

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B2600009

PRINT DATE: 01/27/26

PAGE: 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID: STRYKER SALES CORP PO BOX 70119 CHICAGO, IL (999)999-9999		REFER QUESTIONS TO: MONICA FRANKLIN (410)767-4497 MONICA.FRANKLIN1@MARYLAND.GOV
ITB:	EXPR DATE: 06/30/26 POST DATE: 04/23/21	DISCOUNT TERMS: NET 30 DAY CONTRACT AMOUNT: 1,000,000.00

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.

STATEWIDE CONTRACT

FOR DEFIBRILLATORS (AED) AND ACCESSORIES

MODIFICATION #8: CONTRACT EXTENDED TO 6/30/2026

MODIFICATION #7: CONTRACT EXTENDED TO 12/31/2025.

MODIFICATION #6: CONTRACT EXTENDED TO 6/29/2025.

MODIFICATION #5: CONTRACT EXTENDED TO 6/29/2024.

MODIFICATION #4: CONTRACT AMOUNT INCREASED.

MODIFICATION #3: CONTRACT EXTENDED TO 6/30/2023, PRICE INCREASE

MODIFICATION #2: PRICE INCREASE ON ALL ITEMS ON CONTRACT

MODIFICATION #1: CONTRACT EXTENDED TO 12/31/2022

THIS IS THE FINAL RENEWAL OPTION.

CONTRACT TERM: JULY 02, 2021 THROUGH JULY 01, 2022, WITH THE SAME CONTRACT TERMS, CONDITIONS, PROVISIONS, AND PRICE.

THERE ARE NO REMAINING RENEWAL OPTIONS AGAINST CONTRACT 001B8400047.

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TERMS (cont'd):

THIS CONTRACT IS SUBJECT TO THE TERMS AND CONDITIONS FOR COMMODITIES CONTRACTS OVER \$25,000.00

AGENCY CONTACT: MONICA FRANKLIN 767-4497
AGENCY PHONE NUMBER: 410-767-4497
AGENCY EMAIL: MONICA.FRANKLIN1@MARYLAND.GOV

VENDOR CONTACT: JAMES SPRINGER, JR.
VENDOR PHONE NUMBER: (800)442-1142
VENDOR EMAIL: JIM.SPRINGER@STRYKER.COM

LINE #	STATE ITEM ID	U/M	UNIT COST	_____	_____
0001	46514	EA			

CARDIOVASCULAR INSTRUMENTATION: DEFIBRILLATORS, HEART PUMPS, MONITORING EQUIPMENT, ETC.

DEFIBRILLATORS - 15-58 PERCENT OFF CATALOG LIST PRICE FOR THE STATE OF MARYLAND

END OF ITEM LIST _____

THIS PROCUREMENT WAS CONDUCTED AS A COMPETITIVE SEALED BID. THE AWARD WILL BE TO THE LOWEST RESPONSIVE AND RESPONSIBLE BIDDER (BASIS FOR AWARD).

VENDOR MUST INCLUDE THE FOLLOWING INFORMATION ON ALL INVOICES:

- 1) NAME OF COMPANY
- 2) ADDRESS TO INCLUDE THE 9 DIGIT ZIP CODE,
- 3) FEIN NUMBER,
- 4) THE NAME OF THE CONTACT PERSON,

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TERMS (cont'd):

* INCLUDE THE PHONE NUMBER (INCLUDING TOLL FREE) FOR PLACING ORDERS
FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT.

ALL PRODUCTS USED IN PACKING TO CUSHION AND PROTECT DURING THE
SHIPMENT OF COMMODITIES ARE TO BE MADE OF RECYCLED, RECYCLABLE,
AND/OR BIODEGRADABLE MATERIALS.

C O N T R A C T

DESIGNATED AGENCY ONLY ()
AVAILABLE TO: ALL STATE OF MARYLAND AGENCIES ()
STATE AGENCIES AND POLITICAL SUBDIVISIONS (X)

ELECTRONIC PROCESSING FEE

1.

CONTRACTOR SHALL PAY A PROCESSING FEE TO THE STATE IN THE AMOUNT OF ONE PERCENT (1%) OF THE TOTAL CONTRACT SALES. THE PROCESSING FEE IS CALCULATED BASED ON ALL SALES TRANSACTED UNDER THE CONTRACT, MINUS, ANY RETURNS OR CREDITS. THE PROCESSING FEE SHALL NOT BE CHARGED DIRECTLY TO THE CUSTOMER, E.G., AS A SEPARATE LINE ITEM, FEE OR SURCHARGE, BUT SHALL BE INCLUDED IN THE CONTRACTS UNIT PRICES

2.

THE PROCESSING FEE SHALL BE SUBMITTED TO THE DEPARTMENT OF GENERAL SERVICES, FISCAL SERVICES DIVISION, 301 W. PRESTON STREET, ROOM 1309, BALTIMORE, MD., 21201, WITHIN TEN (10) CALENDAR DAYS FOLLOWING THE END OF EACH CALENDAR MONTH ALONG WITH A MONTHLY USAGE REPORT DOCUMENTING ALL CONTRACT SALES. AN EXCEL VERSION OF THE MONTHLY USAGE REPORT SHALL ALSO BE EMAILED TO: DGS.STATEWIDECONTRACTSUSAGE REPORT@MARYLAND.GOV.

3.

FAILURE TO REMIT PROCESSING FEES IN A TIMELY MANNER OR REMITTANCE OF FEES INCONSISTENT WITH THE CONTRACT'S REQUIREMENT MAY RESULT IN THE STATE EXERCISING ALL RECOURSE AVAILABLE UNDER THE CONTRACT INCLUDING, BUT NOT LIMITED TO, A THIRD PARTY AUDIT OF ALL CONTRACT ACTIVITY. SHOULD AN AUDIT BE REQUIRED BY THE STATE, THE CONTRACTOR SHALL REIMBURSE THE STATE FOR ALL COSTS ASSOCIATED WITH THE AUDIT UP TO \$10,000.00 OR ONE (1%) PERCENT OF THE CONTRACT'S ESTIMATED ANNUAL VALUE, WHICH EVER IS HIGHER.

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AUTHORIZED BY: _____ **DATE:** _____
BUYER AUTHORIZED DESIGNEE