Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	Н	HSTX-3-0000299190
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			Date 09/01/22	Revision	Page 1
guarantees go requirements All shipmen	oods or services delivered meet or exceed	numbered purchase order	Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSI 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States	
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 93107 CHICAGO IL 606733107 United States		Bill To:	Invoice-DSHS Accord DEPARTMENT OF 1200 E Brin PO Box 70 Terrell TX 75160 United States	unts Payable STATE HEALTH SERVICES

Purchaser: Bartelme, Tammy 512/406-2566 **UOM** Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity PO Price **Extended Amt Due Date**

Fax:

Email:

972/551-8052

DSHS.TSHBusinessOffice@dshs.texas.gov

BLANKET PURCHASE ORDER

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 and 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 - Friday except designated State Holidays

AGENCY CONTACT: James W. Lannon 915-782-6455 james.lannon@hhs.texas.gov El Paso State Supported Living Center

HHSC BUYER: Tammy Bartelme, CTCD, CTCM 512-406-2566 Tammy.Bartelme@hhs.texas.gov

VENDOR: Hector Alvarado 915-248-8462 hector.alvarado@jci.com

SOURCEWELL GPO AND HHSC Contract HHS000789700001

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 186825

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

Health and Human Services Commission

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Payment Te	9	Ship Via	,	se Order HHSTX-3-00002991	IOO		
Net 30	Prepaid & Allow	BEST WAY	i ai oi iaco				
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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.			er Ship 10:	HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905	HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr		
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 93107 CHICAGO IL 606733107 United States		Bill To:	United States Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States	S		
			Fax: Email				
			Purchaser	er: Bartelme,Tammy 512/406-2566			
Line-Sch	Inventory Item ID - Line Description	Class/Item Q	uantity UOM	PO Price Extended Amt Due Date			

Any goods or services not ordered and received by August 31, 2023 will be considered cancelled.

Amount may be increased/decreased upon need.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

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

Note: Agency will not order goods or services on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets or equipment on this PO.

1-1 936-48 1.00 LOT 19000.00000 \$19,000.00 08/31/2023 SERVICE, FY23- Maintenance Repair and Services to chiller, boilers, HVAC units, and circulating pumps FOR CH5

Schedule Total \$19,000.00

\$165.00 Supervisor hourly rate
\$145.00 Technician hourly rate
\$134.00 Technician assistant hourly rate
\$240.50 Supervisor after hours hourly rate
\$217.50 Technician after hours hourly rate
\$201.00 Technician assistant after hours hourly rate
\$330.00 Supervisor holiday hourly rate
\$290.00 Technician holiday hourly rate
\$296.00 Technician assistant holiday hourly rate
Markup percentage above contractor cost 30%
1 year parts and materials warranty
1 year labor warranty

(EPSSLC)

Item Total for Line 1 \$19,000.00

Total PO Amount \$19,000.00

Health and Human Services Commission

Purchase Order

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Payment To		Ship Via				HSTX-3-000029	0100
Net 30	Prepaid & Allow	BEST W		Purchase Order		1113 1 X-3-000028	Page
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Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 93107 CHICAGO IL 606733107 United States			Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States		
			Fax: Email:	972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov			
				Purchaser:	Bartelme,Tammy	512/406-25	566
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due D	ate

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

Janua Bartelow CTCO

08/24/2022