



STATE OF IOWA
MASTER AGREEMENT

Contract Declaration and Execution

MA 005

24070

EFFECTIVE BEGIN DATE: 10-04-2023
EXPIRATION DATE: 09-30-2026
PAGE: 1 of 8

VENDOR:

MEDICALESHP INC

00003078206

87 DANBURY RD STE 1
NEW MILFORD, CT 06776

VENDOR CONTACT:

Bob Smith

PHONE: 866.563.6812

EMAIL: cs@medicaleshop.com

ISSUER:

Julie Janssen

PHONE: 515-240-2698

EMAIL: julie.janssen@iowa.gov

EXT:

FOB: FOB Dest, Freight Prepaid

Contract For: Rehabilitation Therapy Equipment and Supplies

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 005-RFB-0573-2024.

Attachment 2: Contractor's Response to Competitive Solicitation 005-RFB-0573-2024 (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-0573-2024.

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

Sales & Ordering Contact: Bob Smith, 866.563.6812, F: 860.838.4671, bids@medicaleshop.com

Billing Contact: Sahib Ali, 866.563.6812, csteam@medicaleshop.com

Remit Address: Medicaleshop Inc. 87 Danbury Road, Unit #1, New Milford, CT 06776

Payment Terms: NET60

Delivery Date: Six (6) - seven (7) business days after order receipt of order for in-stock products.

Delivery Terms: FOB DESTINATION, FREIGHT PREPAID

No Minimum order required. Orders below \$500, shipping fee of \$6.99 will be charged.

Samples are available on request.

Hygiene and Custom Products are not returnable.

No labor cost included for repairs under warranty.

Please call contractor at (866) 563-6812 for a shipping quote request on a specific item.

RENEWAL OPTIONS

FROM 10-01-2026 **TO** 09-30-2029

AUTHORIZED DEPARTMENT

ALL

SUB Other Governmental Entities



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

24070

EFFECTIVE BEGIN DATE: 10-04-2023

EXPIRATION DATE: 09-30-2026

PAGE: 2 of 8

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

1	0.00000	EA	46576	\$ 0.000000 \$ 0.000000
---	---------	----	-------	----------------------------

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

Physical Therapy Equipment and Supplies
Rehabilitation Therapy Equipment and Supplies

To support the Iowa Department of Health & Human Services and Department of Corrections this contract is meant to offer Rehabilitation Therapy Equipment and Supplies. It offers products to assist with mobility, wounds, daily living, splints & braces, clinic equipment, clinic supplies, diagnostics, and evaluations.

Rehabilitation Therapy Equipment and Supplies - Include but not limited to:

ORTHOPEDIC AND NEUROLOGICAL PRODUCTS

1) Therapeutic Treatment Equipment, Furniture and Supplies:

- . Exercise; Strengthening: (Parallel Bars, Staircase, Swimming Pool, Rebounder, Vibration therapy, Treadmills, Elliptical, Standers, Gait Trainers)

- . Treatment Furniture: (Mat tables, Bolsters, Tilt tables, Mobile stools, Mirrors)

2) Treatment Modalities and Supplies:

- . Electrical Stimulation (ES) and Ultrasound (US): supplies- (Iontophoresis system, Ionto patches, (US) and ES units, Sound heads, US gel, Replacement lead wires, Electrodes, TENS (Trans-cutaneous Electrical Stimulation), Hot & Cold gel Packs, Analgesics

3) Mobility, Strengthening, ROM, Balance, Coordination, bracing/ support:

- . Exercise bands & putty, tubing, Balls, Pulleys, Weights/weight-bars, Mats, Bodyblade, Putty, Shoulder, elbow, hand/finger manipulative, Exercise skate, Balance boards/foam, wheelchairs/ walkers, /crutches/cane & accessories,
- . Postsurgical and Rehab items, PedAlert Monitor, Splinting materials (padding, liners, foam/felt), Bracing/positioning devices (knee, abdominal binders, back, elbow, hand/finger), Cast/bandage protectors, Compression wraps, Immobilizers, Taping supplies, Traction units/supplies.

4) Positioning & Transfers:

- . Nada chair, Positioning wedges/bolsters/mats/poles, cushions,
- . Posture support bracing, Cervical collars,
- . Transfer assist-gait/transfer belts, Transfer assist bars, transfer boards
- . Recliners/chairs. Mechanical transfer lifts

5) Evaluation:

- . Dynamometer kits, goniometers, tuning forks,
- . Assessment/evaluation tools and supplies: Motor, Sensory, Functional, Fall risk

HEALTH AND SAFETY

- . Elbow, knee, & hip pads; gloves
- . Soft Protective Helmet
- . Safety mats by bed
- . Yoga mats

ACTIVE DAILY LIVING



**STATE OF IOWA
MASTER AGREEMENT**

MA 005

24070

Contract Declaration and Execution

EFFECTIVE BEGIN DATE: 10-04-2023

EXPIRATION DATE: 09-30-2026

PAGE: 3 of 8

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

- . Dining equipment- (weighted & non-weighted), - utensils, rocker/ roller knife, cup/mugs/drinking aids, plates, bowls, other dining supplies, and cookware.
- . Bathing: bathmats, bath chairs (standard & reclining), and other adaptive bathing supplies.
- . Toileting: Commode/raised toilet seat, grab bars/supports, other toileting supplies
- . Personal hygiene adaptive devices.
- . Dressing- shoe laces & fasteners, socks/slippers, other dressing devices.
- . Household helpers- dycem, timers, assistive devices

COMMUNICATION

- . Switch activated sensory items, weighted items (vest/blankets/ etc.), interactive devices, adapted equipment/toys, sensory motor, sensory compression items, fine motor manipulative, items that provide sensory input/stimulation: vestibular, vibration, smell, taste, texture, and visual.
- . Recorder based voice output devices (single message, multiple message)
- . Picture Communication Systems (software, cases, books, boards)
- . Computer based devices with synthesized speech output.
- . Environmental control units (Power Link)
- . Adaptive switches
- . Switch activated items (toys, fans, musical items, sensory items)
- . Timers (visual, digital)
- . Evaluation tools and supplies
- . Oral motor therapy supplies

CUSTOM ITEMS

Products that require customization in accordance with the user's requirements including but not limited to: wheelchairs and strollers.

2	0.00000	EA	46576	\$ 0.000000
				\$ 0.000000

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

Physical Therapy Equipment and Supplies

BRANDS and PERCENTAGE OFF PRICING and Volume Pricing

Warranty: Contractor follow the manufacturer or distributor return and warranty policies, please call for brand specific details .Parts under warranty available.

1-27% on Physical Therapy Equipment and Supplies. Contractor may provide a volume discount if available.

- Brand Name % Off Online Special Price FOB DESTINATION, FREIGHT PREPAID
- AbleNet 10% Request Quote
- ArjoHuntleigh Up to 15% Request Quote
- Armedica Tables 2% Request Quote
- Bailey Manufacturing 5% Request Quote
- BodyPoint Designs 5% Request Quote
- Circle Specialty 5% Yes
- Clinton Industries 2% Request Quote
- Comfort Company 7% Request Quote



**STATE OF IOWA
MASTER AGREEMENT**

Contract Declaration and Execution

MA 005

24070

EFFECTIVE BEGIN DATE: 10-04-2023

EXPIRATION DATE: 09-30-2026

PAGE: 4 of 8

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

Convoid Strollers 15% Yes
 Danmar Products 5% Request Quote
 Drive Medical 5% Yes
 Drop Support 5% Yes
 Easy Walking 7% Yes
 EasyStand 10% Yes
 Foundations 5% Request Quote
 Haley's Joy 5% Yes
 Hausmann 2% No
 HeadPod 5% Yes
 Hoggi Strollers 10% Yes
 Infinity Therapy Table 5% Yes
 Inspired By Drive 5% Yes
 Jay Cushions and Backs 5% Yes
 Jenx 7% Yes
 Jonti-Craft 5% Request Quote
 Kaye Products 5% Request Quote
 Kaye Walkers 5% Yes
 Leckey 5% Yes
 Leggero Strollers 5% Yes
 Merritt Car Seat 7% Yes
 Meyland Smith 7% Yes
 Molift 10% Yes
 Ormesa 5% Yes
 Populas Furniture 5% Request Quote
 Prime Engineering 5% Yes
 Quickie Wheelchairs 10% Yes
 R82 15% Yes
 RAZ Design 5% Yes
 Rifton 27% Yes
 Smirthwaite 5% Yes
 Stealth Products Cushions 15% Yes
 TherAdapt 7% Yes
 TheraTogs 5% Yes
 Thomashilfen 7% Yes
 Toppen Helmet 5% Yes
 Tumble Forms 5% Yes
 UMF Medical 2% Request Quote
 Varilite Cushions 5% Yes
 Walk Easy 5% Yes
 Zippie Wheelchairs 7% Yes

 0% DISCOUNT - MSRP/ONLINE/RETAIL PRICING ONLY
 EVA Walkers Yes
 Everest and Jennings Yes
 Jett Step Yes
 RedBarn Enterprises Yes
 Skillbuilders Positioning Yes
 Special Tomato Yes
 Therafin Corporation Request Quote
 Vipamat Request Quote
 0% DISCOUNT - QUOTE MUST BE REQUESTED
 Hoyer Lifts Yes
 Hoyer Slings Yes
 Invacare Yes

3	0.00000	EA	46576	\$ 0.000000
				\$ 0.000000



STATE OF IOWA
MASTER AGREEMENT

Contract Declaration and Execution

MA 005

24070

EFFECTIVE BEGIN DATE: 10-04-2023

EXPIRATION DATE: 09-30-2026

PAGE: 5 of 8

Table with 5 columns: LINE NO., QUANTITY / SERVICE DATES, UNIT, COMMODITY / DESCRIPTION, UNIT COST / PRICE OF SERVICE

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

Physical Therapy Equipment and Supplies
Contract Requirements

- 4.1 Contractors must be manufacturers or authorized distributors of the rehabilitation products requested. Contractor must submit proof of business status to resell manufactures products upon request.
4.2 Contractor must provide and maintain current MSRP throughout the term of the resulting Contract.
4.3 Contractor must have no minimum order quantity requirement.
4.4 Contractor must certify that the product bid must be equal to the specification on the line item of the bid. All items must be the brands bid or equivalent.
4.5 Contractor must have the necessary production facility or inventory to be able to provide below list of items to agencies in a timely manner and in full accordance with the material specifications.
4.6 Contractor must provide a specific percentage discount from a "Catalog or List Price" for the categories listed in Jaggaer and Iowa Management of Procurement And Contracts System (IMPACS).
4.7 Orders must be accepted via email, online or fax. Contractors may enter the link to an online site for ordering with the State P-card.All Internet-based ordering mechanisms provided shall be free of charge and must comply with the state's P-card protocol.
4.8 Contractor must provide requesting Agencies quotes for catalog products per discount percentage. Contractor quotes must include the list price and discounted price on the quote. Contractor must provide quote to requesting Agencies within twenty four (24) business hours of receipt.
4.9 The Contractor must fax or email an order confirmation to the Agency when an order has been placed within twenty four (24) hours after the order. This fax/email service must be available from all Contractors who accept purchase orders via phone, fax or email at no additional charge to the Agency.
4.10 All items found to be defective or not in accordance with specifications related to this RFB, although accepted through oversight or otherwise, within thirty (30) days of receipt must be returned and replaced free of charge at the Contractors expense including all transportation and restocking costs.
4.12 Contractor must label shipped package with the ship-to address, contact person. The package must include a packing slip with the purchase order number, ship to information, product description, item number and quantity. The packing slip may also include the invoiced price.
4.13 Contractor Customer Service must respond to all inquiries from the Agency within twenty four (24) hours of receipt of inquiry.



**STATE OF IOWA
MASTER AGREEMENT**

Contract Declaration and Execution

MA 005

24070

EFFECTIVE BEGIN DATE: 10-04-2023

EXPIRATION DATE: 09-30-2026

PAGE: 6 of 8

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

4.14 Contractor must notify the Agency within twenty four (24) hours by email or fax when an item or order is on backorder or out of stock once the Contractor is aware of the backorder. This fax or email service must be available from all Contractors who accept orders.

4.15 The State of Iowa will not buyout any Contractor's stock or inventory at the end of the resulting contract.

4	0.00000	EA	46576	\$ 0.000000
				\$ 0.000000

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

**Physical Therapy Equipment and Supplies
Administrative Fee and Quarterly Reports**

Admin Fee

Without affecting the approved Goods or Service prices or discounts specified in the Contract the State of Iowa shall be entitled to 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".

Send to:

State of Iowa - DAS/Central Services Enterprise
Attention: DAS - CSE COO
1305 East Walnut Street
Des Moines, IA 50319

Quarterly Report

This contract permits other State Agencies and political subdivisions to make purchases off of the Contract. The Contractor shall keep a record of the purchases made pursuant to the Contract and shall submit a report to the Agency on a quarterly basis. The report shall identify all of the State agencies and political subdivisions making purchases off of this Contract and the quantities purchased pursuant to the Contract during the reporting period. The Contractor shall submit quarterly reports to the State of Iowa Contract Manager. Please log in to your IMPACS vendor portal to find the Contract Manager assigned to your contract. Vendor portal website: <https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=DASIowa>

Quarterly Reporting Schedule - 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

5	0.00000	EA	46576	\$ 0.000000
				\$ 0.000000

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

Physical Therapy Equipment and Supplies



STATE OF IOWA
MASTER AGREEMENT

MA 005

24070

Contract Declaration and Execution

EFFECTIVE BEGIN DATE: 10-04-2023

EXPIRATION DATE: 09-30-2026

PAGE: 7 of 8

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

Hygiene Product Description and Warranties

Hygiene products includes but is not limited to items such as wheelchair cushions, toilet aids, bath safety aids. All hygiene products shall have a Hygiene Product logo. Contractor carries more than 40K products on our website and warranty information is written on the product/item page. <https://www.medicaleshop.com/warranty-return-polic>

Warranty Policy
<https://www.medicaleshop.com/warranty-return-policy>.

Medicaleshop strictly follows the manufacturer/distributor warranty policies:

We will provide manufacturer warranty terms and conditions for every product. For warranty claims, manufacturer contact information will be available upon request.

The client has to complete all warranty requirements of the manufacturer. The manufacturer might request product shipment to them to fulfil warranty issues.

We strictly follow manufacturer policies/directives for every warranty claim situation.

We are not liable for the warranty claims if the manufacturer/distributor enters bankruptcy or goes out of business.

The labor costs aren't covered under the warranty of the product. The client will be responsible for any labor costs involved in repairing or servicing the product.

Medicaleshop cannot provide any physical repair/replacement service under warranty claims. We can only direct the client to the manufacturer warranty claims department.

Items parts or labor needed for item repair: Contact Medicalshope at 866-563-6812for specific item inquiry.



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

24070



EFFECTIVE BEGIN DATE: 10-04-2023
 EXPIRATION DATE: 09-30-2026
 PAGE: 8 of 8

TERMS AND CONDITIONS

Goods 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 goods contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20goods.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. Medicaleshop Inc.	AGENCY NAME DAS CENTRAL SERVICES ENTERPRISE
BY (Authorized Signature) Date Signed 	BY (Authorized Signature) Date Signed  <small>Julie Janssen (Oct 5, 2023 08:09 CDT)</small>
Printed Name and Title of Person Signing Abbas Ajmeri 10/05/2023	Printed Name and Title of Person Signing JULIE JANSSEN, PURCHASING AGENT III
Address 87 Danbury Road, Unit 1, New Milford, CT 06776	Address