Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terr	ns Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	-3-0000294833
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision	Page
specifications, terms, and conditions set forth in the advertisement and vendor's			09/01/22		1
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 COMMI 1901 N Highway 87 Big Spring TX 79720 United States		•
Vendor:	1264236406 6 SPBS INC 4431 LONG PRAIRIE RD STE 100 FLOWER MOUND TX 75028-1795 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVIC 2501 Maple St PO Box 451 Abilene TX 79602 United States	EES COMMISSION
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.u	S
			Purchaser:	Mcfadden.Dannv	512/406-2671

Quantity

Class/Item

UOM

PO Price

Extended Amt

Due Date

FY23 funding OM/Q Phone/email bid - Texas Government Code 2156.063 Requisition 194909 - Solicitation 194909 PO Service Dates 9/1/22 to 8/31/23, Not to Exceed \$25,000

Inventory Item ID - Line Description

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

FACILITY: BIG SPRING STATE HOSPITAL

REQ NAME: FY23 SPBS

Line-Sch

ITEM DESCRIPTION: FY23, CF6, F3B010 SERVICES / PO REQUEST / \$21,800.00

SCOR Division: 19 HHSC - State Operated Facilities

SCOR Other Subject: CF6-BSH: Medical equipment PMs and repairs NPI Class: 938-57 UOM: LOT ACCT: 736700 Program: F1650

PCS PLEASE CONTACT DONNA LEE, CONTRACT SPECIALIST FOR QUESTIONS

Vendor Name: SPBS Inc

Vendor Address: 4431 Long Prairie Rd Ste 100 Flower Mound, TX 75028-1795

Vendor ID: 1264236406

Vendor Contact: Isabel Salazar, CBET Vendor email: isabels@spbs.com Vendor phone: (210) 316-0192

Program SME Name: Amy Raschke

Lead contract email: amy.raschke@hhs.texas.gov

Lead contract 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

PCS Purchasing Contact: Danny McFadden

Phone: 512-406-2671

Email: danny.mcfadden@hhs.texas.gov

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.)		
Vandor: 120	54236406 6		Bill To:	Invoice - DADS		

1264236406 6 Vendor: SPBS INC

4431 LONG PRAIRIE RD STE 100 FLOWER MOUND TX 75028-1795

United States

Invoice - DADS Bill To:

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

Fax: 325/795-3807

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

512/406-2671 Mcfadden, Danny **Purchaser:** Line-Sch **UOM** PO Price **Inventory Item ID - Line Description** Class/Item Quantity Extended Amt **Due Date**

PCS Email PO to: amy.raschke@hhs.texas.gov (SME) donna.lee@hhs.texas.gov (Facility Contract Specialist-CTCM)

VENDORS SEND INVOICES VIA EMAIL TO 710Accounting@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 QUOTE ATTACHED STATEMENT OF WORK INCLUDED MEDICAL EQUIPMENT LIST ATTACHED

FY22 Purchaser Leticia Cortes

FY22 PO 269659

Item(s): FY23 (Services) Blanket Purchase Order needed for medical equipment preventive maintenance and Calibration Repair services for the Big Spring State Hospital from 9/1/22 to 8/31/23. Purchase order request amount is \$21,800.

Justification: Failure to procure could compromise safety to staff and clients. Blanket order needed to ensure Joint Commission compliance to maintain a safe and functional environment.

The Big Spring State Hospital utilizes a service contract for repair and preventive maintenance of hospital medical equipment.

1-1 938-57 1.00 LOT 12000.00000 \$12,000.00 09/01/2022

FY23 (Services) Blanket Purchase Order needed for medical equipment preventive maintenance and Calibration & Repair services for the Big Spring State Hospital

from 9/1/22 to 8/31/23.

\$12,000.00 Schedule Total

Health and Human Services Commission

Purchase Order

Freight Terms

Payment Terms

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Net 30	Prepaid & Allow	Ship V BEST		Purchase	e Order	HHSTX-3-00	000294833
specification	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the advented by the responses become a part of this numbered by	rtisement and vo	endor's	Date 09/01/22	Revision		Page 3
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Vendor:	1264236406 6 SPBS INC 4431 LONG PRAIRIE RD STE 100 FLOWER MOUND TX 75028-1795 United States			Bill To:	Invoice - D HEALTH & 2501 Maple PO Box 45 Abilene TX United Stat	& HUMAN SERVICES CO e St 1 I 79602	OMMISSION
				Fax: Emai	325/795-38 710Accoun	.07 ting@hhsc.state.tx.us	
				Purchase	r: Mcfadden,	Danny 51	2/406-2671
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Ite	m Total for Line 1	\$12,000.00	
2-1	FY23 (Services) Blanket Purchase Order needed for medical equipment Calibration & Repair services for the Big Spring State Hospital from 9/1/22 to 8/31/23.	938-57	1.00	LOT	9800.00000	\$9,800.00	09/01/2022
					Schedule Total	\$9,800.00	
				Ite	m Total for Line 2	\$9,800.00	
					Total PO Amount [\$21,800.00	

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	
Jungar Gallers C1ED, er CM	07/18/2022