

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

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

**BPO NO:** 001B1600026

**PRINT DATE:** 12/23/20

**PAGE:** 01

### SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

### VENDOR ID:

ZOLL MEDICAL CORPORATION  
269 MILL RD

CHELMSFORD, MA  
(800 )348-9011

01824-4105

### REFER QUESTIONS TO:

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

### ITB:

**EXPR DATE:** 07/01/21  
**POST DATE:** 07/06/20

**DISCOUNT TERMS:** .  
**CONTRACT AMOUNT:**

NET 30 DAY  
.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.

\*\*\*\*\*  
MODIFICATION #1:  
PART NUMBER 8000-0302 IS BEING REPLACED WITH PART NUMBER  
8000-000877-01 WHICH IS A BPA FREE OPTION  
\*\*\*\*\*

\*\*\*\*\*  
STATEWIDE CONTRACT  
FOR  
DEFIBRILLATORS (AED) AND ACCESSORIES  
\*\*\*\*\*  
THIS IS (1) ONE OF (2) TWO RENEWAL OPTIONS AGAINST CONTRACT  
001B8400051.

CONTRACT TERM: JULY 02, 2020 THROUGH JULY 01, 2021, WITH THE SAME  
TERMS, CONDITIONS AND PRICE.

THIS CONTRACT MAY BE RENEWED UNILATERALLY FOR ONE (1), ONE (1) YEAR  
RENEWAL OPTION WITH THE SAME PRICE, TERMS AND CONDITIONS.

THIS CONTRACT IS SUBJECT TO THE TERMS AND CONDITIONS FOR COMMODITIES  
CONTRACTS OVER \$25,00.00

CONTACT: MONICA FRANKLIN  
(410) 767 4497  
FAX: (410) 333-5509

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BPO NO: 001B1600026

PRINT DATE: 12/23/20

PAGE: 02

TERMS (cont'd):

MONICA.FRANKLIN@MARYLAND.GOV

VENDOR CONTACT: PUBLIC SAFETY SALES: EMILY SULLIVAN  
(978) 421-9284 EMILY.SULLIVAN@ZOLL.COM

FIRE/EMS SALES: JOHN CHADWICK  
(978) 421-9655 EXT. 9929; JCHADWICK@ZOLL.COM

HOSPITAL SALES: JULIE FRITZ, SR.  
(978)421-9655 EXT. 9833

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0001	46514	EA	

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

DEFIBRILLATORS - 3-20 PERCENT OFF CATALOG LIST PRICE FOR THE STATE  
OF MARYLAND

.  
PART NUMBER 8000-0302 IS BEING REPLACED WITH PART NUMBER  
8000-000877-01 WHICH IS A BPA FREE OPTION

.

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 9-DIGIT ZIP CODE OF COMPANY ADDRESS ON ALL  
INVOICES. FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT.

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PRINT DATE: 12/23/20

PAGE: 03

### TERMS (cont'd):

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.

\*\*\*\*\*  
C O N T R A C T  
\*\*\*\*\*

AVAILABLE TO: DESIGNATED AGENCY ONLY ( )  
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.STATEWIDECONTRACTSUSAGEREPORT@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 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.

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

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

BUYER AUTHORIZED DESIGNEE