| Fields of Opportunities | STATE OF IOWA MASTER AGREEMENT Contract Declaration and Execution | | IA 005 | 19265 |
|--|---|------|--|------------------------------------|
| | | | EFFECTIVE BEGIN DATE: EXPIRATION DATE: PAGE: | 04-29-2019 04-30-2022 1 of 3 |
| VENDOR: | | | | |
| Transfer Master Products | VENDOR CONTACT: Chani Meyer | | ISSUER: Julie Janssen | |
| | PHONE: 563-864-7364 | EXT: | PHONE: (515) 281-5602 | |
| PO BOX 917 POSTVILLE, IA 52162-0917 | EMAIL: chani@transfermaster.com | | EMAIL: julie.janssen@iowa.gov | |
| | FOB: FOB Dest, Freight Collect | | | |

Contract For: Custom Hospital Grade Queen Size Bed

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 Service - Central Procurement.

Attachment 1: Competitive Solicitation RFB0319671051.

Attachment 2: Contractor's Response to Competitive Solicitation RFB0319671051 (except for any contractor objection or amendment to the Competitive Solicitation Document requirements that the State has not explicitly agreed to in writing).

Attachment 3: Contractor's Cost (final pricing documentation) Response to competitive solicitation document RFB0319671051.

The state reserves the right to add additional items to the Contract.

Sales Contact Information: Chani Meyer, 877-395-8509, chani@transfermaster.com

Remit Address: Transfer Master Products, Inc, 505 W Williams St. PO BOX 917, Postville, Iowa 52162

Payment Terms: NET60 Payment Discount; 15 days - 2% No Minimum Order Amount Delivery: 10 weeks after order receipt to not greater than 12 weeks - Standard Dock delivery.

RENEWAL OPTIONS

AUTHORIZED DEPARTMENT

671 SUB Other Governmental Entities



Fields of Opportunities

STATE OF IOWA MASTER AGREEMENT

MA 005

19265

2 of 3

EFFECTIVE BEGIN DATE: 04-29-2019 EXPIRATION DATE: 04-30-2022 PAGE:

Contract Declaration and Execution

LINE QUANTITY / UNIT **COMMODITY / DESCRIPTION UNIT COST / PRICE OF** NO. SERVICE DATES SERVICE 0.00000 ΕA 93856 \$ 6,500.000000 \$ 0.000000 FTNAT. REF DOC: REF VNDR LN: **REF COMM LN:** REF TYPE: Hospital and Medical Equipment, General, Maintenance and Rep Hospital Grade Valiant 5 Function Queen Bed - Qty 1-4 Csutom Hospital Grade Valiant 5 Function Queen Bed - Qty 1-4750 pound capacity GEO Atlas queen heavy duty mattress Sleek hand control-5F for Valiant for dual controls 1 set half rails for HD Full size headboard Wall bumper set Foley catheter hook Hospital grade retainer bar Quantity - One (1) - Four (4) Each. 0.00000 ĒΑ 93856 2 \$ 6,300.000000 \$ 0.000000 REF DOC: REF TYPE: FINAL REF VNDR LN: REF COMM LN: Hospital and Medical Equipment, General, Maintenance and Rep Hospital Grade Valiant 5 Function Queen Bed - Qty Five (5+) Custom Hospital Grade Valiant 5 Function Queen Bed - Qty Five (5 750 pound capacity GEO Atlas queen heavy duty mattress Sleek hand control-5F for Valiant for dual controls 1 set half rails for HD Full size headboard Wall bumper set Foley catheter hook Hospital grade retainer bar Quantity - Five (5) Each or or more 3 0.00000 EA 96286 \$ 0.000000 \$ 0.000000 REF DOC: REF TYPE: FINAL REF VNDR LN: REF COMM LN: Transportation of Goods and Other Freight Services FREIGHT



STATE OF IOWA MASTER AGREEMENT

Contract Declaration and Execution

MA 005

EFFECTIVE BEGIN DATE: 04-29-2019 EXPIRATION DATE: 04-30-2022 PAGE: 3 of 3

runs or obbatrames

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.

| CONTRACTOR | STATE OF IOWA | | |
|---|--|--|--|
| CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc. Transfer Master Products, Inc | AGENCY NAME DAS CENTRAL PROCUREMENT & FLEET ENTERPRISE | | |
| BY (Authorized Signature) Date Signed C. Mayer 4/29/19 | BY (Authorized Signature) Date Signed | | |
| Printed Name and Title of Person SignIng Chani Meyer, Institutional Sales Manager | Printed Name and Title of Person Signing | | |
| Address 505 W Williams St PO Box 917 Postville, IA 52162 | Address Hoover Building, 3rd Floor 1305 E Walnut Street Des Moines, Iowa 50319 | | |