Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000298532
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.			Date 09/01/22	Revision 2 - 8/17/2022	Page 1
			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf	
All shipments, shipp with our Purchase (respondence must be identified		Austin TX 78741 United States	

Vendor: 1760143483 4

SUN COAST RESOURCES, INC.

PO BOX 735606 DALLAS TX 75373-5606

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

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

FY23 Funding

OM/Q

Requisition: 0000197289 - Solicitation: REQ 0000197289

PO Service Dates: 09-01-2022 to 08-31-2023

Awarded from Informal IFB# REQ0000197289

Any contingency items not covered by the contract will be added as needed.

Please send all invoices to: Disability Determination Services, PO Box 149198, Austin, Texas 78714-9198

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: Steven Boyd Phone number: 713.429.6702

Email address: national@suncoastresources.com

Agency Contact

First and Last Name: Frank Perez Phone number: 512.437.8417 Email address: Frank Perez@ssa.gov

PCS Contact

First and Last Name: Valerie Griffin Phone number: 512.406.2458

Email address: Valerie.Griffin@hhs.texas.gov

1-1 962-86 **1.0000** LOT 17400.00000 **\$17,400.00** 10/01/2022

Health and Human Services Commission

Purchase Order

Dispatch via Print

If advertised b	Prepaid & Allow	BEST	WAY	Purchase Ord	ler	HHSTX-3-00)00298532	
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				Ship To:	HEALTH & HUM 6101 E Oltorf Austin TX 78741			
Vendor:	1760143483 4 SUN COAST RESOURCES, INC. PO BOX 735606 DALLAS TX 75373-5606 United States			Bill To:	HEALTH & HUN			
			Fax: Email:	512/424-6901 HHSC_AP@hhsc	512/424-6901 HHSC_AP@hhsc.state.tx.us			
				Purchaser:	Griffin,Valerie	51	2/406-2458	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
	Emergency Fuel Services							
				Se	chedule Total	\$17,400.00		
			Item Tot	tal for Line 1	\$17,400.00			

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
Valvie Lind, etch, etc

Total PO Amount

\$17,400.00