### **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-3-0000298963	
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	Revision Page 1		
			Ship To:	Y984 - Austin:8317 Cross Park Dr HEALTH & HUMAN SERVICES COMMISSION 8317 Cross Park Dr		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
100	1.7.11.1.0					

**Vendor:** 1204564116 9

IBRIDGE GROUP INC

ARBORETUM PLAZA ONE SUITE 500 9442 N CAPITAL OF TEXAS HWY

AUSTIN TX 787597262

**United States** 

Bill To: Invoice-HHSC MC2065

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/206-4854

Email: IT\_invoicing@hhs.texas.gov

Purchaser: Arellano, Delia

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date
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FY23 funding

Requisition 200191

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

Previous PO: 270450

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.

Purchase order issued in accordance with Texas Government Code §2157.068, DIR CONTRACT NUMBER, DIR-TSO-4362.

For electronic license delivery, please send to HHSC Software Asset Management: HHS\_SAM@hhs.texas.gov

Vendor contact Jennifer Cumpian

Phone number: 512-831-3399

Email address: jennifer.cumpian@ibridgegroup.com

Agency contact Marty Martinez

Email address: Marty.Martinez@hhs.texas.gov

Agency Contact Diane Williams

Email address: diane.williams@hhs.texas.gov

Agency Contract Manager

Caleb Braziel

Email address: caleb.braziel@hhs.texas.gov

PCS contact Delia Arellano

Email address: delia.arellano@hhs.texas.gov

DIR Contract, DIR-TSO-4362, Appendix A Terms and Conditions

PCS 111 Terms and Conditions

### **Health and Human Services Commission**

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			Ship To:	Y984 - Austin:8317 Cross Park Dr HEALTH & HUMAN SERVICES COMMISSION 8317 Cross Park Dr PO Box 149030 Austin TX 78754 United States		

**Vendor:** 1204564116 9

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HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

**Fax:** 512/206-4854

Email: IT\_invoicing@hhs.texas.gov

Purchaser: Arellano, Delia Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price Extended Amt Due Date 1-1 920-45 1.00 EA 991239.06000 \$991,239.06 09/01/2022 KOFAX STANDARD SUPPORT RENEWAL 1 YR ITEM: MR-1800-0110 S/N #SF12784 + TG59399 + SC41943 + SC41941 Schedule Total \$991,239.06 **Item Total for Line 1** \$991,239.06 2-1 920-45 1.00 EA 62615.93000 \$62,615.93 09/01/2022 KOFAX MOBILE STANDARD SUPPORT RENEWAL 1 YR ITEM: MR-3000-0110 S/N #YA45928 Schedule Total \$62,615.93 Item Total for Line 2 \$62,615.93 3-1 920-45 1.00 EA 27069.32000 \$27,069.32 09/01/2022 KOFAX STANDARD SUPPORT RENEWAL 1 YR ITEM: MR-1800-0110 S/N #SF12785 + SA31060 Schedule Total \$27,069.32 **Item Total for Line 3** \_\_\_\_ \$27,069.32 920-45 1.00 EA 4-1 23868.68000 \$23,868.68 09/01/2022 KOFAX STANDARD SUPPORT RENEWAL 1 YR ITEM: MR-1800-0110 S/N #SF12783 + SA31061 + TG59400 Schedule Total \$23,868.68 Item Total for Line 4 \$23,868.68

### **Health and Human Services Commission**

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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			<b>Date</b> 09/01/22	Revision 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.			Ship To:	Y984 - Austin:8317 Cross Park Dr HEALTH & HUMAN SERVICES COMMISSION 8317 Cross Park Dr		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 149030 Austin TX 78754 United States		
Vendor:	1204564116 9		Bill To:	Invoice-HHSC MC2065		

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AUSTIN TX 787597262

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HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

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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** 

Delia arellaso, CTCM. CTCD

08/24/2022