STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005 **25122**

EFFECTIVE BEGIN DATE: 01-01-2023
EXPIRATION DATE: 12-31-2025

VENDOR:
INMATE CALLING SOLUTIONS
ICSolutions
00003069676

2200 DANBURY
SAN ANTONIO, TX 78217

VENDOR CONTACT:
Mike Kennedy
PHONE: 251-533-0046 **EXT:**
EMAIL: mkennedy@icsolutions.com

ISSUER:
Craig Trotter
PHONE: 515-322-8593
EMAIL: craig.trotter@iowa.gov

FOB:

Contract For: Inmate Communications

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: Inmate Calling Solutions Technical Proposal - NASPO

Attachment 2: ICS Cost Proposal - NASPO

Attachment 3: ICSolutions Master Agreement - NASPO

Attachment 4: Participating Addendum ICSolutions-State of IA

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

RENEWAL OPTIONS

FROM	01-01-2026	**TO**	12-31-2026
FROM	01-01-2027	**TO**	12-31-2027
FROM	01-01-2028	**TO**	12-31-2028

AUTHORIZED DEPARTMENT

ALL
SUB Other Governmental Entities

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	EA	839	$ 0.000000
				$ 0.000000

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

TELEPHONE EQUIPMENT, ACCESSORIES AND SUPPLIES

Inmate Communications Plans

See Attachment 2 - ICS Cost Proposal - NASPO

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**