

# Department of State Health Services

## 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-3-0000318619</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> 05/31/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States

**Vendor:** 1522189693 7  
CARAHSOFT TECHNOLOGY CORPORATION  
11493 SUNSET HILLS RD STE 100  
RESTON VA 20190-5230  
United States

**Bill To:** Invoice-HHSC MC2065  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/206-4854  
**Email:** IT\_invoicing@hhs.texas.gov

**Purchaser:** Arriaga,Samantha Danielle

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Purchase

Procurement Type: IT/D  
Requisition: 0000227511  
Previous PO: 0000290385  
WO: WO0000001189197  
PO Service Dates: 07/01/2023 - 06/30/2024

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 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.

Quote: 39222621

\*\*\*\*\* ELECTRONIC DELIVERY TO HHSC Software Asset Management: HHS\_SAM@hhs.texas.gov \*\*\*\*\*

**Agency Contact:**  
Name: Jonathan Mora  
Phone: (512) 788-7070  
Email: Jonathan.Mora@hhs.texas.gov

**Purchaser Information:**  
Name: Samantha Arriaga  
Email: Samantha.Arriaga@hhs.texas.gov

**Vendor:** Carahsoft Technology Corp.  
Vendor Contact: Thomas Lee  
Vendor Phone: (571) 662-3442  
Vendor Email: Thomas.Lee@carahsoft.com

1-1	TWILIO - EMS-205 ESTIMATED MONTHLY SPEND 12 MONTHS ESTIMATED USAGE	920-45	1.00	EA	5157.00000	\$5,157.00	07/01/2023
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	SPEND TO BE BILLED IN ACTUALS SEE QUOTE TERMS FOR ADDITIONAL INFORMATION. INCLUDES CARRIERS FEES/TAXES THAT WILL BE BILLED ON INVOICES Part #: EMS-205-2 Term: 07/01/23-06/30/24						
					<b>Schedule Total</b>	\$5,157.00	
					<b>Item Total for Line 1</b>	\$5,157.00	
2-1	TWILIO - EMS-205 ESTIMATED MONTHLY SPEND 12 Months - Estimated Carrier Fees Part #: EMS-250-2 Term: 07/01/23-06/30/24	920-45	1.00	EA	1960.00000	\$1,960.00	07/01/2023
					<b>Schedule Total</b>	\$1,960.00	
					<b>Item Total for Line 2</b>	\$1,960.00	
<b>Total PO Amount</b>						\$7,117.00	

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.

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<b>Authorized By</b> <i>Samantha Arriaga, CTCD, CTCM</i>	<b><u>05/31/2023</u></b>
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