# **Health and Human Services Commission**

### **Purchase Order**

Dispatch via Print

| Payment Terms<br>Net 30   | Freight Terms<br>Prepaid & Allow   | <b>Ship Via</b><br>BEST WAY  | Purchase Order  | ł  | HSTX-4-00                               | 0032578        |
|---|--|--|---|--|---|----------------|
| f advertised by info  | rmal bid, Invitation for Offer, or R   | equest for Proposal; all   | Date  | Revision   |   | Pag            |
| onforming response<br>uarantees goods or  | , and conditions set forth in the ad<br>es become a part of this numbered<br>services delivered meet or exceed   | purchase order. Contractor   | 09/01/23<br>Ship To:  | 5009 - Vernon:473<br>HEALTH & HUM  |   | MMISSION       |
| equirements.<br>Il shipments, ship<br>ith our Purchase                              | ping papers, invoices, and corres<br>Order Number.   | spondence must be identified   | 1   | HEALTH & HUMAN SERVICES COMMISSION<br>4730 College Dr<br>PO Box 2231<br>Vernon TX 76385<br>United States |   |                |
| NO<br>420<br>INI  | 52052854 5<br>DRTH CAROLINA FARMS LLC<br>D5 FOREST DR<br>DIAN TRAIL NC 280796707<br><b>ited States</b>   |  | Bill To:  | Terrell SH Whse  | AN SERVICES CC                          | OMMISSION      |
|   |  |  | Email:  | DSHS.TSHBusines  | ssOffice@dshs.texa                      | s.gov          |
|   |  |  | Purchaser:  | Connell,Ron Lee  |   |                |
| Line-Sch Inven  | tory Item ID - Line Description  | Class/Item Quantity  | y UOM   | PO Price   | Extended Amt                            | Due Date       |
|   | non Campus<br>4337<br>rd@hhs.texas.gov<br>nd Edwards, 940-552-4500, cha<br>Ron Connell<br>-2666  | d.edwards@hhs.texas.gov  |   |  |   |                |
| Vendor Name: Nor<br>Contact: Elizabeth<br>Phone #: 1-800-43<br>Email: elizabeth@r   | 6-6248   |  |   |  |   |                |
| This purchase orde  | ices are to be delivered and inv<br>er is contingent upon the contin<br>y time in whole or part without p  | ued availability of lawful app   |   | s Legislature CPA  | Procurement Mar                         | ual, and may   |
| Total amount cann<br>Contractor will deli<br>HHSC does not co<br>erm of the contrac | onal Purchase Order FY24 (9/1/<br>ot exceed \$9999.00 without au<br>ver products within three (3) da<br>mmit to ordering specific dollar<br>ct. Forecasted quantities are es<br>actually ordered and received by | thorization from the agency<br>ys after release/call out has<br>amounts with respect to thi<br>timates only and do not con | and PCS Purchaser.<br>been received from the<br>s contract. Quantities m<br>stitute a guarantee of pu | facility requestor.<br>ay be increased or<br>urchase. The agence   | decreased upon t<br>cy shall be obligat | need during th |
|   | ID INVOICES VIA EMAIL TO **<br>ayable@hhsc.state.tx.us   |  |   |  |   |                |
| nucioing and Dave   | menti The inveice chell contain  | all the following in order to b  |   |  |   |                |

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

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| Payment Terms  |  | Ship Via                 |   |   |           |  |
|--|--|--------------------------|---|---|-----------|--|
| Net 30   | Prepaid & Allow  | BEST WAY                 | Purchase Order  | HHSTX-4-0000325   | 0/85      |  |
| specifications, te   | informal bid, Invitation for Offer, or Reerms, and conditions set forth in the adv | vertisement and vendor's | Date<br>09/01/23  | Revision  | Page<br>2 |  |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |                          | Ship To:  | 5009 - Vernon:4730 College Dr<br>HEALTH & HUMAN SERVICES COMMISSION<br>4730 College Dr<br>PO Box 2231<br>Vernon TX 76385<br>United States |           |  |
| Vendor: 1562052854 5<br>NORTH CAROLINA FARMS LLC<br>4205 FOREST DR<br>INDIAN TRAIL NC 280796707<br>United States   |  | ВіШ То:                  | Terrell SH Whse<br>HEALTH & HUMAN SERVICES COMMISSIO<br>1200 E Brin<br>PO Box 70<br>Terrell TX 75160<br>United States | DN  |           |  |
|  |  |                          | Email:  | DSHS.TSHBusinessOffice@dshs.texas.gov   |           |  |
|  |  |                          |   |   |           |  |

|          |                                      |            |          | Purchaser: | Connell,Ron Lee |              |          |
|----------|--------------------------------------|------------|----------|------------|-----------------|--------------|----------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM        | PO Price        | Extended Amt | Due Date |
|          |                                      |            |          |            |                 |              |          |

\*\* ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY24. \*\*

#### SCOPE OF WORK

North Texas State Hospital is requesting to establish a blanket requisition for pants needed in the greenhouse throughout the fiscal year.

Would include but not be limited to:

\*The Contractor shall provide- blanket contract for plants needed for the greenhouse throughout the fiscal year.

\*The Contractor shall provide shipping to or delivery of goods to the facility location.

\*The Contractor shall sign in at the Security Gate and the Maintenance Engineers Office upon every visit to the campus and also comply with any and all rules and safety requirements set forth by North Texas State Hospital or other Federal, state, and local laws or ordinances and permits, while on Campus.

\*The Contractor shall provide a trained crew that is knowledgeable and skilled, as based on this scope of work.

Facility Location Campus location is: Vernon Campus 4730 College Dr. Vernon, TX 76384 During the contract period, North Texas State Hospital reserves the right to add or delete service locations during the period covered by any resulting contract.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

| 1-1 | FY24 Blanket PO: Plants needed in the greenhouse from North Carolina Farms | 595-57 | 1.00 | LOT | 9999.00000            | \$9,999.00 | 09/01/2023 |
|-----|--|--------|------|-----|-----------------------|------------|------------|
|     |  |        |      |     | Schedule Total        | \$9,999.00 |            |
|     |  |        |      |     | Item Total for Line 1 | \$9,999.00 |            |
|     |  |        |      |     | Total PO Amount       | \$9,999.00 |            |

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|  |   |   |          |                  |  | Dispa               | tch via Print |
|--|---|---|----------|------------------|--|---------------------|---------------|
| Payment Ter<br>Net 30                            | ms Freight Terms<br>Prepaid & Allow   | Ship V<br>BEST  |          | Purchase Order   |  | HHSTX-4-0           | 000325785     |
| specifications,                                  | by informal bid, Invitation for Offer, or Rec<br>, terms, and conditions set forth in the adve  | ertisement and ve   | ndor's   | Date<br>09/01/23 | Revision   |                     | Page<br>3     |
| guarantees goo<br>requirements.<br>All shipments | sponses become a part of this numbered production of the services delivered meet or exceed not services, shipping papers, invoices, and corresp chase Order Number. | Ship To:5009 - Vernon:4730 College D<br>HEALTH & HUMAN SERVIC<br>4730 College Dr<br>PO Box 2231<br>Vernon TX 76385<br>United States |          |                  |  |                     |               |
| Vendor:  | 1562052854 5<br>NORTH CAROLINA FARMS LLC<br>4205 FOREST DR<br>INDIAN TRAIL NC 280796707<br><b>United States</b>   |   |          | Bill To:         | Terrell SH Whse<br>HEALTH & HUM<br>1200 E Brin<br>PO Box 70<br>Terrell TX 75160<br>United States | IAN SERVICES CO     | OMMISSION     |
|  |   |   |          | Email:           | DSHS.TSHBusine   | essOffice@dshs.texa | s.gov         |
| <u></u>  |   |   | 0        | Purchaser:       | Connell,Ron Lee  |                     |               |
| 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 |                   |
|---------------|-------------------|
| Reef.         | <u>08/14/2023</u> |