



**STATE OF IOWA
MASTER AGREEMENT**

Contract Declaration and Execution

MA 005

17109B

EFFECTIVE BEGIN DATE: 04-08-2019

EXPIRATION DATE: 09-30-2022

PAGE: 1 of 3

VENDOR:

CDW Government Inc

00002100942

**230 N MILWAUKEE AVE
VERNON HILLS, IL 60061**

VENDOR CONTACT:

Geoff Strom

PHONE: (877) 460-2975

EMAIL: StateofIowa@cdwg.com

ISSUER:

Laura Shannon

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

EMAIL: laura.shannon@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: Computer Software VAR

Computer Software VAR - Value Added Reseller per NASPO VP Agreement #ADSP016-130652, through State of Arizona. Contract number #ADSP016-130652 and State of Iowa MA#17109B must be shown on your PO/DO. All state agencies, state facilities, cities, counties or education entities or any entity funded in part with state tax dollars, are eligible purchasers and authorized to purchase Products and Services under the terms of this contract in lieu of a separate competitive selection process. (Exception: State of Iowa executive branch agencies must purchase according to applicable system standards and seek approval from the State of Iowa - Office of the Chief Information Officer when required as directed by administrative code before purchasing from this contract.)

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	208	\$ 0.000000
				\$ 0.000000

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

SOFTWARE FOR MICROCOMPUTERS, SYSTEMS (PREPROGRAMMED)

Computer Software - VAR

Cost-plus model over CDW-G Cost. Pricing listed on CDW Cost Proposal.



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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