## BLANKET PURCHASE ORDER

**STATE OF MARYLAND**

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**BPO NO:** 001B1600026  
**PRINT DATE:** 12/23/20  
**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>
</table>
| ZOLL MEDICAL CORPORATION  
269 MILL RD  
CHELMSFORD, MA 01824-4105  
(800) 348-9011 | MONICA FRANKLIN  
(410) 767-4497  
MONICA.FRANKLIN1@MARYLAND.GOV |

<table>
<thead>
<tr>
<th>ITB:</th>
<th>EXPR DATE: 07/01/21</th>
</tr>
</thead>
<tbody>
<tr>
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<td>POST DATE: 07/06/20</td>
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**DISCOUNT TERMS:** .00  
**NET 30 DAY**

**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.

**STATEWIDE CONTRACT FOR DEFIBRILLATORS (AED) AND ACCESSORIES**

THIS IS (1) ONE OF (2) TWO RENEWAL OPTIONS AGAINST CONTRACT 001B8400051.

**STATEWIDE 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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STATE OF MARYLAND

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

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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

_______________________________ 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.

*** CONTINUED, NEXT PAGE ***
ALL PRODUCTS USED IN PACKING TO CUSHION AND PROTECT DURING THE
SHIPMENT OF COMMODITIES ARE TO BE MADE OF RECYCLED, RECYCLABLE,
AND/OR BIODEGRADABLE MATERIALS.

*********************************************************************
C O N T R A C T
*********************************************************************
DESIGNATED AGENCY ONLY  ( )
AVAILABLE TO:      ALL STATE OF MARYLAND AGENCIES ()
                   STATE AGENCIES AMD 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