Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow by informal bid, Invitation for Offer, or Re	Ship V BEST	WAY	Purchase Order Date	Revision	HHSTX-5-00	00342465 Page	
specification conforming r guarantees go requirements All shipmen	s, terms, and conditions set forth in the adv responses become a part of this numbered p oods or services delivered meet or exceed r	ertisement and ve ourchase order. Co numbered purchas	endor's ontractor se order	09/01/24 Ship To:	1 - 4/3/2024 5702 - Eagle Pas		1	
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		OF STATE HEALTH (RBB)	ALTH SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.te	xas.gov		
Exempt Rea	son: WORKQUEST MANAGED CP			Purchaser:	Remschel,Corie			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	

FY25 funding EX/0- TGC 2155.441 - Managed Term Contract 962-S3 Requisition 259586 PO Service Dates 09/01/2024 to 09/30/2024

Services are to be delivered and invoiced after September 1, 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/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 09/30/2024 are automatically canceled.

Texas District: 22

Job classification: 4074 Job class title: Public Health and Prevention Specialist II Job skill level: Experienced Temp: Adela Ponce, Blanca Garza Hours per week: 40 Estimated hours: 312

JOB DESCRIPTION: Public Health and

Prevention Specialist II works under the guidance of the Program Specialist V and management of the Office of Border Public Health (OBPH) Region 8 Manager. Activities include but are not limited to collecting data for planning and coordinating project activities for the Supplemental Nutrition Assistance Program Education (SNAP-Ed) initiative. Entering data into reporting system and preparing it for analyses. Assisting with implementation of project activities in the community and schools. Promoting and recruiting participants for project activities. Coordinating and planning meetings with 2 stakeholders. Providing nutrition education to partnering entities. Assisting with completing reports and budgets. Developing and updating bilingual (English/Spanish) supplemental materials. Planning and conducting training courses.

Service Period Start date: 1/2/2023 End date: 9/30/2024

Hours: 8:00am - 5:00pm Days per week: Monday - Friday

Department: RLHO 1593 S Veterans Blvd

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		al bid, Invitation for Offer, or Real bid, Invitation for Offer, or Real and conditions set forth in the advertered	quest for Proposal;	all	Date 09/01/24	Revision 1 - 4/3/2024		Page 2
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:	5702 - Eagle Pass: DEPARTMENT OI 1593 S Veterans BI Eagle Pass TX 788: United States	F STATE HEALT vd			
Vendor:	WOR 1011 AUST	976051 1 KQUEST E 53RD 1/2 ST FIN TX 787511703 d States			Bill To:	Invoice-DSHS Fisc DEPARTMENT O 1100 W 49th St (RI PO Box 149347 Austin TX 78756 United States	F STATE HEALT	H SERVICES
					Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov	
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Line-Sch	Invento	ry Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
City/State	e/Zip: Eagle	Pass, TX 78852						
Rosy De Phone: (8	Los Santos 330) 758-42		viewer/interviewe	r):				
Address: Austin, TX Supplier/F CPA ID#: Contact: Phone:	Payee ID: 1 84202		email address of	representat	ive from temp ager	ncy fulfilling this reque	ıst)	
Corie Rer	schel@hhs							
1-1		NAP Public Health and on Specialist II (September	962-69	156.00	HR	29.04000	\$4,530.24	09/01/2024
					Sc	hedule Total	\$4,530.24	
		Approval Email, WorkQuest Staff actor Temporary Requests SNAP			S II Temp Services,	Workquest Cost Breakd	own, Job Descripti	ion,
					Item Tot	al for Line 1	\$4,530.24	
2-1	(Septem)	SHS-RLHO Travel As Needed ber 2024) Public Health and on Specialist II Experienced	993-10	1.00	LOT	200.00000	\$200.00	09/01/2024

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Payment Te	erms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-5-00	00342465
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				Revision 1 - 4/3/2024		Page 3
guarantees g requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n s. ts, shipping papers, invoices, and corresp rchase Order Number.	r Ship 10:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States			
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States	DE 11 PC Au		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov	
Exempt Rea	son: WORKQUEST MANAGED CP		Purchaser:	Remschel,Corie	2	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	antity UOM	PO Price	Extended Amt	Due Date
			Sche	dule Total	\$200.00	
			Item Total	for Line 2	\$200.00	
			Total P	O Amount	\$4,730.24	

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.

Authori	zed By	
Corie	Renschel,	CTCD

04/03/2024