Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship Via		LUIOTY 0 0000000040		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000292046		
	by informal bid, Invitation for Offer, or Re		Date	Revision Page 1		
	is, terms, and conditions set forth in the adv		09/01/22			
	responses become a part of this numbered p goods or services delivered meet or exceed n		Ship To:	4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
requirements		umbered purchase order				
_	its, shipping papers, invoices, and corresp	ondence must be identified				
	rchase Order Number.					
				omico omico		
Vendor:	1203111143 3		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES		
	PROLIM GLOBAL CORPORATION					
	6827 COMMUNICATIONS PKWY			1100 W 49th St (RBB)		
	SUITE 310 USA			PO Box 149347 Austin TX 78756		
	PLANO TX 75024-6098			United States		
	United States			Office States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		
			Purchaser:	Parks, Michael David 512/406-2497		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date		

FY23 Funding

Requisition: 0000195957

PO Service Dates: 09/01/22 to 08/31/23

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 System 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 actually ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Purchase Order issued this date in accordance with Texas Government Code §2157.068 and the DIR Contract DIR-CPO-4629.

Vendor Contact

First and Last Name: Prabhu Patil Phone Number: (214) 945-2667

E-mail Address: prabhu.patil@prolim.com

Agency Contact

First and Last Name: Charilette Manuel Phone Number: (737) 867-7869

E-mail Address: charilette.manuel@hhs.texas.gov AND it_staff_aug@hhsc.state.tx.us

HHSC-PCS Contact

First and Last Name: Michael D. Parks, CTCD

Phone Number: (512) 406-2497

E-mail Address: michael.parks@hhs.texas.gov

Attached: DIR-CPO-4629 Appendix A - Standard Contract Terms and Conditions (SCTCs)

Attached: PCS111 HHS - No-DUA (May_2022)

118.00000 \$70,800.00 09/01/2022 1-1 962-69 600.00 HR

FY23AUGR COVID Pos#51034 Staff Aug of Systems Analyst 3 for COVID Public Health Data Sharing (PHDS) (ELC Grant funded): Name:Darkey, Cyril Term: 9/1/22-8/31/23

> \$70,800.00 Schedule Total ____

Department of State Health Services

Purchase Order

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Paymen Net 30	t Terms	Freight Terms Prepaid & Allow	Ship Via BEST W		Purchase Order	HHSTX-3-0000292046		
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					Date 09/01/22	Revision Page 2		
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:	4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
Vendor:	PROL 6827 (SUITE USA PLAN	11143 3 IM GLOBAL CORPORATION COMMUNICATIONS PKWY E 310 O TX 75024-6098 d States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
					Fax: Email:	512/458-7442 invoices@dshs.texas.g	gov	
					Purchaser:	Parks, Michael David	512	2/406-2497
Line-Scl	h Inventor	y Item ID - Line Description	Class/Item	Quantity 1	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1 \$70,800.00								

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

Mall Olal , CTCD

Total PO Amount

<u>06/22/2022</u>

\$70,800.00