

# Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

## Legislation Details (With Text)

File #: 21-1188 Version: 1 Name:

Type: Contract - Amendment Status: Passed

File created: 3/23/2021 In control: Commissioners Court

On agenda: 3/30/2021 Final action: 3/30/2021

Title: Request that the County Judge execute first amendment to an agreement with The HARRIS CENTER

for Mental Health and IDD, in the amount of \$749,136 to continue to provide services for community mental health grant program to provide, arrange for, and coordinate mental health and intellectual

developmental disability services for the residents of Harris County.

Sponsors:

Indexes:

**Code sections:** 

Attachments: 1. 21-1188 First Amendment - The HARRIS CENTER for Mental Health and IDD.pdf

Date	Ver.	Action By	Action	Result
3/30/2021	1	Commissioners Court		

To: Harris County Commissioners Court

**Through:** DeWight Dopslauf, Purchasing Agent, Purchasing Department **Prepared By:** Maria I. Rodriguez, Purchasing Coordinator, Purchasing Department

Subject: First Amendment to Agreement

Project ID (If applicable]:

#### **Purpose and Request:**

Request that the County Judge execute first amendment to an agreement with The HARRIS CENTER for Mental Health and IDD, in the amount of \$749,136 to continue to provide services for community mental health grant program to provide, arrange for, and coordinate mental health and intellectual developmental disability services for the residents of Harris County.

#### **Background and Discussion:**

[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]

#### **Fiscal Impact:**

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

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Fiscal Summary					
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]		
Service Impacted: [Pleadivision where expenditure]					
Existing Budget					
Additional Appropriation F					
Total Expenditures					
Funding Sources					
Existing Department Budg					
Please Identify Funding S Special Revenue, Grant, I					
[INSERT FUNDING SOU					
Total Sources					

#### **Alternatives:**

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

### Alignment with Strategic Objective:

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

#### Attachments:

[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]