Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	TX-4-0000328280	
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			Date 09/11/23	Revision		
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.		Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States			
•			•			

Vendor: 1453191493 6

ONSOLVE LLC P O BOX 945672

ATLANTA GA 30394-5672

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Benitez, Phyllis

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date							
	Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity UOM	PO Price	Extended Amt Due	Date

FY24 Funding IT/D

Requisition 0000227802 Solicitation: HHS0013878

PO Service Dates 09-11-2023 to 08-31-2024

Attached Terms and Conditions apply to this Purchase Order.

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. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2024 are automatically canceled.

DIR Exemption #WA-06-23-12169 and Case #00090946.

Vendor contact: VID 1453191493 Michelle Gogarty 833/891-1911 michelle.gogarty@onsolve.com

Agency contact: Weizhen Bao weizhen.bao@hhs.texas.gov

PCS contact: Phyllis Benitez, CTCD, CTCM 512/406-2586 phyllis.benitez@hhs.texas.gov

Health and Human Services Commission Terms and Conditions

-1 920-45 1.00 EA 41464.70000 \$41,464.70 09/11/2023

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	8	Ship Via			LUCTY 4 00	000000	
Net 30	Prepaid & Allow	BEST WAY	Purchase Orde	*	HHSTX-4-00		
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision		Page	
	ss, terms, and conditions set forth in the adve		09/11/23			2	
	responses become a part of this numbered pu oods or services delivered meet or exceed nu		Ship To:	C732 - Austin:70			
requirements			HEALTH & HUMAN SERVICES COMMISSION				
	its, shipping papers, invoices, and corresp	ondence must be identified		701 W 51st St PO Box 149030			
	with our Purchase Order Number.			Austin TX 78751			
				United States			
Vendor:	1453191493 6		Bill To:	Invoice-HHSC Ac			
	ONSOLVE LLC				MAN SERVICES CO	MMISSION	
	P O BOX 945672 ATLANTA GA 30394-5672			4601 W Guadalup Austin TX 78751	e St		
	United States			United States			
	Cinica States			Cinted States			
		Fax:	512/424-6901				
			Email:	HHSC_AP@hhsc	.state.tx.us		
			Purchaser:	Benitez,Phyllis			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date	
	QTY: 5000 EACH						
			Sci	hedule Total	\$41,464.70		

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
Pylla Benifee, CTCD, CTCM

Item Total for Line 1 _____\$41,464.70

Total PO Amount \$41,464.70

09/12/2023