



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

17137

EFFECTIVE BEGIN DATE: 11-01-2016
EXPIRATION DATE: 10-31-2017
PAGE: 1 of 3

VENDOR:

US Mobile Health Exams

VENDOR CONTACT:

Kristen Wright

ISSUER:

Steve Oberbroeckling

PHONE: 904-619-2356

EXT: 103

PHONE: 515 725-2090

**9776 SAN JOSE BLVD STE 8
 JACKSONVILLE, FL 32257-4400**

EMAIL:

EMAIL: Steve.Oberbroeckling@io

FOB: FOB Dest, Freight Prepaid

Contract For: Mobile Audiometric Testing 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 Services - Central Procurement. Attachment 1: Competitive Solicitation RFP0617595114. Attachment 2: Contractor's Response to Competitive Solicitation RFP0617595114 (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 RFB0617595114.NET60 Payment Terms. Contract Contact: Kristen Wright, kwright@usmhe.com, 904.619.2356 ext 103

RENEWAL OPTIONS

FROM	11-01-2017	TO	10-31-2018
FROM	11-01-2018	TO	10-31-2019
FROM	11-01-2019	TO	10-31-2020
FROM	11-01-2020	TO	10-31-2021
FROM	11-01-2021	TO	10-31-2022

AUTHORIZED DEPARTMENT

ALL
 SUB Other Governmental Entities

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

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	



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

MA 005

17137

EFFECTIVE BEGIN DATE: 11-01-2016
 EXPIRATION DATE: 10-31-2017
 PAGE: 2 of 3

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

1	0.00000	EA	71054	\$ 16.000000 \$ 0.000000
---	---------	----	-------	-----------------------------

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

**Audiometers, Calibrators, and Accessories (Including Audiome
 Mobile On-site Audiometric Testing Services - Unit Cost**

Price per test. See attached cost proposal. All-inclusive:
 Audiometric Testing; Input of Historical Audiometric Data; Shift
 Differentials; Retesting; Hearing Protection Education

2	0.00000	EA	71054	\$ 1,295.000000 \$ 0.000000
---	---------	----	-------	--------------------------------

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

**Audiometers, Calibrators, and Accessories (Including Audiome
 Mobile On-site Audiometric Testing Services - Daily Minimum**

Daily Minimum is NOT an additional charge. Applies if per-person
 (unit cost) does not exceed the daily minimum. See attached cost
 proposal.



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

17137

EFFECTIVE BEGIN DATE: 11-01-2016
EXPIRATION DATE: 10-31-2017
PAGE: 3 of 3

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>

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>