

Report ID:EBPO0055
 Database: FSPRD
 Prepared By: Meads,Courtney
 Run Date: 8/30/2021 13:00 PM
 Prompts: SetID:HHSTX
 Bill/Ship SetID: HHSTX

HHS Purchasing
Contract Purchase Order



Contract ID: HHS001063200003
 Bill To:
 Supplier Loc: 000
 Ship To:

Contract Begin Date: 09/01/2021	Contract End Date: 08/31/2026	Contract PO Number: HHS001063200003	Status I - A	Entered Date 08/06/2021
Maximum Contract PO Amount: HHS Agencies guarantee no minimum or maximum quantity for Contract Purchase Orders		500000 Contract Manager: Meads,Courtney		

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.

Primary Bill To:

1621400785
NATIONAL SEATING AND MOBILITY INC
5959 SHALLOWFORD RD STE 443
CHATTANOOGA TN
374212245

Primary Ship To:

TERM: September 1, 2021 through August 31, 2026
 No Renewals
 Total Contract Amount NTE: \$500,000.00

This contract is to track the Purchase Orders issued in accordance with solicitation HHS0010632 Customize Wheelchairs for Clients Power and manual wheelchairs Supported Living Centers and Texas State Hospital Facility Residents.

HHSC will issue individual POs for each facility requiring goods under the contract. Each PO will include the delivery and bill to address for each facility. Annual blanket POs will be issued
 Parts and maintenance for client's individually owned equipment.

Quantities may be increased or decreased upon need during the term of the PO. The quantities shown are estimates only and do not constitute a guarantee of purchase.

Following the award, additional products of the same general category that could have been encompassed in the award, and that are not already on the award, may be added with prior approval from agency. After award, substitute items may be accepted if they meet or exceed specifications with prior approval from agency. The agency shall be obligated to pay for only those services/goods ordered and received by the agency. Any funds not utilized are automatically cancelled.

May not be used for wheelchair fabrication unless the wheelchair is fabricated for a specific client resident and the wheelchair will "follow" that client resident if/when discharged from the SSLC.

May not be used for hospital or facility equipment such as wheelchairs, walkers or hospital beds that will be owned by the facility.

Vendor Contact Info:
 STUART LIGHTSEY
 Contract Specialist
 423.756.2268 x0511
 Stuart.Lightsey@nsm-seating.com

Contact Manager:
 Roland Cano
 512-462-6371

**HHS Purchasing
Contract Purchase Order**



Contract ID: HHS001063200003

Bill To:

Supplier Loc: 000

Ship To:

roland.cano@hhsc.state.tx.us

Buyer Contact:

Courtney Meads CTCD, CTCM

512-406-2478

courtney.meads@hhs.state.tx.gov

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.

HHSC will allow up to 5% annual price increase based on the manufacturer's price, as of the beginning of each subsequent fiscal year. Documentation shall include the manufacturer's price list, the percentage of increase, and the new price. Failure to provide the required documentation will result in rejection of the price increase request.

The vendor must submit written requests for price increases no later than ninety (90) days prior to the new fiscal year to HHSC Contract Manager. HHSC will respond to such requests within fifteen (30) days.

PCC: EX/O

Req 161069

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
1	Blanket Contract to evaluate and asset in fitting clients for custom, manual wheelchair accessories and parts not covered by Medicare/Medicaid. For residents at State Supported Living Centers and State Hospitals.	938	1	LOT	500000	500000

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: Courtney Meads CTCM, CTCD

Date: 8-30-21 **Phone:** 512-406-2478