Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-4-0000324758	
If advertised specification	by informal bid, Invitation for Offer, or R as, terms, and conditions set forth in the ad	vertisement and vendor's	Date 09/01/23	Revision	Page 1	
guarantees g requirements All shipmen	responses become a part of this numbered gods or services delivered meet or exceed s. tts, shipping papers, invoices, and corresponded or cor	numbered purchase order	Ship To:	6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States		
Vendor:	1581853319 0 HOME DEPOT USA INC PO BOX 9001043 DEPT 32-2540185182 LOUISVILLE KY 402901043		Bill To:	Invoice - DADS HEALTH & HUMAN SERV 2501 Maple St PO Box 451 Abilene TX 79602	VICES COMMISSION	

Fax: 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

United States

				Purchaser:	Farris,Lilly K	512/406-2452
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY24

BLANKET PURCHASE ORDER

REQUISITION #: HHSTX-4-0000226307

United States

NOT TO EXCEED: \$24,900.00

TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Abilene State Supported Living Center.

DELIVERY: 3-5 Days After Receipt of request from Abilene State Supported Living Center.

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT/SHIPPING INFO:

Name: Michael Roberts

Facility: Abilene State Supported Living Center

Phone: 325-795-3444

Email: michael.roberts@hhs.texas.gov

HHSC BUYER:

Name: Lilly Farris CTCD Phone: 512-406-2452 Email: lilly.farris@hhs.texas.gov

VENDOR:

Name: Home Depot USA Contact: Elias E Gutierrez Phone: 210-355-2168

Email: elias_e_gutierrez@homedepot.com

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

OMNIA GPO and HHSC Contract # HHS000840200001

OMNIA GPO and Home Depot USA Inc Contract #16154

Health and Human Services Commission

Purchase Order

Dispatch via Print

512/406-2452

Extended Amt

Due Date

Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-00003	24758
If advertised by specifications, t	informal bid, Invitation for Offer, or Ferms, and conditions set forth in the ac	lvertisement and vendor's	Date 09/01/23	Revision	Page 2
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:	6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States		
Vendor:	1581853319 0 HOME DEPOT USA INC PO BOX 9001043 DEPT 32-2540185182 LOUISVILLE KY 402901043 United States	ME DEPOT USA INC BOX 9001043 T 32-2540185182 ISVILLE KY 402901043		Invoice - DADS HEALTH & HUMAN SERVICES COMMISS 2501 Maple St PO Box 451 Abilene TX 79602 United States	SION
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us	

Purchaser:

UOM

Farris, Lilly K

PO Price

PURCHASING METHOD: EX-0

Line-Sch

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Quantity

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

Any goods or services not ordered and received by August 31, 2024, will be considered cancelled.

Amount may be increased/decreased upon need.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Class/Item

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Inventory Item ID - Line Description

Note: Agency will not order goods or services on this PO that are available from WorkQuest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets or equipment on this PO.

1-1	FY24 Blanket Order on Hardware Supplies for Abilene State Supported Living Center from 09-01-2023 to 08-31- 2024	450-41	1.00	LOT	18000.00000	\$18,000.00	09/01/2023
					Schedule Total	\$18,000.00	
					Item Total for Line 1	\$18,000.00	
2-1	FY24 Blanket Order on Parts for Abilene State Supported Living from 09-01-2023 to 08-31-2024	060-66	1.00	LOT	2000.00000	\$2,000.00	09/01/2023
					Schedule Total	\$2,000.00	
					Item Total for Line 2	\$2,000.00	
3-1	FY24 Blanket Order on Small Tools and Equipment for Abilene State Supported Living Center from 09-01-2023 to 08-31- 2024	445-39	1.00	LOT	4400.00000	\$4,400.00	09/01/2023

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

Payment T Net 30	Prepaid & Allow	Ship V BEST	WAY	Purchase O	rder	HHSTX-4-00	
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			endor's	Date 09/01/23	Revision		Page 3
			Ship To: 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMM. 2501 Maple St 2501 Maple St Abilene TX 79602 United States			OMMISSION	
Vendor:	1581853319 0 HOME DEPOT USA INC PO BOX 9001043 DEPT 32-2540185182 LOUISVILLE KY 402901043 United States			Bill To:	Invoice - DADS HEALTH & HUI 2501 Maple St PO Box 451 Abilene TX 7960 United States	MAN SERVICES CO	DMMISSION
				Fax: Email:	325/795-3807 710Accounting@	hhsc.state.tx.us	
				Purchaser:	Farris,Lilly K	51	12/406-2452
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$4,400.00	
				Item T	Total for Line 3	\$4,400.00	
4-1	FY24 Blanket Order on Consumables for Abilene State Supported Living Center from 09-01-2023 to 08-31-2024	075-44	1.00	LOT	500.00000	\$500.00	09/01/2023
					Schedule Total	\$500.00	
				Item T	Total for Line 4	\$500.00	

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	
Lilly Famia, CTCD	08/07/2023
	00/07/2020

\$24,900.00

Total PO Amount