



**STATE OF IOWA
MASTER AGREEMENT**

Contract Declaration and Execution

MA 005

21418A

EFFECTIVE BEGIN DATE: 07-01-2022
EXPIRATION DATE: 06-30-2024
PAGE: 1 of 3

VENDOR:

**Abbott Laboratories Inc
Ross Products Division
00002100902**

**PO Box 182023
Columbus, OH 43218-2023**

VENDOR CONTACT:

Rita Buyko
PHONE: 614-624-4046
EMAIL: rita.buyko@abbott.com

ISSUER:

Kathy Harper
PHONE: 515-321-7686
EMAIL: Kathy.Harper2@iowa.gov

EXT:

FOB:

Contract For: Nutritional Products - MMCAP

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: MMCAP/ABBOTT contract MMS2100547 with DAS Central Procurement

Attachment 2: Bidders Cost (final pricing documentation) response to competitive bidding document on file with MMCAP

Attachment 3: Committed Pricing with Ross Nutrition

FOB

Payment Terms: 2% 10 day net 30 day

Minimum Order Amount: one case

Vendor Contacts:

Mary Tardel (Mary.Tardel@Abbott.com)
Hollie Turk (Hollie.Turk@Abbott.com)
Kristin Champion (Kristin.Champion@Abbott.com)

Ordering Process:

*Direct accounts-
-customer service 800-551-5853

*To open a direct account
-customer service at 800-986-8779 to assist with the credit application

Price list attached

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	27129	\$ 0.000000
				\$ 0.000000

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

Diets, Liquid, Thickened, Ready to Serve
 Diets, Liquid, Thickened, Ready to Serve

See attached pricelist



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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	