

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-3-0000289121
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 Page 1
			Ship To: 6014 - Austin:4110 Guadalupe HEALTH & HUMAN SERVICES COMMISSION 4110 Guadalupe Bldg 800 Austin TX 78751 United States

Vendor: 1362229255 8
JOINT COMMISSION ON ACCREDITATION OF HEA
1 RENAISSANCE BLVD
OAKBROOK TERRACE IL 601814294
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Coleman,Rosetta V 512/406-2677

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding

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

Requisition 0000191342

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

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

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/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor contact
1362229255
JOINT COMMISSION ON ACCREDITATION OF HEALTH

First and Last Name

Phone number: 630-792-5665

Email address: PHALL@JOINTCOMMISSION.ORG

Agency contact

Lead Contact (Program SME) Name: GABBY DANGERFIELD
Lead Contact Phone: 512-419-2663
Lead Contact Email: gabriel.dangerfield@hhs.texas.gov

Contract Manager Name: Tricia Zwahr
Contract Manager Phone: 979-277-1334
Contract Manager Email: patricia.zwahr@hhs.texas.gov

PCS contact: Rosetta Coleman,CTCM, CTCD
Phone number: (512)-406-2677
Email address: rosetta.coleman03@hhs.texas.gov

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY23 SERVICES ANNUAL FEE HOSPITAL ACCREDITATION ASH	963-16	1.00	LOT	9575.00000	\$9,575.00	09/01/2022
Schedule Total						\$9,575.00	
Item Total for Line 1						\$9,575.00	
2-1	FY23-SERVICES ON SITE FEES ASH	963-16	1.00	LOT	32305.00000	\$32,305.00	09/01/2022
Schedule Total						\$32,305.00	
Item Total for Line 2						\$32,305.00	
Total PO Amount						\$41,880.00	

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 	05/23/2022
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