

Department of State Health Services

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|--|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000312788 |
| 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 03/23/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision 1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States |
| | | | Page 1 |

Vendor: 1131628688 6
AMERICAN PUBLIC HEALTH ASSOCIATION
800 I ST NW
WASHINGTON DC 200013710
United States

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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Rodriguez,Sheree Michele

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

FY23 funding
SP/E
Requisition 223631 - Pricing per Membership Application Form

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
Customer Service
202-777-2400
alejandro.asin@apha.org

Agency contact
Samuel Savala
817-264-4502
samuel.savala@dshs.texas.gov

PCS contact
Sheree Rodriguez
512-406-2650
sheree.rodriguez@hhs.texas.gov

| | | | | | | | |
|-----|--|--------|------|----|----------|---------|------------|
| 1-1 | APHA-American Public Health Association-Agency Membership Dues-Briana Debose | 963-48 | 1.00 | YR | 70.00000 | \$70.00 | 08/31/2023 |
|-----|--|--------|------|----|----------|---------|------------|

| | | |
|------------------------------|--|---------|
| Schedule Total | | \$70.00 |
| Item Total for Line 1 | | \$70.00 |
| Total PO Amount | | \$70.00 |

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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

LORI ACUNDORE - CEO, CDM

03/23/2023