

1330600/01

**PARTICIPATING ADDENDUM
WESTERN STATES CONTRACTING ALLIANCE
BREAST PUMPS (WSCA/WIC)**

Administered by the State of Washington (hereinafter "Lead State")

MASTER PRICE AGREEMENT

MEDELA, Inc.

Washington Contract Number: 01910

(hereinafter "Contractor")

And

[insert full name of participating state/entity]

(hereinafter "Participating Entity")

*Crozer Chester Medical
Center WIC*
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1. Scope: This addendum covers the WSCA Breast Pumps Contract lead by the State of Washington, for members of WSCA or NASPO, for use by Participating Entity's programs, including Women, Infants & Children Programs office.

2. Participation: Use of specific WSCA or NASPO cooperative contracts by other agencies, political subdivisions and other entities (including cooperatives) authorized by an individual state's statutes to use state contracts are subject to the approval of the respective State Chief Procurement Official. Issues of interpretation and eligibility for participation are solely within the authority of the State Chief Procurement Official.

3. Participating Entity Modifications or Additions to Master Price Agreement:

(These modifications or additions apply only to actions and relationships within the state in which the Participating Entity is located.)

*[Replace this with specific changes or a statement that "No Changes Are Required"
If including changes, number 3.x should be used for each sub-paragraph.]*

4. [Purposely left blank.]

5. Primary Contacts: The primary contact individuals for this participating addendum are as follows (or their named successors):

Lead State Contract Administrator

Name: Tim L. Shay, Contracts Specialist
Address: Department of Enterprise Services, Master Contracts & Consulting
1500 Jefferson Street SE
Olympia, WA 98501
Voice: (360) 407-9410
Fax: (360) 586-2426
E-mail: tim.shay@des.wa.gov

Contractor

Name: Bonnie Voigt, Supervisor Government Contracts
Address: Medela, Inc., 1101 Corporate Drive, McHenry, Illinois 60050-7005
Voice: 815-578-2459
Fax: 815-759-2459
E-mail: bonnie.voigt@medela.com

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Participating Entity

Name: *GROZER CHESTER MEDICAL CTR WIC*
Address: *2600 W. NINTH STREET CHESTER, PA 19013*
Telephone: *610-447-2423*
Fax: *610-447-2419*
E-mail: *gene.kelly@grozer.org*

6. [Purposely left blank.]

7. Purchase Order Instructions:

All orders should contain the following (1) Mandatory Language "PO is subject to WSCA Contract #01910" (2) Your Name, Address, Contact, & Phone-Number (3) Purchase order amount, monthly payment (if appropriate), itemized list of items being purchased, & rates of the service being used

8. Price Agreement Number: All purchase orders issued by purchasing entities within the jurisdiction of this participating addendum shall include the Participating State contract number: [insert appropriate number] and the Lead State price agreement number: 01910.

This Participating Addendum and the Master Price Agreement number 01910 (administered by the State of Washington) together with its exhibits, set forth the entire agreement between the parties with respect to the subject matter of all previous communications, representations or agreements, whether oral or written, with respect to the subject matter hereof. Terms and conditions inconsistent with, contrary or in addition to the terms and conditions of this Addendum and the Price Agreement, together with its exhibits, shall not be added to or incorporated into this Addendum or the Price Agreement and its exhibits, by any subsequent purchase order or otherwise, and any such attempts to add or incorporate such terms and conditions are hereby rejected. The terms and conditions of this Addendum and the Price Agreement and its exhibits shall prevail and govern in the case of any such inconsistent or additional terms within the Participating State.

Purposely left blank.

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 MEDELA, Inc.**

Washington Contract Number: 01910
 (hereinafter "Contractor")

And

[insert full name of participating state/entity]
 (hereinafter "Participating Entity")

IN WITNESS WHEREOF, the parties have executed this Addendum as of the date of execution
 by both parties below.

Participating Entity: <i>CLOSER CARES MED CTR WIC</i>	Contractor: MEDELA, Inc.
By: <i>Eugene B Kelso</i>	By: <i>Bonnie Voigt</i>
Name: <i>EUGENE B KELSO</i>	Name: <i>Bonnie Voigt</i>
Title: <i>CONTRACT MGR - PATIENT CARE</i>	Title: <i>Supervisor Evov'4 Contract</i>
Date: <i>9/</i>	Date: <i>3/12/14</i>

[Additional signatures as required by Participating Entity]