

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B4400022

PRINT DATE: 10/31/15

PAGE: 01

SHIP TO:			
AS SPECIFIED ON INDIVIDUAL ORDERS			
VENDOR ID:		REFER QUESTIONS TO:	
OPPORTUNITY BUILDERS 8855 VETERANS HWY		GWENDOLYN HUDSON (410)767-7662	
MILLERSVILLE, MD (410)787-0700		21108 GWENDOLYN.HUDSON@MARYLAND.GOV	
ITB: 001IT819196	EXPR DATE: 08/01/16	DISCOUNT TERMS: .	NET 30 DAY
	POST DATE: 07/29/13	CONTRACT AMOUNT:	384,694.86

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 300256-3 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.

H00	14	33151	0813	\$117,545.27
H00	15	33151	0813	\$128,231.20
H00	16	33151	0813	\$128,231.20
H00	16	33151	0813	\$ 10,685.93

VENDOR CONTACT: VICKI CALLAN - 410-787-0700

THE STATE RESERVES THE RIGHT TO ADJUST THE SCOPE OF WORK PROVIDED IN THE SPECIFICATIONS IN ORDER TO KEEP EXPENDITURES WITHIN AUTHORIZED APPROPRIATIONS.

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0001	92020-TOWSON	EA	384,694.8600

BUSINESS SERVICES

TO PROVIDE JANITORIAL SERVICES FOR THE CROWNSVILLE PEOPLES RESOURCES, LOCATED 100 COMMUNITY PLACE, CROWNSVILLE, MD FOR A THREE (3) YEAR PERIOD BEGINNING AUGUST 1, 2013 THRU JULY 31, 2016, IN ACCORDANCE WITH THE TERMS AND CONDITIONS, REQUIRED CONTRACT PROVISIONS AND SPECIFICATONS.

MONTHLY COST = \$10,685.97

_____ END OF ITEM LIST _____

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TERMS (cont'd):

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