Health and Human Services Commission

Purchase Order

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000307842
specification	d by informal bid, Invitation for Offer, or Re ns, terms, and conditions set forth in the adv	ertisement and vendor's	Date 01/06/23	Revision Page
guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed n is. nts, shipping papers, invoices, and corresp urchase Order Number.	umbered purchase order	Ship To:	1270 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St PO Box 13247 Austin TX 78751 United States
Vendor:	1522189693 7 CARAHSOFT TECHNOLOGY CORI 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230 United States	PORATION	Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States
			Fax: Email:	512/206-4854 IT_invoicing@hhs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Reese,Travis PO Price Extended Amt Due Date

FY23 Purchase

-

Procurement Type: IT/I Requisition: 0000214775 PO Service Dates: 01/09/2023 to 08/31/2023

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

Contract: DIR-TSO-4288

Quote: 36751452

Agency Contact: Name: Lynn Derrick Phone: (512) 438-3125 Email: lynn.derrick@hhs.texas.gov

Purchaser Information: Name: Travis Reese Phone: (832) 212-9330 Email: travis.reese@hhs.texas.gov

Vendor: Carahsoft Technology Corporation Vendor Contact: Chandler Teasdale Vendor Phone: (571) 662-3905 Email: chandler.teasdale@carahsoft.com

1-1

920-76

120.00 HR

Dispatch via Print

Health and Human Services Commission

Purchase Order

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Payment Ten Net 30		Ship		Durahaaa	Order		atch via Print	
If advertised	30 Prepaid & Allow BEST WAY dvertised by informal bid, Invitation for Offer, or Request for Proposal; all cifications, terms, and conditions set forth in the advertisement and vendor's		al; all	Purchase Date 01/06/23	Revision	HHSTX-3-000030784 Revision Pag		
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Ship To:	HEALTH & 4601 W Gu PO Box 13 Austin TX	1270 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St PO Box 13247 Austin TX 78751		
Vendor:	endor: 1522189693 7 CARAHSOFT TECHNOLOGY CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230 United States		Bill To:	Invoice-HH HEALTH & 4601 W Gu Austin TX	United States Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States			
				Fax: Email	512/206-48 IT_invoicin	54 g@hhs.texas.gov		
Line-Sch	Inventory Item ID - Line Descripti	ion Class/Item	Quantity	Purchaser: UOM	: Reese,Tra PO Price	ivis Extended Amt	Due Date	
	RATE DESCRIBED IN THE SOW SIGNED BY THE PARTIES. MINIMUM / INCREMENT OF 40. PAYMENT: MONTHLY. SNOWFLAKE, INC. Part# SVC_TMSA			16	Schedule Total _			
2-1	TECHNICAL SERVICES - T&M SERVICE DELIVERY MANAGER HOURLY RATE DESCRIBED IN T SOW SIGNED BY THE PARTIES. MINIMUM / INCREMENT OF 4. PAYMENT: MONTHLY. SNOWFLAKE, INC. Part# SVC_TMSDM		20.00	HR	247.50000	\$4,950.00	01/06/2023	
					Schedule Total	\$4,950.00		
				Item Total for Line 2				

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.

Health and Human Services Commission

Purchase Order

				Dispatch via Prin
		Purchase Order		HHSTX-3-0000307842
erms, and conditions set forth in the advertisement an	d vendor's	Date 01/06/23	Revision	Pag
s or services delivered meet or exceed numbered pur	chase order	Ship To:		1
1522189693 7 CARAHSOFT TECHNOLOGY CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230 United States		Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMIS 4601 W Guadalupe St Austin TX 78751 United States	
		Fax: Email:	512/206-4854 IT_invoicing@hl	hs.texas.gov
		Purchaser:	Reese,Travis	
	Prepaid & Allow BE informal bid, Invitation for Offer, or Request for Pro erms, and conditions set forth in the advertisement an oonses become a part of this numbered purchase order is or services delivered meet or exceed numbered pur shipping papers, invoices, and correspondence mu- nase Order Number. 1522189693 7 CARAHSOFT TECHNOLOGY CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230	Prepaid & Allow BEST WAY informal bid, Invitation for Offer, or Request for Proposal; all erms, and conditions set forth in the advertisement and vendor's ponses become a part of this numbered purchase order. Contractor Is or services delivered meet or exceed numbered purchase order shipping papers, invoices, and correspondence must be identified ase Order Number. 1522189693 7 CARAHSOFT TECHNOLOGY CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230	Prepaid & AllowBEST WAYPurchase Orderinformal bid, Invitation for Offer, or Request for Proposal; all erms, and conditions set forth in the advertisement and vendor's ponses become a part of this numbered purchase order. Contractor ls or services delivered meet or exceed numbered purchase orderDate 01/06/23shipping papers, invoices, and correspondence must be identified mase Order Number.Bill To:1522189693 7 CARAHSOFT TECHNOLOGY CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230 United StatesBill To:Fax: Email:	Prepaid & AllowBEST WAYPurchase Orderinformal bid, Invitation for Offer, or Request for Proposal; all erms, and conditions set forth in the advertisement and vendor's sonses become a part of this numbered purchase order. Contractor is or services delivered meet or exceed numbered purchase orderDate 01/06/23Revisionshipping papers, invoices, and correspondence must be identified tase Order Number.Ship To:1270 - Austin:40 HEALTH & HU 4601 W Guadalu PO Box 13247 Austin TX 78751 United States1522189693 7 CARAHSOFT TECHNOLOGY CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON VA 20190-5230 United StatesBill To:Invoice-HHSC N HEALTH & HU 4601 W Guadalu Austin TX 78751 United StatesFax:512/206-4854 IT_invoicing@hl

- Varie Rosae, CTCP, CTCM 01/12/2023	Authorized By	
	- Cravie Rosse, CTCD, CTCM	<u>01/12/2023</u>