Department of State Health Services

Purchase Order

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	Yerms Freight Terms Prepaid & Allow d by informal bid, Invitation for Offer, or Roms, terms, and conditions set forth in the adv		VAY ; all	Purchase Order Date 09/01/23	HHSTX-4-0000327779 Revision Page	
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.			Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States		
Vendor:	1223695478 5 SHI GOVERNMENT SOLUTIONS INC STE 375 1301 S MO PAC EXPY AUSTIN TX 787466916 United States		Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
				Fax: Email:	512/206-4854 IT_invoicing@hhs	s.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Chavez,Rafael PO Price	Extended Amt Due Date

FY24 funding IT/D

Requisition 0000240591 Quote 23844786

PO Service Dates 11/07/2023 to 11/07/2024

Goods and/or 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 11/07/2024 are automatically canceled.

DIR blanket exemption - Minimum Threshold Procurements - Software Maintenance Exemption through 08/31/2024

WO000001267697

Vendor Contact: 1223695478 SHI Government Solutions Lauren Allen 732-868-6210 lauren_allen@shi.com

Program POC: Jonathan Mora jonathan.mora@hhs.texas.gov

Barbara Turcotte 512-294-7526 Barbara.turcotte@dshs.texas.gov

User Info: Amber Sanders Amber.Sanders@dshs.texas.gov 89092

Department of State Health Services

Purchase Order

Dispatch via Print Ship Via **Payment Terms** Freight Terms HHSTX-4-0000327779 Net 30 Prepaid & Allow BEST WAY Purchase Order If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/23 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: C732 - Austin:701 W 51st St guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 701 W 51st St All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149030 with our Purchase Order Number. Austin TX 78751 United States 1223695478 5 Bill To: Invoice-HHSC MC2065 Vendor: SHI GOVERNMENT SOLUTIONS INC HEALTH & HUMAN SERVICES COMMISSION STE 375 4601 W Guadalupe St 1301 S MO PAC EXPY Austin TX 78751 AUSTIN TX 787466916 United States United States Fax: 512/206-4854 Email: IT_invoicing@hhs.texas.gov Purchaser: Chavez, Rafael Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date PCS Purchaser Contact: Steven Chavez, CTCD, CTCM 512-712-5002 Rafael.chavez@hhs.texas.gov Invoicing and Payment: The invoice shall contain all the following 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. 1-1 920-45 1.00 EA 11.66000 \$11.66 11/07/2023 TechSmith Maintenance Agreement Program - Technical support (renewal) for Snagit - 1 user - GOV - ESD - phone consulting - 1 year TechSmith - Part#: SN01G-R-1 - Serial #: M2079184 Coverage Term: 11/07/2023 -11/07/2024 Schedule Total \$11.66 \$11.66 Item Total for Line 1 Total PO Amount \$11.66

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.

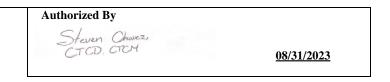
Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

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Payment Terms Freight Terms Ship Via HHSTX-4-0000327779 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Revision Date Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/23 3 conforming responses become a part of this numbered purchase order. Contractor C732 - Austin:701 W 51st St Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 701 W 51st St All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149030 with our Purchase Order Number. Austin TX 78751 United States Invoice-HHSC MC2065 Vendor: 1223695478 5 Bill To: HEALTH & HUMAN SERVICES COMMISSION SHI GOVERNMENT SOLUTIONS INC STE 375 4601 W Guadalupe St 1301 S MO PAC EXPY Austin TX 78751 AUSTIN TX 787466916 United States **United States** 512/206-4854 Fax: Email: IT_invoicing@hhs.texas.gov Chavez, Rafael **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item PO Price Quantity UOM Extended Amt Due Date



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