

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-------------------------|--|
| Payment Terms Net 30 | Freight Terms N/A, Service, Pick up, etc. | Ship Via NONE | Purchase Order HHSTX-3-0000306758 |
| 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 12/15/22 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 1 |
| | | | Ship To: 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States |

Vendor: 1752277547 1
JOHN R HOLT
DBA JOHN R HOLT DDS
2309 YORK AVE
LUBBOCK TX 794072286
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Purchaser: Atchley,Cindy Jean 432/263-9617

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

FY23 Funding
EX/0 Awarded in accordance with Formal Solicitation HHS0012606A
Not delegated by POD; Client Purchase TGC 2155.144(b)(b-1) (2)
Requisition 0000196877
Rates: In accordance with Formal IFB Solicitation HHS0012606A

PO Amount: \$60,000.00
PO Service Dates 12/15/2022 to 08/31/2023 no renewals

Unilateral Contract: 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 good and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Vendor Contact 1:
John R. Holt, DDS
806-783-0520
annholt2020@gmail.com

Vendor Contact 2:
Ann Holt
806-783-0520
annholt2020@gmail.com

For: HHSC/Facility HHSC/Abilene State Supported Living Center (ABSSLC)

Agency/Facility Contract Manager:
Heather Barlow, CTCM
325-795-3444

Agency/Facility Lead Contact:
Dr. Mark Bullock
325-795-3373
mark.bullock@hhs.texas.gov

PCS Contact:
Cindy Atchley, CTCD
432-263-9617
cindy.atchley@hhs.texas.gov

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-------------------------|--|
| Payment Terms Net 30 | Freight Terms N/A, Service, Pick up, etc. | Ship Via NONE | Purchase Order HHSTX-3-0000306758 |
| 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 12/15/22 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 2 |
| | | | Ship To: 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States |

Vendor: 1752277547 1
JOHN R HOLT
DBA JOHN R HOLT DDS
2309 YORK AVE
LUBBOCK TX 794072286
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Purchaser: Atchley,Cindy Jean 432/263-9617

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|------------------------------|---|------------|----------|-----|-------------|--------------|------------|
| 1-1 | FY23 Client Dental Services as needed; Dental Anesthesia Services; For CG9- AbSSLC; HHS0012606A; Term 12/15/2022-08/31/2023 no renewals; Req 196877 | 948-28 | 1.00 | LOT | 60000.00000 | \$60,000.00 | 12/15/2022 |
| Schedule Total | | | | | | \$60,000.00 | |
| Item Total for Line 1 | | | | | | \$60,000.00 | |
| Total PO Amount | | | | | | \$60,000.00 | |

** VENDORS SEND INVOICES VIA EMAIL TO **
710accounting@hhsc.state.tx.us

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 <i>Cindy Atchley, CTED</i> | 12/15/2022 |
|--|-------------------|

