Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-	-0000312203
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		Date 03/16/23	Revision	Page 1	
guarantees governments All shipmen	responses become a part of this numbered oods or services delivered meet or exceeds. tts, shipping papers, invoices, and corre- rchase Order Number.	numbered purchase order	Ship To:	5750 - Amarillo:3407 Pony Expre DEPARTMENT OF STATE HEA 3407 Pony Express Way Amarillo TX 79118 United States	
Vendor:	1300500004 0 COLIN'S HOPE PMB 147 3267 BEE CAVES RD STE 107 AUSTIN TX 787466773 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	LTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

Purchaser:

UOM

SP/E - Spot Purchase Up to \$10,000.00 800/24

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

Inventory Item ID - Line Description

DELIVERY: 10 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays

Class/Item

****SEND INVOICES TO: Invoices@dshs.texas.gov

AGENCY CONTACT:

LEAD Contact: Porscha Jones-Harris

Lead Contact Email: porscha.jonesharris@dshs.texas.gov

Lead Contact Phone: 806-477-1100

HHSC BUYER:

Ana Breest, CTCD, CTCM

512-406-2679

Line-Sch

ana.breest@hhs.texas.gov

VID: 1300500004 Colins Hope Jessica Sosa 512-222-7591

Jessica.sosa@colinshope.org

Quote: Website

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00 REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2023

Requisition: 0000220571

Quote

345-40 400.00 UNT .92000 \$368.00 03/23/2023 1-1

WATER SAFETY INFORMATION CARD, LANGUAGE: ENGLISH; COMMODITY CODE: 345-40

> Schedule Total \$368.00

Breest, Maria Ana

Extended Amt

Due Date

PO Price

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	ě .	Ship Via		11110TV 0 0000040000
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000312203
	by informal bid, Invitation for Offer, or F		Date	Revision Page
	s, terms, and conditions set forth in the ac		03/16/23	2
	responses become a part of this numbered		Ship To:	5750 - Amarillo:3407 Pony Express
requirements	oods or services delivered meet or exceed	numbered purchase order		DEPARTMENT OF STATE HEALTH SERVICES
	ts, shipping papers, invoices, and corre	spandance must be identified		3407 Pony Express Way
	rchase Order Number.	spondence must be identified		Amarillo TX 79118
with our ru	renase order rumber.			United States
Vendor:	1300500004 0		Bill To:	Invoice-DSHS Fiscal Claims
v chaor.	COLIN'S HOPE		DIII 10.	DEPARTMENT OF STATE HEALTH SERVICES
	PMB 147			1100 W 49th St (RBB)
	3267 BEE CAVES RD STE 107			PO Box 149347
	AUSTIN TX 787466773			Austin TX 78756
	United States			United States
			Fax:	512/458-7442
			Email:	invoices@dshs.texas.gov
			Lindii.	
			Purchaser:	Breest,Maria Ana

Quantity

Class/Item

UOM

PO Price

Extended Amt

Due Date

COLIN'S HOPE JESSICA SOSA

jessica.sosa@colinshope.org 3267 BEE CAVES RD, SUITE 107, C/O PMB 147, AUSTIN, TX 78746-6700

Inventory Item ID - Line Description

colinshope.org

Line-Sch

Telephone: 1-512-222-7591

PLEASE SEE ATTACHED.

PLEASE SE	ЗЕ АТТАСНЕД.				Item Total for Line 1	\$368.00	
2-1	WATER SAFETY INFORMATION CARD, LANGUAGE: SPANISH; COMMODITY CODE: 345-40	345-40	200.00	UNT	.94000	\$188.00	03/23/2023
					Schedule Total	\$188.00	
					Item Total for Line 2	\$188.00	
3-1	WATER SAFETY WITH COLIN & FRIENDS BOOKMARK (PACK OF 100), LANGUAGE: ENGLISH; COMMODITY CODE: 345-40	345-40	8.00	PKG	22.50000	\$180.00	03/23/2023
					Schedule Total	\$180.00	
					Item Total for Line 3	\$180.00	
4-1	WATER SAFETY WITH COLIN & FRIENDS BOOKMARK (PACK OF 100), LANGUAGE: SPANISH; COMMODITY CODE: 345-40	345-40	4.00	PKG	23.00000	\$92.00	03/23/2023
					Schedule Total	\$92.00	
					Item Total for Line 4	\$92.00	
5-1	BILINGUAL BOARD BOOK: COLIN & FRIENDS WAIT FOR A	345-40	100.00	UNT	9.30000	\$930.00	03/23/2023

Department of State Health Services

Purchase Order

Purchase Order

Ship Via

BEST WAY

Payment Terms

Net 30

Freight Terms

Prepaid & Allow

Dispatch via Print

HHSTX-3-0000312203

				Purchase Ord			
	d by informal bid, Invitation for Offer, or Request for Proposal; all		Date 03/16/23	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:	DEPARTMENT 3407 Pony Expi	5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States		
Vendor:	1300500004 0 COLIN'S HOPE PMB 147 3267 BEE CAVES RD STE 107 AUSTIN TX 787466773 United States			Bill To:	Invoice-DSHS I DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	T OF STATE HEALT (RBB) 7	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.	texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Breest,Maria A	Ü	Due Date
.ine-Sch	Inventory Item ID - Line Description GROWNUP; COMMODITY CODE: 345-40	Class/Item	Quantity		Breest,Maria A	Ana	Due Date
ine-Sch	GROWNUP; COMMODITY CODE:	Class/Item	Quantity	UOM	Breest,Maria A	Ana Extended Amt	Due Date
ine-Sch	GROWNUP; COMMODITY CODE:	Class/Item	Quantity	UOM So	Breest,Maria A PO Price	Ana Extended Amt \$930.00	Due Date
Line-Sch	GROWNUP; COMMODITY CODE:	Class/Item 962-86	Quantity 1.00	UOM So	Breest,Maria A PO Price chedule Total	Ana Extended Amt \$930.00	Due Date 03/23/2023
	GROWNUP; COMMODITY CODE: 345-40			UOM So Item Tot	Breest,Maria A PO Price Chedule Total cal for Line 5	\$930.00 \$930.00 \$100.00	
	GROWNUP; COMMODITY CODE: 345-40			UOM Se Item Tot	Breest, Maria A PO Price Chedule Total Lial for Line 5 100.00000	\$930.00 \$930.00 \$100.00	

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 MBYLLIST CTCD,CTCM	03/17/2023
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