## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

| Payment Ter<br>Net 30  | rms Freight Terms<br>Prepaid & Allow   | Ship V<br>BEST |                  | Purchase Order |  | HHSTX-3-00         | 000313370  |
|--|--|----------------|------------------|----------------|--|--------------------|------------|
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all<br>specifications, terms, and conditions set forth in the advertisement and vendor's<br>conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |                | Date<br>03/29/23 | Revision       | Page<br>1  |                    |            |
|  |  |                | Ship To:         |                | unfels Ave   | ERVICES COMMISSION |            |
| Vendor:  | 1390380010 3<br>JOHNSON CONTROLS INC<br>PO BOX 730068<br>DALLAS TX 75373<br><b>United States</b> |                |                  | Bill To:       | Invoice-HHSC Accounting<br>HEALTH & HUMAN SERVICES COMMISSI<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States |                    | OMMISSION  |
|  |  |                |                  | Fax:<br>Email: | 512/424-6901<br>HHSC_AP@hhse   | c.state.tx.us      |            |
|  |  |                |                  | Purchaser:     | Farris,Lilly K   | 51                 | 2/406-2452 |
| Line-Sch   | Inventory Item ID - Line Description   | Class/Item     | Quantity         | UOM            | PO Price   | Extended Amt       | Due Date   |

#### FY23

AP Email Address: hhsc\_ap@hhsc.state.tx.us

INVOICING INFORMATION:

Vendor shall electronically submit the Maintenance and Construction invoice packet to:

HHSC Maintenance and Construction assigned Project Manager (ODR): Roger Brigance, Roger.brigance@hhs.texas.gov

With copy to:

1. HHSC Accounts Payable at HHSC\_AP@hhsc.state.tx.us

2. HHSC Maintenance and Construction Invoice team at MC\_Invoices@hhsc.state.tx.us

3. If HUB Progress Reports are required, HHSC HUB Office at HUB\_PAR@hhsc.state.tx.us

The contractor shall submit invoice packets using the subject line: Invoice - Invoice Amount, Purchase Order #HHSTX-3-0000313370, MC Project 23-115-SAL, Invoice #, Month of service

Requisition #: HHSTX-3-0000222774

DELIVERY: INSTALLATION AT 6711 S New Braunfels Ave San Antonio TX

QUOTE#: HHS-R22 - Exhibit C - San Antonio State Supported Living Center

Refer to RFP-R22 Bid Solicitation on the following Exhibits: Exhibit A - Infection Control Risk Assessment Exhibit B - Infection Control Construction Permit

AGENCY DELIVERY CONTACT: Name: Bobby Bustillos Facility: San Antonio State Supported Living Center Phone: 210-531-7432 Email: bobby.bustillos@hhs.texas.gov

PROJECT MANAGER: Contact: Roger Brigance Address: 909 W. 45 St. Bldg. 633 Austin TX 78751 Phone: 512-206-4728 Cell: 512-413-2820 Email: roger.brigance@hhs.texas.gov

# Health and Human Services Commission

## Purchase Order

|  |  |   | se Order              |  | Diene          | tob via Drin            |  |
|--|--|---|-----------------------|--|----------------|-------------------------|--|
| Payment Terr   |  | Ship Via  |                       |  |                | tch via Prin            |  |
| Net 30<br>If advertised by   | Prepaid & Allow  | BEST WAY<br>Request for Proposal: all   | Purchase Order Date   | Revision   | HHSTX-3-0      | 00031337<br>Pag         |  |
| specifications,  | advertised by informal bid, Invitation for Offer, or Request for Proposal; all ecifications, terms, and conditions set forth in the advertisement and vendor's |   | 03/29/23              |  |                |                         |  |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |   | Ship To:              | 6079 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels Ave<br>Ste 500<br>San Antonio TX 78223<br>United States |                |                         |  |
| Vendor: 1390380010 3<br>JOHNSON CONTROLS INC<br>PO BOX 730068<br>DALLAS TX 75373<br>United States  |  |   | Bill To:              | Invoice-HHSC Accounting<br>HEALTH & HUMAN SERVICES COMMISSION<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States                                 |                |                         |  |
|  |  |   | Fax:<br>Email:        | 512/424-6901<br>HHSC_AP@hhs  | sc.state.tx.us |                         |  |
|  |  |   | Development           | Formio Lilly K   | 5              | 12/406 2452             |  |
| Line-Sch   | Inventory Item ID - Line Description   | Class/Item Quantit  | Purchaser:<br>v UOM   | Farris,Lilly K<br>PO Price   | Extended Amt   | 12/406-2452<br>Due Date |  |
| Contact: Tayl<br>Phone: 737-2<br>Email: taylor.1<br>OMNIA GPO<br>OMNIA GPO<br>PURCHASIN<br>Purchase ma<br>FREIGHT: F.<br>PURCHASE<br>This purchase<br>clients in orde<br>Exhibit F Quc<br>Exhibit D Equ  | 2  | # R-200402<br>vernment Code 2155.1441<br>d Allowed<br>DF TEXAS GOVERNMENT<br>de §2155.144 (b-1), Goods<br>ency's programs.<br>ison Controls<br>rom Johnson Controls | CODE 2155.144(b); (b- | ) FOR CLIENT S   | ERVICES.       |                         |  |
|  | FY23 HVAC Replacements at San<br>Antonio SSLC #23-115-SAL R-22<br>HVAC HB2   | 914-50 1.0  | 0 LOT 43              | 9974.33000   | \$439,974.33   | 03/29/2023              |  |
|  |  |   | Scho                  | edule Total  | \$439,974.33   |                         |  |
|  | ed amount is \$731,822.30<br>unds of \$66,529.30 for unforeseen cond   | dition expense, these funds mu  |                       | staff before use. for Line 1   | \$439,974.33   |                         |  |
| 2-1  | FY23 HVAC Replacements at San  | 914-50 1.0  | 0 LOT 29              | 1847.97000   | \$291,847.97   | 03/29/2023              |  |

# **Health and Human Services Commission**

## **Purchase Order**

|  |  |                            |                  |   |  | Dispa        | tch via Print |  |
|--|--|----------------------------|------------------|---|--|--------------|---------------|--|
| Payment Terms<br>Net 30  | Freight Terms<br>Prepaid & Allow   | <b>Ship Via</b><br>BEST WA | Y                | Purchase Order  |  | HHSTX-3-00   | 00313370      |  |
| 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<br>03/29/23 | Revision  |  | Page<br>3    |               |  |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |                            |                  | Ship To:  | 6079 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels Ave<br>Ste 500<br>San Antonio TX 78223<br>United States |              |               |  |
| J<br>H<br>I  | 1390380010 3<br>JOHNSON CONTROLS INC<br>PO BOX 730068<br>DALLAS TX 75373<br><b>United States</b> |                            | Bill To:         | Invoice-HHSC Accounting<br>HEALTH & HUMAN SERVICES COMMISSIO<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States |  | OMMISSION    |               |  |
|  |  |                            |                  | Fax:<br>Email:  | 512/424-6901<br>HHSC_AP@hhsc.state.tx.us   |              |               |  |
|  |  |                            |                  | Purchaser:  | Farris,Lilly K   | 51           | 2/406-2452    |  |
| Line-Sch Inv   | ventory Item ID - Line Description   | Class/Item (               | Quantity         | UOM   | PO Price   | Extended Amt | Due Date      |  |
|  | tonio SSLC #23-115-SAL R-22<br>/AC   |                            |                  |   |  |              |               |  |
|  |  |                            |                  | <b>Schedule Total</b> \$291,847.97  |  |              |               |  |
|  |  |                            |                  | Item Total for Line 2 \$291,847.97  |  |              |               |  |
|  |  |                            |                  | Total P   | O Amount   | \$731,822.30 |               |  |

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      |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|
| Lilly Famice, CTCD |  |  |  |  |  |  |  |

03/29/2023