



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

20011A

EFFECTIVE BEGIN DATE: 07-23-2022
EXPIRATION DATE: 07-22-2023
PAGE: 1 of 4

VENDOR:

LIFE INTERPRETATION INC

00003073302

PO BOX 5002
DES MOINES, IA 50305

VENDOR CONTACT:

Susan Hardine, CFO

PHONE: 515-265-5433

EMAIL: schedule@lifeinterpreter.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 Contact: Debbie Toomey, 515-265-5433, schedule@lifeinterpreter.com. Emailed Service Request Confirmation. Service Request Availability: Twenty Four (24) hours/day, Seven (7) days/week. No Minimum Service Amount: All Service Billed to the next nearest quarter hour. No Overtime Hourly Rate. Cancellation Terms: Thirty Six (36) Hours notification required to avoid cancellation Fee.

Payment Terms: NET60

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 sourc

RENEWAL OPTIONS

FROM 07-23-2023 TO 07-22-2024

FROM 07-23-2024 TO 07-22-2025

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	HOUR	96167	\$ 75.000000 \$ 0.000000
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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 Correction: Fort Dodge Correction Facility, Mt. Pleasant Correctional Facility, North Central Correctional Facility. (\$18.75 per Quarter Hour). Overruns to confirmed appointment times will be invoiced to the next nearest quarter hour. Service Request exceeding one (1) hour may require additional interpreters.

2	0.00000	HOUR	96167	\$ 75.000000 \$ 0.000000
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REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

Sign Language Services for the Hearing Impaired
Cancellation and Reschedule Request Fee

Required: Thirty-Six (36) hour notice to cancel or reschedule service appointments.
 Service Requests cancelled with less than Thirty-Six (36) hours notice, will be charged requested schedule service appointment time.

3	0.00000	EA	96167	\$ 300.000000 \$ 0.000000
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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

4	0.00000	MIN	96167	\$ 2.200000 \$ 0.000000
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REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

Sign Language Services for the Hearing Impaired
VRI American Sign Language Interpretation Services/

VRI (Video Remote Interpreting) American Sign Language Interpretation Services - ZOOM for VRI services. 15 minute minimum. Service invoiced to the next nearest quarter hour.

Thirty - Six (36) hour cancellation poili cy. Services cancelled with less than 36 hours will be billed for time reserved to complete the request.



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Service Request exceeding one (1) hour may require additional interpreters.



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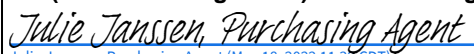
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TERMS AND CONDITIONS

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
CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc. Life Interpretation, Inc.	AGENCY NAME IOWA DAS CENTRAL SERVICES
BY (Authorized Signature) Date Signed 	BY (Authorized Signature) Date Signed  <small>Julie Janssen, Purchasing Agent (May 18, 2022 11:39 CDT)</small>
Printed Name and Title of Person Signing JEFF REESE, Director	Printed Name and Title of Person Signing Julie Janssen, Purchasing Agent
Address	Address