

Report ID:EBPO0055  
 Database: FSPRD  
 Prepared By: Atchley,Cindy Jean  
 Run Date: 9/13/2019 13:42 PM  
 Prompts: SetID:HHSTX  
 Bill/Ship SetID: HHSTX

**HHS Purchasing**  
**Contract Purchase Order**



Contract ID: HHS000315600001  
 Bill To: 4507  
 Supplier Loc: 000  
 Ship To: 6563

Contract Begin Date: <b>11/14/2018</b>	Contract End Date: <b>08/31/2020</b>	Contract PO Number: <b>HHS000315600001</b>	Status <b>I - A</b>	Entered Date <b>11/14/2018</b>
Maximum Contract PO Amount: HHS Agencies guarantee no minimum or maximum quantity for Contract Purchase Orders		<b>49000</b>		
Contract Manager: Day,Carla J				

The State of Texas Agencies, including HHS Agencies, are exempt from all Federal Excise Taxes. The undersigned claims the State and City sales tax exemptions under Texas Tax Code, Section 141.309(4), for tangible goods and services. All subsequent shipments or releases shall be FOB Destination unless otherwise specified in the original solicitation. Additional ship and bill to locations identified in the original solicitation may be specified on a purchase order release referencing this contract.

**7006069632**  
**JOSE SANCHEZ SOSA**  
**DBA JOES MOBILITY SERVICE**  
**ABILENE TX**  
**796022638**

**Primary Bill To: HEALTH & HUMAN SERVICES COMMISSION**  
**2501 Maple St**  
**P O Box 451**  
**Abilene TX**  
**79602**

**Primary Ship To: HEALTH & HUMAN SERVICES COMMISSION**  
**2501 Maple St**  
**2501 Maple St**  
**Abilene TX**  
**79602**

PO contract; IFB HHS0003156 - formal  
 Encumbered;  
 Only one response received; Hourly rate negotiated per 34 TAC 20.206(d)(5)

FY19 Initial PO # 45165  
 options to renew 4 times, in one year increments  
 Renewals terms exercised will be at the rates quoted in the IFB, plus any approved rate increase. Increases must be submitted at time of renewal and may not exceed 2% per year. Increases are not automatic and must be requested in writing.

BLANKER ORDER: For repairs to wheelchair lifts on vehicles, as needed, for Abilene State Supported Living Center  
 INITIAL TERM: 11/14/2018 thru 8/31/2019 w/option to renew 4 times, in one year increments  
 AGENCY CONTACT: Bryan Sartor, Motor Pool Supervisor, Abilene SSLC 325.795.3381  
 VENDOR CONTACT: Joe Sosa 325.232.8009

LABOR RATE: \$75.00 per hour  
 PARTS: 25% discount off list for major components

This is a blanket purchase order for repairs on an "as needed" and/or "will call" basis. The amount indicated is a spending cap. HHSC does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order and shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized are automatically cancelled.

Vendor will provide a detailed cost estimate in writing that shall be approved by the ABSSLC Motor Pool Supervisor prior to any work being performed. Cost estimate shall include (but not be limited to) estimated cost of parts and prices known to be needed at the time of the estimate and the estimated completion date.

Purchaser: Jodi Day 830-896-2211  
 \*\*\*\*\*

Line 2  
 Goods and/or Services are to be delivered and invoiced after September 1, 2019.  
 This Contract is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

FY20 Reqn 0000077798; Requester: Tara Beaver Phone: 325-333-7717

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### HHS Purchasing Contract Purchase Order

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Bill To: 4507

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For FY20 Funding/POCN Renewal  
Renewal #1 of (4) See signed POCN  
FY20 PO 198416  
FY20 PO Term: 9/1/19-8/31/20 with (3) renewals remaining  
FY20 Funding \$24,500.00  
All other provisions remain unchanged

OM/S TGC 2155.144 Class 928 Item 15  
Ref Formal IFB HHS0003156/signed by vendor

Purchaser:  
Cindy Atchley Phone 432-263-9617 Email: cindy.atchley@hhsc.state.tx.us

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
1	Wheelchair lift repairs as needed; Abilene SSLC	928	1	LOT	0	0

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
2	FY20 POCN; Renewal #1 of (4); Term 9/1/19-8/31/20; FY20 Reqn 77798	928	0	LOT	0	0

All specifications, terms, and conditions set forth in the contractor's conforming solicitation response become a part of this Contract Purchase Order. Vendor guarantees goods and services delivered will meet or exceed specifications. No substitutions, over-shipments or cancellations are permitted without prior approval from the agency. If the vendor fails to deliver by promised delivery date or fails to meet advertised specifications, the agency reserves the right to purchase elsewhere and charge any increase in cost and handling to the contractor. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the agency and the Vendor to attempt to resolve all disputes arising under this contract.

\_\_\_\_Releases against this Contract Purchase Order are done by issuing a Purchase Order release and require all shipments, invoices, and correspondence to be identified with the Purchase Order #.

\_\_\_\_Releases against this Contract Purchase Order are to be done by HHS Purchaser or Contract Manager authorization and are to be identified by this Contract Purchase Order #.

HHS Purchaser  
Signature: Cindy Atchley CTCD  
Date: 9/13/19 Phone: 432-263-9617