STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005 **26076**

EFFECTIVE BEGIN DATE: 11-01-2025
EXPIRATION DATE: 10-31-2026

VENDOR:
JOAN LOCKE INTERPRETING

00003211104

5940 Shiloh Ln
Cedar Rapids, IA 52411-7945

VENDOR CONTACT:
Joan Locke
PHONE: 612-702-5476 **EXT:**
EMAIL: joanlocke.interpreting@gmail.com

ISSUER:
Carlos Fuentes
PHONE: 515-240-2698
EMAIL: carlos.fuentes1@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: ASL Interpreting 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 Services - Central Procurement.

Attachment 1: Competitive Solicitation 005-RFB-1966-2026

Attachment 2: Contractor's Response to Competitive Solicitation 005-RFB-1966-2026 (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 (final pricing documentation) Response to competitive solicitation document 005-RFB-1966-2026.

See Territory Map attached to determine correct pricing listed on the Master Agreement.

Sales Contact:
Joan Locke
612-702-5467
joanlocke.interpreting@gmail.com

Without affecting the approved Goods or Service prices or discounts specified in the Contract, the State of Iowa shall receive one percent (1.00%) administrative fee on all sales made within the State of Iowa against this agreement. The administration fee due to the State of Iowa shall be paid quarterly by the Contractor directly to the State of Iowa, made payable to the Iowa Department of Administrative Services.

RENEWAL OPTIONS

FROM	11-01-2026	**TO**	10-31-2027
FROM	11-01-2027	**TO**	10-31-2028
FROM	11-01-2028	**TO**	10-31-2029
FROM	11-01-2029	**TO**	10-31-2030
FROM	11-01-2030	**TO**	10-31-2031

AUTHORIZED DEPARTMENT

ALL
SUB Other Governmental Entities

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	HOUR	96167	$ 70.000000 $ 0.000000

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

Sign Language Services for the Hearing Impaired
ASL On-Site Interpreting

On-Site ASL Interpreting(Territory 1 & 2)

Two hour minimum billed in 15-minute increments thereafter.

For work conducted as part of this RFB, our Cancellation Policy is that no charges will be incurred by the client for work canceled prior to 24 hours before the date/time of the requested work. For work canceled less than 24 hours before the date/time of the requested work, the client will be charged for the entire length of time the work was originally scheduled for. Note, as indicated in our RFB response, the client will be charged a minimum rate of 2-hours for in-person work and 1-hour for VRI work even if the work is scheduled to last less than 2-hours or 1-hour respectively. Work in excess of the minimum times will be invoiced in 15-minute increments thereafter.

2	0.00000	HOUR	96167	$ 150.000000 $ 0.000000

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

Sign Language Services for the Hearing Impaired
ASL On-Site Interpreting

On-Site ASL Interpreting(Territory 3 & 4)

Two hour minimum billed in 15-minute increments thereafter.

For work conducted as part of this RFB, our Cancellation Policy is that no charges will be incurred by the client for work canceled prior to 24 hours before the date/time of the requested work. For work canceled less than 24 hours before the date/time of the requested work, the client will be charged for the entire length of time the work was originally scheduled for. Note, as indicated in our RFB response, the client will be charged a minimum rate of 2-hours for in-person work and 1-hour for VRI work even if the work is scheduled to last less than 2-hours or 1-hour respectively. Work in excess of the minimum times will be invoiced in 15-minute increments thereafter.

3	0.00000	MIN	96167	$ 1.250000 $ 0.000000

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

Sign Language Services for the Hearing Impaired
ASL Video Remote Interpreting (VRI)

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE

ASL Video Remote Interpreting (VRI) (All Territories)

One hour minimum billed in 15-minute increments thereafter.

For work conducted as part of this RFB, our Cancellation Policy is that no charges will be incurred by the client for work canceled prior to 24 hours before the date/time of the requested work. For work canceled less than 24 hours before the date/time of the requested work, the client will be charged for the entire length of time the work was originally scheduled for. Note, as indicated in our RFB response, the client will be charged a minimum rate of 2-hours for in-person work and 1-hour for VRI work even if the work is scheduled to last less than 2-hours or 1-hour respectively. Work in excess of the minimum times will be invoiced in 15-minute increments thereafter.

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4 0.00000 MILE 9628845 **$ 0.700000**

$ 0.000000

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

TRAVEL, LOCAL AND NON-LOCAL (SCHEDULED AND UNSCHEDULED)

TRAVEL, LOCAL AND NON-LOCAL (SCHEDULED AND UNSCHEDULED)

"Portal to Portal" Mileage reimbursement at State of Iowa reimbursement rate.

"Portal to Portal" is defined as from office (company address) to the place of work and back to the office. Note, in our case, the company address and place of residence are the same.

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.	**AGENCY NAME**
BY (Authorized Signature) **Date Signed** Joan K. Locke Joan K. Locke (Oct 29, 2025 09:35:32 CDT)	**BY (Authorized Signature)** **Date Signed** Paul Manges 10.29.25 Paul Manges 10.29.25 (Oct 29, 2025 09:51:23 CDT)
Printed Name and Title of Person Signing	**Printed Name and Title of Person Signing** Paul Manges, Procurement Specialist III
Address	**Address** 1305 E. Walnut St., Des Moines, IA 50319