

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|--|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000308814 |
| 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 01/23/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 1 |
| | | | Ship To: 5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States |

Vendor: 136229255 8
JOINT COMMISSION ON ACCREDITATION OF HEA
1 RENAISSANCE BLVD
OAKBROOK TERRACE IL 601814294
United States

Bill To: Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Alba, Yvonne E 512/406-2416

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

FY23 funding
Requisition 0000213633
PO Service Dates 1-23-2022 to 08-31-2023

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.

VENDORS SEND INVOICES VIA EMAIL TO: NTH.AccountsPayable@hhsc.state.tx.us
PO BILL TO INFORMATION
NORTH TEXAS STATE HOSPITAL
ATTN: QUALITY MANAGEMENT
P.O. BOX 2231
4730 COLLEGE DR
VERNON, TEXAS 76384
CODE # 3068
Email# NTH.AccountsPayable@hhsc.state.tx.us

Vendor contact
JOINT COMMISSION ON ACCREDITATION OF HEA
1 Oakbrook Terrace, IL 60181 -4294
Renaissance Boulevard
Patricia Hall
630-792-5665
phall@jointcommission.org

Agency contact
Drew Hardy
940-414-0975
drew.hardy2@hhs.texas.gov

PCS contact
Yvonne Alba
512-406-2416 yvonne.alba@hhs.texas.gov

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|--|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000308814 |
| 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 01/23/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 2 |
| | | | Ship To: 5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States |

Vendor: 1362229255 8
JOINT COMMISSION ON ACCREDITATION OF HEA
1 RENAISSANCE BLVD
OAKBROOK TERRACE IL 601814294
United States

Bill To: Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Alba, Yvonne E 512/406-2416

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|--|------------|----------|-----|------------------------------|--------------|------------|
| | FY23, Service, CF9, Joint Commission Accreditation, Hospital Program/ IPM, WV.899999-999998 TPO F3E010 | | | | | | |
| | | | | | Schedule Total | \$11,875.00 | |
| | Quote attached | | | | | | |
| | | | | | Item Total for Line 1 | \$11,875.00 | |
| 2-1 | FY23, Service, CF9, Joint Commission Accreditation, ORYX Program, Psychiatric Hospital TPO F3E010 | 963-16 | 1.00 | LOT | 400.00000 | \$400.00 | 01/23/2023 |
| | | | | | Schedule Total | \$400.00 | |
| | | | | | Item Total for Line 2 | \$400.00 | |
| | | | | | Total PO Amount | \$12,275.00 | |

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

Yvonne Alba, CTCM

01/23/2023