

# 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-4-0000325456</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> 2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States
			<b>Page</b> 1

**Vendor:** 1751768781 4  
THE HIGHLAND COUNCIL FOR THE DEAF INC  
PO BOX 1935  
BIG SPRING TX 797211935  
United States

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
2501 Maple St  
PO Box 451  
Abilene TX 79602  
United States

**Fax:** 325/795-3807  
**Email:** 710Accounting@hhs.state.tx.us

**Purchaser:** Naiser,Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding  
SP/E  
Requisition 0000226653

PO Service Dates 09/01/2023 to 08/31/2024  
Services are to be delivered and invoiced after September 1, 2023

Attached Terms and Conditions apply to this Purchase Order.

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.

VENDORS SEND INVOICES VIA EMAIL TO 710Accounting@hhs.state.tx.us

Vendor contact:  
Highland Council for the Deaf  
Vendor ID#: 1751768781  
Teresa Minchew  
432-267-6779  
hcd@highlandcouncilforthe deaf.com

Program:  
Donna Lee  
donna.lee@hhs.texas.gov

Jessica Doport  
Jessica.doport@hhs.texas.gov  
432-268-7706

Facility: Big Spring State Hospital

Chris Brockmeyer, CTCM  
chris.brockmeyer@hhs.texas.gov 325-795-3413

PCS contact  
Tori Naiser, CTCD  
Tori.naiser@hhs.texas.gov

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1-1	FY24 (Services) Blanket order for Sign/Deaf Interpretation Services for patients, staffing and court services	961-75	1.00	LOT	5000.00000	\$5,000.00	09/01/2023
<b>Schedule Total</b>						\$5,000.00	
<b>Item Total for Line 1</b>						\$5,000.00	
<b>Total PO Amount</b>						\$5,000.00	

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**

*Tori Naiser, CTCD*

**08/11/2023**