

Report ID:EBPO0055
 Database: FSPRD
 Prepared By: Ender,Katrinia
 Run Date: 5/21/2021 9:45 AM
 Prompts: SetID:HHSTX
 Bill/Ship SetID: HHSTX

HHS Purchasing
Contract Purchase Order



Contract ID: HHS001025100001
 Bill To: 6483

Supplier Loc: 001
 Ship To: 6065

| | | | | |
|---|---|---|------------------------|-----------------------------------|
| Contract Begin Date: 05/21/2021 | Contract End Date: 08/31/2023 | Contract PO Number: HHS001025100001 | Status I - A | Entered Date 05/21/2021 |
| Maximum Contract PO Amount: HHS Agencies guarantee no minimum or maximum quantity for Contract Purchase Orders | | 152000 | | |
| Contract Manager: Ender,Katrinia | | | | |

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.

1431610909
PROVIDER PLUS INC
PO BOX 771260
SAINT LOUIS MO
631772260

Primary Bill To: HEALTH & HUMAN SERVICES COMMISSION
424 Mesquite Dr
PO Box 1132
Mexia TX
76667

Primary Ship To: HEALTH & HUMAN SERVICES COMMISSION
6844 N US Hwy 69
PO Drawer 1648
Pollok TX
75969

Attached Terms and Conditions apply to this Contract.

Contract Term: 05/21/2021 to 08/31/2023, with two (2) one-year renewal options.
 1st Renewal: 09/01/2023 to 08/31/2024
 2nd Renewal: 09/01/2024 to 08/31/2025

Services shall be performed in accordance to HHSC's (sometimes referred to herein as *agency*) scope of work, and other contractual duties and obligations, which have been provided to vendor through IFB HHS HHS0010251. Additionally, by providing the goods and services contemplated by this Purchase Order, vendor agrees to be bound by the attached HHS Uniform Terms and Conditions *Vendor* (Version 3.1) and HHS Contract Affirmations (Version 1.7), which are incorporated into this Purchase Order and govern, and apply to, all goods or services provided hereunder.

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 \$272,000.00.

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

PCC OM/S Requisition # 0000162262

Vendor Contact: John G Serafin, Jr
 Phone: (314) 963-6800
 Email: jgs@providerplus.com

Lead Contact: Melissa Crawford
 Phone: (936) 853-8353
 EMAIL: melissa.crawford@hhs.texas.gov

HHSC Purchasing Contact: Katrinia Ender
 Phone: (512) 406-2428
 Email: katrinia.ender@hhs.texas.gov

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| Line Item | Line Item Description | Class | Max Ln Quantity | UoM | Unit Price | Max Line Amount |
|-----------|---|-------|-----------------|-----|------------|-----------------|
| 1 | FY21 CPAP and BIPAP Rental and Maintenance Services for Lufkin SSLC | 979 | 1 | LOT | .01 | 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: *Katrinia Ender, CTCO, CTCM*

Date: 5/21/2021 **Phone:** 512-406-2428