



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

**MA 005**

**21196B**

**EFFECTIVE BEGIN DATE:** 10-01-2024  
**EXPIRATION DATE:** 09-30-2025  
**PAGE:** 1 of 3

**VENDOR:**

Johnson Controls Inc

**00002102328**

**PO Box 730068**  
**Dallas, TX 75373-0068**

**VENDOR CONTACT:**

Tom Staves

**PHONE:** 443-676-8813

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

**ISSUER:**

Michael Bradbury

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

**EMAIL:** michael.bradbury@iowa.gov

**FOB:** FOB Dest, Freight Prepaid

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**Contract For:** Omnia - Johnson Controls HVAC and related

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.

Attachment 1: Omnia RFP  
Attachment 2: Johnson Controls Response to RFP  
Attachment 3: Omnia Bid Tab Summary  
Attachment 4: Johnson Controls Omnia Contract  
Attachment 5: State of Iowa Johnson Controls 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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PAGE: 2 of 3

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
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1	0.00000	EA	94155	\$ 0.000000 \$ 0.000000
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REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL  
HVAC Systems Maintenance and Repair, Power Plant  
HVAC Systems Maintenance and Repair, Power Plant  
  
HVAC Labor- see pricing table

2	0.00000	EA	03167	\$ 0.000000 \$ 0.000000
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REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL  
HVAC Equipment, Accessories and Supplies (Not Otherwise Clas  
HVAC Equipment, Accessories and Supplies (Not Otherwise Clas  
  
HVAC Equipment- see pricing table



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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.**

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