Department of State Health Services

Purchase Order

Dispatch via Print

| Payment Tern | ns rreight terms | Snip via | | | 4 00000 40000 |
|---|---|----------|---|---------------|----------------|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHSIX- | 4-0000343263 |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all | | | Date 04/10/24 | Revision | Page |
| 1 | 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. | | | Ship To: 1903 - El Paso:401 Franklin Ave DEPARTMENT OF STATE HEAL 401 Franklin Ave Ste 210 El Paso TX 79901 | | |
| | | | | United States | |
| Vendor: | Yendor: 1232511871 4 SMG HOLDINGS LLC DBA DESTINATION EL PASO 1 CIVIC CENTER PLZ EL PASO TX 799011153 United States | | Bill To: Invoice-DSHS Fiscal Clai DEPARTMENT OF STA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States | | EALTH SERVICES |

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Exempt Reason: N/A

| Purchaser: Remschel,Corie | Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date

Vendor: SMG/El Paso Convention Performing Arts Center Tax ID # 232511871 Contact: Karla Cuburu Contact E-Mail:

kcuburu@destinationelpaso.com Phone: (915) 479-4359

Address: Civic Center Plaza City: El Paso State: TX Zip Code: 79901

Attached documents in line item # 1 for any additional information contact Claudia Diaz at 915-490-0938 or email: claudia.diaz@dshs.texas.gov

FY24 funding

SP/E

Requisition 261108 Pricing per Quote attached

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 Karla Cuburu kcuburu@destinationelpaso.com (915) 479-4359

Agency contact Claudia Diaz 915-490-0938 claudia.diaz@dshs.texas.gov

PCS contact Corie Remschel 512.406.2661 Corie.remschel@hhs.texas.gov

1-1 971-65 1.00 EA 427.50000 \$427.50 05/10/2024 El Paso Room (all)

Schedule Total \$427.50

Item Total for Line 1 \$427.50

Department of State Health Services

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| Payment Terms | Freight Terms | Ship Via | | | 10TV 4 00000 40000 | |
|--|-----------------|-------------------------------|----------------------|--|--------------------|--|
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| 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 04/10/24 | Revision Page 2 | | |
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| All shipments, shipp with our Purchase (| | espondence must be identified | | Ste 210 El Paso TX 79901 United States | | |

1232511871 4 Vendor:

SMG HOLDINGS LLC DBA DESTINATION EL PASO 1 CIVIC CENTER PLZ EL PASO TX 799011153

United States

Bill To: Invoice-DSHS Fiscal Claims

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Exempt Reason: N/A

| Exempt Re | | | | | haser: Remschel,Corie | | |
|-----------|--|------------|----------|-----|-----------------------|--------------|------------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| 2-1 | Juarez Room (all) | 971-65 | 1.00 | EA | 427.50000 | \$427.50 | 05/10/2024 |
| | | | | | Schedule Total | \$427.50 | |
| | | | | | Item Total for Line 2 | \$427.50 | |
| 3-1 | Mt. Franklin Lobby | 971-65 | 1.00 | EA | 400.00000 | \$400.00 | 05/10/2024 |
| | | | | | Schedule Total | \$400.00 | |
| | | | | | Item Total for Line 3 | \$400.00 | |
| 4-1 | 2-Dual Screen Package small (breakout)6 Microphones, Podium/Traditional Podium | 985-76 | 1.00 | PKG | 879.00000 | \$879.00 | 05/10/2024 |
| | | | | | Schedule Total | \$879.00 | |
| | | | | | Item Total for Line 4 | \$879.00 | |
| 5-1 | Event staff; 2x11.00 hour @17/Hour | 972-50 | 1.00 | HR | 374.00000 | \$374.00 | 05/10/2024 |
| | | | | | Schedule Total | \$374.00 | |
| | | | | | Item Total for Line 5 | \$374.00 | |
| 6-1 | Security Guard | 990-46 | 1.00 | EA | 220.00000 | \$220.00 | 05/10/2024 |
| | | | | | Schedule Total | \$220.00 | |
| | | | | | Item Total for Line 6 | \$220.00 | |
| 7-1 | 4' x 8' Stage Section | 855-81 | 1.00 | EA | 272.00000 | \$272.00 | 05/10/2024 |

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|---|--|-----------------------------|----------------------|--|----------------|--------------|
| Payment Te Net 30 | erms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | Н | HSTX-4-00 | 00343263 |
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| | | | Fax: Email: | 512/458-7442 invoices@dshs.texas | s.gov | |
| Exempt Rea | ason: N/A | | | | | |
| * | Y | CI Tr O di | Purchaser: | Remschel,Corie | T (114 (| D D (|
| Line-Sch | Inventory Item ID - Line Description | Class/Item Quantity | UOM | PO Price | Extended Amt | Due Date |
| | | | Sche | edule Total | \$272.00 | |
| | | | Item Total | for Line 7 | \$272.00 | |

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 | |
|----------------------|------------|
| Corie Renschel, CTCD | |
| | 04/10/2024 |

\$3,000.00

Total PO Amount