Health and Human Services Commission

Purchase Order

D						
Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS.	TX-1-0000238657	
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 09/01/20	Revision Page 1		
			Ship To:	4514 - Waco:3501 N 19th St DEPARTMENT OF STATE HEALTH SERVICES 3501 N 19th St Waco TX 76708 United States		
Vendor:		MNICARE PHARMACY OF TEXAS 2 LP BA AMERICAN PHARMACEUTICAL SERVICES 101 43RD ST STE E UBBOCK TX 794073750		Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
			Fax: Email:	254/562-1171 718Accounting@hhsc.state	e.tx.us	
			Purchaser:	Ender,Katrinia	512/406-2428	

Terms and Conditions are attached.

Line-Sch

Contract Term: 09/01/2020 to 08/31/2022, with one (1) two-year renewal options. 1st Renewal: 09/01/22 to 08/31/24

Purchase Order Term: 09/01/2020 to 08/31/2021

Inventory Item ID - Line Description

This order issued in accordance with bid solicitation HHS0007962 response received on 7/24/2020 from Omnicare, a CVS Health Company.

Quantity

UOM

Services are to be performed in accordance to agency scope of work which has been provided to vendor.

Class/Item

Confirmation Order Do Not Duplicate

Vendor Contact: Matthew Lerner Phone: 1(800) 335-1277 Email: matthew.lerner@omnicare.com

Contract Manager: Michelle French Phone: (254) 562-1085 EMAIL: michelle.french@hhsc.state.tx.us

HHSC Purchasing Contact: Katrinia Ender Phone: (512) 406-2428 Email: katrinia.ender@hhsc.state.tx.us

CPA Procurement Manual, pg 2, Section 2.58 BLANKET PURCHASE AGREEMENT - Services ordered as needed.

HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized are automatically cancelled.

This procurement is a competitive purchase for services/goods to be ordered as needed by the agency the contract term total expenditures cannot exceed \$950,000.00.

This contract is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

Client Purchase/Stock BEST VALUE

PCC OM/S Requisition # 0000128292

1.00 LOT

PO Price

Dispatch via Print

Extended Amt Due Date

Health and Human Services Commission

Purchase Order

Dispatch via Print Ship Via **Payment Terms** Freight Terms HHSTX-1-0000238657 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/20 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4514 - Waco:3501 N 19th St guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 3501 N 19th St All shipments, shipping papers, invoices, and correspondence must be identified Waco TX 76708 with our Purchase Order Number. United States Vendor: 1113657397 6 Bill To: Invoice - DADS OMNICARE PHARMACY OF TEXAS 2 LP HEALTH & HUMAN SERVICES COMMISSION DBA AMERICAN PHARMACEUTICAL SERVICES 424 Mesquite Dr 6101 43RD ST STE E PO Box 1132 LUBBOCK TX 794073750 Mexia TX 76667 **United States** United States Fax: 254/562-1171 718Accounting@hhsc.state.tx.us Email: 512/406-2428 Ender,Katrinia **Purchaser:** Class/Item UOM PO Price Line-Sch **Inventory Item ID - Line Description** Quantity Extended Amt Due Date and over-the-counter medications for Waco Center for Youth Schedule Total \$222,000.00 Contract ID: HHS000796200001 Contract Line: 0 Release: 1 \$222,000.00 Item Total for Line 1 6000.00000 2-1 948-72 1.00 SRV \$6,000.00 09/01/2020 FY21 (Complex-Service) - Part-time pharmacist for Waco Center for Youth Schedule Total \$6,000.00 Contract ID: HHS000796200001 Contract Line: 0 Release: 2 \$6.000.00 Item Total for Line 2 \$228,000.00 Total PO Amount

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

Katienia Erdu, CTPM

<u>08/05/2020</u>