Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			TV 4 0000007000	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-4-0000327929	
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 1	
	es become a part of this numbere services delivered meet or excee		Ship To:	C732 - Austin:701 W 51s HEALTH & HUMAN SE 701 W 51st St		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 149030 Austin TX 78751 United States		

1223695478 5 Vendor:

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: 512/206-4854

Email: IT_invoicing@hhs.texas.gov

Chavez, Rafael **Purchaser:**

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date
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FY24 funding IT/D

Requisition 0000222943 Quote 23149210

PO Service Dates 09/01/2023 to 08/31/2024

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 08/31/2024 are automatically canceled.

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

WO000001196385

Vendor Contact: 1223695478 SHI Government Solutions Jonathan Gaudet 800-870-6079 Option 2 Jonathan_Gaudet@shi.com

Program POC: **Jack Timmins** Jack.Timmins@hhs.texas.gov

Steven Chavez, CTCD, CTCM 512-712-5002

PCS Purchaser Contact: 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.

Health and Human Services Commission

Purchase Order

						Dispat	ch via Print
Payment Terr		Ship Vi		Daniel and Onlan		HHSTX-4-00	00327020
Net 30 Prepaid & Allow BEST WAY 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			Purchase Order Date 09/01/23	Revision Pag			
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				Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St		
	, simpping papers, invoices, and corresp chase Order Number.	ondence must be	e identified		PO Box 149030 Austin TX 78751 United States		
Vendor:	r: 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@hh	s.texas.gov	
				Purchaser:	Chavez,Rafael		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	SECURECRT UPGRADE LICENSE 1 USER VOLUME 2-9 LICENSES VANDYKE SOFTWARE	920-45	8.00	EA	42.25000	\$338.00	09/01/2023

REPROCUREMENT PART#: SCRT0055-0002 Coverage Term 09/01/202308/31/2024

Schedule Total \$338.00

Item Total for Line 1 \$338.00

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

Steven Chavez,
CTCD, CTCH

08/31/2023

Total PO Amount

\$338.00