

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000325193
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.			Date 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States

Vendor: 1134252489 6
INTELLECTUAL CAPITOL INC
PO BOX 627
TAYLORS SC 29687-0012
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: Herrera, Amanda N

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: 0000239274
PO Service Dates: 09/01/23 to 07/31/24

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

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 actually ordered and received by the agency. 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-CPO-4669.

Vendor Contact
First and Last Name: Tina Boalt
Phone Number: 864-630-1299
E-mail Address: tina@icapsolutions.net

Agency Contact
First and Last Name: Maricella Perez
Phone Number:
E-mail Address: maricella.perez@hhs.texas.gov

PCS Contact
First and Last Name: Maricella Perez
Phone Number:
E-mail Address: IT_Staff_Aug@hpsc.state.tx.us AND maricella.perez@hhs.texas.gov
Attached: Agency UTC AFFIRMATION UNDER DIR CC

1-1	FY24AUGR Pos# ITC-837 Staff Aug - Name: Chris Pflugfelder - Systems Analyst 3 - Term: 09/01/23 to 07/31/24 DSHS Data Analytics (Data Management)	962-69	1354.00	HR	118.00000	\$159,772.00	09/01/2023
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Schedule Total \$159,772.00

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Item Total for Line 1 \$159,772.00

Total PO Amount \$159,772.00

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  , CTCD	08/09/2023
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