## PURPOSE.

The Texas Department of Family and Protective Services (DFPS) and XXXX (Contractor) (referred to herein as each a “Party” and collectively as the “Parties”) enter into this Contract for Personal Assistance Care (PAC) services (Contract).

## LEGAL AUTHORITY.

This Contract is entered under DFPS’ statutory authority in Texas Human Resources Code Chapter 40.

## CONTRACT TERM.

This Contract is effective upon execution of last signature and ends on

Saturday, August 31, 2024, and can be renewed, extended or terminated as provided for in this Contract.

## STATEMENT OF WORK.

1. The Contractor will provide services in accordance with and at the Fee Schedule in PAC Open Enrollment HHS0004774 (Open Enrollment) and the Contract Documents File that is posted on the Electronic State Business Daily (ESBD) at <http://www.txsmartbuy.com/sp> and the HHS Enrollment site at <https://apps.hhs.texas.gov/pcs/openenrollment.cfm>.
2. The Contractor agrees to comply with terms of the Open Enrollment and Contract Attachment File as it is posted and any updates to it, including where it is posted if the ESBD or HHS Enrollment site locations are updated.
3. The Contractor is responsible for periodically checking ESBD and the HHS Enrollment site, or any successor to these sites, to ensure compliance with any updates to the Open Enrollment and Contract Documents File.
4. All work and services provided under this Contract must be in accordance with all state and federal laws, rules and regulations.

## CONTRACT MANAGER.

These Contract Managers are authorized to administer activities and receive notices and general correspondence for this Contract by sending it to them as provided below.

1. **DFPS**

Name: XXXX

Title: XXXX

Address: XXXX

Phone: XXXX

Email: XXXX

1. **CONTRACTOR**

Name: XXXX

Title: XXXX

Address: XXXX

Phone: XXXX

Email: XXXX

## SIGNATURES.

By signing below, the following certify that they have the requisite legal authority to bind their respective Party and that this Contract represents the final agreement of the Parties.

**DFPS CONTRACTOR**

[Insert Name] [Insert Name]

[Insert Title] [Insert Title]

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_