients have the proper care depending on acuity.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Ibn Sina Foundation

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Mahtab Moradi

Address*

Street Address

11226 S Wilcrest Dr

Address Line 2

City

Houston

Postal / Zip Code

77099-4313

State / Province / Region

TX

Country

US

Phone Number*

2819777462

Email*

mahtabmoradi@ibnsinafoundation.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	n/a

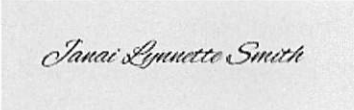
Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

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

Project WBS (Work Breakdown Structure)* (?)
They will send their referrals to us via our exferral email

Requester Name	Submission Date
Shamsi, Muhammad	1/28/2025

Budget Manager Approval(s) ^

Approved by	Approval Date
	1/29/2025

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	1/29/2025

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/29/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

2024-0843

Contractor Name *

Party Sober

Service Provided* (?)

a partnership that will host and promote sober, social events in the Houston area

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143583

Contract Requestor*

Lance Britt

Contract Owner*

Keena Pace

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?*

Partnership

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

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

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 Scude

Approval Date*

1/14/2025



Executive Contract Summary

Contract Section



Contractor*

The Coalition for the Homeless

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

The Coalition for the Homeless 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* (?)

2/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

Private Grant

Contract Description / Type* (?)

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

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

The Harris Center and CFTH would like to share client information in order for both agencies to better serve the community. We would like to partner together to identify and engage unhoused individuals or individuals who are at risk of losing their housing. Information that needs to be shared includes demographic information and some clinical content. CFTH and Harris Center staff will be partnered together in the community to serve the same group of clients.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY22 / CFTH provided referrals to the Behavioral Health Response Team

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Non-Profit Organization / Local Homeless Response System

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

James Gonzalez

Address*

Street Address

2000 Crawford St #700

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

713-739-7514

Email*

james.gonzalez@cfthouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Honsinger, Amber

Submission Date

1/17/2025

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

1/17/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kopnavep

Approval Date

1/17/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/21/2025



Executive Contract Summary

Contract Section



Contractor*

Compassion First LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

Compassion First LLC would like to contract with 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/27/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Fiscal Year* (?)

2025

Funding Source*

State

Contract Description / Type* (?)

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

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

Compassion First LLC would like for their consumers to receive both Off-Site and On-Site Services from the Humble Service Center or The Hillcroft Empowerment Center.

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*

Deanna Mingo

Address*

Street Address

1201 Fannin Street suite 262

Address Line 2

City

Houston

Postal / Zip Code

77002-6929

State / Province / Region

TX

Country

US

Phone Number*

713.269.0516

Email*

deannamingo@att.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000


Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
Rates for ISS both on-site and off-site will be based on the LON (Level of Need).

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

Requester Name	Submission Date
Wills, Thomas	1/27/2025

Budget Manager Approval(s) 


Approved by	Approval Date
	1/27/2025

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	1/27/2025

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/27/2025



Executive Contract Summary

Contract Section


Contractor*

SANA BENEFITS

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

2/18/2025

Parties* (?)

SANA Benefits 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* (?)

2/1/2025

Contract Term End Date* (?)

1/31/2026

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

Fiscal Year* (?)

2025

Funding Source*

Private Pay Source

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* (?)

SANA Benefits interested contracting for BH services. Positive rate structure will increase revenue.

Contract Owner*

Rachel Beasley

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 (?)

Sana Benefits_Direct Provider Contract_Template 2024 (2).docx 38KB

Vendor/Contractor Contact Person

Name*

Julia Bolger

Address*

Street Address

310 Comal Street, Building A, Suite 200, #242

Address Line 2

City

Austin

State / Province / Region

TX

Postal / Zip Code

78702-4497

Country

US

Phone Number*

7373095827

Email*

julia@sanabenefits.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See attached contract

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Wright, Veronica	1/14/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/14/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

1/14/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/14/2025



Executive Contract Summary

Contract Section

Contractor*

The Coalition for the Homeless of Houston/Harris County (CFTH)

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/18/2025

Parties* (?)

The Harris Center for Mental Health & IDD and The Coalition for the Homeless of Houston/Harris County (CFTH)

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 Revenue Contract

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

11/1/2024

Contract Term End Date* (?)

1/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 86,049.00

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 Revenue contract

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

TDHCA/ARPA ERA2 funds are being allocated from the Coalition for the Homeless of Houston/Harris County in support of the operations at the Main Street Campus (formerly Recenter) for a 3 month period. The program will be listed as "Mental Health Shelter Beds" as a step-down option for clients in need of supportive services for their mental health who will receive ongoing treatment and supportive services to increase stability after exiting the program.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Coalition has funded our Independent Living program.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

(DRAFT) The Harris Center for MH 2024Dec.docx	73.67KB
495 TDHCA ERA2 HSS Budget Request_The Harris Center 01.17.25.xlsx	21.9KB

Vendor/Contractor Contact Person

Name*

James Gonzalez

Address*

Street Address

2000 Crawford Street

Address Line 2

Suite 700

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

832-531-6022

Email*

james.gonzalez@cfthouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9273	\$ 86,049.00	XXXXX
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

Grant reimburseable based on actual activity month to month.

Project WBS (Work Breakdown Structure)* (?)

n/a. Scope of Work is outlined in contract.

Requester Name	Submission Date
Ramirez, Priscilla	1/17/2025

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

1/17/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

1/23/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/23/2025