Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-5-0000341266
specifications, terms	rmal bid, Invitation for Offer, or, and conditions set forth in the	advertisement and vendor's	Date 09/01/24	Revision 1 - 3/20/2024	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.			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					

Vendor: 1454065183 4

AMERICAN FIRE PROTECTION GROUP INC

8000 W 78TH ST STE 111 EDINA MN 554392535 **United States** Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Exempt Reason: N/A

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

FY25 funding IT/D
Requisition 0000257975
PO Service Dates 09/01/2024 to 08-31-2024
Good and/or services are to be delivered and invoiced after September 1, 2024

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.

Vendor contact 14540651834 Vendor Name: American Fire Protection Group Ray Jimenez ray.jimenez@afpgusa.us 210-776-2223

Agency contact Gloria Rodriguez gloria.rodriguez@ssa.gov 512-437-5021

Frank Perez 512-437-8414 frank.perez@ssa.gov

Please send all invoices to Disability Determination Services PO Box 149198 Austin, TX 78714-9198 for authorization.

PCS contact Michelle Hill 512-776-2851 Michelle.Hill2@hhs.texas.gov

1-1 936-33 1.00 LOT 2230.00000 \$2,230.00 10/01/2024

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship V	ia			Diopaton via i init
Net 30	Prepaid & Allow	BEST		Purchase Ord	ler	HHSTX-5-0000341266
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Date 09/01/24	Revision 1 - 3/20/2024	Page 2
				Ship To:	HEALTH & HU 6101 E Oltorf	Austin TX 78741
Vendor:	1454065183 4 AMERICAN FIRE PROTECTION GR 8000 W 78TH ST STE 111 EDINA MN 554392535 United States	OUP INC		Bill To:		
				Fax: Email:	512/424-6901 HHSC_AP@hh	isc.state.tx.us
Exempt Reason: N/A			Purchaser:	Hill,Michelle L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date
	10/1/2024-8/31/2025 Two fire suppression system inspections					
				Se	chedule Total	\$2,230.00

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

ALLA, CTCD, CTCM

03/20/2024

Item Total for Line 1 \$2,230.00

Total PO Amount