

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B0600222

PRINT DATE: 01/27/20

PAGE: 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

NATIONAL CENTER ON INSTITUTIONS
AND ALTERNATIVES
7130 RUTHERFORD RD
BALTIMORE, MD 21244
(410)265-1490

REFER QUESTIONS TO:

GWENDOLYN ADAMS
(410)767-7662
GWENDOLYN.ADAMS@MARYLAND.GOV

ITB: DGSR0600049

EXPR DATE: 05/31/20
POST DATE: 01/27/20

DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: 172,844.05

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.

AGENCY FUNDING:

H00 20 33641172 0813 \$172,844.05

THIS IS A PREFERENCE PROVIDER CONTRACT.
RETAIN DETAILED SPECIFICATIONS FOR FUTURE REFERENCE.

AGENCY CONTACT: DELBERT STALLING AT DELBERT.STALLING@MARYLAND.GOV
SHENIKA JACKSON AT SHENIKA.JACKSON@MARYLAND.GOV
PHONE: 410-455-7820

VENDOR CONTACT: VANESSA HARRISON
EMAIL: VHARRISON@NCIANET.ORG
PHONE: 443-780-1423
MOBILE: 443.790.1375

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>	
0001	91039	MO	172,844.0500	

JANITORIAL/CUSTODIAL SERVICES

CONTRACTOR SHALL FURNISH ALL LABOR, EQUIPMENT, AND SUPPLIES NECESSARY TO PERFORM JANITORIAL SERVICES AT THE NEW CATONSVILLE DC/MSCLOCATED AT 1 ROLLING CROSSROADS AS SPECIFIED IN THE DETAILED SPECIFICATIONS IN ACCORDANCE WITH THE CONTRACT TERMS, CONDITIONS, AND PROVISIONS.

TERM:FIVE (5) MONTHS BEGINNING JANUARY 1, 2020 THROUGH MAY 31, 2020.

_____ 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.

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

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

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