



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

21324

EFFECTIVE BEGIN DATE: 04-16-2021
EXPIRATION DATE: 04-15-2024
PAGE: 1 of 3

VENDOR:

NEW BOHEMIAN INNOVATION
COLLABORATIVE INC

00003078872

415 12TH AVE SE
CEDAR RAPIDS, IA 52401

VENDOR CONTACT:

Samantha Dahlby

PHONE: 319-382-5128

EMAIL: samantha@newbo.co

ISSUER:

Kelli Sizenbach

EXT: PHONE: 515-322-7135

EMAIL: Kelli.Sizenbach@iowa.gov

FOB:

Contract For: NewBoCo - Computer Science Curriculum - Grades 6-8

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.

There is a 1% administrative fee to be paid to the Department of Administrative Services on a quarterly basis.

Attachments are on file with the Department of Administrative Services - Central Procurement.

Attachment 1: Competitive Solicitation RFP1421282045.

Attachment 2: Contractor's Response to Competitive Solicitation RFP1421282045.

Attachment 3: Contractor's Cost Response to competitive solicitation document RFP1421282045.

Attachment 4: Terms and Conditions

Sales Contact
Samantha Dahlby
319-382-5128
Samantha@newbo.co

RENEWAL OPTIONS

FROM 04-16-2024 **TO** 04-15-2025

FROM 04-16-2025 **TO** 04-15-2026

FROM 04-16-2026 **TO** 04-15-2027

AUTHORIZED DEPARTMENT

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	92440	\$ 0.000000
				\$ 0.000000

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

Instructor-led, Classroom Training (Technical)
Professional Development

Virtual Professional Development - \$1,650 per teacher. Cost includes: materials/kit, admin staff support, facilitator, community building & meetup, virtual facilitation.



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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.		AGENCY NAME	
BY (Authorized Signature)	Date Signed	BY (Authorized Signature)	Date Signed
Printed Name and Title of Person Signing		Printed Name and Title of Person Signing	
Address		Address	