



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

26039A

EFFECTIVE BEGIN DATE: 09-15-2026
EXPIRATION DATE: 09-14-2027
PAGE: 1 of 3

VENDOR:

CENTRAL IOWA PODIATRY INC

00003185330

**51 UnityPoint Way
Marshalltown, IA 50158-4750**

VENDOR CONTACT:

Sean McMurray

PHONE: 314-910-7548

EMAIL: centraliowapodiatry@gmail.com

ISSUER:

Carlos Fuentes

PHONE: 515-240-2698

EMAIL: carlos.fuentes@das.iowa.gov

EXT:

FOB:

Contract For: Podiatrist Services for IVH

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made apart of the Agreement. Attachments are on file with the Department of Administrative Service - Central Procurement.

Attachment 1: Competitive Solicitation 005-RFB-2026-2026.

Attachment 2: Contractor's Response to Competitive Solicitation 005-RFB-2026-2026 (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/Bid Tabulation for 005-RFB-2026-2026.

The state reserves the right to add additional items to the Contract.

Dr. Sean J. McMurray, DPM.
314-910-7548
centraliowapodiatry@gmail.com

Quarterly Sales reports are due no more than 30 days after every quarter and they must be sent to the DAS Central Procurement contract manager(Carlos Fuentes). Quarterly Reporting Schedule is based on calendar year.

Quarter 1 (Jan 1 Mar 31) Due Apr 30

Quarter 2 (Apr 1 Jun 30) Due July 31

Quarter 3 (July 1 Sept 30) Due Oct 31

Quarter 4 (Oct 1 Dec 31) Due Jan 31

The 1% Admin Fee must be sent quarterly to the address below:

State of Iowa DAS/Central Services Enterprise
Attention: DAS Finance
1305 East Walnut Street, 3rd Floor
Des Moines, IA 50319

RENEWAL OPTIONS

FROM 09-15-2027 **TO** 09-14-2028

FROM 09-15-2028 **TO** 09-14-2029

FROM 09-15-2029 **TO** 09-14-2030

FROM 09-15-2030 **TO** 09-14-2031

AUTHORIZED DEPARTMENT

671 Iowa Veterans Home

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	EA	948	\$ 86.000000
				\$ 0.000000

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

HEALTH RELATED SERVICES (SEE CLASS 952 FOR HUMAN SERVICES)
Podiatrist Services

Fee per patient



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TERMS AND CONDITIONS

Referenced Terms

The parties agree to comply with the terms and conditions pursuant to the bid process which are by this reference made a part of the Agreement.

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. Central Iowa Podiatry - Sean McMurray, DPM		AGENCY NAME DAS Central Procurement	
BY (Authorized Signature) Ellen Kulhavy	Date Signed 08/05/2026	BY (Authorized Signature) Carlos Fuentes	Date Signed 08/05/2026
Printed Name and Title of Person Signing Ellen Kulhavy Office Manager		Printed Name and Title of Person Signing Carlos Fuentes, Statewide Procurement Officer	
Address 51 UnityPoint Way Marshalltown, IA 50158		Address Hoover State Office Building, 1305 East Walnut Street Des Moines, IA 50319	

Signature: Ellen Kulhavy
Ellen Kulhavy (Aug 5, 2026 13:09:39 CDT)

Email: centraliowapodiatry@gmail.com

Signature: Carlos Fuentes
Carlos Fuentes (Aug 5, 2026 14:32:20 CDT)

Email: carlos.fuentes@das.iowa.gov