

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B8400263

PRINT DATE: 08/16/18

PAGE: 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

A S B 2 ENTERPRISES INC
2835 MAYFIELD AVE

BALTIMORE, MD 21213
(443)392-4057

REFER QUESTIONS TO:

SHARON VANZIE
(410)767-4024
SHARON.VANZIE1@MARYLAND.GOV

ITB: 001IT820686

EXPR DATE: 03/01/21
POST DATE: 02/06/18

DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: 180,000.00

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.

DEPT OF HUMAN SERVICE/JANITORIAL SERVICES FOR 3007 E.BIDDLE STREET

AGENCY FUNDING SOURCE

18 G3010 0804 91039 72400 \$15,000
19 G3010 0804 91039 72400 \$45,000
19 G3010 0804 91039 72400 \$15,000
20 G3010 0804 91039 72400 \$45,000
20 G3010 0804 91039 72400 \$15,000
21 G3010 0804 91039 72400 \$45,000

VENDOR CONTACT-AARON BELL.AARONBELL241@GMAIL.COM,443-392-4057

AGENCY CONTACT -

ERNESTINE.PURDY,443-378-4639,ERNESTINE.PURDY@MARYLAND.GOV

RETAIN IFB FOR FUTURE REFERENCE

THIS CONTRACT IS A SBR-SB12-18899

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>	
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0001	91039	LT		
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JANITORIAL/CUSTODIAL SERVICES

JANITORIAL/CUSTODIAL SERVICES

THIS CONTRACT IS TO PROVIDE JANITORIAL SERVICES FOR THE DEPARTMENT OF HUMAN SERVICES(DHS)/FOSTER CARE SERVICE TO FAMILIES WITH CHILDREN AND ADOPTION UNIT LOCATED AT 3007 E.BIDDLE STREET,BALTIMORE,MD. THE TERM OF THE CONTRACT IS FOR THREE (3) YEARS BEGINNING MARCH 1,2018 THROUGH FEBRUARY 28,2021.THIS CONTRACT HAS TWO(2),ONE(1) YEAR RENEWAL OPTIONS.

END OF ITEM LIST

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 REGULATORY BODY REQUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

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LICENSE NUMBER

DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY

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TERMS (cont'd):

BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

***** LAST PAGE *****

AUTHORIZED BY: _____ **DATE:** _____

BUYER AUTHORIZED DESIGNEE