



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

**MA 005**

**20011C**

**EFFECTIVE BEGIN DATE:** 07-23-2024  
**EXPIRATION DATE:** 07-22-2025  
**PAGE:** 1 of 5

**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

**FOB:** FOB Dest, Freight Prepaid

**ISSUER:**

Carlos Fuentes

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

**EMAIL:** carlos.fuentes1@iowa.gov

**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: Rose Chicoine, 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 source

**RENEWAL OPTIONS**

**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.

5	0.00000	HOUR	96167	\$ 73.000000 \$ 0.000000
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**Sign Language Services for the Hearing Impaired**  
**On Site American Sign Language Interpretation Services**

Hourly rate applicable for All State of Iowa Agencies (excluding Iowa Department of Corrections). Overruns to confirmed appointment times will be invoiced to the next nearest quarter hour. Service Request exceeding one (1) hour may require additional interpreters.

6	0.00000	HOUR	96167	\$ 58.000000 \$ 0.000000
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**On Site American Sign Language Interpretation Services**

Hourly rate applicable for All State of Iowa Agencies (excluding Iowa Department of Corrections). Overruns to confirmed appointment times will be invoiced to the next nearest quarter hour. Service Request exceeding one (1) hour may require additional interpreters.

DI interpreter rate approved by Susan Hardine

7	0.00000	HOUR	96167	\$ 68.000000 \$ 0.000000
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**On Site American Sign Language Interpretation Services**

Hourly rate applicable for All State of Iowa Agencies (excluding Iowa Department of Corrections). Overruns to confirmed appointment times will be invoiced to the next nearest quarter hour. Service Request exceeding one (1) hour may require additional interpreters.

ISD Contracted Interpreter rate approved by Susan Hardine.

9	0.00000	HOUR	96167	\$ 95.000000 \$ 0.000000
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Hourly rate applicable for All State of Iowa Agencies (excluding Iowa Department of Corrections). Overruns to confirmed appointment times will be invoiced to the next nearest quarter hour. Service Request exceeding one (1) hour may require additional interpreters.

Spanish Interpreting rate approved by Susan Hardine.

10	0.00000	HOUR	96167	\$ 0.000000
				\$ 0.000000

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**On Site American Sign Language Interpretation Services**

Hourly rate applicable for All State of Iowa Agencies (excluding Iowa Department of Corrections). Overruns to confirmed appointment times will be invoiced to the next nearest quarter hour. Service Request exceeding one (1) hour may require additional interpreters.

OTHER MISCELLANEOUS RATES NOT LISTED ON CONTRACT.



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
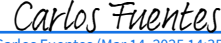
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**TERMS AND CONDITIONS**

**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	
<b>CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.)</b> Corporation		<b>AGENCY NAME</b> DAS Central Procurement	
<b>BY (Authorized Signature)</b>  <small>Susan Hardine (Mar 14, 2025 14:32 CDT)</small>	<b>Date Signed</b> 3/14/2025	<b>BY (Authorized Signature)</b>  <small>Carlos Fuentes (Mar 14, 2025 14:35 CDT)</small>	<b>Date Signed</b> 3/14/2025
<b>Printed Name and Title of Person Signing</b> Susan Hardine Director		<b>Printed Name and Title of Person Signing</b> Carlos Fuentes, Statewide Procurement Officer	
<b>Address</b> PO Box 2005 Des Moines, Iowa 50305		<b>Address</b> Hoover State Office Building, 1305 East Walnut Street Des Moines, IA 50319	