

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B5400237

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: DAVID BOHANNON (410)767-4345 DAVID.BOHANNON1@MARYLAND.GOV	
ITB: 001IT819667	EXPR DATE: 01/01/16 POST DATE: 12/10/14	DISCOUNT TERMS: .	NET 30 DAY
		CONTRACT AMOUNT:	26,000.00

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.

USING AGENCY FUNDS:

M00 15 D1065 0877 \$13,000.00
M00 16 D1065 0877 \$13,000.00

SMALL BUSINESS RESERVE CERTIFICATION: #SB12-12415

RETAIN SECTIONS A, B & C FOR FUTURE REFERENCE.

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0001	96480	HR	26,000.0000

HOURLY BILLING RATE TO PROVIDE UNARMED UNIFORMED GUARD SERVICE AT DHMH DIVISION OF VITAL RECORDS, 6550 REISTERSTOWN RD, BALTIMORE, MD 21215 FOR A PERIOD OF ONE (1) YEAR BEGINNING JANUARY 1, 2015 AND ENDING DECEMBER 31, 2015 IN ACCORDANCE WITH THE STATE TERMS, CONDITIONS, REQUIRED CONTRACT PROVISIONS, AND SPECIFICATIONS. THIS CONTRACT HAS ONE, 24 MONTH RENEWAL OPTION.

HOURLY BILLING RATE: \$13.00 PER HOUR @ 2,000 HOURS

END OF ITEM LIST

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PAGE: 02

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 # 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