

Contract Declaration and Execution

MA 005 230050570A

EFFECTIVE BEGIN DATE: 04-26-2025

EXPIRATION DATE: 04-25-2027

EMAIL: katelyn.howells@iowa.gov

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**VENDOR:** 

**MAHONEY FIRE SPRINKLER INC** 

VENDOR CONTACT: ISSUER:

**00003035382** Bob Mahoney Katelyn Howells

PHONE: 402-553-1221 EXT: PHONE: 515-721-7856

11115 O St EMAIL: bob3@mahoneyfiresprinkler

Omaha, NE 68137-2337 .com

FOB: FOB Dest, Freight Prepaid

Contract For: Sprinkler Systems: Install, Inspection, Testing, Maintenance

Sprinkler Systems: Installation, Inspection, Testing and Maintenance - Zones: 2, 3, 5

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.

Attachment 1: Competitive Solicitation 005-RFB-0369-2023

Attachment 2: Contractor's Response to Solicitation Criteria 005-RFB-0369-2023 (except for any contractor objection or amendment to the Competitive Solicitation Document requirements that the State has not explicitly agreed to in writing)

Attachment 3: Bid Tabulation to competitive solicitation 005-RFB-0369-2023

Vendor shall pay lowa Department of Administrative Services quarterly 1.00% administrative fee for all sales made against this contract.

Materials percentage mark-up (Receipts for materials will be required by Purchasing Entity to be submitted with invoice)

Subcontractor Markup (Receipts for materials will be required by Purchasing Entity to be submitted with invoice)

Annual Maintenance Service quote must be provided to Agency upon request.

Payment Term: Net 60

Freight: FOB Dest, Freight Prepaid

Vendor Contacts
Bob Mahoney
402-553-1221
bob3@mahoneyfiresprinkler.com

Melissa Kimball 402-553-1221 melissa@mahoneyfiresprinkler.com

RENEWAL OPTIONS

FROM 04-26-2027 TO 04-25-2029

**AUTHORIZED DEPARTMENT** 

ALL

SUB Other Governmental Entities



**SERVICE DATES** 

UNIT

LINE QUANTITY /

NO.

# STATE OF IOWA MASTER AGREEMENT

Contract Declaration and Execution

**COMMODITY / DESCRIPTION** 

MA 005

230050570A

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**UNIT COST / PRICE OF** 

**SERVICE** 

1	0.00000	HOUR	93633 \$ 105.000000
			\$ 0.000000
REF DOC:			REF VNDR LN: REF COMM LN: REF TYPE: FINAL
			Fire Protection Equipment and Systems Including Fire Hydrant
			Fire Sprinkler Systems Installation - Regular Time
			Fire Sprinkler Systems Installation
			Regular Time
			Mon-Fri 7:00am - 5:00pm
			Vendor shall provide a written cost estimate to the requesting department for approval.
2	0.00000	HOUR	93633 \$ 152.500000
			\$ 0.000000
REF DOC:			REF VNDR LN: REF COMM LN: REF TYPE: FINAL
			Fire Protection Equipment and Systems Including Fire Hydrant
			Fire Sprinkler Systems Installation - Overtime Rate

Fire Sprinkler Systems Installation

Overtime Rate

Work completed outside of normal working hours (7:00am-5:00pm).

State Agency must authorize any overtime work.

Vendor shall provide a written cost estimate to the requesting department for approval.

3 0.00000 HOUR 93633

\$ 210.000000

\$ 0.000000

REF DOC:

REF VNDR LN:

REF COMM LN:

REFTYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Fire Sprinkler Systems Installation - Double Time Rate

Fire Sprinkler Systems Installation

Double Time Rate

Work completed during a National Holiday.

State Agency must authorize any double time work.

Vendor shall provide a written cost estimate to the requesting department for approval.



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LINE QUANTITY / UNIT **COMMODITY / DESCRIPTION UNIT COST / PRICE OF SERVICE DATES SERVICE** 

0.00000 HOUR 93633

\$ 105.000000

\$ 0.000000

REF DOC:

NO.

REF VNDR LN:

REF COMM LN:

REF TYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Maintenance Work (Non-Warranty) - Regular Time

Maintenance Work (Non-Warranty)

Regular Time

Mon-Fri 7:00am - 5:00pm

Vendor shall provide a written cost estimate to the requesting

department for approval.

0.00000

HOUR 93633

\$ 152.500000

\$ 0.000000

REF DOC:

**REF VNDR LN:** 

**REF COMM LN:** 

REF TYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Maintenance Work (Non-Warranty) - Overtime Rate

Maintenance Work (Non-Warranty)

Overtime Rate

Work completed outside of normal working hours (7:00am-5:00pm).

State Agency must authorize any overtime work.

Vendor shall provide a written cost estimate to the requesting department for approval.

0.00000

HOUR 93633

\$ 210.000000

\$ 0.000000

REF DOC:

REF VNDR LN:

REF COMM LN:

REF TYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Maintenance Work (Non-Warranty) - Double Time Rate

Maintenance Work (Non-Warranty)

Double Time Rate

Work completed during a National Holiday

State Agency must authorize any overtime work.

Vendor shall provide a written cost estimate to the requesting department for approval.



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LINE QUANTITY / UNIT COMMODITY / DESCRIPTION UNIT COST / PRICE OF SERVICE

\$ 105.000000

\$ 0.000000

REF DOC:

REF VNDR LN:

REF COMM LN:

REF TYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Inspections and Testing - Regular Time

Inspections and Testing

Regular Time

Mon-Fri 7:00am - 5:00pm

Vendor shall provide a written cost estimate to the requesting

department for approval.

8 0.00000 HOUR 93633

\$ 152.500000

\$ 0.000000

REF DOC:

REF VNDR LN:

REF COMM LN:

REF TYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Inspections and Testing - Overtime Rate

Inspections and Testing

Overtime Rate

Work completed outside of normal working hours (7:00am-5:00pm).

State Agency must authorize any overtime work.

Vendor shall provide a written cost estimate to the requesting department for approval.

9 0.00000

HOUR 93633

\$ 210.000000

\$ 0.000000

REF DOC:

REF VNDR LN:

REF COMM LN:

REF TYPE: FINAL

Fire Protection Equipment and Systems Including Fire Hydrant Inspections and Testing - Double Time Rate

Inspections and Testing

Double Time Rate

Work completed during a National Holiday.

State Agency must authorize any double time work.

Vendor shall provide a written cost estimate to the requesting department for approval.



UNIT

QUANTITY /

**SERVICE DATES** 

LINE NO.

### STATE OF IOWA MASTER AGREEMENT

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**SERVICE** 

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COMMODITY / DESCRIPTION UNIT COST / PRICE OF

\$ 0.000000

\$ 0.000000

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

Fire Protection Equipment and Systems Including Fire Hydrant

Materials Percentage Mark-up

Materials Percentage Mark-up = 20%

(Receipts for materials will be required by Purchasing Entity to be

submitted with invoice)

11 0.00000 EA 93633 \$ 0.000000

\$ 0.000000

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

Fire Protection Equipment and Systems Including Fire Hydrant Subcontractor Percentage Markup

Subcontractor Percentage Markup = 20%

(Receipts for materials will be required by Purchasing Entity to be submitted with invoice)



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#### TERMS AND CONDITIONS

#### Goods Effective 1 May 16

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for goods contracts are posted at: https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20goods.pdf

#### Services Effective 1 May 16

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for service contracts are posted at: https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf

#### 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
Mahoney Fire Sprinkler Inc.	Iowa Dept. of Administrative Services
BY (Authorized Signature) Date Signed	BY (Authorized Signature) Date Signed
Bob Mahoney Bob Mahoney (Mar 4, 2025 08:10 CST)	Katelyn Howells Katelyn Howells (Mar 4, 2025 08:12 CST)  Mar 4, 2025
Printed Name and Title of Person Signing	Printed Name and Title of Person Signing
Bob Mahoney President	Katelyn Howells Purchasing Agent III
Address	Address
11115 'O' Street, Omaha, NE 68137	1305 E. Walnut St., Des Moines, IA 50319