Health and Human Services Commission

Purchase Order

Dispatch via Print

Ship Via **Payment Terms** Freight Terms HHSTX-3-0000297114 Net 30 Prepaid & Allow BEST WAY **Purchase Order** 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 - 8/4/2022 1 conforming responses become a part of this numbered purchase order. Contractor 5605 - Wichita Falls:6515 Kemp Blv Ship To: guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 6515 Kemp Blvd All shipments, shipping papers, invoices, and correspondence must be identified PO Box 300 with our Purchase Order Number. Wichita Falls TX 76308 United States 12637188348 Bill To: Terrell SH Whse Vendor: HEALTH & HUMAN SERVICES COMMISSION BULLCHASE INC 201 S LAKELINE BLVD STE 503 1200 E Brin PO Box 70 **CEDAR PARK TX 786132741 United States** Terrell TX 75160 United States Email: DSHS.TSHBusinessOffice@dshs.texas.gov **Purchaser:** Farris,Lilly K 512/406-2452 Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price Due Date** Extended Amt PROCUREMENT TYPE: Non-Competitive, TXMAS (CP/X) **BLANKET PURCHASE ORDER** TOTAL AMOUNT CANNOT EXCEED: \$50,000.00 REQUISITION #: HHSTX-3-0000193346 TERM: September 1, 2022 through August 31, 2023 SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact. FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY: 3-5 Days After Receipt of PO Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday to Friday except designated State Holidays AGENCY CONTACT: Name: Allyson Cruz Facility: North Texas State Hospital, Wichita Falls Campus Phone: 940-689-5351 Email: allyson.cruz@hhs.texas.gov AP EMAIL ADDRESS: dshs.tshbusinessoffice@dshs.texas.gov HHSC BUYER: Name: Lilly Farris CTCD Phone: 512-406-2452 Email: lilly.farris@hhs.texas.gov VENDOR: Name: Bullchase Inc Attn: Marianne Galea Phone: 888-558-2855 Email: service@bullchase.com Quote #: Online Pricing TXMAS CONTRACT: TXMAS-18-51V06

Contract Term: 07-01-2018 to 06-30-2023

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guarantees goo requirements. All shipments	ponses become a part of this numbered ds or services delivered meet or exceed , shipping papers, invoices, and corre hase Order Number.	numbered purchase order	Ship To:	5605 - Wichita Falls:6515 Kemp Bl DEPARTMENT OF STATE HEAL 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States	
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 United States		Bill To:	Terrell SH Whse HEALTH & HUMAN SERVICES (1200 E Brin PO Box 70 Terrell TX 75160 United States	COMMISSION
			Email:	DSHS.TSHBusinessOffice@dshs.te	xas.gov

				Purchaser:	Farris,Lilly K	512/406-2452
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO. The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2023, will be considered cancelled.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

(Include for 1 Lot POs)

Note: Agency will not order products on this PO that are available from Workquest or Texas Correctional Industries. Agency will not order capital or controlled assets on this PO.

1-1	FY23 Blanket Order on Hardware, Plumbing, Electrical, Parts, Lubricants, & Etc for North Texas State Hospital Wichita Falls Campus from 09-01-22 to 06-30-23	450-41	1.00	LOT	50000.00000	\$50,000.00	09/01/2022
					Schedule Total	\$50,000.00	
					Item Total for Line 1	\$50,000.00	
					Total PO Amount	\$50,000.00	

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specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	vertisement and vendo	lor's	Date 09/01/22	Revision 1 - 8/4/2022	Page 3
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:	5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH SERVICES 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 United States			Bill To:	Terrell SH Whse HEALTH & HUM 1200 E Brin PO Box 70 Terrell TX 75160 United States	IAN SERVICES COMMISSION
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				Purchaser:	Farris,Lilly K	512/406-2452
Line-Sch	Inventory 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	
Lilly Lania, CTCD	<u>08/04/2022</u>

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