



STATE OF IOWA  
MASTER AGREEMENT

Contract Declaration and Execution

MA 005

22322

EFFECTIVE BEGIN DATE: 05-27-2022

EXPIRATION DATE: 04-30-2024

PAGE: 1 of 3

**VENDOR:**

Storey Kenworthy  
Tallgrass Business Resources  
00002106537  
  
218 2nd St  
Coralville, IA 52241-2608

**VENDOR CONTACT:**

Carly Grantham  
**PHONE:** 319-338-7701  
**EMAIL:** cgrantham@tallgrassbiz.com

**ISSUER:**

Laura Shannon  
**PHONE:** 515-330-7325  
**EMAIL:** laura.shannon@iowa.gov

**EXT:**

**FOB:** FOB Dest, Freight Prepaid

**Contract For:** Workspace Furniture Solutions & Services - Kimball Reseller

Workspace Furniture to include: Systems Furniture and Accessories, Desks, Tables and Accessories, Filing and Storage and Accessories; Seating, Caseworks, Design Services, Consulting Services, Professional Services, Lease Agreements, Installation Services. All purchase orders issued by the purchasing entities must include OMNIA #2019.001896 and State of Iowa MA# 22320. 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. (Exception: State of Iowa executive branch agencies must purchase according to applicable standards and seek approval from the State of Iowa - Space Management and Leasing Division Administrator when required as directed by administrative code before purchasing from this contract.)

**RENEWAL OPTIONS**

|             |            |           |            |
|-------------|------------|-----------|------------|
| <b>FROM</b> | 05-01-2024 | <b>TO</b> | 04-30-2025 |
| <b>FROM</b> | 05-01-2025 | <b>TO</b> | 04-30-2026 |
| <b>FROM</b> | 05-01-2026 | <b>TO</b> | 04-30-2027 |
| <b>FROM</b> | 05-01-2027 | <b>TO</b> | 04-30-2028 |
| <b>FROM</b> | 05-01-2028 | <b>TO</b> | 04-30-2029 |

**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 |
|----------|--------------------------|------|-------------------------|------------------------------|
|----------|--------------------------|------|-------------------------|------------------------------|

|   |         |    |     |             |
|---|---------|----|-----|-------------|
| 1 | 0.00000 | EA | 425 | \$ 0.000000 |
|   |         |    |     | \$ 0.000000 |

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

**FURNITURE: OFFICE**

**Workspace Furniture Solutions & Services**

Workspace Furniture Solutions & Services.  
 See pricing discount attachment and catalog websites.

|   |         |    |     |             |
|---|---------|----|-----|-------------|
| 2 | 0.00000 | EA | 425 | \$ 0.000000 |
|   |         |    |     | \$ 0.000000 |

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

**FURNITURE: OFFICE**

**Kimball Catalog <https://www.kimball.com/documents/>**

Kimball Catalog <https://www.kimball.com/documents/>  
 See Pricing Discount document for percentage discounts.

|   |         |    |     |             |
|---|---------|----|-----|-------------|
| 3 | 0.00000 | EA | 425 | \$ 0.000000 |
|   |         |    |     | \$ 0.000000 |

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

**FURNITURE: OFFICE**

**Etc. Catalog <https://www.lifeworketc.com/overview>**

Etc. Catalog <https://www.lifeworketc.com/overview>  
 See Pricing Discount document for percentage discounts.



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 PAGE: 3 of 3

**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.**

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