STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005 **20010C**

EFFECTIVE BEGIN DATE: 08-01-2024
EXPIRATION DATE: 07-31-2025

VENDOR:
DEAF SERVICES UNLIMITED

00002122690

6925 HICKMAN RD
DES MOINES, IA 50322-4805

VENDOR CONTACT:
Tiffany Wilber
PHONE: 605-261-2341 **EXT:**
EMAIL: gov@deafservicesunlimited.com

ISSUER:
Julie Janssen
PHONE: 515-240-2698
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: Two (2) Hour Minimum per service appointment, per interpreter.

All purchase orders issued should make reference State of Iowa MA#20010A and also contain Customer Name, Address, Contact, & Phone Number.

RENEWAL OPTIONS

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	$ 95.000000 $ 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.

Two (2) Hour Minimum per service appointment per interpreter.

$95.00/Hour Rate is for services scheduled between 8:00 AM CT. - 5:00 PM CT Monday through Friday.

2	0.00000	HOUR	9628845	$ 190.000000 $ 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

$190.00/EA (equivalent to 2 hours)

3	0.00000	HOUR	96167	$ 120.000000 $ 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	$ 145.000000 $ 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

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

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

5 0.00000 HOUR 96167 $ 120.000000
$ 0.000000

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 $ 95.000000
$ 0.000000

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 $ 95.000000
$ 0.000000

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

TRAVEL, LOCAL AND NON-LOCAL (SCHEDULED AND UNSCHEDULED)
An Hourly Travel Rate to and From Non-DOC Facility

8 0.00000 EA 96167 $ 3.350000
$ 0.000000

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

Sign Language Services for the Hearing Impaired
VRI American Sign Language Interpretation Services

Thirty (30) minute minimum/appointment.

$3.35/Minute Rate is for services scheduled between 8:00 AM CT. - 5:00 PM CT Monday through Friday.

$4.35/Minute Rate is for services scheduled after 5:00 PM CT. -

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

Monday through Friday, Weekends and Federal Holidays.

$4.35/Minute Rate for specialized interpreting services (legal, STEM, CDI, security cleared).

$4.85/Minute Rate for same day requests.

Cancellations/Changes less than 2 business days in advance (excluding holidays) of the start time of the appointment will be billed for the amount of time scheduled, or a 30 minute minimum, whichever is greater.

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

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, Inc.	**AGENCY NAME** DAS - Central Procurement
BY (Authorized Signature) **Date Signed** Jun 5, 2024	**BY (Authorized Signature)** **Date Signed** Mike Bradbury (Jun 5, 2024 16:27 CDT) Jun 5, 2024
Printed Name and Title of Person Signing Leadership Team	**Printed Name and Title of Person Signing** Michael Bradbury - Purchasing Agent III
Address 6925 Hickman Road Des Moines, Iowa 50322	**Address** Hoover Building - First Floor 1305 E. Walnut St. Des Moines, IA. 50319

MA20010C

Final Audit Report 2024-06-05

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