

Report ID: EBPO0055
 Database: FSPRD
 Prepared By: O'Bannon, Gwen L
 Run Date: 1/22/2020 12:10 PM
 Prompts: SetID: HHSTX
 Bill/Ship SetID: HHSTX

HHS Purchasing
Contract Purchase Order



Contract ID: HHS000730700001
 Bill To: 3063

Supplier Loc: 000
 Ship To: 4546

| | | | | |
|--|---|---|------------------------|-----------------------------------|
| Contract Begin Date: 01/22/2020 | Contract End Date: 08/31/2020 | Contract PO Number: HHS000730700001 | Status I - A | Entered Data 01/22/2020 |
| Maximum Contract PO Amount: 545945 | | Contract Manager: | | |
| HHS Agencies guarantee no minimum or maximum quantity for Contract Purchase Orders | | | | |

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.

1330804655
ILLUMINA INC
12864 COLLECTION CENTER DR
CHICAGO IL
606930128

Primary Bill To: DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
PO Box 149347
Austin TX
78756

Primary Ship To: DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
PO Box 149347
Austin TX
78756

AGENCY CONTACT - MYONG KOAG, 521-776-2432, MYONG.KOAG@DSHS.TEXAS.GOV
 VENDOR CONTACT - RYAN REYNOLDS, 210-303-6065, RREYNOLDS@ILLUMINA.COM

THIS ORDER IS ISSUED PER THE TERMS, CONDITIONS AND SPECIFICATIONS INCLUDED IN THE ORIGINAL IFB AND QUOTE BY RYAN REYNOLDS ON 12-16-19. **REFERENCE QUOTE #4243233

PURCHASE MADE UNDER THE AUTHORITY OF TX. GOVT. CODE 2155.067 FOR SOLE SOURCE PURCHASES.
 PCC: SS/0

CONTRACT TERM:

The term of this contract shall be from Date of Award through August 31, 2020 with the option to renew/extend for four (4) additional one (1) year periods. The option to renew the contract shall be solely at the discretion of HHSC/DSHS. Any extension shall be at the same terms and conditions specified in the original IFB and resultant contract. Vendor shall be notified of optional extensions by agency Purchase Order Change Notice (POCN).

ESCALATION RATES:

Date of Award through August 31, 2020: The prices noted on both the Vendor's Quotation and Pricing Sheet are subject to change in February 2020. Pricing is subject to change in February every year thereafter.
 1st option to renew: 09/01/20 through 08/31/21 escalation rate - 5%
 2nd option to renew: 09/01/21 through 08/31/22 escalation rate - 5%
 3rd option to renew: 09/01/22 through 08/31/23 escalation rate - 5%
 4th option to renew: 09/01/23 through 08/31/24 escalation rate - 5%

SHIPPING INSTRUCTIONS:

The contractor must deliver full order scheduled monthly or when requested by the DSHS Laboratory and must provide monthly invoices for the items/services rendered. Delivery will occur pursuant to a mutually agreed upon shipping schedule and the Vendor will provide a detailed receipt of items delivered.

| Line Item | Line Item Description | Class | Max Ln Quantity | UoM | Unit Price | Max Line Amount |
|-----------|---|-------|-----------------|-----|------------|-----------------|
| 1 | BLANKET ORDER FOR GENOME SEQUENCING SUPPLIES FOR AUSTIN LAB | 495 | 1 | LOT | 545945 | 545945 |

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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: Gwen O'Bannon, CTPM

Date: 1-22-20 Phone: 512-917-4865