

# 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-3-0000297984</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> 4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States

**Vendor:** 1471598329 3  
 INNOVATIVE INDEPENDENCE INC  
 DBA PARA DRIVING AIDS  
 10624 N IH 35  
 SAN ANTONIO TX 78233-6626  
 United States

**Bill To:** Invoice - DADS  
 HEALTH & HUMAN SERVICES COMMISSION  
 4001 Highway 36 South  
 Brenham TX 77833  
 United States

**Fax:** 979/277-1865  
**Email:** 712Accounting@hhs.texas.gov

**Purchaser:** Munoz, Gi bert J

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 funding  
 OM/Q  
 Requisition 196820 - Solicitation 196820A  
 PO Service Dates 09-01-2022 to 08-31-2023

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 contact**  
 First and Last Name: Dan Hansen  
 Phone number: 512-385-0808  
 Email address: austinpara@yahoo.com

**Agency contact**  
 First and Last Name: Linda Ruiz  
 Phone number: 512-374-6038  
 Email address: Linda.Ruiz@hhs.texas.gov  
 Facility: Austin State Supported Living Center

**PCS contact**  
 First and Last Name: Gilbert Munoz  
 Phone number: 512-406-2473  
 Email address: Gi bert.Munoz@hhs.texas.gov

1-1	FY23 CH1 Services AuSSLC Services for wheelchair lifts and maintenance	928-86	1.00	LOT	25000.00000	\$25,000.00	09/01/2022
-----	--	--------	------	-----	-------------	-------------	------------

<b>Schedule Total</b>	\$25,000.00
<b>Item Total for Line 1</b>	\$25,000.00
<b>Total PO Amount</b>	\$25,000.00

# 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-3-0000297984</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> 4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States

**Vendor:** 1471598329 3  
 INNOVATIVE INDEPENDENCE INC  
 DBA PARA DRIVING AIDS  
 10624 N IH 35  
 SAN ANTONIO TX 78233-6626  
 United States

**Bill To:** Invoice - DADS  
 HEALTH & HUMAN SERVICES COMMISSION  
 4001 Highway 36 South  
 Brenham TX 77833  
 United States

**Fax:** 979/277-1865  
**Email:** 712Accounting@hhs.texas.gov

**Purchaser:** Munoz, Gi bert J

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**

*Michelle Murray, CTCB*

**08/11/2022**