



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

20010

EFFECTIVE BEGIN DATE: 07-18-2019
EXPIRATION DATE: 07-31-2022
PAGE: 1 of 4

VENDOR:

DEAF SERVICES UNLIMITED

6925 HICKMAN RD
DES MOINES, IA 50322-4805

VENDOR CONTACT:

Diana Kautzky

PHONE: 515-243-4455

EMAIL: gov@deafservicesunlimited.com

ISSUER:

Julie Janssen

EXT: PHONE: (515) 281-5602

EMAIL: julie.janssen@iowa.gov

FOB: FOB Dest, Freight Prepaid

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: ASL Interpreters.

Service Request Contact: 7:00 AM CT - 5:00 PM CT Monday through Friday.

Phone: 515-243-4455 Email: coordinators@deafservicesunlimited.com, Website: https://deafservicesunlimited.com/schedule-an-interpreter/

Twenty Four (24) Hour Emergency Contact: 515-505-4175

Availability of Services: Twenty Four (24) Hours/Day, Seven (7) Days/Week.

Payment Terms: NET60

Minimum Service Amount: One (1) Hour Minimum per service appointment, per interpreter.

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 sources.

RENEWAL OPTIONS

FROM 08-01-2022 TO 07-31-2023

FROM 08-01-2023 TO 07-31-2024

FROM 08-01-2024 TO 07-31-2025

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

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

Department of Correction Institutions: Anamosa State Penitentiary.
 Iowa Medical and Classification Center. Newton Correctional Facility. Iowa Correctional Institution for Women.

\$75.00/Hour Rate is for services scheduled between 8:00 AM CT. - 5:00 PM CT Monday through Friday.

2	0.00000	EA	9628845	\$ 150.000000
				\$ 0.000000

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

TRAVEL, LOCAL AND NON-LOCAL (SCHEDULED AND UNSCHEDULED)
All Inclusive Flat Travel Rate to and From DOC Institution

Iowa Department of Corrections Institutions:
 Anamosa State Penitentiary
 Iowa Medical and Classification Center
 Newton Correctional Facility
 Iowa Correctional Institution for Women

3	0.00000	HOUR	96167	\$ 100.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired
After-Hours and Weekend Services and Overtime

For Services scheduled after 5:00 PM CT Monday - Friday and on weekends and Overtime Rate for Service Appointments.

4	0.00000	HOUR	96167	\$ 125.000000
				\$ 0.000000

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

Sign Language Services for the Hearing Impaired
Legal Interpreting and Federal Holiday Services

For Services scheduled on Federal holidays and for Legal Interpreting Services.

5	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
 Emergency Service Requests**

Emergency Service Requests with less than twenty- four (24) hours notice.

6	0.00000	HOUR	96167	\$ 125.000000 \$ 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 Appointment Reschedule Requests**

Cancellation or Reschedule requested less than two (2) business days in advance (excluding holidays) Service appointment will be billed for the amount of time scheduled, or a two (2) hour minimum, whichever is greater.

Cancellations received after 5:00 PM CT will be considered received at 8:00 AM CT the next business day.

7	0.00000	HOUR	9628845	\$ 75.000000 \$ 0.000000
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REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

**TRAVEL, LOCAL AND NON-LOCAL (SCHEDULED AND UNSCHEDULED)
 All Inclusive Flat Travel Rate to and From Non-DOC Facility**

All Inclusive Flat Travel Rate to and From Non-DOC Facility. Round Trip all inclusive flat travel rate for all other State Agencies and Political Subdivisions.

\$75.00/Hour or \$18.75/15 Minute Increments.

Agency must request travel quote from Contractor when scheduling appointment.



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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	
CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.) Deaf Services Unlimited		AGENCY NAME DAS CENTRAL PROCUREMENT & FLEET ENTERPRISE	
BY (Authorized Signature) 	Date Signed 11/22/19	BY (Authorized Signature) 	Date Signed 11/20/2019
Printed Name and Title of Person Signing Diana Kautzky, President		Printed Name and Title of Person Signing Julie Janssen, Purchasing Agent III	
Address 6925 Hickman Road, Des Moines, IA 50322		Address Hoover Building, 3rd Floor 1305 E Walnut Street Des Moines, Iowa 50319	