Health and Human Services Commission

Purchase Order

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Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-5-0000342744
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	Page 1	
			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States		
Vendor:	1261533189 4 CUMMINS SOUTHERN PLAINS LLC PO BOX 90027 ARLINGTON TX 760043027 United States	2		Bill To:	Invoice-HHSC Ac HEALTH & HUM 4601 W Guadalupe Austin TX 78751 United States	IAN SERVICES COMMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.	state.tx.us
Exempt Rea	son: N/A			Purchaser:	Hill,Michelle L	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY25 funding SP/E Requisition 0000261922 Pricing per Quote 26761 PO Service Dates 09/01/2024 to 08-31-2025 Goods 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 08-31-2025 are automatically canceled.

Vendor contact 1261533189 Cummins Southern Plains LLC Robert Walkup 210-394-5610 Robert.Walkup@cummins.com

Agency contact Gloria Rodriguez 512-437-5021 DDS.TX.S49@SSA.GOV Facility (if applicable)

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

FY 25 Cummins Southern Plains LLC DDS Contact: Frank Perez / frank.perez@ssa.gov / 512-437-8414 Contract Specialist: Tracy Griffith / tracy.griffith@hhs.texas.gov / 210-646-2197 Confidential Information: Awarded vendor will not have access to confidential informal. Any contingency items not covered by the contract will be added as needed. HHS for the agency does not commit to ordering specific quantities or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services ordered and received by the agency. Any funds not utilized by 8/31/2025 are automatically cancelled. Please send all invoices to Disability Determination Services PO Bo 149198 Austin, TX 78714-9198 for authorization.

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					Austin TX 78741 United States			
Vendor:	1261533189 4 CUMMINS SOUTHERN PLAINS LLO PO BOX 90027 ARLINGTON TX 760043027 United States	C		Bill To:		MAN SERVICES CO pe St	OMMISSION	
				Faz Em	c: 512/424-6901 hail: HHSC_AP@hhs	c.state.tx.us		
Exempt Reas		<u>Class //4</u>	0	Purchas UOM		Extended Amt	Due Date	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity		PO Price			
1-1	10/1/2024-8/31/2025 Quarterly Generator Inspection	936-39	3.00	EA	280.84000	\$842.52	10/01/2024	
					Schedule Total	\$842.52		
				Ι	tem Total for Line 1	\$842.52		
2-1	10/1/2024-8/31/2025 ATS Inspection (NBH)	936-39	3.00	EA	124.44000	\$373.32	10/01/2024	
					Schedule Total	\$373.32		
				Ι	tem Total for Line 2	\$373.32		
3-1	10/1/2024-8/31/2025 Full-Service inspection (includes analysis of oil, coolant, fuel & 2hr bank test)	936-39	1.00	EA	1714.85000	\$1,714.85	10/01/2024	
					Schedule Total	\$1,714.85		
				Ι	tem Total for Line 3	\$1,714.85		
4-1	10/1/2024-8/31/2025 ATS IR Scan w/BLTOT inspection	936-39	1.00	EA	802.37000	\$802.37	10/01/2024	
					Schedule Total	\$802.37		
				I	tem Total for Line 4	\$802.37		
					Total PO Amount	\$3,733.06		

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	Prepaid & Allow by informal bid, Invitation for Offer, or Re			Purchase Order Date	Revision Pa	
specification	s, terms, and conditions set forth in the adv	vertisement and vend	dor's	09/01/24		3
guarantees go requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed ts, shipping papers, invoices, and corres rchase Order Number.	numbered purchase	order	Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States	
Vendor:	1261533189 4 CUMMINS SOUTHERN PLAINS LI PO BOX 90027 ARLINGTON TX 760043027 United States	.C		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States	
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us	
Exempt Rea	son: N/A			Purchaser:	Hill,Michelle L	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date	

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	
Hadassah Somey, CTCD,	CTCM
	<u>04/04/2024</u>

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