

CUSTOMER NAME: THOMAS EDISON STATE UNIVERSITY - CLT

TERM: 10/1/25 - 9/30/26

BILL TO: 2462235

DISTRICT: 544

SOURCEWELL #87603

Contract #030421-JHN

Contract #	Customer Name	Ship To #	Bill To #	Line	Product	FY26 Annual Amount	Schedule	FY26 PO#
81004089	Thomas Edison State University - CLT	2296388	2462235	1	FA MON	\$ 527.51	N/A	
	102-111 West State Street, Trenton NJ 08608							
	Monitoring Account # 212-1763				TOTAL	\$ 527.51		



Fire Protection



2024-Mar-7

SUMMARY SHEET for SourceWell PMA Order*Please make sure no ERROR shows for required fields highlighted in yellow***Johnson Controls Fire Protection Contact Information**Salesperson's Name: **Heidi Gardner**
Employee #: **1972425**District City & State: **Philadelphia, PA**
District #: **544****Customer Contact Information***If service is to be performed at multiple buildings with the same bill-to address, please add each location to the **Master Spreadsheet** and make Location ACE# and Service Address: **Multiple***Location Customer Name: **Thomas Edison State University CLT**
Location ACE Customer #: **2296388**
Sourcewell Member #: **87603**
Service Call Authority Name: **Holly McDonald**
Service Call Authority Phone #: **609-984-1661 x 2330**
Service Call Authority Email: **hmacdonald@tesu.edu**Billing Customer Name: **Thomas Edison State University**
Billing ACE Customer #: **2462235**
Billing Contact Name: **Holly McDonald**
Billing Contact Phone #: **609-984-1661 x 2330**
Billing Contact Email: **hmacdonald@tesu.edu**Service Address
Street: **102 W State Street**
City: **Trenton**
State: **NJ**
Zip code: **08608**Billing Address
Street: **111 W State Street**
City: **Trenton**
State: **NJ**
Zip code: **8608**

Purchasing Authority Contact (the person authorized to issue purchase orders or authorize billable service):

Name: **Holly McDonald**
Email: **hmacdonald@tesu.edu**Phone #: **609-984-1661 x 2330**
Fax #:**Order Information**PO#: **ERROR**

Note: PO must reflect Sourcewell Contract Number 030421-JHN

Contract Dates: Start: **10/01/25**
End: **09/30/26**

Note: Transition from Local is considered a renewal

Is this a New or Renewal Contract? (choose from drop down list) **Renewal**If Renewal, Current Contract #: **81004089**

If New, Total New Order Amount:

For Renewal: Current Contract Amount **\$ 527.51**

Upgrade Amount

New Contract #:

Total Amount of Renewal Contract **\$ 527.51**How is this customer to be billed (MUST choose from dropdown):
Please refer to the tab below that explains the billing definitions**Annual in Advance**Does this customer require Electronic Inspection Reporting (Xaap)? **Yes**

System Type (Choose from drop down list or type.)	Coverage Type (MUST Choose from Drop Down: Essential, Enhanced, Expert (24/7 or 8-5) NO COVERAGE REQUIRED FOR MONITORING	# of Insp per year	Insp. %	NTE*	Xaap? (Yes or No)	Inspection Month(s)	Yearly Amounts	Total Contract Amount (if multi-year)
Monitoring	Please select from Dropdown						\$ 527.51	
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please select	Please select from Dropdown							
Please indicate any additional coverage that was sold in the additional notes below (ie: 24/7, Batteries included)								
*NOTE: If an NTE is not provided, MDG will show a \$0 NTE and will not allow technicians to quote using their handheld devices. Then, all quotes will need to go through the National Accounts Deficiencies team.							Totals	\$ 527.51 \$ -

Monitoring Account Number: **Please provide Monitoring Account # and email from Data Entry to confirm account is active and communicating**Additional Notes: **FA MONITORING - ACCOUNT # 212-1763**

Definitions for Coverage Types	ANNUAL IN ADVANCE, NET 30
	Essential: Test & Inspect; Xaap Electronic Inspection Reporting; Customer Portal
	Enhanced: Test & Inspect; Labor Coverage and Panel Parts Coverage; Xaap Electronic Inspection Reporting; Battery Replacement Option; Remote Service Support; Smoke Detector Cleaning; Sensitivity Testing; Customer Portal
	Expert: Test & Inspect; System Labor Coverage (Standard 8-5); System Parts Coverage; Peripheral Part Replacement Coverage; Xaap Electronic Inspection Reporting; Battery Replacement Coverage; Remote Service Support; Smoke Detector Cleaning; Customer Portal
	----- EXPERT COVERAGE DOES NOT APPLY TO EMERGENCY LIGHTS, EXTINGUISHER, KITCHEN HOODS OR SPRINKLER SYSTEMS. Please indicate if you sold the contract as Expert with 24/7 all labor and all parts

All Services and Pricing must be in accordance with the Sourcewell Contract:**EMERGENCY CALL:** System/unit is not operational and backup system/unit is not available. Life safety and property protection is non-existent or property assets are in imminent danger of significant damage. Technician will be dispatched within 3 hours, unless a different time frame is required by applicable law.
PRIORITY CALL: System/unit is operational and maintenance or service work is required to maintain system/unit integrity. Tech will be on site within 24 hours.
THREE DAY SERVICE CALL: System/unit is operational; general repair is required. Technician will be on site within three(3) business days.
SCHEDULED CALL: System/unit is operational; planned appointment for inspection, maintenance and/or service work. Technician will be onsite -14 Calendar Days

Use National Accounts Rev 7D US National Labor Rates for non-prevailing wage required service work (See Service Pricing Sheet Labor Tab)

Prevailing Wage: (See Prevailing Wage labor rate NTE Tab)

Parts and Labor Markup For Outside Purchase: 35% (Including Subcontractors)

Minimum charge is allowed, see Emergency and a Priority Call under Communication Standards

No Truck and or Trip Charges

No travel time allowed if under 2 hours.

Overtime fees prevail before 8:00 AM or after 5:00 PM and double time fees prevail on Sunday and holidays

Annual Standpipe Cost		\$0.00		
		\$0.00		
Annual Fire Hydrant Cost		\$0.00		
Special Hazards (Test & Inspect)	Quantity:		Inspect Frequency:	Inspect Month(s):
FM200 or Halon System - Up to 300# Tank (Note: Use A&D prices for the testing of devices)	0		Please Select	
Panel	0			
Clean Agent System additional cylinder less than 350lbs	0			
Clean Agent System additional cylinder greater than 350lbs	0			
SmokeDetectors - Test & Inspect	0			
SmokeDetector - Cleaning	Not included			
SmokeDetector - Sensitivity	Not included			
Heat Detectors	0			
Pull Stations	0			
Above Ceiling Smoke Detector (functionality test of smoke detector above ceiling grid)	0			
Subfloor Detector - Test & Inspect	0			
Subfloor Detector - Cleaning	Not included			
Subfloor Detector - Sensitivity	Not included			
Audio/Visual	0			
Abort	0			
After-Hours Special Hazard Inspection	No			
		\$0.00		
Annual Cost		\$0.00		
Extinguishers (Test & Inspect)	Quantity:		Inspect Frequency:	Inspect Month:
ABC Portable Units	0		Please Select	
Clean Agent,Halon	0			
CO2/K-Class	0			
Water - stored pressure	0			
Wheeled Unit - stored pressure	0			
Nevada (Includes parts and chemicals)	0			
Optional Enhanced (parts, recharge, service)	No			
After-Hours Extinguisher Inspection	No			
		\$0.00		
Annual Cost		\$0.00		
Emergency Lighting (Test & Inspect)	Quantity:		Inspect Frequency:	Inspect Month:
Emergency Lights with Battery Pack	0		Please Select	
Exit Lights with Battery Pack	0			
Optional Enhanced Coverage	No			
After-Hours Emergency Lighting Inspection	No			
		\$0.00		
Annual Cost		\$0.00		
Kitchen Hoods (Test & Inspect)	Quantity:		Inspect Frequency:	Inspect Month(s):
Hood System (incl test & inspection of 1 tank & up to 3 links)	0		Please Select	
Additional Tanks	0			
Additional Links	0			
Optional Enhanced Coverage	No			
After-Hours Kitchen Hood Inspection	No			
		\$0.00		
Annual Cost		\$0.00		
Emergency Shower / Eyewash Stations (Test & Inspect)	Quantity:		Inspect Frequency:	Inspect Month:
Initial Shower / Eyewash Station	0		Please Select	
Eash Additional	0			
Additional Hours for Training or to meet Monthly Requirements	0			
		\$0.00		
Annual Cost		\$0.00		
Closed Circuit Television (Test & Inspect)	Quantity:		Inspect Frequency:	Inspect Month:
Multiplexer	0		Please Select	
Camera's (Indoors)	0			
Camera's (Outdoor)	0			
Monitors	0			
Input Switcher	0			
Lense Cleaning	0			
Pan/Tilt	0			
Controller	0			
Heater/Blower	0			
Battery Testing /Per Battery	0			
		\$0.00		
Annual Cost		\$0.00		
AI-RGUS for CCTV	Quantity:		Service Frequency:	Inspect Month:
AI-RGUS Predictive™ per camera/encoder	0		Please Select	
Standard Labor Coverage (M-F, 8 to 5)	No		8-5 Standard Coverage	
24/7 Labor Coverage	No		24/7 Labor Coverage	
		\$0.00		
Annual Cost		\$0.00		
Additional FA Inspector Time	0	\$0.00	Service Type:	
Additional SP Inspector Time	0	\$0.00		
Additional EX/E-Light/KH Inspector Time	0	\$0.00		
Additional Special Hazard Inspector Time	0	\$0.00		
Total Additional Inspector Time		\$0.00		
Insert addt'l svc coverage desc. (hood clean, parts, union labor)			Frequency	Month
		\$0.00	Please Select	
		\$0.00	Please Select	
		\$0.00	Please Select	
		\$0.00	Please Select	
		\$0.00	Please Select	
		\$0.00	Please Select	
		\$0.00	Please Select	
		\$0.00	Please Select	

Annual Recurring Cost:
\$527.51

Date: _____
Customer Signature: _____