



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

22274

EFFECTIVE BEGIN DATE: 01-01-2022
EXPIRATION DATE: 12-31-2022
PAGE: 1 of 3

VENDOR:

HD Supply Facilities Maintenance Ltd

The Home Depot Pro
00002137545

PO Box 844727
Dallas, TX 75284-4727

VENDOR CONTACT:

John Pettinelli

PHONE: 609-820-8593

EMAIL: john.pettinelli@hdsupply.com

ISSUER:

Laura Shannon

EXT: PHONE: 515-330-7325

EMAIL: laura.shannon@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: Home Depot Pro Institutional/HD Supply Facilities Maintenance

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: Bid Packet
- Att 2: Bid Packet Addendum
- Att 3: Contract
- Att 4: Signed US Comm Participating Addendum

Sales contact:
John Pettinelli
609.820.8593
john.pettinelli@supplyworks.com

RENEWAL OPTIONS

FROM	01-01-2023	TO	12-31-2023
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

SUB Other Governmental Entities
ALL



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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	578	\$ 0.000000
				\$ 0.000000

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

MISCELLANEOUS PRODUCTS (NOT OTHERWISE CLASSIFIED)
Janitorial and Facility Maintenance items

State of Iowa Agencies, Facilities and Political Sub-Divisions.
 Reference this website for complete information:<https://www.omniapartners.com/publicsector/contracts/supplier-contracts/supplyworks>
 Formerly SupplyWorks



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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	