SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:
A S B 2 ENTERPRISES INC
2835 MAYFIELD AVE
Baltimore, MD 21213
(410) 767-4024

REFER QUESTIONS TO:
SHARON VANZIE
(410) 767-4024
SHARON.VANZIE1@MARYLAND.GOV

ITB: 001IT820686 EXPR DATE: 03/01/21
POST DATE: 02/06/18 DISCOUNT TERMS: .
CONTRACT AMOUNT: 180,000.00

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.

DEPT OF HUMAN SERVICE/JANITORIAL SERVICES FOR 3007 E.BIDDLE STREET

AGENCY FUNDING SOURCE
18 G3010 0804 91039 72400 $15,000
19 G3010 0804 91039 72400 $45,000
19 G3010 0804 91039 72400 $15,000
20 G3010 0804 91039 72400 $45,000
20 G3010 0804 91039 72400 $15,000
21 G3010 0804 91039 72400 $45,000

VENDOR CONTACT – AARON BELL.AARONBELL241@GMAIL.COM, 443-392-4057

AGENCY CONTACT –
ERNESTINE.PURDY, 443-378-4639, ERNESTINE.PURDY@MARYLAND.GOV

RETAIN IFB FOR FUTURE REFERENCE

THIS CONTRACT IS A SBR-SB12-18899
**JANITORIAL/CUSTODIAL SERVICES**

This contract is to provide janitorial services for the Department of Human Services (DHS)/Foster Care Service to families with children and adoption unit located at 3007 E. Biddle Street, Baltimore, MD. The term of the contract is for three (3) years beginning March 1, 2018 through February 28, 2021. This contract has two (2), one (1) year renewal options.

<table>
<thead>
<tr>
<th>LINE #</th>
<th>STATE ITEM ID</th>
<th>U/M</th>
<th>UNIT COST</th>
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<tbody>
<tr>
<td>0001</td>
<td>91039</td>
<td>LT</td>
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**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.

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If you are a Department of Transportation certified minority

*** CONTINUED, NEXT PAGE ***
BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

______________________________
MDOT'S MBE CERTIFICATION NUMBER

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