

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

\*\*\*\*\* STATE OF MARYLAND \*\*\*\*\*

**BPO NO:** 001B6400098

**PRINT DATE:** 10/31/15

**PAGE:** 01

### SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

### VENDOR ID:

SWANSON SERVICES LLC  
PO BOX 212

SANDSTON, VA 23150  
(804 ) 521-4416

### REFER QUESTIONS TO:

JAMIKA BOWEN  
(410 ) 767-8735  
JAMIKA.BOWEN@MARYLAND.GOV

### ITB:

**EXPR DATE:** 01/01/18  
**POST DATE:** 08/27/15

**DISCOUNT TERMS:** . NET 30 DAY  
**CONTRACT AMOUNT:** 52,000.00

### TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

UNARMED UNIFORMED GUARD SERVICE AT DHMH DIVISION OF VITAL RECORDS,  
6550 REISTERSTOWN RD, BALTIMORE, MD 21215.

THE SINGLE RENEWAL OPTION OF 24 MONTHS IS BEING UTILIZED. CONTRACT PERIOD IS JANUARY 1, 2016-DECEMBER 31, 2017.

VENDOR CONTACT: WAYMAN SWANSON

SMALL BUSINESS RESERVE CERTIFICATION: #SB12-12415

M00 16 D1066 0877 \$13,000.00  
M00 17 D1067 0877 \$26,000.00  
M00 18 D1068 0877 \$13,000.00

RETAIN SECTIONS A, B & C FOR FUTURE REFERENCE

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>	
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0001	96480	HR	52,000.0000	
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HOURLY BILLING RATE TO PROVIDE UNARMED UNIFORMED GUARD SERVICE AT  
DHMH DIVISION OF VITAL RECORDS, 6550 REISTERSTOWN RD, BALTIMORE, MD  
21215 BEGINNING JANUARY 1, 2016 AND ENDING DECEMBER 31, 2017  
IN ACCORDANCE WITH THE STATE TERMS, CONDITIONS, REQUIRED  
CONTRACT PROVISIONS, AND SPECIFICATIONS. THERE ARE NO REMAINING  
RENEWAL OPTIONS.

HOURLY BILLING RATE: \$13.00 PER HOUR @ 4,000 HOURS

\_\_\_\_\_ END OF ITEM LIST \_\_\_\_\_

THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE  
INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS,  
MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO,  
SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICA-  
TIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART  
OF THE BPO.

STATE YOUR FEDERAL TAX IDENTIFICATION # \_\_\_\_06-1713063\_\_\_\_\_

IF THE STATE OF MARYLAND OR OTHER REGULATOR BODY REQUIRES A  
LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED,  
PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

\_\_\_\_106-4614\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_7/31/2017\_\_\_\_\_  
DATE OF EXPIRATION

\*\*\*\*\* LAST PAGE \*\*\*\*\*

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER AUTHORIZED DESIGNEE