



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

**MA 005**

**20003A**

**EFFECTIVE BEGIN DATE:** 08-24-2020  
**EXPIRATION DATE:** 07-30-2023  
**PAGE:** 1 of 3

**VENDOR:**

**Johnson Controls Fire Protection  
LP**

**SimplexGrinnell LP  
00002139022**

**Dept CH 10320  
Palatine, IL 60055-0320**

**VENDOR CONTACT:**

Tom Staves

**PHONE:** 443-676-8813

**EMAIL:** thomas.staves@jci.com

**ISSUER:**

Jeff Just

**EXT:** **PHONE:** 515-330-8702

**EMAIL:** jeff.just@iowa.gov

**FOB:** FOB Dest, Freight Prepaid

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**Contract For:** Security & Fire Protection Services

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: NASPO Contract Documents

Att 2: Johnson Controls State of Iowa Participating Addendum

Sales Contact:

Name: Tom Staves

Phone: 443-676-8813

Email: thomas.staves@jci.com

**RENEWAL OPTIONS**

**AUTHORIZED DEPARTMENT**

ALL

SUB Other Governmental Entities



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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	990	\$ 0.000000
				\$ 0.000000

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

SECURITY, FIRE, SAFETY, EMERGENCY SVCS (DISASTER RECOVERY)

Security & Fire Protection Services

The Johnson Controls Reference number listed on the project quote should be included on the DO.

The State of Iowa has signed a participating agreement with NASPO to receive their pricing on security and fire protection Services with Johnson Controls . Please see the attached Cost Proposal for pricing.



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PAGE: 3 of 3

**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>