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 | I-0000340199 |
|---|-------------------------------|-----------------------------|----------------------|-------------------------|------------------|
| 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 | | | Date 03/06/24 | Revision | Page 1 |
| 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: | op S COMMISSION | | |
| Vendor: 18 | 41307530 2 | | Bill To: | Invoice-HHSC Accounting | |

PROSCI INC

2950 E HARMONY RD SUITE 130 FORT COLLINS CO 805285112

United States

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

HHSC_AP@hhsc.state.tx.us **Email:**

Exempt Reason: N/A

Purchaser: Augustus, Wendlyn Denett Line-Sch **Inventory Item ID - Line Description UOM** Class/Item Quantity PO Price **Extended Amt Due Date**

FY24 funding

SP/E

Requisition 256623 - Pricing Per Quote: 8,500.00

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.

Change Management Certification for 2 of SIPI staff Regina Garza 04/16/2024 Jane Yi 04/30/2024

Justify request: Staff works with people in various departments and leadership roles. This certification in change management will help staff learn the tools and improve skills to effectively work with various stakeholders and how to implement change in a positive way.

Request Amount: 8500

Training start date: 2024-04-16 Training end date: 2024-04-30

Vendor contact 1841307530 Prosci Inc 970-203-9332

generalinquiry@prosci.com register@prosci.com

2950 E. Harmony Road, Suite 150 Fort Collins, CO 80528, USA

Agency contact Veronica Vargas 512-407-3271 veronica.vargas02@hhs.texas.gov

PCS contact Wendlyn Augustus wendlyn.augustus@hhs.texas.gov

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

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| Prepaid & Allow | | | Purchase Order | der HHSTX-4-0000340199 | | | |
|--|--|--|---|--|----------------------------------|---|--|
| 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 03/06/24 Ship To: | | 6694 - Austin:1111 W North Loop | | |
| 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. | | | | HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States | | | |
| 1841307530 2 PROSCI INC 2950 E HARMONY RD SUITE 130 FORT COLLINS CO 805285112 United States | | | Bill To: | HEALTH & HU 4601 W Guadal | UMAN SERVICES CO lupe St | OMMISSION | |
| | | | Fax: Email: | 512/424-6901 HHSC_AP@hh | nsc.state.tx.us | | |
| ason: N/A | | | Purchaser: | Augustus.Wer | ndlvn Denett | | |
| Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date | |
| Change Managment Certification | 924-16 | 1.00 | EA | 8500.00000 | \$8,500.00 | 03/18/2024 | |
| | | | Sch | edule Total | \$8,500.00 | | |
| | | | Item Total | for Line 1 | \$8,500.00 | | |
| | | | Total F | PO Amount | \$8,500.00 | | |
| | Prepaid & Allow I by informal bid, Invitation for Offer, or Re as, terms, and conditions set forth in the adverseponses become a part of this numbered poods or services delivered meet or exceed a s. Its, shipping papers, invoices, and correspondese Order Number. 1841307530 2 PROSCI INC 2950 E HARMONY RD SUITE 130 FORT COLLINS CO 805285112 United States Ason: N/A Inventory Item ID - Line Description | Prepaid & Allow BEST I by informal bid, Invitation for Offer, or Request for Propositions, terms, and conditions set forth in the advertisement and versponses become a part of this numbered purchase order. Coods or services delivered meet or exceed numbered purchases. Ints, shipping papers, invoices, and correspondence must burchase Order Number. 1841307530 2 PROSCI INC 2950 E HARMONY RD SUITE 130 FORT COLLINS CO 805285112 United States Asson: N/A Inventory Item ID - Line Description Class/Item 924-16 | Prepaid & Allow BEST WAY I by informal bid, Invitation for Offer, or Request for Proposal; all as, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor goods or services delivered meet or exceed numbered purchase order s. Ist, shipping papers, invoices, and correspondence must be identified irchase Order Number. 1841307530 2 PROSCI INC 2950 E HARMONY RD SUITE 130 FORT COLLINS CO 805285112 United States Asson: N/A Inventory Item ID - Line Description Class/Item Quantity | Prepaid & Allow BEST WAY by informal bid, Invitation for Offer, or Request for Proposal; all ss, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor goods or services delivered meet or exceed numbered purchase order. S. Ship To: 1841307530 2 PROSCI INC 2950 E HARMONY RD SUITE 130 FORT COLLINS CO 805285112 United States Fax: Email: Inventory Item ID - Line Description Class/Item Quantity Purchase Order Sch. Sch. Item Total | Prepaid & Allow BEST WAY But | Prepaid & Allow BEST WAY Iby informal bid, Invitation for Offer, or Request for Proposal; all st, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor goods or services delivered meet or exceed numbered purchase orders. Ist, shipping papers, invoices, and correspondence must be identified urchase Order Number. Bill To: Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICES CO. 1111 W North Loop Austin TX 78756 United States Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICES CO. 4601 W Guadalupe St. Austin TX 78751 United States FORT COLLINS CO 805285112 United States Fax: 512/424-6901 HHSC_AP@hhsc.state.tx.us Fax: 512/424-6901 HHSC_AP@hhsc.state.tx.us Augustus, Wendlyn Denett Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Ochange Managment Certification Schedule Total \$8,500.00 | |

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 | |
|----------------------|------------|
| Wendly Agriles; CTCB | 03/06/2024 |