

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000337240
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.			Date 02/29/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 3/1/2024
			Page 1
			Ship To: 2203 - Big Spring; 1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States

Vendor: 1363521721 2
JOINT COMMISSION RESOURCES INC
1515 WEST 22ND STREET
SUITE 1300W
OAK BROOK IL 60523
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Exempt Reason: N/A

Purchaser: Anderson, Vickie L 512/406-2426

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

NIGP 208/80

Requisition 0000249253

PO Service Dates 02/29/2024 to 08/31/2024

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 or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually 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 Texas Administrative Code RULE §212.20, DIR Exemption granted through DIR BLANKET Exemption

JOINT COMMISSION RESOURCES, INC
ONE RENAISSANCE BLVD, SUITE 401
OAKBROOK TERRACE, IL 60181
MIKE BOLAND / www.jcrinc.com
email: mboland@jcrinc.com
630-268-4801

Proforma Invoice #10357127
Proforma Invoice #10360644

Program SME Name: Amy Raschke
Lead Contact Email: amy.raschke@hhs.texas.gov
Lead Contact Phone: 432-268-7381
Facility: Big Spring State Hospital

Contract Manager Name: Chris Brockmeyer, CTCM
Contract Manager Email: chris.brockmeyer@hhs.texas.gov
Contract Manager Phone: 325-795-3413

PCS Contact:
Vickie Anderson, CTCD
(512) 406-2426
Vickie.anderson@hhs.texas.gov

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	E-dition Hospital - Site License (Accredited) for Big Spring State Hospital - Item# EHSB	208-80	1.00	EA	3040.00000	\$3,040.00	01/31/2024
Schedule Total						\$3,040.00	
Item Total for Line 1						\$3,040.00	
2-1	The Source (1 year Single User Online Only) - Item# TS1YOO	208-80	1.00	EA	\$419.00	\$419.00	01/31/2024
Schedule Total						\$419.00	
Item Total for Line 2						\$419.00	
Total PO Amount						\$3,459.00	

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

Vicki Anderson, CTCD

03/01/2024