

# 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-3-0000298867</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> 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

**Vendor:** 1742942838 0  
FACILITY SOLUTIONS GROUP INC  
PO BOX 674491  
DALLAS TX 752674491  
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:** Lyncook, Shawn Patrick 512/406-2685

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding  
OM/Q - Phone bid - Texas Government Code 2156.063.  
Requisition 195661  
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.

PCS contact  
Shawn 'Patrick' LynCook  
512-406-2685  
shawn.lyncook@hhs.texas.gov

PCS PLEASE CONTACT Michelle Samora or CHRISTINE CRUZ  
VENDORS SEND INVOICES VIA EMAIL TO: 712accounting@hhs.texas.gov

Vendor Name: Facility Solutions Group INC  
Vendor ID: 17429428380003  
Vendor Contact: Peter Cardona  
Vendor Phone: 361-882-5685  
Vendor Email: peter.cardona@fsgj.com

Lead Contact (Program SME) Name: Michelle Samora  
Lead Contact Email: michelle.samora@hhs.texas.gov  
Lead Contact Phone: 361-844-7944

Contract Manager Name: CHRISTINE CRUZ  
Contract Manager Email: christine.cruz@hhs.texas.gov  
Contract Manager Phone: 361-888-5301 ext 7507

SCOR Division: 19 - State Operated Facilities

PCS Email PO to: michelle.samora@hhs.texas.gov  
Christine.cruz@hhs.texas.gov  
712accounting@hhs.texas.gov

SERVICES PERIMETER LIGHTING MAINTENANCE REPAIR  
Facility: CH3 Corpus Christi State Supported Living Center

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY23 - Services Perimeter lighting maintenance and repair; CH3-CCSSLC	936-25	1.00	LOT	24500.00000	\$24,500.00	09/01/2022
<b>Schedule Total</b>						\$24,500.00	
<b>Item Total for Line 1</b>						\$24,500.00	
<b>Total PO Amount</b>						\$24,500.00	

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**



**08/22/2022**