



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

20162

EFFECTIVE BEGIN DATE: 01-01-2020
EXPIRATION DATE: 12-31-2023
PAGE: 1 of 6

VENDOR:

Northwest Respiratory Sv

VENDOR CONTACT:

Mark Badenhoff

ISSUER:

Julie Janssen

PO BOX 1450
MINNEAPOLIS, MN 55485-7459

PHONE: 651-603-8720

EXT:

PHONE: (515) 281-5602

EMAIL: mbadenhoff@nwrespiratory.com

EMAIL: julie.janssen@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: Glenwood Resource Center Respiratory Equipment

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 RFB0320401004.

Attachment 2: Contractor's Response to Competitive Solicitation RFB0320401004 (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 RFB030401004.

Payment Terms: NET60

Delivery Terms: FOB Destination, Freight Prepaid

Delivery Days:

No Minimum Order

Sales and Customer Service Contact: Mark Badenhoff, 651-632-6349, mbadenhoff@nwrespiratory.com

Contractor Customer Service must respond to all inquiries from the Agency within twenty - four (24) hours of receipt of inquiry.

DELIVERY REQUIREMENTS

1. Glenwood Resource Center hours of receiving:

a. Regular / non-emergency: 8:00-4:30 Monday through Friday. b. Emergency deliveries shall be received 2 - 4 hours from the time of the request.

2. Direct delivery of supplies and Medical Grade Liquid Oxygen to the address specified on the order. Including the house of the resident, the liberators in buildings 466 and/or 130 or the department placing the order.

RENEWAL OPTIONS

FROM 01-01-2024 TO 12-31-2024

FROM 01-01-2025 TO 12-31-2025

FROM 01-01-2026 TO 12-31-2026

AUTHORIZED DEPARTMENT

411 Human Services Glenwood



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

20162

EFFECTIVE BEGIN DATE: 01-01-2020

EXPIRATION DATE: 12-31-2023

PAGE: 2 of 6

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
----------	--------------------------	------	-------------------------	------------------------------

1	0.00000	LB	4304861	\$ 0.490000
				\$ 0.000000

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

OXYGEN, LIQUID, FOR MEDICAL USE
Oxygen, Liquid, For Medical Use

No additional charges for Emergency delivery/ filling of liberator.

FILLING RESPONSIBILITIES

1. Airgas fills all of the Agency portable cylinder tanks.

2 The Contractor must deliver Medical Grade Liquid Oxygen to the liberators and to monitor Oxygen levels in the liberator and fill them to ensure that the Agency does not run out. This is the only means that the Agency has to fill the portable systems.

3. The Contractor must check and fill the liberators (stationary systems) at regular intervals. The Agency fills the strollers (portable systems) off of the liberators.

2	0.00000	MO	97945	\$ 39.000000
				\$ 0.000000

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

Hospital Equipment - General, Rental or Lease
Monthly Rental 0-6 Liter Oxygen Concentrators

Monthly Rental 0-6 Liter Oxygen Concentrators

3	0.00000	MO	97945	\$ 75.000000
				\$ 0.000000

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

Hospital Equipment - General, Rental or Lease
Monthly Rental 6-10 Liter Oxygen Concentrators

Monthly Rental 6-10 Liter Oxygen Concentrators

4	0.00000	MO	97945	\$ 60.000000
				\$ 0.000000

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

Hospital Equipment - General, Rental or Lease
Monthly Rental Pulse Oximeters

Criteria for oximeters:

1. Hand-Held with memory
2. Adult finger, pediatric finger and ear sensor capability



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

20162

EFFECTIVE BEGIN DATE: 01-01-2020
 EXPIRATION DATE: 12-31-2023
 PAGE: 3 of 6

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
----------	--------------------------	------	-------------------------	------------------------------

3. Oxygen Saturation Range 0-100%
4. Pulse Rate Range 18-300 pulses per minute.
5. Perfusion LED and digital display, 3 digit, 7 segment LEDs.

5	0.00000	EA	97945	\$ 900.000000 \$ 0.000000
---	---------	----	-------	------------------------------

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

Hospital Equipment - General, Rental or Lease
Pulse Oximeters - for Purchase

- Criteria for oximeters:
1. Hand-Held with memory
 2. Adult finger, pediatric finger and ear sensor capability
 3. Oxygen Saturation Range 0-100%
 4. Pulse Rate Range 18-300 pulses per minute.
 5. Perfusion LED and digital display, 3 digit, 7 segment LEDs.

6	0.00000	MO	97945	\$ 30.000000 \$ 0.000000
---	---------	----	-------	-----------------------------

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

Hospital Equipment - General, Rental or Lease
Monthly Rental - Liberator - Oxygen Stationary Systems

- FILLING RESPONSIBILITIES
1. Airgas fills all of the Agency portable cylinder tanks.
 - 2 The Contractor must deliver Medical Grade Liquid Oxygen to the liberators and to monitor Oxygen levels in the liberator and fill them to ensure that the Agency does not run out. This is the only means that the Agency has to fill the portable systems.
 3. The Contractor must check and fill the liberators (stationary systems) at regular intervals. The Agency fills the strollers (portable systems) off of the liberators.

7	0.00000	MO	97945	\$ 29.000000 \$ 0.000000
---	---------	----	-------	-----------------------------

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

Hospital Equipment - General, Rental or Lease
Monthly Rental - Stroller - Liquid Oxygen Stationary Systems

- FILLING RESPONSIBILITIES
1. Airgas fills all of the Agency portable cylinder tanks.
 - 2 The Contractor must deliver Medical Grade Liquid Oxygen to the liberators and to monitor Oxygen levels in the liberator and fill them to ensure that the Agency does not run out. This is the only means that the Agency has to fill the portable systems.



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

20162

EFFECTIVE BEGIN DATE: 01-01-2020
 EXPIRATION DATE: 12-31-2023
 PAGE: 5 of 6

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
----------	--------------------------	------	-------------------------	------------------------------

14	0.00000	EA	97945	\$ 0.000000
				\$ 0.000000

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

Hospital Equipment - General, Rental or Lease
 Percentage Discount off Parts and Accessories

20% DISCOUNT OFF MSRP for Purchase and Rental.

15	0.00000	MO	97945	\$ 400.000000
				\$ 0.000000

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

Hospital Equipment - General, Rental or Lease
 Monthly Rental - BiPAP Machine

Monthly rent includes BiPAP, Humidifier, 2 masks, 2 tubings and 2 headgears. GRC will own the BiPAP after 12 payments. Cost of an Respiratory Therapist to do the setup is included.



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

20162

EFFECTIVE BEGIN DATE: 01-01-2020
 EXPIRATION DATE: 12-31-2023
 PAGE: 6 of 6

TERMS AND CONDITIONS

Goods Effective 1 May 16

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for goods contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20goods.pdf>

Services Effective 1 May 16

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for service contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>

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.) <i>NORTHWEST RESPIRATORY SERVICES</i>	AGENCY NAME DAS CENTRAL PROCUREMENT & FLEET ENTERPRISE
BY (Authorized Signature) Date Signed <i>[Signature]</i>	BY (Authorized Signature) Date Signed <i>Julie Janssen 1/29/2020</i>
Printed Name and Title of Person Signing <i>MARK BADENHOFF VP Marketing</i>	Printed Name and Title of Person Signing JULIE JANSSEN, PURCHASING AGENT III
Address <i>716 PRION AVE NW SE. PAUL MN 55104</i>	Address HOOVER BUILDING, 3RD FLOOR 1305 E WALNUT STREET DES MOINES, IOWA 50319