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-3-0000288992		
specifications, terms	rmal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement and vendor's	Date 09/01/22	Revision	Page 1		
	es become a part of this numbered services delivered meet or exceed		Ship To:	To: 2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Big Spring TX 79720 United States			
Vendor: 136	52229255 &		Rill To:	Invoice - DADS			

Vendor: 1362229255 8

JOINT COMMISSION ON ACCREDITATION OF HEA

United States

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

Fax: 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

| Purchaser: Graham,Mary Ann | 512/406-2487 | | Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date

FY23 funding

NB/0 Non-biddable request where competitive bidding is not required or feasible, and a best value determination is not applicable.

Requisition 0000192380

PO Service Dates 09/01/2022 to 08/31/2023

FY23 Joint Commission Accreditation Services for Big Spring State Hospital.

This is not a biddable service and this purchase order is being issued for payment purposes only.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

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.

** VENDORS SEND INVOICES VIA EMAIL TO **

710 Accounting@hhsc.state.tx.us

PO BILL TO INFORMATION HHSC Health and Specialty Care System Abilene Regional Business Office Attn: Accounting Department PO Box 451 Abilene, TX 79604 CODE # 4507

Email: 710accounting@hhsc.state.tx.us

Vendor Information: Vendor ID: 1362229255

Vendor Name: Joint Commission on Accreditation of HEA

Vendor Contact: Patricia Hall

Vendor Email: phall@jointcommission.org

Lead Contact (Program SME) Name: AMY RASCHKE Lead Contact Email: amy.rasckle@hhs.texas.gov

Lead Contact Phone: 432-268-7386 Facility: Big Spring State Hospital

Contract Manager Name: Donna Lee, CTCM Contract Manager Email: donna.lee@hhs.texas.gov

Contract Manager Phone: 432-268-7975

Health and Human Services Commission

Purchase Order

Freight Terms

Payment Terms

Dispatch via Print

Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY		Purc	hase Order	HHSTX-3-0000288992			
specification	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve	rtisement and vendor's		Date 09/01		Revision		Pag	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Ship To:		2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States			
Vendor:	1362229255 8 JOINT COMMISSION ON ACCREDITATION OF HEA United States			Bill To:		Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States			
				Fax: Email:		325/795-3807 710Accounting@hhsc.state.tx.us			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quan	, titu	Purcl	haser:	Graham,Mary A	nn 5 Extended Amt	12/406-2487 Due Date	
NPI Class: 9 PCS contac	or Subject: CF6-BSH: Hospital Accred 263-16 UOM: LOT ACCT: Transcript at: Mary Ann Graham aham@hhs.texas.gov	Program: F1900							
1-1	FY23 (Service) Annual Accreditation Fee for the Big Spring State Hospital	963-16	1.00	LOT	4	665.00000	\$4,665.00	09/01/2022	
					Sche	dule Total	\$4,665.00		
					Item Total i	or Line 1	\$4,665.00		
	FY23 (Services) Annual ORYX Program Fees for the Big Spring State Hospital	963-16	1.00	LOT		400.00000	\$400.00	09/01/2022	
					Sche	dule Total	\$400.00		
					Item Total	for Line 2	\$400.00		
					Total P	O Amount	\$5,065.00		

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

Mary an Graham, CTPM

05/19/2022