

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

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

**BPO NO:** 001B2600008

**PRINT DATE:** 05/11/21

**PAGE:** 01

### SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

### VENDOR ID:

CARDIAC SCIENCE CORP  
500 BURDICK PARKWAY

DEERFIELD, WI 53531  
(800 )426-0337

### REFER QUESTIONS TO:

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

### ITB:

**EXPR DATE:** 07/01/22  
**POST DATE:** 05/11/21

**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.

\*\*\*\*\*

STATEWIDE CONTRACT  
FOR

DEFIBRILLATORS (AED) AND ACCESSORIES

\*\*\*\*\*

THIS IS THE FINAL RENEWAL OPTION UNDER THE ORIGINAL CONTRACT  
001B8400048.

OPTION FINAL TERM: JULY 02, 2021 THROUGH JULY 01, 2022, UNDER  
UNDER THE SAME TERMS, CONDITIONS, PROVISIONS, AND PRICE.

THERE ARE NO REMAINING RENEWAL OPTION AGAINST CONTRACT 001B8400048.

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

AGENCY CONTACT: MONICA FRANKLIN  
AGENCY PHONE NUMBER: 410-767-4497  
AGENCY EMAIL: MONICA.FRANKLIN1@MARYLAND.GOV

VENDOR CONTACT: EMILY SULLIVAN  
VENDOR PHONE NUMBER: 262-953-3500  
VENDOR EMAIL: EMILY.SULLIVAN@ZOLL.COM

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

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

BPO NO: 001B2600008

PRINT DATE: 05/11/21

PAGE: 02

LINE #	STATE ITEM ID	U/M	UNIT COST
--------	---------------	-----	-----------

0001	46514	EA	
------	-------	----	--

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

DEFIBRILLATORS - 20-32 PERCENT OFF CATALOG LIST PRICE FOR THE STATE  
OF MARYLAND

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.

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  
\*\*\*\*\*

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:

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

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

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

**BPO NO:** 001B2600008

**PRINT DATE:** 05/11/21

**PAGE:** 03

**TERMS (cont'd):**

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 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**