

# 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-4-0000321922</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> Page 1
			<b>Ship To:</b> 5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States

**Vendor:** 1362229255 8  
JOINT COMMISSION ON ACCREDITATION OF HEA  
1 RENAISSANCE BLVD  
OAKBROOK TERRACE IL 601814294  
United States

**Bill To:** Terrell SH Whse  
HEALTH & HUMAN SERVICES COMMISSION  
1200 E Brin  
PO Box 70  
Terrell TX 75160  
United States

**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Rodriguez,Sheree Michele

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

FY24 funding  
NB/0 - Non-biddable request where competitive bidding is not required or feasible, and a best value determination is not applicable.  
Requisition 229263

PO Service Dates 09/01/2023 to 08/31/2024

Goods and/or services are to be delivered and invoiced after September 1, 2023

This is not a biddable service and this purchase order is being issued for payment purposes only.

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 08/31/2024 are automatically canceled.

Vendor contact  
Kesha Powell  
630-792-5607  
kpowell@jointcommission.org

Agency contact  
Drew Hardy  
940-552-4055  
drew.hardy2@hhs.texas.gov  
North Texas State Hospital

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

1-1	FY24 Hospital Annual Accreditation Program Fees	963-16	1.00	LOT	12235.00000	\$12,235.00	08/31/2024
-----	---	--------	------	-----	-------------	-------------	------------

<b>Schedule Total</b>	\$12,235.00
<b>Item Total for Line 1</b>	\$12,235.00

# 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-4-0000321922</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> 2
			<b>Ship To:</b> 5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States

**Vendor:** 1362229255 8  
JOINT COMMISSION ON ACCREDITATION OF HEA  
1 RENAISSANCE BLVD  
OAKBROOK TERRACE IL 601814294  
United States

**Bill To:** Terrell SH Whse  
HEALTH & HUMAN SERVICES COMMISSION  
1200 E Brin  
PO Box 70  
Terrell TX 75160  
United States

**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Rodriguez, Sheree Michele

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	FY24 Annual Oryx Program Fee	963-16	1.00	LOT	415.00000	\$415.00	08/31/2024
<b>Schedule Total</b>						\$415.00	
<b>Item Total for Line 2</b>						\$415.00	
<b>Total PO Amount</b>						\$12,650.00	

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.

**Authorized By**

*Sheree Rodriguez, CTCD*

**07/17/2023**