#### **Purchase Order**

**Dispatch via Print** 

Extended Amt

**Due Date** 

Payment Terr	ms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	1-0000261169	
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision P		
	specifications, terms, and conditions set forth in the advertisement and vendor's				1	
	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order			Y984 - Austin:8317 Cross Park Dr		
requirements.	ods or services delivered meet or exceed	numbered purchase order		HEALTH & HUMAN SERVICE	ES COMMISSION	
	shinning naners invoices and corre	snondence must be identified		8317 Cross Park Dr		
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 149030 Austin TX 78754		
				United States		
				Cinted States		
Vendor:	1843489032 5		Bill To:	Invoice-HHSC MC2065		
	AHEAD, INC.			HEALTH & HUMAN SERVICE	ES COMMISSION	
	401 N MICHIGAN AVE			4900 N Lamar Blvd		
	SUITE 3400			Austin TX 78751		
	USA CHICAGO IL 60611-4255			United States		
	United States					
	Cinted States					
			Fax:	512/206-4854		
			Email:	itsa_invoices@hhsc.state.tx.us		
				_		
			Purchaser:	Barber, April Marie Novak	512/406-2432	

Quantity

**UOM** 

**PO Price** 

Class/Item

FY21 Funding

IT/I

Line-Sch

Requisition: 162384 Previous PO # 0000228069

FY21 PowerFlex hyperconverge storage equipment supporting TIERS infrastructure

\*\*\*\* Electronic Delivery to: Software\_Asset\_Management@hhsc.state.tx.us \*\*\*\*

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 or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2022 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068, DIR CONTRACT 3834, and VENDOR QUOTE: Q-P1179119 - AHD2021101693-1. All associated documents are included herein either by attachment or reference

Purchase Order Term Coverage: 8.19.2021-10.26.2021

**Inventory Item ID - Line Description** 

Vendor contact: AHEAD VID: 1843489032

Vendor Contact: DAVID KINARD

Ph: 512.653.3330

Email address: david.kinard@ahead.com Michael Ree (michael.ree@ahead.com)

Facility contact Marty Martinez

Phone#:

Email address: marty.martinez@hhs.texas.gov

PCS contact April Barber Ph: 512.406.2432

Email address: april.barber@hhs.texas.gov

DIR Cooperative Contract Procurement in Accordance with Texas Government Code 2157.068 and 1.1; T.A.C. Chapter 212. for a contract with a value of \$50,000.00 or less, the agency may directly award the contract to a vendor included on the list without submission of a request for pricing to other vendors on the list and all associated documents are included herein

## **Purchase Order**

					Dispa	tch via Print		
Payment Term Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Orde	r	HHSTX-1-0			
specifications,	y informal bid, Invitation for Offer, or Re terms, and conditions set forth in the adve	ertisement and vendor's	<b>Date</b> 05/17/21	Revision	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:	Y984 - Austin:8317 Cross Park Dr HEALTH & HUMAN SERVICES COMMISSION 8317 Cross Park Dr PO Box 149030 Austin TX 78754 United States				
Vendor:	1843489032 5 AHEAD, INC. 401 N MICHIGAN AVE SUITE 3400 USA CHICAGO IL 60611-4255 United States		Bill To:	Invoice-HHSC M HEALTH & HU 4900 N Lamar B Austin TX 7875 United States	MAN SERVICES CO	OMMISSION		
			Fax: Email:	512/206-4854 itsa_invoices@h	hsc.state.tx.us			
Line-Sch 1	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Barber,April Ma	arie Novak 5 Extended Amt	12/406-2432 <b>Due Date</b>		
1-1		920-45 2.00	H.A	3064 40000	\$6 128 80	08/19/2021		

				Purcha	ser: Barber,April Ma	rie Novak 51	12/406-2432		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>		
1-1	N9K-C9336C-FX2 ETSP 24X7X4OS NEXUS 9300 SERIES, 36P 40/	920-45	2.00	EA	3064.40000	\$6,128.80	08/19/2021		
					Schedule Total	\$6,128.80			
FY21 PowerFlex hyperconverge storage equipment supporting TIERS infrastructure Previous PO # 0000228069 Term: 8/19/21-10/26/21 HHS IT INFRASTRUCTURE AGENCY PO RECIPIENTS CONTACTS: Buster.Capps@hhs.texas.gov; Marty.Martinez@hhs.texas.gov									
	sion Name: Information Technology		1	-	Item Total for Line 1				
				•	tem rotarior Eme r	ψ0,120.00			
2-1	N3K-C31108TC-V SMARTNET NEXUS 31108-VXLAN, 48 X 10GT AN	920-45	1.00	EA	1922.87000	\$1,922.87	08/19/2021		
					Schedule Total	\$1,922.87			
				1	Item Total for Line 2	\$1,922.87			
3-1	N9K-C93240YC-FX2 ETSP 24X7X4OS NEXUS 9300 WITH 48P 10/25G	920-45	2.00	EA	2828.75000	\$5,657.50	08/19/2021		
					Schedule Total	\$5,657.50			
				]	Item Total for Line 3	\$5,657.50			
4-1	VCS7-STD-PSUB-C SUBSCRIPTION VMWARE VCENTER SERVER 7 STANDARD FOR VSPHERE 7 (PER INSTANCE)	920-45	2.00	EA	1617.10000	\$3,234.20	08/19/2021		

3.00 EA

920-45

5-1

Schedule Total \$3,234.20

\$3,303.51 08/19/2021

Item Total for Line 4 \$3,234.20

1101.17000

#### **Purchase Order**

Ship Via

**Payment Terms** 

Freight Terms

**Dispatch via Print** 

Net 30	Prepaid & Allow	BEST	WAY	Pu	rchase Order		HHSTX-1-	0000261169	
	d by informal bid, Invitation for Offer, or Req			Da		Revision		Page	
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.					17/21	3			
					p To:	Y984 - Austin:8317 Cross Park Dr			
						HEALTH & HUMAN SERVICES COMMISSION 8317 Cross Park Dr			
						PO Box 149			
with our P	urcnase Order Number.					Austin TX 7			
						United State	es		
Vendor:	1843489032 5			Bill	l To:		SC MC2065		
	AHEAD, INC.						HUMAN SERVICES	COMMISSION	
	401 N MICHIGAN AVE SUITE 3400					4900 N Lan Austin TX 7			
	USA					United State			
	CHICAGO IL 60611-4255								
	United States								
					Fax:	512/206-48	54		
					Email:		es@hhsc.state.tx.us		
				Pu	rchaser:	Barber,Apr	ril Marie Novak	512/406-2432	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Am	t Due Date	
	ST7-ADV-P-SSS-C PRODUCTION SUPPORT COVERAGE VMWARE VSAN 7 ADVANCED FOR 1 PROCESSOR								
					Sche	dule Total	\$3,303.51	<u> </u>	
					Item Total	for Line 5	\$3,303.51	_	
6-1		920-45	15.00	EA	1	040.41000	\$15.606.15	08/19/2021	
	VS7-EPL-PSUB-C SUBSCRIPTION VMWARE VSPHERE 7 ENTERPRISE PLUS FOR 1 PROCESSOR								
					Sche	dule Total	\$15,606.15	_	
					Item Total	for Line 6	\$15,606.15	<u> </u>	
7-1		920-45	6.00	EA		675.00000	\$4,050.00	08/19/2021	
, 1	SUSS-FLXM-00-A01 VFLEX MANAGER	,20 .0	0.00	2.1		0,0,0000	ψ 1,020100	00/15/2021	
					Sche	dule Total	\$4,050.00	_	
					Item Total	for Line 7	\$4,050.00	_	
					Total P	O Amount	\$39,903.03	٦	
					10tai i	C.Imount [	ψ37,703.03	_	

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.

## **Purchase Order**

**Dispatch via Print** 

Payment To Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-1-000026110	69
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.			<b>Date</b> 05/17/21	Revision Pa	Page 4
			Ship To:	Y984 - Austin:8317 Cross Park Dr HEALTH & HUMAN SERVICES COMMISSION 8317 Cross Park Dr PO Box 149030 Austin TX 78754 United States	
Vendor: 1843489032 5 AHEAD, INC. 401 N MICHIGAN AVE SUITE 3400 USA CHICAGO IL 60611-4255 United States			Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4900 N Lamar Blvd Austin TX 78751 United States	ION
			Fax: Email:	512/206-4854 itsa_invoices@hhsc.state.tx.us	
			Purchaser:	Barber, April Marie Novak 512/406-2432	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date	

**Authorized By** 

05/26/2021