



**STATE OF IOWA**  
**MASTER AGREEMENT**  
Contract Declaration and Execution

**MA 005**

**20012A**

**EFFECTIVE BEGIN DATE:** 08-01-2022  
**EXPIRATION DATE:** 07-31-2023  
**PAGE:** 1 of 4

**VENDOR:**

**BHIS-Blessed Hands Interpreting Services**

**VS000005181**

**13560 E McNichols Rd  
Detroit, MI 48205-3426**

**VENDOR CONTACT:**

Annebelle Duncan

**PHONE:** 3134513425

**EMAIL:** aduncan@bhis3.com

**ISSUER:**

Julie Janssen

**EXT:** **PHONE:** 515-240-2698

**EMAIL:** julie.janssen@iowa.gov

**FOB:** FOB Dest, Freight Prepaid

**Contract For:** On Site American Sign Language Interpretation Services

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 Service - Central Procurement.

Attachment 1: Competitive Solicitation RFB0319005042.

Attachment 2: Contractor's Response to Competitive Solicitation RFB0319005042 (except for any contractor objection or amendment to the Competitive Solicitation Document requirements that the State has not explicitly agreed to in writing).

Attachment 3: Contractor's Cost (final pricing documentation) Response to competitive solicitation document RFB0319005042.

Attachment 4: Code of Conduct

Attachment 5: ASL Interpreters.

Service Request Scheduling System: [blessedhands.interpretmanager.com](http://blessedhands.interpretmanager.com)  
DeAnna Rakestraw, 313-344-7178, [drakestraw@bhis3.com](mailto:drakestraw@bhis3.com)  
Service Request Availability: 8:00 AM - 5:00 PM CT, Monday - Friday.  
Cancellation and Rescheduling Terms: Required Twenty Four (24) Notice.  
Payment Terms: NET60, NET30 5% Discount, NET15 3% Discount.  
Minimum Service Appointment Amount: Two (2) Hour Minimum.

Non Exclusivity - Nothing herein is intended nor shall be construed as creating any exclusive arrangement with Contractor. This Contract shall not restrict state and other governmental entities from acquiring similar, equal or like goods and/or services from other contracted entities or sources.

**RENEWAL OPTIONS**

**FROM** 08-01-2023 **TO** 07-31-2024

**FROM** 08-01-2024 **TO** 07-31-2025

**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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1	0.00000	HOURL	96167	\$ 87.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired  
On Site American Sign Language Interpretation Services

Iowa Department of Corrections Institutions: Clarinda Correctional Facility, Iowa State Penitentiary.  
Two (2) Hour Minimum.

2	0.00000	HOURL	96167	\$ 87.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired  
Cancellation and Rescheduling

Cancellation and Rescheduling without Twenty Four (24) Hour Notice incur charge for scheduled appointment charges.

3	0.00000	EA	96167	\$ 50.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired  
Cancellation and Reschedule Fee

\$50.00 Fee for Cancellation or Reschedule Service Appointment without Twenty Four (24) Hour Notice.

4	0.00000	HOURL	96167	\$ 90.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired  
Overtime Fee

5	0.00000	HOURL	96167	\$ 75.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired  
All Inclusive Flat Travel Rate To and From Institution



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**TERMS AND CONDITIONS**

**Services Effective 1 May 16**

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for service contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>

**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
<b>CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.</b> BHIS-Blessed Hands Interpreting Services, LLC	<b>AGENCY NAME</b> IOWA DAS CENTRAL SERVICES
<b>BY (Authorized Signature)</b> <b>Date Signed</b>  <small>Annebelle V Duncan (May 13, 2022 15:52 EDT)</small>	<b>BY (Authorized Signature)</b> <b>Date Signed</b>  <small>Julie Janssen, Purchasing Agent III (May 16, 2022 08:39 CDT)</small>
<b>Printed Name and Title of Person Signing</b> Annebelle V Duncan	<b>Printed Name and Title of Person Signing</b> Julie Janssen, Purchasing Agent III
<b>Address</b>	<b>Address</b>