Purchase Order

Dispatch via Print

Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-000032564	2
specifications	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			Revision Pag	је 1
guarantees go requirements. All shipments	sponses become a part of this numbered ods or services delivered meet or exceed s, shipping papers, invoices, and correctase Order Number.	numbered purchase order	Ship To:	5030 - Terrell:1200 E Brin HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States	
Vendor:	r: 1453170356 0 SEALE OF PROTECTION INC 214 QUAIL RUN RD VALLEY VIEW TX 762724561 United States		Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States	
			Fax: Email:	972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov	

Purchaser: Andrews, Kimberly 972/337-6254Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

FY24 Funding Blanket PO

NIGP: 936-33 PCC: SP/E Req#0000230301

Service Period: 09/01/2023 thru 08/31/2024

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.

*SCOR Division: 19-HHSC - State Operated Facilities *SCOR Other Subject: CG5-TSH: Generator Fuel Testing *NPI Class: 936/33 ACCT: 726600 UOM: LOT

Vendor Name: SEALE OF PROTECTION Vendor Address: 214 QUAIL RUN ROAD

Vendor City Zip: VALLEY VIEW, TEXAS 6272-45610

Vendor Contact: EDDIE SEAL Vendor Contact Phone: 940-704-8118

Vendor Contact Email: EDDIE@SEALOFPROTECTION.COM

TIN#: 1453170356

Contract Manager: Stephany Van Bolden Contract Manager Phone: 972-551-8563

Contract Manager Email: stephany.vanbolden@hhs.texas.gov

SME Agency Contact: Tammy Langford SME Agency Phone: 972-551-8597

SME Agency Email: tammy.langford@hhs.texas.gov

Lead Contact: Mendy Long Lead Contact Phone: 972/551-8448

Lead Contact Email: mendy.long@hhs.texas.gov

PCS Contact:

Kimberly Andrews, CTCD Purchaser V- Services Department

Purchase Order

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Payment Tern Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	K-4-0000325642
specifications,	y informal bid, Invitation for Offer, or R terms, and conditions set forth in the adv	vertisement and vendor's	Date 09/01/23	Revision	Page 2
guarantees goo requirements. All shipments	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order		Ship To:	5030 - Terrell:1200 E Brin HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States	
Vendor:	1453170356 0		Bill To:	Invoice-DSHS Accounts Paya	

SEALE OF PROTECTION INC 214 QUAIL RUN RD VALLEY VIEW TX 762724561

United States

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

Fax: 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Andrews, Kimberly 972/337-6254 **Inventory Item ID - Line Description** Line-Sch Class/Item Quantity **UOM** PO Price Extended Amt **Due Date**

Procurement and Contracting Services (PCS) 801 S Hwy 161 Suite 620, Office F Grand Prairie, Texas 75051 Teleworking-please call thru Microsoft Office: 972-337-6254

Kimberly.Andrews@hhs.texas.gov

Previous PO#: HHSTX-3-000292165

PCS Email PO to: tammy.langford@hhs.texas.gov Lead Contact Stephany.Vanbolden@hhs.texas.gov Contract Specialist

VENDORS EMAIL INVOICES TO: dshs.tshbusinessoffice@dshs.texas.gov PO BILL TO INFORMATION: TERRELL STATE HOSPITAL ATTN: ACCOUNTING OFFICE PO Box 70 / 1200 EAST BRIN STREET TERRELL, TEXAS 75160

CODE#: 3072

Email: dshs.tshbusinessoffice@dshs.texas.gov

MAIL TO INFORMATION: 5030 BUILDING: WAREHOUSE, #682 CONTACT: Tammy Langford PHONE #: 972-551-8597 FAX#: 972-551-8812

Email: tammy.langford@HHS.TEXAS.GOV

JUSTIFICATION: Two (2) Semi-Annual Vent-A-Hood Inspections required to comply with all applicable Joint Commission and NFPA Standards for CG5-TSH.

SCOPE: Scope of work: Contractor shall perform inspections, testing, and maintenance in accordance with applicable NFPA, and Joint Commission Standards. Contractor shall provide documentation in accordance with all applicable NFPA, and Joint Commission Standards to the Maintenance Department.

LINE 1 INFORMATION: FY24 / SERVICE /SEALE OF PROTECTION / TPO REQUEST FOR VENT-A-HOOD SEMI-ANNUAL FIRE INSPECTION / NOVENBER 2023 May 2024/ IN ACCORDANCE WITH APPLICABLE NFPA AND JOINT COMMISSION STANDARDS / CG5-TSH. \$1430.00

LINE 2 INFORMATION: FY24 / SERVICE /SEALE OF PROTECTION / TPO REQUEST FOR VENT-A-HOOD/ MAIN KITCHEN, has 2 - 4 gallon tanks that are due for hydrostatic testing. IN ACCORDANCE WITH APPLICABLE NFPA AND JOINT COMMISSION STANDARDS / CG5-TSH. \$2115.00

LINE 3 INFORMATION: FY24/ SERVICE / SEALE OF PROTECTION / OTHER SERVICES, REPAIRS AND SUPPLIES FOR CG5-TSH. \$1500.00

Purchase Order

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Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST '		Pui	rchase Order	F	HSTX-4-0	00032564
specifications	by informal bid, Invitation for Offer, or Req , terms, and conditions set forth in the adver	rtisement and ve	ndor's	Da t 09/	te 01/23	Revision		Paç
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.				Shi	р То:	5030 - Terrell:1200 E Brin HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States		
Vendor:	1453170356 0 SEALE OF PROTECTION INC 214 QUAIL RUN RD VALLEY VIEW TX 762724561 United States		Bill	То:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States 972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov			
								Fax: Email:
				Pui	chaser:	Andrews, Kimberly	9	72/337-6254
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	
BUILDING 6	41 ANSUL VENT-A-HOOD TAG#61220 50 ANSUL VENT-A-HOOD TAG#68200 FY24 / SERVICE /SEALE OF PROTECTION / TPO REQUEST FOR VENT-A-HOOD SEMI-ANNUAL FIRE INSPECTION / NOVENBER 2023 May 2024		1.00	LOT		430.00000 dule Total	\$1,430.00 \$1,430.00	09/01/2023
					Item Total	for Line 1	\$1,430.00	
	FY24 / SERVICE /SEALE OF PROTECTION / TPO REQUEST FOR VENT-A-HOOD/ MAIN KITCHEN, has 2 - 4 gallon tanks that are due for hydrostatic testing.	936-33	1.00	LOT		115.00000	\$2,115.00	09/01/2023
					Sche	dule Total	\$2,115.00	
					Item Total	for Line 2	\$2,115.00	
3-1	FY24/ SERVICE / OTHER SERVICES, REPAIRS AND SUPPLIES	936-33	1.00	LOT	1	500.00000	\$1,500.00	09/01/2023
					Sche	dule Total	\$1,500.00	
					Item Total	for Line 3	\$1,500.00	
					Tr. 4.1 D4	2.4	Ø5 045 00 T	
					i otai PC	O Amount	\$5,045.00	

Purchase Order

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Payment T Net 30	Freight Terms Prepaid & Allow	Ship Via BEST W		Purchase Order	Н	HSTX-4-0000325642	
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. Vendor: 1453170356 0				Date 09/01/23	Revision		
				Ship To:	5030 - Terrell:1200 E Brin HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States Invoice-DSHS Accounts Payable		
	SEALE OF PROTECTION INC 214 QUAIL RUN RD VALLEY VIEW TX 762724561 United States					STATÉ HEALTH SERVICES	
				Fax: Email:	972/551-8052 DSHS.TSHBusiness	Office@dshs.texas.gov	
				Purchaser:	Andrews,Kimberly	972/337-6254	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

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 Kimberly Andrews, CTCD

08/12/2023