

STATE OF IOWA MASTER AGREEMENT

Contract Declaration and Execution

MA 005 22326

EFFECTIVE BEGIN DATE: 05-27-2022 EXPIRATION DATE: 04-30-2023

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VENDOR:

00002091047

Office Elements LIc

VENDOR CONTACT: ISSUER:

Linda Fickbohm Laura Shannon

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713 Nebraska St EMAIL: linda@paragoninteriors.co EMAIL: laura.shannon@iowa.gov

Sioux City, IA 51101

FOB: FOB Dest, Freight Prepaid

Contract For: Workspace Furniture Solutions & Services - National 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 #R191811 and State of Iowa MA# 22326. 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

FROM 05-01-2023 TO 04-30-2024 FROM 05-01-2024 TO 04-30-2025

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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0.00000 EΑ 425 \$ 0.000000

\$ 0.000000

22326

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

FURNITURE: OFFICE

Workspace Furniture Solutions & Services

See pricing attachment - as of 4/25/2022 there will be an additional 3% fuel charge added to each order. See contract amendment.



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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	