## **Health and Human Services Commission**

### **Purchase Order**

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST	Via WAY	Purchase Order		HHSTX-3-0000307386
specification	by informal bid, Invitation for Offer, or R is, terms, and conditions set forth in the ad	vertisement and v	endor's	<b>Date</b> 12/28/22	Revision	Page 1
guarantees go requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s. ts, shipping papers, invoices, and corre- rchase Order Number.	numbered purcha	se order	Ship To:	0281 - Beaumont: HEALTH & HUM 350 Pine St Flr 9 Beaumont TX 777 United States	IAN SERVICES COMMISSION
Vendor:	1760537773 2 ADVANCED ALARM SYSTEMS II 1130 LINDBERGH DR STE C BEAUMONT TX 777074124 <b>United States</b>	NC		Bill To:	Invoice-HHSC Re HEALTH & HUM 350 Pine St Flr 9 Beaumont TX 777 United States	IAN SERVICES COMMISSION
				Fax: Email:	409/951-3209 Reg05_Admin_Se	rvices@hhsc.state.tx.us
			0 44	Purchaser:	Mcknight,Aaron	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY23 funding

EX/0 TGC 2167 Lease of Space for State Agencies

Requisition 213340 Pricing per Quote dated 11/17/2022 from Mark Gunstream

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 Mark Gunstream 409-840-2077 mark@texasalarms.com

Contract Manager Tony Hadnot 409-730-4015 Letony.hadnot@hhs.texas.gov

PCS Contact Aaron McKnight 512-406-2641 Aaron.mcknight03@hhs.texas.gov

1-1	"Install Access Card Readers to 12 entrance doors on the 9th Floor. of Edison Plaza	910-14	1.00	LOT	15997.00000	\$15,997.00	12/28/2022
					Schedule Total	\$15,997.00	

Includes the following: (1) - Continental Access CICP1800T Accelaterm Panel 8 Door (1) - Accelaterm Expansion Board 8 Door (1) - Network Interface Module - (1) 24Volt Power Supply - (12) Mullion Card Readers - (12) Door Strikes - Run Wire to 8th Floor for network connection - Program and testing

#### PLEASE EMAIL INVOICES TO Reg05\_Admin\_Services@hhsc.state.tx.us

(a) To receive payment, a contractor must submit an invoice to the state agency receiving the goods or services. The invoice should include, but is not limited

# **Health and Human Services Commission**

### **Purchase Order**

Net 30     Prepaid & Allow     BEST WAY       Purchase Order     HHSTX-3-00003073       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.     Purchase Order     Revision       guarantees goods or services delivered meet or exceed numbered purchase order requirements.     Oate     Revision     12/28/22       Ship To:     0281 - Beaumont:350 Pine St Flr 9 HEALTH & HUMAN SERVICES COMMISSION 350 Pine St Flr 9 Beaumont TX 77701 United States     Ship To:     0281 - Beaumont:350 Pine St Flr 9 HEALTH & HUMAN SERVICES COMMISSION 350 Pine St Flr 9 Beaumont TX 77701 United States       Vendor:     1760537773 2 ADVANCED ALARM SYSTEMS INC 1130 LINDBERGH DR STE C BEAUMONT TX 777074124 United States     Bill To:     Invoice-HHSC Reg 05 ; Administ HEALTH & HUMAN SERVICES COMMISSION 350 Pine St Flr 9 Beaumont TX 77701 United States       Fax:     409/951-3209 Envelt     409/951-3209 Envelt
<ul> <li>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.</li> <li>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</li> <li>Vendor: 1760537773 2 <ul> <li>ADVANCED ALARM SYSTEMS INC</li> <li>1130 LINDBERGH DR STE C</li> <li>BEAUMONT TX 777074124</li> <li>United States</li> </ul> </li> <li>Bill To: Invoice-HHSC Reg 05 ; Administ HEALTH &amp; HUMAN SERVICES COMMISSION 350 Pine St FIr 9 <ul> <li>Beaumont TX 77701</li> <li>United States</li> </ul> </li> <li>Bill To: Invoice-HHSC Reg 05 ; Administ HEALTH &amp; HUMAN SERVICES COMMISSION 350 Pine St FIr 9 <ul> <li>Beaumont TX 77701</li> <li>United States</li> </ul> </li> <li>Bill To: Invoice-HHSC Reg 05 ; Administ HEALTH &amp; HUMAN SERVICES COMMISSION 350 Pine St FIr 9 <ul> <li>Beaumont TX 77701</li> <li>United States</li> </ul> </li> <li>Bill To: Invoice-HHSC Reg 05 ; Administ HEALTH &amp; HUMAN SERVICES COMMISSION 350 Pine St FIr 9 <ul> <li>Beaumont TX 77701</li> <li>United States</li> </ul> </li> </ul>
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BEAUMONT TX 777074124 United States Beaumont TX 77701 United States Fax: 409/951-3209
United States     United States       Fax:     409/951-3209
Fax: 409/951-3209
Dec05 Admin Convice Other states
Email: Reg05_Admin_Services@hhsc.state.tx.us
Purchaser: Mcknight, Aaron
Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date
o including: 1) the contractor's mailing and e-mail (if applicable) address; 2) the contractor's mailing and e-mail (if applicable) address; 3) the name and telephone number; 3) the name and telephone number, and delivery address; 5) the state agency's purchase order number, if applicable; 6) the contract number or other reference number, if applicable; 7) a valid Texas identification number (TIN) issued by the comptroller; 8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice; 9) unit numbers corresponding to the amount of the invoice; 10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor; 11) other relevant information supporting and explaining the payment requested. NOTE TO SUPPLIER: PLEASE EMAIL INVOICES TO Reg05_Admin_Services@hhsc.state.tx.us FASTER PROCESSING. SHIP TO LOCATION CODE 1293 HHSC - WAREHOUSE 1090 S. 4th St., BEAUMONT, TX 77701. Shipping location open Monday through Friday, 8 AM to 12 PM and 1 PM to 5 PM.
<b>Total PO Amount</b> \$15,997.00

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 Aug/Actes/crem

<u>12/28/2022</u>

**Dispatch via Print**