



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

230050471

EFFECTIVE BEGIN DATE: 03-27-2023
EXPIRATION DATE: 03-23-2026
PAGE: 1 of 3

VENDOR:

Lexipol LLC

00003206862

2611 Internet Blvd Ste 100
Frisco, TX 75034-9085

VENDOR CONTACT:

Marco DeLeon

PHONE: 469-553-0662

EMAIL: MDeLeon@lexipol.com

ISSUER:

Sara Grier

EXT: **PHONE:** (515) 823-9083

EMAIL: sara.grier@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: Public Safety Training Equipment

Public Safety Training Equipment. Police & fire training, public safety online training, learning management system, CEUs for first responders, public safety policies, first responder wellness app, grant writing & finding services, state-specific policies, policy management system, policy development & updates, confidential wellness solution, local government solutions. All purchase orders issued by the purchasing entities must include Sourcewell #011822-LXP and State of Iowa MA 230050471. All state agencies, state facilities, cities, counties, 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 the Participating Addendum in lieu of a separate competitive selection process. State of Iowa executive branch agencies must purchase according to applicable system standards and seek approval from 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	91828	\$ 0.000000
				\$ 0.000000

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

Computer Hardware Consulting
Computer Hardware Consulting
 Catalog Discount 5%
 Catalog Discount 5%



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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	