Department of State Health Services

Purchase Order

Dispatch via Print

432/263-9617

Due Date

Extended Amt

Atchley, Cindy Jean

PO Price

Payment Terr Net 30	ns Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order	HHSTX-3-0000311217		
specifications,	y informal bid, Invitation for Offer, or Req terms, and conditions set forth in the adver	tisement and vendor's	Date 03/02/23	Revision Page 1		
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:	1903 - El Paso:401 Franklin Ave DEPARTMENT OF STATE HEALTH SERVICES 401 Franklin Ave Ste 210 El Paso TX 79901 United States		
Vendor:	1742696297 7 ADULTS & YOUTH UNITED DEVEL PO BOX 2017 SAN ELIZARIO TX 798492017 United States	OPMENT ASSOCI	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		

Quantity

Purchaser:

UOM

FY23 Funding
EX/0 Legal Cite 2155.144; Client Purchase; Texas Health and Safety Code Sec. 1001.071
PO Amount: \$3,000.00

Requisition 0000220829

Pricing per Quote: AYUDA Workplan

PO Funding/Service Dates: 03/02/2023-08/31/2023 no renewals

Inventory Item ID - Line Description

Client Services:

Line-Sch

Conduct Child Home Safety Assessments in various communities to create awareness on possible hazards in the home.

Class/Item

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 and/or 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: Olivia Figueroa 915-851-0272 oliviafigueroa64@yahoo.com

For: Agency: DSHS/Region 9/10

Agency Contact: Claudia Diaz 915-734-7688 claudia.diaz@dshst.texas.gov or Nancy Clinton 915-834-7675 nancy.clinton@dshs.texas.gov

PCS Contact: Cindy Atchley, CTCD Phone: 432-263-9617

Email: cindy.atchley@hhs.texas.gov

Department of State Health Services

			Pι	ırchase	Order				
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with our Pu	ırchase Orde	er Number.				El Paso TX 79901 United States			
Vendor:	PO BOX	S & YOUTH UNITED DEVE X 2017 JIZARIO TX 798492017	ELOPMENT ASS	SOCI	Bill To:	Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (F PO Box 149347 Austin TX 78756 United States	OF STATE HEALT	H SERVICES	
					Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov		
					Purchaser:	Atchley,Cindy Je	an 4	32/263-9617	
Line-Sch	Inventory	Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
1-1	Child Hom various con	JDA will conduct (50) initial the Safety Assessments in mmunities. (\$50/presentation of (50) presentations; REQ	952-59	50.00	EA	50.00000	\$2,500.00	03/20/2023	
						Schedule Total	\$2,500.00		

Activity Dates March 2023 - June 30, 2023

PAYABLES: Please send invoices to Betty.Hernandez@dshs.texas.gov cc Cynthia.Ortega@dshs.texas.gov

Agency Delivery Contact: Nancy Clinton (915) 834-7675 nancy.clinton@dshs.texas.gov

**Shipping	aton (915) 834-7675 nancy.clinton@dsns.texa g location is available: Monday - Friday (8:00 ATTN: Nancy Clinton (915) 834-7675 nancy.	AM - 5:00 PM)		ndard Ti	me **		
	• • • • • • • • • • • • • • • • • • • •		C		Item Total for Line 1	\$2,500.00	
2-1	FY23 AYUDA will conduct (50) initial Child Home Safety Assessments in various communities so travel will be included as 1 lot (\$500 for travel): REQ 220829	952-59	1.00	EA	500.00000	\$500.00	03/20/2023
					Schedule Total	\$500.00	
					Item Total for Line 2	\$500.00	
					Total PO Amount	\$3,000.00	

Department of State Health Services

Purchase Order

Dispatch via Print

Payment To		Ship Via		IIIICTV 2 0000244247	
Net 30	N/A, Service, Pick up, etc.	NONE	Purchase Order	HHSTX-3-0000311217	
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 03/02/23	Revision Page 3	
			Ship To:	1903 - El Paso: 401 Franklin Ave DEPARTMENT OF STATE HEALTH SERVICES 401 Franklin Ave Ste 210 El Paso TX 79901 United States	
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Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date	

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
Cindy atchley, CTCD

03/02/2023