Health and Human Services Commission

Purchase Order

					Dispatch via Print	
Payment Terr Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	H	HSTX-3-0000314979	
specifications,	y informal bid, Invitation for Offer, or Requ terms, and conditions set forth in the adver	tisement and vendor's	Date 04/18/23	Revision Pag		
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:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States		
Vendor:	1542120954 3 PROMET SOLUTIONS CORPORATIC 4809 N RAVENSWOOD AVE SUITE 1 CHICAGO IL 60640-4495 United States		Bill To:	Invoice-HHSC MC2 HEALTH & HUMA 4601 W Guadalupe Austin TX 78751 United States	AN SERVICES COMMISSION	
			Fax: Email:	512/206-4854 IT_invoicing@hhs.t	exas.gov	
			Purchaser:	Persak,Kathryn M	512/776-2910	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

FY23 funding IT/I Requisition 224521

PO Service Dates 5/1/23 to 4/30/24

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.

Purchase order issued in accordance with Texas Government Code §2157.068, and DIR-TSO-4261.

920-45

Vendor contact VID: 15421209543 Promet Source Amy Groenhof (773) 525-8255 amygroenhof@prometsource.com

Agency contact Lead Contact Diane Williams Diane.Williams@hhs.texas.gov

Mary Martinez 512-783-4766 Marty.Martinez@hhs.texas.govz

PCS contact Kathryn Persak 512-776-2910 kathryn.persak@hhs.texas.gov

1-1

DRUPAL SUPPORT - 1 YEAR (240 HOURS AT 20/HOURS PER MONTH 1.00 YR

30154.46000

Schedule Total

\$30,154.46

Health and Human Services Commission

Purchase Order

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P 4 C	1542120954 3 PROMET SOLUTIONS CORPORATION 4809 N RAVENSWOOD AVE SUITE 126 CHICAGO IL 60640-4495 United States		Bill To:	HEALTH & HUMA		
			Fax: Email:	512/206-4854 IT_invoicing@hhs.t	exas.gov	
			Purchaser:	Persak,Kathryn M		2/776-2910
Line-Sch Invo	entory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total	for Line 1	\$30,154.46	
			Total P	O Amount	\$30,154.46	

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	
Kathrusn Peroak CTCD	
í.	04/20/2023