

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000293989</b>
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.			<b>Date</b> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

**Vendor:** 1202863445 4  
BEREND TURF & TRACTOR LP  
4315 SEYMOUR HWY  
WICHITA FALLS TX 763092701  
United States

**Bill To:** Maintenance  
HEALTH & HUMAN SERVICES COMMISSION  
6515 Kemp Blvd  
PO Box 300  
Wichita Falls TX 76308  
United States

**Email:** Allyson.Cruz@hhs.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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 funding  
OM/Q Phone/email bid - Texas Government Code 2156.063  
Requisition 190881 - Solicitation 190881  
PO Service Dates 9/1/22 to 8/31/23

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/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 Name: Berend Turf Tractor LP  
Vendor Address: 4315 Seymour Hwy.  
Vendor City Zip: Wichita Falls, Texas 76309-2701  
Vendor Contact: Jay Berend  
Vendor Contact Phone: (940) 691-1141  
Vendor Contact Email: jberend@berendturfandtractor.com  
Vendor TIN#: 12028634454

Contract Manager: Drew Hardy  
Contract manager phone: 940-414-0975  
Contract manager email: drew.hardy2@hhs.texas.gov

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

VENDORS SEND INVOICES VIA EMAIL To: DSHS.TSHBusinessOffice@dshs.texas.gov  
PO BILL TO INFORMATION  
NORTH TEXAS STATE HOSPITAL  
ATTN: ALLYSON CRUZ, MAINTENANCE DEPARTMENT  
P.O. BOX 2231  
6515 KEMP BLVD.  
WICHITA FALLS, TEXAS 76301

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000293989</b>
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.			<b>Date</b> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 2
			<b>Ship To:</b> 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

**Vendor:** 1202863445 4  
BEREND TURF & TRACTOR LP  
4315 SEYMOUR HWY  
WICHITA FALLS TX 763092701  
United States

**Bill To:** Maintenance  
HEALTH & HUMAN SERVICES COMMISSION  
6515 Kemp Blvd  
PO Box 300  
Wichita Falls TX 76308  
United States

**Email:** Allyson.Cruz@hhs.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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

CODE # 5616  
Email#: Allyson.cruz@hhs.texas.gov

NORTH TEXAS STATE HOSPITAL WICHITA FALLS CAMPUS \*\*\*\*\*  
MAIL TO INFORMATION: 5616  
BUILDING: Site Wide  
CONTACT: Allyson Cruz  
PHONE #: 940-689-5351  
FAX#: 940-689-5888  
Email# allyson.cruz@hhs.texas.gov  
\*\*\*\*\*

**SCOPE OF WORK**

North Texas State Hospital is requesting to establish a blanket requisition for Roads Grounds parts service for the facility maintenance department as needed throughout the fiscal year, (including: labor, materials, equipment, apparatus, and tools) on an on call, as needed basis and do all things necessary to safely complete the needed services.

The following specifications are mandatory to be met for the repair contract:

Emergency repair and repair parts for the site grounds equipment.

Contractor MUST meet the following requirements:

1. Factory authorized roads grounds equipment.
2. Factory trained grounds equipment/repair site.
3. Factory Authorized grounds equipment/repair.
4. Ability to obtain factory certified parts for ALL items (1 thru 3)
5. Ability to respond to emergency grounds equipment repair calls within 1 hour-To North Texas State Hospital-Wichita Falls Campus

Scope of contractor services

Would include but not be limited to:

The Contractor shall provide- roads grounds parts service for maintenance as needed throughout the fiscal year.

The Contractor shall respond accordingly to service calls and emergency calls from North Texas State Hospital and shall perform all steps necessary to protect persons and property from risk of harm.

The Contractor shall provide any emergency repairs as stated related to weather or natural disaster recovery work as assigned by North Texas State Hospital in accordance with this scope of work.

The Contractor shall sign in at the Security Gate and the Maintenance Office upon every visit to the campus and also comply with any and all rules and safety requirements set forth by North Texas State Hospital or other Federal, state, and local laws or ordinances and permits, while on Campus.

NORTH TEXAS STATE HOSPITAL WICHITA FALLS CAMPUS

The Contractor shall provide a trained crew that is knowledgeable and skilled, as based on this scope of work.

The Contractor shall answer all calls in the allotted times below. If the Contractor does not answer in the allotted time below, North Texas State Hospital may choose to engage other parties to answer the call. The contractor shall absorb any differences in cost if the state engages another party to

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000293989</b>
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.			<b>Date</b> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 3
			<b>Ship To:</b> 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

**Vendor:** 1202863445 4  
BEREND TURF & TRACTOR LP  
4315 SEYMOUR HWY  
WICHITA FALLS TX 763092701  
United States

**Bill To:** Maintenance  
HEALTH & HUMAN SERVICES COMMISSION  
6515 Kemp Blvd  
PO Box 300  
Wichita Falls TX 76308  
United States

**Email:** Allyson.Cruz@hhs.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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

respond to a call.  
 - Non-emergency service call (within four (24) business hours of notification or an agreeable time that is acceptable to North Texas State Hospitals Maintenance Department.)  
 - Emergency service call (Within one (1) business hours of notification.)  
 Service Location  
 Campus location is: 6515 Kemp Blvd.  
 Wichita Falls, TX 76301

During the contract period, North Texas State Hospital reserves the right to add or delete service locations during the period covered by any resulting contract.  
 Hours and Days Services are to be performed  
 North Texas State Hospitals Maintenance Department regular business hours are:  
 Monday Friday, 8 am to 5 pm  
 (Exception is the designated holidays recognized by the State of Texas). Should work be performed outside of normal working hours without the approval of North Texas State Hospital, then Contractor shall be performing such work at NO additional expense to North Texas State Hospital or the HHS agency.  
 Service Calls, Call Backs, Unperformed Service  
 If services/goods have not been received to a satisfactory resolution, payment will be withheld until services/goods are received and comply with this scope of work.  
 Term Length  
 Period: September 1, 2022 to August 31, 2023.  
 7/13/22: PCS Level One Support - POA - RRM

1-1	FY23-TPO-Berend Turf & Tractor-F3E010-F2200-NTSH-WF-Goods	929-85	1.00	LOT	4900.00000	\$4,900.00	09/01/2022
-----	---	--------	------	-----	------------	------------	------------

**Schedule Total** \$4,900.00

This requisition is for FY23 Blanket PO request. Please see the attached template and quote  
 This requisition is for FY23 Blanket PO request.

**Item Total for Line 1** \$4,900.00

2-1	FY23-TPO-Berend Turf & Tractor-F3E010-NTSH-WF-Service	929-85	1.00	LOT	20000.00000	\$20,000.00	09/01/2022
-----	---	--------	------	-----	-------------	-------------	------------

**Schedule Total** \$20,000.00

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000293989</b>
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.			<b>Date</b> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 4
		<b>Ship To:</b>	4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

**Vendor:** 1202863445 4  
BEREND TURF & TRACTOR LP  
4315 SEYMOUR HWY  
WICHITA FALLS TX 763092701  
United States

**Bill To:** Maintenance  
HEALTH & HUMAN SERVICES COMMISSION  
6515 Kemp Blvd  
PO Box 300  
Wichita Falls TX 76308  
United States

**Email:** Allyson.Cruz@hhs.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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

This requisition is for FY23 Blanket PO request. Please see the attached template and quote  
This requisition is for FY23 Blanket PO request.


**Item Total for Line 2**                     \$20,000.00

**Total PO Amount** \$24,900.00

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.

<b>Authorized By</b>  	<b>07/19/2022</b>
--	-------------------