

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000288520
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH SERVICES 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

Vendor: 1621211267 2
TK ELEVATOR CORPORATION
PO BOX 3796
CAROL STEAM IL 60132
United States

Bill To: Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Mcfadden,Danny 512/406-2671

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Sourcewell GPO attached for reference
Elevator list attached
SOW attached
FY22 funding period for this PO 9/1/22 - 8/31/23
EX/0 - TGC 2155.1441 GPO
NIGP: 910/13
Requisition 193308 - Quote Attached

Contract Sourcewell GPO 080424-TKE
Contract Term: 08/26/2020 to 08/28/2024

PO for Billing Purposes. Please include PO # on each invoice.

Attached Terms and Conditions apply to this Purchase Order

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

TYPE: Services
REQ NAME: FY23 Thyssenkrupp Elevator TPO
ITEM DISCRPTION: FY23, Services, CG1, Thyssenkrupp Elevator, Contract Sourcewell GPO 080424-TKE SOURCEWELL GPO HHS MEMBERSHIP ID 167184, TPO

*SCOR (System of Contract Operation and Reporting) Division 19 HHSC - State Operated Facilities
*SCOR Other Subject: CG1 NTSW WF: Elevator Maintenance and repair
*NPI Class: 910-13 Account# [REDACTED] Program# F2200 Speedchart: F3E010

PREFERRED VENDOR INFORMATION:
Vendor Name: Thyssenkrupp Elevator
Vendor Address: P.O. Box 93304
Vendor City Zip: Atlanta, Georgia 31193-3004
Vendor Contact: Kathryn Davis
Vendor Contact Phone: 682-253-3408
Vendor Contact Email: kathry.davis@thyssenkrupp.com
Vendor TIN#: 1621211267

Contract Manager: Drew Hardy
Contract manager phone: 940-552-4055
Contract manager email: drew.hardy2@hhsc.state.tx.us

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SME Agency Contact/Bill To: Allyson Cruz
SME Agency Contact phone #: 940-689-5351
SME Agency Contact email# Allyson.Cruz@hhs.texas.gov

PCS Purchaser: Danny McFadden
PCS Purchaser phone: 512-406-2671
PCS Purchaser email: danny.mcfadden@hhs.texas.gov

Elevator maintenance, this requisition is to replace the cancelled requisition 0000185145
Previous PO Number: HHSTX-2-0000264986
Contract Sourcewell GPO 080424-TKE
SOURCEWELL GPO HHS MEMBERSHIP ID 167184
Contract Term: 08/26/2020 to 08/28/2024
Requesting a TPO. Please issue FY23 Purchaser order for the amount of \$57,000.00
Goods: \$ 0.00
Service: \$ 57,000.00
Term: September 1, 2022 through August 31, 2023 with no renewals
Contract type: TPO

PCS Email PO to: Allyson.Cruz@hhs.texas.gov Lead Contact
drew.hardy2@hhsc.state.tx.us Facility Contract Specialist

VENDORS SEND INVOICES VIA EMAIL TO: teri.jenkinson@hhsc.state.tx.us
PO BILL TO INFORMATION
NORTH TEXAS STATE HOSPITAL
ATTN: TERI JENKINSON, MAINTENANCE DEPARTMENT
P.O. BOX 2231
6515 KEMP BLVD.
WICHITA FALLS, TEXAS 76301
CODE # 5616
Email# Allyson.Cruz@hhs.texas.gov

MAIL TO INFORMATION: 5616
BUILDING: Site Wide
CONTACT: Teri Jenkinson
PHONE #: 940-689-5369
FAX#: 940-689-5888
Email# Allyson.Cruz@hhs.texas.gov *****

PURPOSE: For maintenance and repair on Elevators at NTSB for sixteen (16) elevators for the facility grounds maintenance as needed throughout the fiscal year.

JUSTIFICATION: Failure to procure compromises safety to staff and clients. Failure to maintain environments could also jeopardize accreditation and

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certification, risking associated funding and beds, and increase the risk to clients and staff.

1-1	FY23, Services, CG1, Thyssenkrupp Elevator, Contract Sourcewell GPO 080424-TKE SOURCEWELL GPO HHS MEMBERSHIP ID 167184, TPO	910-13	1.00	LOT	57000.00000	\$57,000.00	09/01/2022
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Schedule Total \$57,000.00

Quote attached
SOW attached
Elevator list attached


Item Total for Line 1 \$57,000.00

Total PO Amount \$57,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By 	05/13/2022
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