

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

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

**BPO NO:** 001B0600315

**PRINT DATE:** 04/14/20

**PAGE:** 01

### SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

### VENDOR ID:

AIRGAS USA LLC  
6990A SNOWDRIFT ROAD

ALLENTOWN, PA 18106  
(866 )437-4250

### REFER QUESTIONS TO:

MONICA FRANKLIN  
(410 )767-4497  
MONICA.FRANKLIN1@MARYLAND.GOV

### ITB:

**EXPR DATE:** 04/13/21  
**POST DATE:** 03/18/20

**DISCOUNT TERMS:** . NET 30 DAY  
**CONTRACT AMOUNT:** .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.

AGENCY BLANKET PURCHASE ORDER  
FOR  
MEDICAL GRADE OXYGEN

THIS IS (1) ONE OF (2) TWO RENEWAL OPTIONS AGAINST CONTRACT  
001B7400045.

THIS PURCHASE ORDER IS SUBJECT TO ALL TERMS AND CONDITIONS FOR  
COMMODITIES OVER \$25,000.00

MODIFICATION #1: CORRECTED THE TERMS OF THIS CONTRACT 001B0600315.

CONTRACT TERM: APRIL 14, 2020 THROUGH APRIL 13, 2021, WITH THE  
SAME TERMS, CONDITIONS AND PRICE.

VENDOR CONTRACT: THOMAS M. SCOTT IV  
VENDOR TELEPHONE # (484) 273-3133  
VENDOR EMAIL: TOM.SCOTT@AIRGAS.COM

AGENCY CONTACT: MELAINE BOLTZ  
AGENCY TELEPHONE #: (410) 543-4155

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| <u>LINE #</u> | <u>STATE ITEM ID</u> | <u>U/M</u> | <u>UNIT COST</u> |  |  |
|---------------|----------------------|------------|------------------|--|--|
|---------------|----------------------|------------|------------------|--|--|

|      |              |    |         |  |  |
|------|--------------|----|---------|--|--|
| 0001 | 43048-100075 | CY | 10.8500 |  |  |
|------|--------------|----|---------|--|--|

OXYGEN, MEDICAL GRADE - H OR K SIZE CYLINDER, 2.82

CUBIC FEET PER CYLINDER VENDORS TYPE CYLINDER: \_\_\_\_\_

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|      |              |    |        |  |  |
|------|--------------|----|--------|--|--|
| 0002 | 43048-100045 | CY | 6.6000 |  |  |
|------|--------------|----|--------|--|--|

OXYGEN, MEDICAL GRADE, SIZE E CYLINDER, 25 SCF PER CYLINDER

CUBIC FEET PER CYLINDER VENDORS TYPE CYLINDER: \_\_\_\_\_

WALK 02 BOUT E CYLINDER OXYGEN DISPENSING SYSTEM

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|      |              |    |         |  |  |
|------|--------------|----|---------|--|--|
| 0004 | 43048-100200 | EA | 12.0000 |  |  |
|------|--------------|----|---------|--|--|

HAZARDOUS MATERIAL CHARGE

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|      |              |    |        |  |  |
|------|--------------|----|--------|--|--|
| 0005 | 43048-100003 | EA | 4.1900 |  |  |
|------|--------------|----|--------|--|--|

OXYGEN CYLINDER (DEMURRAGE CHARGES ONLY)

DEMURRAGE CHARGE FOR H/K CYLINDERS

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|      |              |    |        |  |  |
|------|--------------|----|--------|--|--|
| 0006 | 43048-100003 | EA | 4.1900 |  |  |
|------|--------------|----|--------|--|--|

OXYGEN CYLINDER (DEMURRAGE CHARGES ONLY)

DEMURRAGE FOR WALK 02 BOUT E CYLINDERS

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|      |              |    |          |  |  |
|------|--------------|----|----------|--|--|
| 0007 | 90634-000006 | EA | 151.5000 |  |  |
|------|--------------|----|----------|--|--|

EMERGENCY DELIVERY CHARGE

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| <u>LINE #</u> | <u>STATE ITEM ID</u> | <u>U/M</u> | <u>UNIT COST</u> |  |
|---------------|----------------------|------------|------------------|--|
|---------------|----------------------|------------|------------------|--|

|      |              |    |          |  |
|------|--------------|----|----------|--|
| 0008 | 97742-MEMA01 | EA | 810.0000 |  |
|------|--------------|----|----------|--|

RENTAL EQUIPMENT

RENTAL/LEASE OF 1500 GALLON LIQUID OXYGEN ABOVE GROUND STORAGE TANK  
WITH VAPORIZER AND HP CYCLE RESERVE

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|      |              |    |          |  |
|------|--------------|----|----------|--|
| 0010 | 90634-000006 | EA | 550.0000 |  |
|------|--------------|----|----------|--|

BULK EMERGENCY DELIVERY CHARGE

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|      |              |    |        |  |
|------|--------------|----|--------|--|
| 0011 | 43048-100010 | GL | 2.0500 |  |
|------|--------------|----|--------|--|

OXYGEN, U.S.P., FURNISHED IN BULK FORM

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|      |              |    |         |  |
|------|--------------|----|---------|--|
| 0012 | 43048-100010 | GL | 35.0000 |  |
|------|--------------|----|---------|--|

DELIVERY CHARGE FOR BULK DELIVERY

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END OF ITEM LIST

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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 9-DIGIT ZIP CODE OF COMPANY ADDRESS ON ALL  
INVOICES. 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, REYCLABLE,  
AND/OR BIODEGRADABLE MATERIALS.

AFTER AWARD OF THE CONTRACT, THE CONTRACT SHALL BE ADMINISTERED,  
WHOLLY OR IN PART (AS DETERMINED BY THE STATE OF MARYLAND), USING  
EMARYLAND MARKETPLACE, THE STATE OF MARYLAND'S INTERNET-BASED  
PROCUREMENT SYSTEM. THE CONTRACTOR SHALL, AS REQUIRED BY THE STATE:

\*\*\* CONTINUED, NEXT PAGE \*\*\*

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### TERMS (cont'd):

1. ENTER INTO A CONTRACTUAL AGREEMENT WITH THE STATE OF MARYLAND'S CONTRACT PROVIDER OF EMARYLAND MARKETPLACE FOR THE PAYMENT OF A 1% TRANSACTION FEE NOT TO EXCEED \$500 FOR EACH PURCHASE ORDER GENERATED IN THE SYSTEM.
2. ACCEPT AND PROCESS ORDERS, BILLINGS, PAYMENTS AND OTHER TRANSACTIONS USING EMARYLAND MARKETPLACE THROUGH THE USE OF CREDIT PURCHASING CARD, ELECTRONIC CARD, ETC. AS THE PREFERRED PAYMENT INSTRUMENTS FROM STATE AND LOCAL GOVERNMENTAL AGENCIES AUTHORIZED TO USE THIS CONTRACT AND ACCEPT PAYMENT BY INVOICE WHERE THE PAYMENT AMOUNT EXCEEDS THE CREDIT LIMIT IF OR NO OTHER MEANS PAYMENT IS AVAILABLE;
3. INTERACT AND INTERFACE WITH EMARYLAND MARKETPLACE, THE PROCUREMENT OFFICER, AND CONTRACTORS PROVIDING EMARYLAND MARKETPLACE TO THE STATE; AND
4. COMPLY WITH ALL STATE PROCEDURES AND REQUIREMENTS RESPECTING EMARYLAND MARKETPLACE.

FOR ADDITIONAL INFORMATION CONCERNING EMARYLAND MARKETPLACE, PLEASE CONTACT LISA MCDONALD AT (410)767-4084 OR LISA.MCDONALD@DGS.STATE.MD.US

\*\*\*\*\* LAST PAGE \*\*\*\*\*

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER AUTHORIZED DESIGNEE