



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

19259B

EFFECTIVE BEGIN DATE: 05-01-2021
EXPIRATION DATE: 04-30-2022
PAGE: 1 of 4

VENDOR:

**Corinthian Baptist Community
Development Corp**

00003168504

**814 School St
Des Moines, IA 50309-1207**

VENDOR CONTACT:

Jonathan Whitfield

PHONE: 515-427-5851

EMAIL: Pastor@corinthianbc.org

ISSUER:

Julie Janssen

EXT: PHONE: 515-240-2698

EMAIL: julie.janssen@iowa.gov

FOB: FOB Dest, Freight Prepaid

Contract For: Iowa Department of Corrections Chaplain 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 RFP0319238023.

Attachment 2: Contractor's Response to Competitive Solicitation RFP0319238023 (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 RFP0319238023.

Attachment 4: Iowa Department of Corrections Chaplain Services Contract.

Corinthian Baptist Development Corporation
Reverend Jonathan Whitfield
Corinthian Baptist Church
814 School Street
Des Moines, Iowa 50309
515-427-5851
Pastor@corinthianbc.org

RENEWAL OPTIONS

FROM 05-01-2022 **TO** 04-30-2023

FROM 05-01-2023 **TO** 04-30-2024

FROM 05-01-2024 **TO** 04-30-2025

AUTHORIZED DEPARTMENT

238 Corrections Central Office
245 Corrections Newton
249 Corrections Mitchellville



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

19259B

EFFECTIVE BEGIN DATE: 05-01-2021

EXPIRATION DATE: 04-30-2022

PAGE: 2 of 4

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

1	0.00000	HOURL	95216	\$ 34.330000
				\$ 0.000000

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

Chaplain/Minister Services

Chaplain Services for Newton Correctional Services

Hourly Labor Rate for Chaplain Services for Newton Correctional Services.

Treatment Director: Larry Lipscomb, Larry.Lispcomb@iowa.gov, 641-792-7552 ext. 412.

Contractor will submit two (2) separate monthly invoices to NCF and ICIW for the the services required by this Contract.

Newton Correctional Facility
307 S 60th Ave E W
PO BOX 218
Newton, IA 50208
C/O Debbie Vegter, Accounts Payable

Contractor will submit all Agency generated time clock report with Invoice(s). Total Hours invoiced must match Agency generated time clock report. Only a Treatment Director or Designee written approval of an edited time clock punch may be invoiced.

Invoices to be received for previous month Chaplain Services no later than the 10th day of the following month.

Every invoice submitted by Contractor must:
List Facility Location
Identify the dates of Chaplain Services.
List total number hours worked by Contractor Personnel.

2	0.00000	HOURL	95216	\$ 34.330000
				\$ 0.000000

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

Chaplain/Minister Services

Chaplain Services - Iowa Correctional Institution for Women

Hourly Labor Rate Chaplain Services for Iowa Correctional Institution for Women.

Treatment Director: Courtney Arringdale, Courtney.Arringdale@iowa.gov, 515-725-5157.

Contractor will submit two (2) separate monthly invoices to NCF and ICIW for the services required by this Contract.

Iowa Correctional Institute for Women
420 Mill Street SW
Mitchellville, IA 50169



STATE OF IOWA
MASTER AGREEMENT

Contract Declaration and Execution

MA 005

19259B

EFFECTIVE BEGIN DATE: 05-01-2021

EXPIRATION DATE: 04-30-2022

PAGE: 3 of 4

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

C/O Associate Warden of Administration

Contractor will submit all Agency generated time clock report with Invoice(s). Total Hours invoiced must match Agency generated time clock report. Only a Treatment Director or Designee written approval of an edited time clock punch may be invoiced.

Invoices to be received for previous month Chaplain Services no later than the 10th day of the following month.

Every invoice submitted by Contractor must:
List Facility Location
Identify the dates of Chaplain Services.
List total number hours worked by Contractor Personnel.



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

19259B

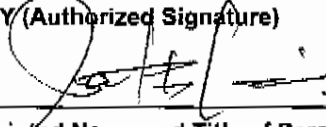
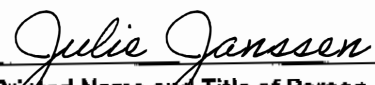
EFFECTIVE BEGIN DATE: 05-01-2021
EXPIRATION DATE: 04-30-2022
PAGE: 4 of 4

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
CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.) CORINTHIAN BAPTIST COM. DEV. CORP.	AGENCY NAME DAS CENTRAL PROCUREMENT
BY (Authorized Signature) Date Signed  4/27/2021	BY (Authorized Signature) Date Signed  04/29/2021
Printed Name and Title of Person Signing SONATIAH WHITEFIELD, CEO	Printed Name and Title of Person Signing JULIE JANSSEN, PURCHASING AGENT III
Address 814 SCH. STR. DES MOINES, IA 50309	Address HOOVER BUILDING, 1305 E WALNUT STREET DES MOINES, IOWA 50319