**BLANKET PURCHASE ORDER**

**STATE OF MARYLAND**

BPO NO: 001B8400005  PRINT DATE: 06/12/17  PAGE: 01

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**SHIP TO:**

AS SPECIFIED ON INDIVIDUAL ORDERS

<table>
<thead>
<tr>
<th>VENDOR ID:</th>
<th>REFER QUESTIONS TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXIMUM PROTECTIVE SERVICES SECURITY 1039 INGLESIDE AVE</td>
<td>TONIA V. WELLS (410) 767-4720 <a href="mailto:TONIAV.WELLS@MARYLAND.GOV">TONIAV.WELLS@MARYLAND.GOV</a></td>
</tr>
<tr>
<td>BALTIMORE, MD 21228 (410) 869-4894</td>
<td></td>
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<tr>
<th>ITB:</th>
<th>EXPR DATE:</th>
<th>POST DATE:</th>
<th>DISCOUNT TERMS:</th>
<th>CONTRACT AMOUNT:</th>
</tr>
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<tbody>
<tr>
<td>001IT820443</td>
<td>07/01/20</td>
<td>05/24/17</td>
<td>NET 30 DAY</td>
<td>448,997.60</td>
</tr>
</tbody>
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**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.

OPERATING FUNDS:

H00 18 33461 0823 $149,659.20
H00 19 33461 0823 $149,659.20
H00 20 33461 0823 $149,659.20

VENDOR CONTACT: TIMOTHY SHAW, MPSACCTMANAGER@GMAIL.COM, 302-607-1848

AGENCY CONTACT: DEL STALLINGS, DELBERT.STALLINGS@MARYLAND.GOV 410-455-7820

PLEASE RETAIN IFB AND ALL ATTACHMENTS FOR FUTURE REFERENCE

THIS IS A LIVING WAGE CONTRACT: TIER 1
GUARD AND SECURITY SERVICES
TO PROVIDE UNARMED UNIFORMED GUARD SERVICE TO THE ARBUTUS/ CATONSVILLE DISTRICT COURT FACILITY FOR A THREE YEAR PERIOD BEGINNING 7/1/2017 THROUGH 6/30/2020. THERE ARE TWO (2), ONE (1) YEAR RENEWAL OPTIONS AVAILABLE.

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 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 ********