Purchase Order

Dispatch via Print

| | | | | 1 | | Dispatch via Print |
|---|--|---------------------------|----------|-------------------------|--|--|
| Payment Te Net 30 | erms Freight Terms Prepaid & Allow | Ship Via BEST W | | Purchase Order | ŀ | HSTX-3-0000295655 |
| specification | by informal bid, Invitation for Offer, or R is, terms, and conditions set forth in the adv | vertisement and vend | lor's | Date 09/01/22 | Revision | Page 1 |
| guarantees g requirements All shipmen | responses become a part of this numbered p oods or services delivered meet or exceed s. s. tts, shipping papers, invoices, and corres rchase Order Number. | numbered purchase | order | Ship To: | 5009 - Vernon:473 HEALTH & HUMA 4730 College Dr PO Box 2231 Vernon TX 76385 United States | 0 College Dr AN SERVICES COMMISSION |
| Vendor: | 1473800202 2 ON-SITE POWER SYSTEMS INC STE 240-155 8101 BOAT CLUB RD FT WORTH TX 761793630 United States | | | Bill To: | Terrell SH Whse HEALTH & HUM/ 1200 E Brin PO Box 70 Terrell TX 75160 United States | AN SERVICES COMMISSION |
| | | | | Email: | DSHS.TSHBusines | sOffice@dshs.texas.gov |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | Purchaser: | Mcfadden,Danny PO Price | 512/406-2671 Extended Amt Due Date |

FY23 funding

OM/Q Phone/email bid - Texas Government Code 2156.063 Requisition 199816 - Solicitation 199816 See attached quote. Best Value PO Service Dates 9/1/22 to 8/31/23, Not to Exceed \$25,000

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 INFORMATION: Vendor Name: On-Site Power Systems Inc. Vendor Address: 8101 Boat Club Rd. #240-155 Vendor City Zip: Fort Worth, TX 76179-3630 Vendor Contact: Conrad Wareham Vendor Contact Phone: 817-750-0207 or cell# Vendor Contact Email: conrad@on-sitepowersystems.com Vendor TIN#: 1473800202 2

Contract Manager: Drew Hardy Contract manager phone: 940-552-4055 Contract manager email: drew.hardy2@hhs.texas.gov

SME Agency Contact: Carri Baker SME Agency Contact phone: 940-552-4102 SME Agency Contact email: carri.baker@hhs.texas.gov

PCS Purchaser: Danny McFadden PCS Purchaser phone: 512-406-2671 PCS Purchaser email: danny.mcfadden@hhs.texas.gov

SCOPE OF WORK NTSH Technical Contact: Phillip Jarrod Murrell, NTSH Facility Contact: Carri Baker, 940-552-4102, carri.baker@hhs.texas.gov North Texas State Hospital is requesting to establish a blanket requisition for Maintenance, for Emergency Generator Semi Annual Preventive Maintenance Service with Emergency Generator 4 Hour Load Bank Testing Service, (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.

Purchase Order

| ht Terms id & Allow avitation for Offer, or Rec tions set forth in the adve a part of this numbered pu- livered meet or exceed no rs, invoices, and corresp mber. WER SYSTEMS INC LUB RD X 761793630 D - Line Description - The Contractor shall STATE HOSPITAL (Cu of Emergency Generate | ertisement and vendor's ourchase order. Contract numbered purchase orde pondence must be iden | Ship 10: | Revision5009 - Vernon:473HEALTH & HUMA4730 College DrPO Box 2231Vernon TX 76385United StatesTerrell SH WhseHEALTH & HUMA1200 E BrinPO Box 70Terrell TX 75160United StatesDSHS.TSHBusiness | HSTX-3-0(O College Dr AN SERVICES CC | Page 2 DMMISSION |
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I. All Generators will be Cleaned of Spills, Contaminants made during the course of Service.

Purchase Order

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| Payment Term Net 30 | Prepaid & Allow | Ship V BEST | WAY | Purchase Order | ŀ | HSTX-3-00002956 |
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| AC Electric M Control Pane connections. AIR INDUCTI Precleaner M Air Filter Ins of filter housin Intake Visua Turbocharge auditory indic Exhaust/Silei applicable). A LUBRICATIO NORTH TEX/ Lubrication C Grankcase B excessive blo Governor CH Tubes, Lines COOLING SY Radiator Vis or core blocka Radiator Cap Coolant Mea Hoses Visua Fan Assemb | heck for proper operation. Measure Meters - Check for proper operation. I Wiring Visually inspect for signs of ON EXHAUST /isually inspect condition clean whe pect clean air filter. Recommend re 19. Illy inspect note condition of intake r Visually inspect turbocharger for l ators of wear. Incer Visually inspect for leaks prop Innotate anomalies in exhaust smok N SYSTEM AS STATE HOSPITAL - VERNON OF Dil Check for proper oil level. reather Clean breather (where app w by. heck oil level. , Seals Gaskets Visually inspect for 'STEM ually inspect radiator core condition age. Check coolant level. o Check for indications of wear. asure record antifreeze freeze point ally inspect hoses, clamps, gaskets ly Visually inspect fan, fan bearing, | Measure record readings. of wear correct observed loose en necessary. placement when necessary. Ne piping gaskets leaks, physical condition, anno per operation including rain cap dec. CAMPUS licable). Annotate condition and or deterioration or indications of a, annotate indications of coolar t PH level. connections. | ote condition otate o (where ny f wear. nt leakage | | | |
| Measure belt | Iy Visually inspect fan, fan bearing, tension for proper operation. Visually inspect for proper operatic | pulleys belts for indications of | wear. | | | |

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| | | | Purchaser: | Mcfadden,Danny | 512/406-2671 |
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| Vernon, TX 76 And 8407 FM433 \ Vernon, TX 76 During the cor ocations durin Hours and Day North Texas S Monday Frida Exception is th Joutside of norm be performing Service Calls, f services/goods | West 5384 htract period, North Texas State Hos g the period covered by any resulting ys Services are to be performed tate Hospitals Maintenance Departm y, 8 am to 5 pm he designated holidays recognized b nal working hours without the approv such work at NO additional expense Call Backs, Unperformed Service ds have not been received to a satis s are received and comply with this s | g contract. hent regular business ho by the State of Texas). S val of North Texas State to North Texas State H sfactory resolution, paym | burs are: Should work be perfor Hospital, then Contra Iospital or the HHS ag | med actor shall gency. | |
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| Specialist /ENDORS SE PO BILL TO IN NORTH TEXA |) to: carri.baker@hhs.texas.gov ND INVOICES VIA EMAIL TO: carri NFORMATION S STATE HOSPITAL ENANCE DEPARTMENT 1 | Lead Contact | di | rew.hardy2@hhsc.state.t≀ | cus Facility Contract |

| Payment Te Net 30 | erms Freight Terms Prepaid & Allow | Ship V BEST | | Purchase Order | F | HSTX-3-0 | 00029565 |
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| f advertised | by informal bid, Invitation for Offer, or Re | quest for Proposa | ıl; all | Date | Revision | | Paç |
| onforming uarantees g | ifications, terms, and conditions set forth in the advertisement and vendor's forming responses become a part of this numbered purchase order. Contractor antees goods or services delivered meet or exceed numbered purchase order irements. shipments, shipping papers, invoices, and correspondence must be identified our Purchase Order Number. | | 09/01/22 Ship To: | 5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSI 4720 College Dr | | OMMISSION | |
| ll shipmen | | | e identified | | 4730 College Dr PO Box 2231 Vernon TX 76385 United States | | |
| ON-SITE P STE 240-15 8101 BOAT FT WORTH | 1473800202 2 ON-SITE POWER SYSTEMS INC STE 240-155 8101 BOAT CLUB RD FT WORTH TX 761793630 United States | | | Bill To: | Terrell SH Whse HEALTH & HUM/ 1200 E Brin PO Box 70 Terrell TX 75160 United States | AN SERVICES C | OMMISSION |
| | | | | Email: | DSHS.TSHBusines | ssOffice@dshs.texa | as.gov |
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| | Inventory Item ID - Line Description | Class/Item | Quantity | Purchaser: UOM | Mcfadden,Danny PO Price | 5 Extended Amt | 12/406-2671 Due Date |
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Purchase Order

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| Payment Term Net 30 | ns Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | ł | HSTX-3-0000295655 |
| specifications, | v informal bid, Invitation for Offer, or Rea terms, and conditions set forth in the adve | rtisement and vendor's | Date 09/01/22 | Revision | Page 8 |
| guarantees goo requirements. All shipments, | ponses become a part of this numbered p ds or services delivered meet or exceed n shipping papers, invoices, and corresp hase Order Number. | umbered purchase order | Ship To: | 5009 - Vernon:473 HEALTH & HUM, 4730 College Dr PO Box 2231 Vernon TX 76385 United States | 0 College Dr AN SERVICES COMMISSION |
| Vendor: | lor: 1473800202 2 ON-SITE POWER SYSTEMS INC STE 240-155 8101 BOAT CLUB RD FT WORTH TX 761793630 United States | | Bill To: | Terrell SH Whse HEALTH & HUM. 1200 E Brin PO Box 70 Terrell TX 75160 United States | AN SERVICES COMMISSION |
| | | | Email: | DSHS.TSHBusines | sOffice@dshs.texas.gov |
| | | | Purchaser: | Mcfadden,Danny | 512/406-2671 |
| Line-Sch I | nventory Item ID - Line Description | Class/Item Quantity | UOM | PO Price | Extended Amt Due Date |

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

07/22/2022