

CLASS 200 NEGOTIATED CONTRACT EVALUATION FORM

COMMODITIES COVERED: Fire Fighting Uniforms, Boots, Hats and Gloves

CONTRACT PERIOD: 03/01/24 through 02/28/25

Contract Analyst: SHAKRITA FIELDS

NEW

COMPANY NAME: Morning Pride dba Honeywell

COMPANY ADDRESS: #1 Innovation Court

CONTRACT TO BE SENT TO: Dayton, Ohio 45414
IS VENDOR ON SUSPENDED/CANCELED LIST?

YES _____ OR NO ____X__

SUPPLIER NUMBER: 3102006422

RFX NUMBER: 3130001860

CONTRACT NUMBER: 8200072844

SMART CONTRACT NUMBER: 1130-24-C-SWCT-00357

RESPONSE NUMBER: 6000014115

DATE PROPOSAL SUBMITTED IN MAGIC OR RECEIVED IN OPTFM: 12/13/2023

DATE OF PROPOSAL LETTER: 12/13/2023

DATE APPROVED BY ANALYST: 1/12/2024

INFORMATION FOR EMAIL

Your new State of Mississippi Contract Agreement for Fire Fighting Uniforms, Boots, Hats and Gloves is attached for your signature. Please sign and return no later than three (3) business days to Daphne Baker at Daphne.Baker@dfa.ms.gov. Once the contract is executed, it will be posted to our website at <https://www.dfa.ms.gov/contracts>.

If you have any questions, please contact Shakrita Fields at Shakrita.Fields@dfa.ms.gov.

CONTACT PERSON'S NAME, EMAIL AND PHONE NUMBER:

Heather Ramsey

Email: heather.ramsey@honeywell.com

Phone: (937) 410-7425

Travis Mikalauskas

Email: travis.mikalauskas@honeywell.com

Phone: (937) 581-5508

INFORMATION FOR CONTRACT

Transportation Terms: All freight and shipping costs are the responsibility of the Vendor and are not reimbursable. All items must be transported F.O.B. Destination.

Payment Terms: MS Code Section 31-7-305(3) allows a state entity to pay invoices within 45 days without penalty.

ORDERING INFORMATION:

Please place all orders under this agreement with the following:

A list of authorized dealers/distributors is included with this contract.

NEGOTIATED CONTRACT EVALUATION/REVIEW FORM

Reviewing Analyst:

Date Submitted:

Reviewing Analyst should review for at least the following: (If unsure about any part of the contract, return to responsible Analyst for clarification.)

_____ If Renewal, purchase summary is included. **Total Amount:** NEW

_____ Basis of evaluation typed and understandable. (i.e., equal to GSA, discount from list comparable to other comparable contracts, price/discount, increase/decrease.)

_____ Product literature is in Magic submitted proposal.

- NO GSA
- Discount offered to the State of MS 20%

Reviewing Analyst (Please Initial) AS _____ Returned with Questions _____ Date Returned _____ Approved

Date Approved 2/2/2024 (If approved, forward to Director)

Director's Approval _____ Date _____

Contracts must be approved by Director prior to being submitted to clerical staff

Date Checked By Final Reviewer: _____

Review Initials: _____

Date Email With Contract to Be Signed Sent: 2/7/24

Admin. Initials: AS

Date Second Email With Contract to Be Signed Sent: 2/14/24

Admin. Initials: AS

Date Signed Contract Was Returned: 7

Admin. Initials: _____