

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000314323</b>
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.			<b>Date</b> 09/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 1
			<b>Ship To:</b> 4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States

**Vendor:** 1200098882 9  
INNOSOUL INC  
24 FAIRFIELD AVE  
ALBANY NY 122053459  
United States

**Bill To:** IT/ITBO PC/IT Staff Augmentati  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Email:** itsainvoices@hhsc.state.tx.us

**Purchaser:** Parks,Michael David 512/406-2497

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 Funding  
IT/I  
Requisition: 0000226288  
PO Service Dates: 09/01/2023 thru 07/31/2024

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 System 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.

Goods and/or services are to be delivered and invoiced after 09/01/2023. Any funds not utilized by 08/31/2024 are automatically canceled. Purchase Order issued this date in accordance with Texas Government Code §2157.068 and the DIR Contract DIR-CP0-4576.

**Vendor Contact**  
First and Last Name: Chris Walter  
Phone Number: 518-400-0755  
E-mail Address: support@innosoul.com

**Agency Contact**  
First and Last Name: Maricella Perez  
Phone Number: 737-867-8717  
E-mail Address: maricella.perez@hhs.texas.gov AND it\_staff\_aug@hhsc.state.tx.us

**HHSC-PCS Contact**  
First and Last Name: Michael D. Parks, CTCD  
Phone Number: 512-406-2497  
E-mail Address: michael.parks@hhs.texas.gov

//\*  
Attached: DIR-CPO-4576 Appendix A - Standard Contract Terms and Conditions  
Attached: HHS System UTCs Affirmations Under DIR Cooperative Contract  
//\*

1-1	FY24AUGR Pos#9141 Staff Aug of Systems Analyst 2 for End User Device Supp HHS: Name: David Smith Term: 09/01/2023 thru 07/31/2024	962-69	2016.00	HR	98.21000	\$197,991.36	09/01/2023
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**Schedule Total**           \$197,991.36

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**Item Total for Line 1**                     \$197,991.36

**Total PO Amount**                     \$197,991.36

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.

<b>Authorized By</b>  , CTCD	<b>04/11/2023</b>
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