Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		LUIOTY 4	0000007570
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4	-0000327576
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			Date 09/01/23	Revision	Page 1
guarantees goods or s requirements.	ervices delivered meet or exceeding papers, invoices, and corre	numbered purchase order	Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES 701 W 51st St PO Box 149030 Austin TX 78751 United States	S COMMISSION

Vendor: 1204564116 9

IBRIDGE GROUP INC

ARBORETUM PLAZA ONE SUITE 500 9442 N CAPITAL OF TEXAS HWY

AUSTIN TX 787597262

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: Benitez, Phyllis

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date							
	Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity UOM	PO Price	Extended Amt Due	Date

FY24 Funding IT/I

Requisition 0000226655

PO Service Dates: 09-01-2023 through 08-31-2024

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 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.

Purchase order issued in accordance with Texas Government Code §2157.068, and DIR CONTRACT NUMBER, DIR-TSO-4362.

Vendor contact: Jennifer Cumpian 512/831-3399 jennifer.cumpian@ibridgegroup.com

Contract Manager: Diana Garcia diana.garcia09@hhs.texas.gov

Agency contact: Diane Williams diane.williams@hhs.texas.gov

Marty Martinez marty.martinez@hs.texas.gov

PCS Contact: Phyllis Benitez, CTCM, CTCD 512/406-2586 phyllis.benitez@hhs.texas.gov

Electronic Software Delivery: HHS_SAM@hhs.texas.gov

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Health and Human Services Terms and Conditions

Health and Human Services Commission

Purchase Order

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Payment Terms	Freight Terms	Ship Via			TV 4 0000007570
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-4-0000327576
specifications, terms	ormal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 09/01/23	Revision	Page 2
	es become a part of this numbere services delivered meet or excee		Ship To:	C732 - Austin:701 W 51st HEALTH & HUMAN SER 701 W 51st St	
All shipments, ship with our Purchase	ping papers, invoices, and corr Order Number.	espondence must be identified		PO Box 149030 Austin TX 78751 United States	

Vendor: 1204564116 9

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AUSTIN TX 787597262

United States

Bill To: Invoice-HHSC MC2065

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Item Total for Line 4 \$24,133.91

Fax: 512/206-4854

Email: IT_invoicing@hhs.texas.gov

Benitez, Phyllis Purchaser: Inventory Item ID - Line Description Line-Sch Class/Item Quantity UOM PO Price **Extended Amt** Due Date 920-45 1.00 YR 1052365.50000 \$1,052,365.50 09/01/2023 1-1 KOFAX STANDARD SUPPORT RENEWAL 1 YR Part No: MR-1800-0110 S/N #SF12784 + TG59399 + SC41943 +SC41941 **Schedule Total** \$1,052,365.50 **Item Total for Line 1** \$1,052,365.50 920-45 1.00 YR 63311.66000 \$63,311.66 09/01/2023 2-1 KOFAX MOBILE STANDARD SUPPORT RENEWAL 1 YR Part Number: MR-3000-0110 S/N #YA45928 Schedule Total \$63,311.66 Item Total for Line 2 27370.10000 \$27,370.10 09/01/2023 3-1 920-45 1.00 YR KOFAX STANDARD SUPPORT RENEWAL 1 YR Part No: MR-1800-0110 S/N #SF12785 + SA31060 Schedule Total \$27,370.10 Item Total for Line 3 \$27,370.10 4-1 920-45 1.00 YR 24133.91000 \$24,133.91 09/01/2023 KOFAX STANDARD SUPPORT RENEWAL 1 YR Part No: MR-1800-0110 S/N #SF12783 + SA31061 + TG59400 Schedule Total \$24,133.91

Health and Human Services Commission

Purchase Order

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Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX	(-4-0000327576
specifications, terr	formal bid, Invitation for Offer, or R ns, and conditions set forth in the ad	vertisement and vendor's	Date 09/01/23	Revision	Page 3
	nses become a part of this numbered or services delivered meet or exceed		Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERV 701 W 51st St	
All shipments, sh with our Purchas	ipping papers, invoices, and corre e Order Number.	spondence must be identified		PO Box 149030 Austin TX 78751 United States	
Vendor: 1	204564116 9		Bill To:	Invoice-HHSC MC2065	

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Benitez, Phyllis **Purchaser:**

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PC	O Price Extended Amt Due Date
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Total PO Amount \$1,167,181.17

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 Pylla Beniter, CTCD, CTCM

09/06/2023