

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B3400531

PRINT DATE: 10/31/15

PAGE: 01

SHIP TO:			
AS SPECIFIED ON INDIVIDUAL ORDERS			
VENDOR ID:		REFER QUESTIONS TO:	
SOLOMONS TERMITE & PEST CONTROL 5408 REISTERSTOWN RD		GWENDOLYN HUDSON (410)767-7662 GWENDOLYN.HUDSON@MARYLAND.GOV	
BALTIMORE, MD 21215 (410)358-7175			
ITB: 001IT819049	EXPR DATE: 06/01/16 POST DATE: 05/21/13	DISCOUNT TERMS: .	NET 30 DAY
		CONTRACT AMOUNT:	32,400.00

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.

DHMH USING AGENCY OPERATING FUNDS

FY 13 001 MG35G 0837 \$ 900.00
 FY 14 001 MG35G 0837 \$10,800.00
 FY 15 001 MG35G 0837 \$10,800.00
 FY 16 001 MG35G 0837 \$ 9,900.00

RETAIN SECTION A, B, AND C FOR FUTURE REFERENCE

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0001	91059	EA	25,200.0000

PEST CONTROL

CONTRACTOR TO PROVIDE INTEGRATED PEST MANAGEMENT PROGRAM, WHERE PESTICIDES ARE ONLY USED AS A LAST RESORT AND ONLY WHEN APPROVED BY THE HOSPITALS CONTRACT MONITOR FOR A PERIOD OF THREE (3) YEARS BEGINNING JUNE 1, 2013 THROUGH MAY 31, 2016, WITH A TWO (2), ONE (1) YEAR RENEWAL OPTIONS.

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
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0002	91059	EA	7,200.0000
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PEST CONTROL

COST TO PROVIDE PEST CONTROL SERVICES AT TWO (2) DIATARY AREAS; TWO (2) PREPARATION AREAS; AND TWO (2) CANTEEN AREAS, ETC) AT SPRINGFIELD HOSPITAL CENTER LOCATED AT SYKESVILLE, MD FOR A PERIOD OF THREE (3) YEARS BEGINNING JUNE 1, 2013 THROUGH MAY 31, 2016, WITH TWO (2), ONE (1) YEAR RENEWAL OPTIONS.

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 SPECIFICATIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO.

STATE YOUR FEDERAL TAX IDENTIFICATION # _____

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.

LICENSE NUMBER

DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

***** LAST PAGE *****

AUTHORIZED BY: _____ DATE: _____

BUYER AUTHORIZED DESIGNEE