



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

20003A

EFFECTIVE BEGIN DATE: 08-24-2020
EXPIRATION DATE: 07-30-2023
PAGE: 1 of 3

VENDOR:

**Johnson Controls Fire Protection
LP**

**SimplexGrinnell LP
00002139022**

**Dept CH 10320
Palatine, IL 60055-0320**

VENDOR CONTACT:

Tom Staves

PHONE: 443-676-8813

EMAIL: thomas.staves@jci.com

ISSUER:

Jeff Just

EXT: PHONE: 515-330-8702

EMAIL: jeff.just@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: Security & Fire Protection Services

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: NASPO Contract Documents

Att 2: Johnson Controls State of Iowa 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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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
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1	0.00000	EA	990	\$ 0.000000
				\$ 0.000000

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

SECURITY, FIRE, SAFETY, EMERGENCY SVCS (DISASTER RECOVERY)

Security & Fire Protection Services

The Johnson Controls Reference number listed on the project quote should be included on the DO.

The State of Iowa has signed a participating agreement with NASPO to receive their pricing on security and fire protection Services with Johnson Controls . Please see the attached Cost Proposal for pricing.



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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	