



**STATE OF IOWA**  
**MASTER AGREEMENT**  
Contract Declaration and Execution

**MA 005**

**22274**

**EFFECTIVE BEGIN DATE:** 01-01-2022  
**EXPIRATION DATE:** 12-31-2022  
**PAGE:** 1 of 3

**VENDOR:**

**HD Supply Facilities Maintenance Ltd**

**The Home Depot Pro  
00002137545**

**PO Box 844727  
Dallas, TX 75284-4727**

**VENDOR CONTACT:**

John Pettinelli

**PHONE:** 609-820-8593

**EMAIL:** john.pettinelli@hdsupply.com

**ISSUER:**

Laura Shannon

**EXT: PHONE:** 515-330-7325

**EMAIL:** laura.shannon@iowa.gov

**FOB:** FOB Dest, Freight Prepaid

**Contract For:** Home Depot Pro Institutional/HD Supply Facilities Maintenance

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

Attachments are on file with the Department of Administrative Services - Central Procurement.

Att 1: Bid Packet  
Att 2: Bid Packet Addendum  
Att 3: Contract  
Att 4: Signed US Comm Participating Addendum

Sales contact:  
John Pettinelli  
609.820.8593  
john.pettinelli@supplyworks.com

**RENEWAL OPTIONS**

<b>FROM</b>	01-01-2023	<b>TO</b>	12-31-2023
<b>FROM</b>	01-01-2024	<b>TO</b>	12-31-2024
<b>FROM</b>	01-01-2025	<b>TO</b>	12-31-2025
<b>FROM</b>	01-01-2026	<b>TO</b>	12-31-2026

**AUTHORIZED DEPARTMENT**

SUB Other Governmental Entities  
ALL



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
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1	0.00000	EA	578	\$ 0.000000
				\$ 0.000000

REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

MISCELLANEOUS PRODUCTS (NOT OTHERWISE CLASSIFIED)

Janitorial and Facility Maintenance items

State of Iowa Agencies, Facilities and Political Sub-Divisions.  
Reference this website for complete information:<https://www.omniapartners.com/publicsector/contracts/supplier-contracts/supplyworks>  
Formerly SupplyWorks



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**TERMS AND CONDITIONS**

**Referenced Terms**

The parties agree to comply with the terms and conditions pursuant to the bid process which are by this reference made a part of the Agreement.

**THIS MASTER AGREEMENT IS EFFECTIVE AS OF THE LATEST DATE SHOWN IN "EFFECTIVE BEGIN DATE" IN THE UPPER RIGHT HAND CORNER OR THE DATE BELOW SIGNED BY THE STATE OF IOWA.**

<b>CONTRACTOR</b>		<b>STATE OF IOWA</b>	
<b>CONTRACTOR'S NAME</b> (If other than an individual, state whether a corp, partnership, etc.		<b>AGENCY NAME</b>	
<b>BY (Authorized Signature)</b>	<b>Date Signed</b>	<b>BY (Authorized Signature)</b>	<b>Date Signed</b>
<b>Printed Name and Title of Person Signing</b>		<b>Printed Name and Title of Person Signing</b>	
<b>Address</b>		<b>Address</b>	