

Governor Brian Sandoval
Chairman

James R. Wells, CPA
Clerk of the Board



Attorney General Adam Paul Laxalt
Member

Secretary of State Barbara K. Cegavske
Member

STATE OF NEVADA BOARD OF EXAMINERS

209 E. Musser Street, Room 200 / Carson City, NV 89701-4298
Phone: (775) 684-0222 / Fax: (775) 684-0260
<http://budget.nv.gov/Meetings>

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: March 13, 2018, 10:00 AM

Location: Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Video Conference Location: Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

AGENDA

- 1. Call to Order / Roll Call**
- 2. Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)
- 3. Approval of the February 13, 2018 Minutes** (For possible action)

4. Department of Administration's Victims of Crime Fund Fiscal Year 2018 2nd Quarter Report and Recommendations for Fiscal Year 2018 3rd Quarter Anticipated Expenses (For discussion and possible action)

Pursuant to NRS 217.260, the Board of Examiners estimates available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 2nd quarter Fiscal Year 2018 Victims of Crime Program report states all approved claims were resolved totaling \$3,153,831.95 with \$1,820,863.69 paid out of the Victims of Crime Program account and \$1,332,968.26 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$4.3 million to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 3rd quarter of fiscal year 2018.

5. Review and Consideration of a Victims of Crime Appeal
(For discussion and possible action)

Department of Administration – Victims of Crime Program

Pursuant to NRS 217.117, Section 3, the Board shall consider an appeal on the record from an Appeals Officer's decision on an application for compensation and either render a decision within 15 days of the Board meeting or give notice to the applicant that a hearing will be held at the next meeting. The Board may affirm, modify or reverse the decision of the Appeals Officer.

6. Request to Purchase State Vehicles (For possible action)

Pursuant to NRS 334.010, no automobile may be purchased by any department, office, bureau, officer or employee of the state without prior written consent of the State Board of Examiners.

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Fleet Services	3	\$62,280
Department of Conservation and Natural Resources – Division of Environmental Protection – Bureau of Mining Regulation and Reclamation	1	\$32,929
Department of Public Safety – State Fire Marshal Office	1	\$40,819
Total	5	\$136,028

7. Request to Pay a Cash Settlement (For possible action)

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

Department of Transportation (NDOT) – Administration - \$1,372,625

The Department requests settlement approval in the total amount of \$1,372,625 to fully resolve an eminent domain action to acquire approximately three and one half acres of real property owned by Tomahawk LLC, for an interchange project along I-15 at Starr Avenue in Las Vegas. NDOT previously deposited \$1,957,372 with the Court for a right of occupancy and now requests an additional \$1,372,625 to resolve the Action. Approval of the additional amount would bring the total to \$3,330,000.

8. Request to Designate Positions in State Government as Critical Labor Shortages (For possible action)

A. Department of Health and Human Services – Aging and Disability Services Division

Pursuant to NRS 286.523, the Administrator of the Aging and Disability Services Division (ADSD) of the Department of Health and Human Services requests the Board of Examiners designate the Physical Therapist – Pediatric classification as a "critical labor shortage" and grant a Public Employees' Retirement System exception for a contract with qualifying retired employee Robbin Hickman. This designation is requested through June 30, 2018 for approximately 30 hours per week and will fulfill ADSD Physical Therapist – Pediatric needs at Nevada Early Intervention Services locations.

B. Department of Corrections

Pursuant to NRS 286.523, the Director of the Department of Corrections requests the Board of Examiners designate the "Rural" Correctional Officer position as a "critical labor shortage" and grant a Public Employees' Retirement System exception to allow for the reemployment of qualifying retired employees to fill "Rural" Correctional Officer position. The critical labor shortage designation under this request will cover the following rural areas: Ely, Pioche, Wells, Humboldt, Jean, Carlin, Tonopah and Lovelock.

9. Approval of Payment to the Secretary of the U.S. Treasury Pursuant to the Cash Management Improvement Act (For possible action)

The State Controller requests approval of payment to the U.S. Treasury, in an amount not to exceed \$68,354 from the interest earnings of the State General Fund for interest incurred from drawing federal funds prior to their disbursement. This is the highest possible payable liability for 2017. The U.S. Treasury is reviewing the report and should have a final liability figure by March 15th. Payment to the U.S. Treasury is required by March 30th.

10. Request for Recommendation of Approval to the Interim Finance Committee for a Grant from the Disaster Relief Account (For possible action)

City of Caliente - \$23,084.01

Pursuant to NRS 353.2755, the Division of Emergency Management and the Department of Taxation recommend approval of grant funds in the amount of \$23,084.01 from the Disaster Relief Account to reimburse the City of Caliente for costs associated with flash flood events that occurred in July 2015.

11. Request for Approval to Pay a Stale Claim From the Stale Claims Account (For possible action)

A. Nevada Department of Transportation

The Department requests approval to pay \$85,846.71 from the Highway Fund, Stale Claims Account, for a Fiscal Year 2017 invoice from Clark County School District for providing a Bicycle and Pedestrian Safety Education Program for school age students, grades Kindergarten through 8th grade within Clark County.

B. Nevada Department of Transportation

The Department requests approval to pay \$81,331.41 from the Highway Fund, Stale Claims Account, for a Fiscal Year 2017 invoice from the Board of Regents University of Nevada, Reno for pavement design and material evaluations.

12. Requests for Designations of Bad Debts (For possible action)

A. Nevada Gaming Control Board \$5,131.25

Pursuant to NRS 463.123(2), the Nevada Gaming Control Board requests that debt in the amount of \$5,131.25 be designated as bad debt based on the Board's determination that the debt is impossible or impractical to collect.

B. Department of Business and Industry – Division of Industrial Relations – Advisory Council \$761,721.01

Pursuant to NRS 232.605, the Advisory Council to the Division of Industrial Relations requests that debt in the amount of \$761,721.01 be designated as bad debt based on the Division's determination that the debt is impossible or impractical to collect. The Division submits the following comprehensive list of debts for which it seeks bad debt designations:

- Mechanical Section Fees/Fines - \$1,990.00
- Occupational Safety and Health Administration Fines/Penalties -\$53,911.91
- Uninsured Employer Claim Account - \$373,885.12
- Workers' Compensation Administrative Fines and Premium Penalties - \$331,933.98

13. [Approval of Proposed Leases](#) (For possible action)

14. [Approval of Proposed Contracts](#) (For possible action)

15. [Approval of Proposed Master Service Agreements](#) (For possible action)

16. Approval of Proposed Work Plans (For possible action)

17. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from January 23, 2018 through February 20, 2018.

18. Information Item – Reports

A. Statewide Quarterly Overtime Report - Fiscal Year 2018 2nd Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 2nd Quarter Overtime Report and analysis for Fiscal Year 2018.

**B. Department of Conservation and Natural Resources –
Division of State Lands – State Land Registrar**

Pursuant to NRS 321.5954 and 1993 Nev. Stat. 1153, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program and the Lake Tahoe Mitigation Program. The Registrar submits the report on program activities for the 2nd quarter of Fiscal Year 2018.

Additional Information:

- 1989 Tahoe Basin Act
There were no transfers of lands or interest in lands during the quarter.
- Lake Tahoe Mitigation Program
The agency reports one land acquisition of 7.67 acres during the quarter at a cost of \$1,250,000 and paid from mitigation and restoration funds.

19. Department of Administration – State Public Works Division

The Division is submitting a report to the Board of Examiners regarding the status of various maintenance projects currently under way at the Grant Sawyer State Office Building in Las Vegas.

20. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

21. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. Supporting materials for this meeting are available at: 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov

Agenda Posted at the Following Locations:

1. Blasdel Building, 209 E. Musser Street, Carson City, NV 89701
2. Capitol Building, 101 North Carson Street, Carson City, NV 89701
3. Legislative Building, 401 N. Carson Street, Carson City, NV 89701
4. Nevada State Library & Archives, 100 North Stewart Street, Carson City, NV 89701
5. Grant Sawyer Building, Capitol Police, 555 E. Washington, Las Vegas, NV 89101

Notice of this meeting was posted on the Internet: <http://budget.nv.gov/Meetings/> and <https://notice.nv.gov>

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MINUTES

Date and Time:

February 13, 2018, 10:00 AM

Location:

Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Video Conference Location:

Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

MEMBERS PRESENT:

Governor Brian Sandoval

Attorney General Adam Paul Laxalt – Present in Las Vegas

Secretary of State Barbara Cegavske

James Wells, Clerk

OTHERS PRESENT:

Reid Kaiser, Assistant Director of Operations, Department of Transportation

Robert Halstead, Executive Director, Agency for Nuclear Projects

Nick Trutanich, Chief of Staff, Attorney General's Office

Chris Chimits, Interim Administrator, State Public Works Division

Kelly Wooldridge, Administrator, Division of Child and Family Services

1. Call to Order / Roll Call

Governor: Good morning ladies and gentlemen. I will call the Board of Examiners Meeting to order. All Members are present. Mr. Attorney General, can you hear us loud and clear in Las Vegas?

Attorney General: Yes Governor, thank you.

Governor: Thank you.

2. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Governor: We will move to agenda item number 2, Public Comment. Is there any member of the public present in Carson City that would like to provide public comment to the Board? I hear and see none. Is there anyone present in Las Vegas that would like to provide public comment to the Board?

Attorney General: No Governor.

Governor: All right, thank you very much.

3. Approval of the January 9, 2018 Minutes (For possible action)

Governor: We will move to agenda item number 3, approval of the January 9, 2018 meeting minutes. Have the Members had an opportunity to review the minutes and are there any changes? If not, the Chair will accept a motion for approval.

Secretary of State: Move for approval, Governor.

Governor: The Secretary of State has moved for approval. Is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

4. Request to Purchase State Vehicles (For possible action)

Pursuant to NRS 334.010, no automobile may be purchased by any department, office, bureau, officer or employee of the state without prior written consent of the State Board of Examiners.

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Agriculture – Commodity Foods Distribution Program	1	\$26,996
Department of Agriculture – Consumer Equitability	2	\$67,395
Department of Conservation and Natural Resources – Division of Environmental Protection Bureau of Corrective Actions	1	\$30,777
Total	4	\$125,168

Governor: We will move to agenda item number 4, Request to Purchase State Vehicles. Good morning, Mr. Wells.

Clerk: Good morning, Governor and Members of the Board. There are three requests for four vehicles in this agenda item.

The first and second requests are from the Department of Agriculture to purchase one replacement vehicle for the Commodity Food Program and two replacement vehicles for the Consumer Equitability Program that have met the age and/or mileage requirements in State Administrative Manual (SAM).

The third request is from the Department of Conservation and Natural Resources Environmental Protection Division to purchase one replacement vehicle for the Bureau of Corrective Actions that has met the age and/or mileage requirements in SAM.

All of these vehicles were included in the agency's legislatively approved budgets.

There are representatives available to answer any questions the Board Members may have.

Governor: Thank you Mr. Wells. I have no questions. Board Members, are there any questions? If there are none, the Chair will accept a motion for approval.

Secretary of State: Move for approval.

Governor: The Secretary of State has moved to approve the Request to Purchase State Vehicles as presented in agenda item number 4. Is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

5. Authorization to Contract With a Current and/or Former State Employee (For possible action)

- A. Department of Transportation** - Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Gary Boggs. Diversified Consulting Services is proposing to engage Mr. Boggs to fill an Inspector Level IV position in the augmentation of the Department of Transportation construction crews in District III on as as-needed basis.
- B. Department of Transportation** - Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Mark Dory. Diversified Consulting Services is proposing to engage Mr. Dory to fill an Inspector Level IV position in the augmentation of the Department of Transportation construction crews in District III on as as-needed basis.
- C. Department of Transportation** - Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Thomas Stevenson. Diversified Consulting Services is proposing to engage Mr. Stevenson to fill a senior inspector position for contract #3624, Project NEON.

Governor: We will move to agenda item number 5, Authorization to Contract with a Current and/or Former State Employee. Mr. Wells, please proceed.

Clerk: Thank you Governor. Item 5 includes three requests from the Department of Transportation to contract with current and/or former employees pursuant to NRS 333.705, Subsection 1.

The three requests are to allow a contracted vendor, Diversified Consulting Services, to use former employees on projects awarded to the vendor. The first and second requests are for inspector level 4 positions to augment construction crews in District 3. The first employee retired in March of 2017 and the second in January 2017. The third is for a senior inspector to augment construction crews for Project NEON. This employee retired in January of 2018. The former employees did not have any influence or authority over the contracts with the vendor.

There are representatives from the Department of Transportation available to answer any questions for the Members.

Governor: Thank you. I do have one question, Mr. Kaiser, if you could come forward please. I wanted to make a record on the proximity from the retiree going on to the vendor. Do you have any comment in that regard?

Reid Kaiser: The reason the Consultant hired this person is, this individual will help with this next stage when they start in March to help the Consultant with the inspection services. So, he will not be doing anything other than helping out with the night work when the Consultant is out there inspecting the Contractor's operations.

Governor: And this is exclusive to Project NEON?

Reid Kaiser: Exclusive to Project NEON, yes.

Governor: Questions from other Board Members? If there are no further questions, the Chair will accept a motion to approve the Authorization to Contract with a Current and/or Former State Employee as presented in agenda item number 5.

Attorney General: Move to approve.

Governor: The Attorney General has moved for approval, is there a second?

Secretary of State: I second.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear none and see none. That motion passes 3-0.

6. Approval of Proposed Contracts (For possible action)

Governor: We will move to agenda item number 6, approval of proposed contracts. Mr. Wells.

Clerk: Thank you Governor. There are 34 contracts in agenda item 6 for approval by the Board this morning. Members have requested additional information on the following: Contract #2 between the Office of the Attorney General and Egan, Fitzpatrick, Malsch & Lawrence, PLLC. Contract #7 between the between the Department of Administration, State Public Works Division and Core Construction Services of Nevada. Contract #14 between the Department of Administration, State Public Works Division and Gallagher & Associates, LLC. Contract #23 between the Department of Health & Human Services, Division of Child and Family Services and the National Council of Juvenile & Family Court Judges.

Governor: Thank you Mr. Wells. Let us start with Contract #2. I had asked for this to be pulled for discussion. It is particularly timely given the budget and its inclusion of, I believe, \$150 million for Yucca Mountain. Particularly curious as to where we are and where we are going. Please proceed.

Robert Halstead: Good morning Governor, Secretary of State and Attorney General. For the record Robert Halstead, Executive Director for Nuclear Projects. The budget request is actually larger this year than it was last year. It is \$120 million for the Department of Energy and now \$48 million for the Nuclear Regulatory Commission.

The situation with Yucca Mountain has not changed. The site is unsafe. The Department of Energy's Repository Engineering Plant does not make it safe and the Transportation Plan is unacceptable and unsafe. We are continuing primarily to oppose the Yucca Mountain Project through the licensing proceeding, before the US Nuclear Regulatory Commission. That is why this contract is so important.

You know in our business, we apply percentages to everything and about 70% of our resources and our fight are focused on the licensing proceeding. About 15% is focused on litigation. I think Mr. Trutanich is going to talk about some of the people in the AG's Office that are helping with that. And then we are also working with our Congressional Delegation on Legislative issues in Washington, particularly on the appropriations to oppose them, opposing the Shimkus Bill. That, in my opinion, would hurt Nevada too.

We are working on some positive legislation to implement the recommendations of the Blue-Ribbon Commission, to extend consent in Nevada. That is what the situation is. We are happy to answer any questions about the contract. I think Mr. Trutanich would like to say a couple of things about the AG's Team.

Nick Trutanich: Good morning Governor Sandoval, Secretary of State Cegavske, and Attorney General Laxalt; Nick Trutanich on behalf of the Attorney General's Office. First and foremost, I wanted to stress that the Attorney General's Office continues to be committed to a fight against a nuclear repository at Yucca Mountain.

The AG's Office has made an internal team more robust than ever before, including adding resources from our Solicitor General's Office. Before describing the contract in more detail and answering questions that this Board might have, I wanted to personally complement the internal team of lawyers that are committed to this fight, including Belinda Suwe, Wayne Howle and Jordan Smith.

I also wanted to say that although this is technically a new contract with Egan, Fitzpatrick, Malsch & Lawrence, it is essentially a continuation of a contractual relationship with our special counsel, our outside counsel, which we have had since 2001. It stems from an appropriation to our Office by the 2017 Legislature. The AG's Office was appropriated \$3.4 million for outside counsel and the Agency for Nuclear Projects was appropriated approximately \$1.7 million. This three-party contract basically memorializes and gives us authority to spend those appropriations.

With that, I would take any questions, along with Mr. Halstead.

Governor: All right, thank you. With regard to the budget, that was something I put in the budget in 2017. I do appreciate the Legislature agreeing and doing that. I guess what I would add, Mr. Halstead is that its déjà vu all over again. This is a conversation that I have engaged in and an activity that I have engaged in since my time in the Legislature in the 90s and since my time as the Attorney General. Marta Adams is here, somebody that has spent, essentially a career fighting Yucca Mountain. We are blessed to have her assistance as well.

I still recall in 2003, appearing before the DC Court of Appeals on this issue. You know, I agree with you, Mr. Trutanich, in terms of having to maintain the vigor, the veracity and the tenacity with regard to fighting any effort to store high-level nuclear waste at Yucca Mountain. So, I appreciate the Attorney General's efforts and commitment to do that.

I guess this leads to my first question, Mr. Halstead, this is essentially the same amount that was put in the budget two years ago, yet we did not see much activity or the expenditure of those funds or perhaps we did? We really did not see anything move out of the site. Will you catch us up on what they got for the \$150 million two years ago and where you see this money going now?

Robert Halstead: Well, first of all, they have not received any new money. Certainly, I credit our Congressional Delegation and our two US Senators with opposing the request. Also, the request is one that, at a time when budget numbers count, the Congressional Budget Office scores up Yucca Mountain at \$4 – 5 billion over the next 10 years. I think it is causing the appropriators in both Houses of Congress to think hard about whether they want to throw another \$82 billion into this project. I think actually, it will be much more expensive but that is the Department of Energy number.

The Department of Energy has been operating on carryover funds. They have between \$10 – 20 million. The Nuclear Regulatory Commission started out a couple of years ago with about \$10 million. They have spent their money down. This is in carrying out the 2013 writ of mandamus issue by the DC Circuit to force a restart. We had a peculiar situation where the Nuclear Regulatory Commission did quite a bit of work in December. We are getting ready to have a meeting with them at the end of February about the licensing support network and the monthly bill came in at \$9,999 which is a remarkably efficient use of resources and tells us the Nuclear Regulatory Commission is trying to push this forward, almost on their own.

You did meet with Secretary Perry. After your meeting last March, we had a meeting and you gave us our marching orders again and we have been redoubling our efforts, in addition to the licensing proceeding, looking in particular two of the lawsuits, one in the 9th Circuit and one in the DC Circuit, plus we have intervened in the Texas Case in the 5th Circuit and we have been doing a lot of legislative analysis in support of our delegation. The Department of Energy has not revealed what they have been doing.

In fact, our two Senators are getting ready to send a letter to the Department of Energy saying, well how much did you spend in FY 2017 of your carryover money and what are you doing now? They are simply not saying anything in public about what they are doing.

Governor: I do not want to be redundant but if anybody is listening, we are not giving up. We are going to continue to fight and we are going to put the resources forward to maintain the ability to continue to fight on a face-to-face basis and meet every type of effort to try and license this facility with equal measure. I am as committed today as I was 23 years ago and I know that our Attorney General is as well. I am not going to speak for him, I am sure he has a couple of comments that he wants to make. I appreciate your efforts and you also spending essentially a career on this. That is a depth of devotion that you do not see too often and it is on behalf of the people of this Great State and it is to stop a defective project that we know should not proceed. And frankly, is an immense waste of taxpayer money. We are going to keep fighting. I have said it before and I will say it again.

Last comment, I see that you brought a Time Magazine with you Mr. Halstead, and I am aware of the contents of that story. It is an unsourced story. I have had conversations with the Administration regarding that but if you want to make any comments on that feel free to do so.

Robert Halstead: I will just make a couple Governor, thank you for the opportunity. This Time Magazine is something of a collector's item now. I personally feel, while I understand the journalism business, the article discusses the possible resumption of underground testing. So of course, to sell magazines, the cover shows a 1952 Atmospheric Test. Most Nevadans understand that that was a time that put unacceptable impacts on Southern Nevada and Utah, especially in the downwinder areas.

The actual information in the article simply reports what most of us have been hearing for the last 10 months or so, that there is a policy review, a consideration of whether new nuclear weapons development should proceed. If they proceed, is testing necessary. Then the old question that for 25 years we have answered is that, testing is not necessary to verify the capability of the existing nuclear arsenal. That is a job that the National Nuclear Security Administration people that operate at the Nevada National Security Site carry out with great integrity and great technical expertise. I had an opportunity to talk with some of them last week in fact.

So, what the article reports that was of great concern was a sentence that said that this testing might be resumed for "political purposes". To our knowledge, no resumption of testing has been ordered. I have done a close review of the Nuclear Posture Review that came out the day after the article and it certainly does show some changes. It begins with an opening statement on this topic that past assumptions have proven mistaken about the need for testing and so forth. In the end, what the Nuclear Posture Review says, "the United States will not seek Senate ratification of the Comprehensive Nuclear Test Ban Treaty but will continue to observe a nuclear test moratorium that began in 1992".

I think we are going to have to look very carefully at the bipartisan budget act that passed last week because there is some defense spending provisions. We are certainly going to look closely at the Department of Defense and DOE Budget Request and really have not been released in detail, summaries were released yesterday.

So, I would like to assure you that we continue to monitor this and along with the Yucca Mountain work that we have to be looking at, the Agency and the AG's Office, we have a lot of work to do.

Governor: Let me just follow up, Mr. Halstead, I want to make sure the record is clear. I have been assured that there is no chance that there will be any commencement or recommencement of testing of nuclear weapons out there at the test site. That was a story that I woke up to and was immediately on the phone. Again, having several conversations with individuals in Washington and I have received absolutely 100% confirmation that there will be no testing of that kind. I want to make sure that it is clear on the record for everybody to understand, although that article may imply otherwise.

All right, questions from other Members? Madam Secretary of State.

Secretary of State: Thank you Governor and I do want to thank you and the AG's Office for your fight over the years. In the late 90s, there were several legislators that we went around and talked to different groups about some of the issues for Nevada. It is a topic that I have followed closely and I just want to thank you for your service and what you are doing.

As I travel around the State, I have met and talked to a lot of downwinders and their families and have been really surprised over the years how far that reached and how far it went. It is something that Nevadans are still talking about. It is still a big issue and I just wanted to thank all of you for what you are doing. I am very supportive.

Governor: Thank you Madam Secretary. Mr. Attorney General, do you have any comments?

Attorney General: Yes Governor, thank you. First, I do want to thank you for your leadership on this issue, especially pushing for this to make sure it is in the budget and prioritizing and I want to thank the Legislature for providing this funding today. As Mr. Trutanich mentioned, we have made a few adjustments, internally in our office to buttress the team from the Attorney General's perspective. I think working with Mr. Halstead and the Agency of Nuclear Projects, as well as your office and Egan Fitzpatrick that you know; we have the best legal and technical team this State could ask for right now. I certainly submit, as you do that we are ready for this fight. If this process continues, we will be prepared to litigate this, as long and as hard as we need to make sure that this does not get restarted in the State of Nevada. Thank you, Governor.

Governor: Thank you Mr. Attorney General. Mr. Trutanich, Mr. Halstead, any concluding remarks?

Robert Halstead: No, just thank you to you and it is also important for us to always thank the Legislature for providing the resources that they provided and also for their passage of Assembly Joint Resolution 10 which was a very strong statement, a bipartisan statement of the Legislature's opposition to the Yucca Mountain project as well. Thank you.

Governor: Thank you. Mr. Trutanich?

Nick Trutanich: Governor, I just wanted to thank you for your leadership on this issue and thank Mr. Halstead and his agency for being a great partner in this fight.

Governor: We are all in this together, thank you. We will move to a little bit lighter subject on Contract #7 please.

Chris Chimits: Good morning Governor and Members of the Board. My name is Chris Chimits, Interim Administrator for the State Public Works Division. This contract, if I may give a little context around it before we get to the contract.

University of Nevada, Reno (UNR) approached Public Works to get the design started for the UNR Engineering project, under an Agency agreement. It was a \$3 million agency agreement that we did. In that process, Public Works hired an architectural firm and a Construction Manager-at-Risk (CMAR). We got through schematic design, design development and 25% of the way through construction documents under that agency agreement.

So, this contract that is before you today picks up where that effort left off. We have expended those funds and we have completed that work and now we are just carrying forward into the CIP Project, 17C06, which this contract, keeping the same architectural firm, the same construction management firm but simply picking up the effort with the CIP Project to complete the construction documents and get bidding completed and the Guaranteed Maximum Price (GMP) with this CMAR contract.

That is the purpose of this contract to just pick up where the agency project left off and get us to a GMP.

Governor: I appreciate that update. I asked for this to come forward because it is an important project for the University of Nevada, Reno. What is the schedule in terms of construction and completion?

Chris Chimits: Chris Chimits for the record. We have got the design developments coming in just a week or so from now for final review. The construction documents will be due in the middle of April. Then we plan on bidding this project at the end of June. Then we will start construction right after the 4th of July, on that project, the substantial completion, if we do not have any problems at all with that project, will be complete by the end of July 2020.

Governor: It takes two years to build?

Chris Chimits: Yes sir.

Governor: What was the total cost of the project?

Chris Chimits: The construction right now is at \$76.5 million.

Governor: Thank you. That is actually sooner than I thought. I have no further questions. Are there questions from Board Members? I hear none. We will move to contract #14.

Chris Chimits: Chris Chimits for the record. This is a \$247,000 contract with Gallagher and Associates. They are an Exhibit Designer out of the Bay Area. They are here to complete the design for all the exhibits that will be used in the Cultural Center, Building No. 1 at Stewart. The schedule on that is that we are also planning on bidding that this summer, middle of June 2018 and anticipated completion date of around March 2019. That is paralleling an effort that we are doing with an architectural firm here in town for the remodeling of the building as well. They will dovetail together, at that point, when the construction is complete then the exhibits will be installed.

Governor: So, hopefully in a year, we will have a museum at Stewart Indian School.

Chris Chimits: A year and a month.

Governor: A year and a month. I love how precise you are. I am really excited about that project so that is the reason why I asked this to come forward because it is obviously very important to the Stewart Indian School and it is very important to our Native American community. So, thank you.

Chris Chimits: You are welcome.

Governor: All right, let us move to contract #23, DHHS, Juvenile Justice and the National Council Juvenile and Family Court Judges. Ms. Wooldridge, good morning.

Kelly Wooldridge: Good morning, Kelly Wooldridge for the record, Administrator for the Division of Child and Family Services. I am happy to present this contract this morning. This contract is pursuant to AB 472 which was our Juvenile Justice Reform Bill. It is awarded to the National Council of Juvenile and Family Court Judges.

This contract is to develop and implement an evidence-based resource center for services to juvenile justice professionals and stakeholders. The contract will be implement in four phases and hopefully the Resource Center will be up and running within the next year. The other thing that this contract will do for us is make sure that the Juvenile Justice Oversight Commission's five-year strategic plan includes performance-based standards that will just continue to improve outcomes for our kids and families.

Governor: Thank you Ms. Wooldridge and just to go a little deeper, I think I remember the number off the top of my head and we spend \$90 million plus a year in State money on these types of services, yet we are not sure which ones work and which ones do not?

Kelly Wooldridge: Kelly Wooldridge again for the record. You are correct, it was in 2015, we found we spent almost \$95 million across the State; however, we did not have anything showing us that we had really any outcomes either good or negative. This will definitely enhance those services.

Governor: And, this contract is already underway, isn't it?

Kelly Wooldridge: Kelly Wooldridge, again, for the record. The National Council has not started work on the contract yet but the Juvenile Justice Oversight Commission has already started with what we will need to do to completely implement this.

Governor: I guess this is more of a comment than a question, but this is a really important contract because we have thousands of young men and women who are in our system, yet we do not know if the services that we are providing are working. So, in the future, this really could change the dynamic in young men and women's lives forever. I appreciate your hard work on this because this is one of those under the radar type projects that really could be transformative for justice in our state. Thank you very much for your efforts.

Are there any other questions or comments from Board Members on this contract?

Attorney General: Yes Governor, I have a question. So, when I pulled this initially, I was hoping for a little information on how the Resource Center will be constructed and what will go into it. I think now I understand that this is really the precursor to that and I just want to make sure I am understanding that correctly. This is meant to go out and kind of figure out how we are going to build this, is that correct?

Kelly Wooldridge: Kelly Wooldridge, for the record. Yes, that is correct. This contract will implement an evidence-based resource center in four phases and actually the final phase is sustainability. We will have to find a way to sustain this contract. The National Council of Juvenile and Family Court Judges will also be providing technical assistance and training about evidence-based services to our juvenile justice employees and stakeholders, across the State.

Attorney General: Okay. Then, I will have to follow-up on that. So, this contract will actually lay out the entire program? I guess what I am getting at is, I would like to know what this Resource Center is going to actually look like and what will go into it. Is it too early for you to be able to describe that?

Kelly Wooldridge: Kelly Wooldridge for the record. I am not sure where it will be placed. I am assuming it will be placed in Reno at the National Council but I am not at a stage where I can be really precise about what it will look like yet.

Attorney General: Okay well, I am going to support this contract, but I would love if someone could follow back up with me when there are greater details. I would like to know how this is actually going to be stood up and how it will perform for the State.

Kelly Wooldridge: Kelly Wooldridge, for the record. I am happy to do that.

Attorney General: Okay, thank you.

Governor: Perhaps it'd be helpful, Ms. Wooldridge, this contract did not just come out of Department of Health and Human Services, it is the result of a very thoughtful process from the Juvenile Justice Commission which is comprised of Juvenile Judges, the Head of Juvenile Services in Clark County and Washoe County, one of the rural counties and then the other experts like Justice Saitta.

Kelly Wooldridge: Kelly Wooldridge, for the record. Yes, there are evidence-based resource centers across the country that can model for us how to do this, so I am happy to send that information as well.

Attorney General: Thank you.

Governor: I believe that is all we had. Board Members, any other contracts you wanted to consider? If there are no further questions, the Chair will accept a motion to approve Contracts 1-34 as presented in agenda item number 6.

Secretary of State: Move for approval.

Governor: Secretary of State has moved for approval, is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

7. Approval of Proposed Master Service Agreements (For possible action)

Governor: We will move on to agenda item number 7 which are Master Service Agreements. Mr. Wells.

Clerk: Thank you Governor. There is one Master Service Agreement in agenda item 7 for approval by the Board this morning and no additional information was requested by any of the Members.

Governor: Thank you Mr. Wells. I have no questions. Is there a motion?

Secretary of State: Move for approval.

Governor: Secretary of State has moved for approval, is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

8. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from December 19, 2017 through January 22, 2018.

Governor: We will move on to agenda item number 8, Information Item. Mr. Wells.

Clerk: Thank you Governor. There were 48 contracts under the \$50,000 threshold approved by the Clerk between December 19, 2017 and January 22, 2018. This item is informational only, and no additional information has been requested by any of the members.

Governor: Any questions from Board Members on agenda item number 8? I hear and see none.

9. Information Item – Reports

Department of Motor Vehicles – Certification of Complete Streets Program Contributions

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning October 1, 2017 and ending December 31, 2017.

Governor: We will move on to agenda item number 9, Information Item, by DMV. Mr. Wells.

Clerk: Thank you Governor. Agenda item 9 is an information report from the Department of Motor Vehicles on the voluntary contributions collected by County pursuant to NRS 482.480, the Complete Streets Program. This report is for the period of October 1, 2017 to December 31, 2017. The report is pretty self-explanatory. Contributions are roughly flat, going up about 3% year over year and vary from quarter-to-quarter based on registration activity.

Governor: Any questions, Board Members, with regard to agenda item number 9? I hear and see none.

10. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Governor: We will move to agenda item number 10, Public Comment. Is there any member of the public present in Carson City that would like to provide a comment? I hear and see none. Madam Secretary, did you have a comment?

Secretary of State: Yes. If I could, Governor, I would like to put on the agenda for our next meeting, the update of the Grant Sawyer Building by Public Works. Thank you.

Governor: You are welcome. Is there any public comment from Las Vegas?

Attorney General: I see none, Governor.

Governor: There is no public comment from Las Vegas.

11. Adjournment (For possible action)

Governor: Agenda item number 11, is there a motion to adjourn?

Secretary of State: Move for adjournment.

Attorney General: I second.

Governor: The Secretary of State has moved to adjourn. The Attorney General has seconded the motion, this meeting is adjourned.

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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Date: February 12, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Katrina Nielsen, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to read "Katrina Nielsen", is written over the "From:" line of the memo.

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF ADMINISTRATION – VICTIMS OF CRIME FISCAL YEAR 2018 2ND QUARTER REPORT AND FISCAL YEAR 2018 3RD QUARTER RECOMMENDATION.

Agenda Item Write-up:

Pursuant to NRS 217.260, the Board of Examiners estimates available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 2ND quarter Fiscal Year 2018 Victims of Crime Program report states all approved claims were resolved totaling \$3,153,831.95 with \$1,820,863.69 paid out of the Victims of Crime Program account and \$1,332,968.26 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$4.3 million to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority

One, Two and Three claims at 100% of the approved amount for the 3rd quarter of fiscal year 2018.

Additional Information:

There have been 4,307 applications related to the Route 91 Harvest Music Festival tragedy to-date with more anticipated. Currently, the financial impact is anticipated to reach \$17 million. Additional federal grant funding is expected to offset related expenses.

A work program transferring \$6.9 million from Reserve to the Victims Payments category was approved at the December Interim Finance Committee meeting. This additional Victim's Payments expenditure authority is anticipated to be sufficient until additional federal grant funds are received.

Statutory Authority:

NRS 217.260

REVIEWED: SB

ACTION ITEM: _____

Brian Sandoval
Governor

STATE OF NEVADA



James Wells
Clerk, Board of
Examiners

Michelle Morgando.
Coordinator, VOCP

DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME

2200 S Rancho Dr., #210-A
Las Vegas, Nevada 89102
Fax (702) 486-2825
(702) 486-2740

February 8, 2018

To: James Wells, Clerk, Board of Examiners
Through: Patrick Cates, Director of Administration
From: Michelle Morgando, Coordinator, Victims of Crime Program
Re: VOCP 2nd Quarter FY 2018 Report, and 3rd Quarter FY 2018 Recommendation

NRS 217.260 requires the Board of Examiners to estimate available revenue and anticipated claim costs each quarter. The VOCP pays claims in accordance with the policies adopted by the Board pursuant to NRS 217.130. When a vendor accepts a payment reduced pursuant to these policies, NRS 217.245 provides that the claim is deemed paid in full. Claims are categorized as to their priority; and Claims categorized as the highest priority are paid, in whole or in part, before other claims.

Priority One and Two claims are paid weekly during the quarter, and accrued Priority Three claims are paid at the end of each quarter. Priority One and Two claims are bills for current medical treatment, lost wages, funeral expenses, counseling, etc. Priority Three claims are bills the applicant owed prior to claim acceptance such as hospital emergency room and related bills. The VOCP pays the "approved" amount, which is the amount approved for payment after bill review and application of fee schedules or other payment adjustments pursuant to Board policies.

Type of Expense	Payments by Priority - 2nd Quarter FY 2018			
	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Priority 1 & 2 Payments	2083	1,734,889.60	223,841.18	1,511,048.42
Pending Priority 3 Payments	335	1,418,942.35	1,109,127.08	309,815.27
Total 2nd Quarter Payments	2418	\$3,153,831.95	\$1,332,968.26	\$1,820,863.69

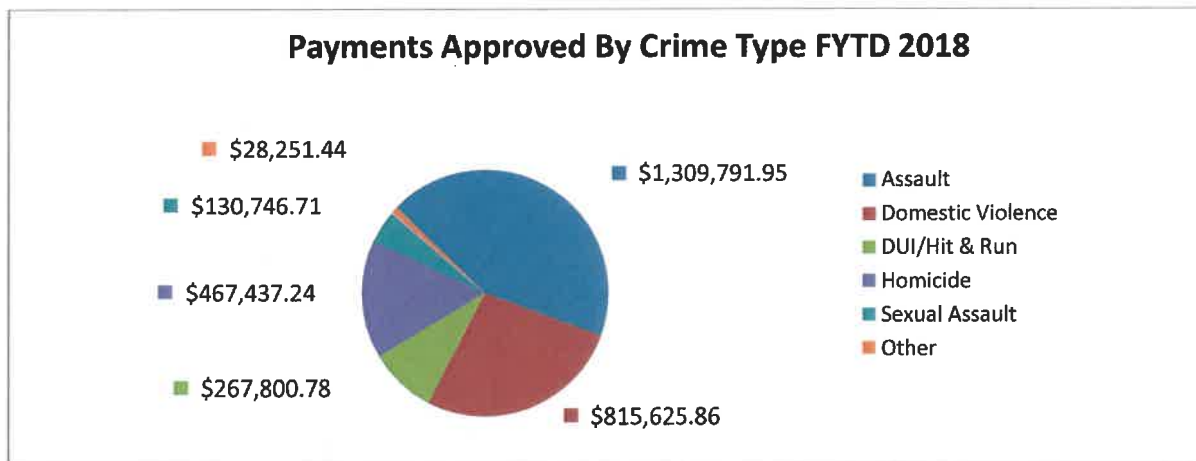
Claim Payments

The following chart shows claim payments made in FYTD 2018 by benefit type. As this chart shows, the VOCP satisfied \$6,103,918.76 in victim medical bills and claims for \$3,013,349.51 of available funding. After bill review and application of Board Policies we have had a total savings of \$3,090,569.25 over the billed amount in fiscal year-to-date 2018.

Payment Amounts by Type Fiscal Year-to-Date 2018				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Chiropractic/Physical Therapy	80	60,061.43	17,908.11	42,153.32
Counseling	915	269,042.78	68,158.79	200,883.99
Survivor Benefits	40	53,900.00	420.00	53,480.00
Dental	57	159,565.00	59,669.62	99,895.38
Discretionary*	830	645,959.91	874.30	645,085.61
Funeral Expense	144	419,559.44	2,851.81	416,707.63
Lost Wages	713	599,213.99	825.80	598,388.19
Medical - Hospital	225	3,029,927.90	2,661,140.79	368,787.11
Medical - Other	781	831,162.20	278,052.42	553,109.78
Prescription	148	15,932.00	0.00	15,932.00
Vision	45	19,594.11	667.61	18,926.50
Total Payments YTD FY2018	3978	\$6,103,918.76	\$3,090,569.25	\$3,013,349.51
*Discretionary payments include: Relocations, Temporary Housing, Crime Scene Clean-up, etc.				
*Totals subject to change based on stale and stopped payments, lost checks, and reclassified bill types.				

Victim Payments by Crime Type

The following pie chart shows amounts approved for payment by crime type for fiscal year-to-date 2018.



Financial Review

The chart below shows projected revenues and fund balances, including reserves for FY 2018, and recommendations for 3rd quarter FY 2018 based on projections. These projections of revenue and anticipated expenses are used for purposes of determining compliance with NRS 217.260 and policies of the Board.

Financial Position and Third Quarter 2018 Projections	
Projected Funds Available for Payments FY18 Less 45 Day Reserves	\$13,863,378.89
2nd Quarter Priority 1 & 2 Payments	\$1,511,048.42
2nd Quarter Priority 3 Payments	\$309,815.27
Total 2nd Quarter 2018 Payments	\$1,820,863.69
Total 1st Quarter 2018 Payments	\$1,208,128.99
Projected Funds Available for Remainder of FY18 Less 45 Day Reserves	\$10,834,386.21
Projected Payments 3rd Quarter FY18 *	\$5,499,952.70
Projected Funds Available after 3rd Quarter Payments	\$5,334,433.51
Recommended Priority 3 Payment Percentage 3rd Quarter FY18	100%
*Based on average of last 6 quarterly periods plus estimated impact of AB 122, DNA testing and Route 91 Shooting	

As required, a 45 day operating expense reserve of \$1,646,911.11 is maintained to cover up to 45 days of victim's claims and administrative expenses.

The Route 91 Harvest Music Festival tragedy has had, and will continue to have an extraordinary impact on this program. In the past 125 days we have received and processed 4,307 claims for victims of this tragic event, and new applications continue to arrive. At this time we have received 279 claims from people suffering gunshot wounds, 990 claims from people claiming other types of physical injury, 57 homicide claims, and 2,981 PTSD claims. The number of claims continues to grow as concert attendee's learn about the program through the media and the various outreach efforts currently being conducted by various agencies. We currently are projecting our total expense on these claims to reach \$17 million over the life of the claims. Fortunately, we expect to obtain additional federal grant funding to offset these extraordinary expenses.

In December, the IFC approved our Work Program request for \$6,947,802 in authority to be transferred from Reserve to Victim Payments. We believe this will be sufficient to cover our expenses until the expected additional grant funds are received. At the beginning of fiscal year 2018, our Reserves stood at \$12.6 million. We anticipate Revenues of \$5 million for FY 2018. Approval of our Work Program C41992 provides us with the authority necessary to pay up to \$13.3 million in expenses, which would leave us with \$4.3 million in Reserves.

Transferring authority from our current Reserves allows the program to pay all currently projected claims while waiting for additional grant funding, without reducing the payments made by our program.

Recommendation

We are projecting Priority One and Two payments totaling **\$961,026.49** and projected Priority Three payments totaling **\$324,703.22** for the 3rd quarter. We estimate additional expenses totaling **\$314,223.00** may be incurred related to AB 122 and DNA testing, and expenses related to the Route 91 tragedy could climb to **\$3,900,000.00**, which would bring our total expenses to **\$5,499,952.70** for the 3rd quarter.

After reserving **\$1,646,911.11** for 45 days operating expenses, our budget shows VOCP revenues and reserves available for 4th quarter total **\$5,334,433.51**.

Based on these projections the VOCP recommends paying Priority One and Two and Three claims at **100%** of the approved amount for the 3rd quarter of FY 2018.

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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Date: January 29, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Katrina Nielsen, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, reading "Katrina Nielsen", is written diagonally across the "From:" line.

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 217.117, Section 3, the Board may review the case and either render a decision within 15 days of the Board meeting: or if they would like to hear the case with the appellant present, they can schedule the case to be heard at their next meeting. The Board may affirm, modify or reverse the decision of the Appeals Officer.

Additional Information:

The issue before the Board is an appeal filed pursuant to NRS 217.117 by the Law Firm of Asherson, Klein & Darbinian and request for a hearing thereto. On August 4, 2015, the Victim of Crimes Program (VOCP) issued notification that Mr. Babken Darbinian's claim was being closed as all benefits had been exhausted up to \$35,000. On November 6, 2015, the Hearing Officer issued a Decision and Order affirming the VOCP's determination to close the claim. On May 27, 2016, an Appeals Officer reversed the Hearings Officer's Decision and Ordered that the Estate's claim must be reopened, and

the claim be designated as a “catastrophic” increasing the cap to \$100,000. On May 31, 2017, the Estate of Babken Darbinian filed a Motion for Clarification of the May 27, 2016 Decision and Order and requested to reopen for a hearing. On January 8, 2018, an Appeals Officer issued a Clarification of the May 27, 2016 Decision and Order and denied the Claimant’s request to reopen this appeal. The basis for the clarification of the Decision and Order was that the Appeals Officer did not order the VOCP to pay any particular expenses of the Claimant. Instead, the Appeals Officer ordered that the VOCP to “approve or deny” requests for payment of expenses in accordance with its own policies. The claimant seeks to increase the established policy limits to allow for full reimbursement based upon the catastrophic designation of the claim.

Statutory Authority:

NRS 217.117

REVIEWED: _____

SB

ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

voc.nv.gov

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Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

Southern Nevada:
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Las Vegas, Nevada 89102
(702) 486-2740 | Fax (702) 486-2825

February 11, 2018

To: James R. Wells, Clerk, Board of Examiners

From: Michelle Morgando, Acting Coordinator

Re: Appeal of Estate of Babken Darbinian
Claim No. 10-10013904-NR

Case Summary

Anna Darbinian, on behalf of the Estate of Babken Darbinian, appeals the Order RE: Motion for Clarification of May 27, 2016 Decision and Order Denying Request to Reopen for a Hearing.

Babken Darbinian was assaulted in 2009 and a claim was approved at that time. Mr. Darbinian's numerous injuries caused him to become bedridden and led to his death in 2015. Prior to Mr. Darbinian's death, his claim reached its maximum limit per policy of \$35,000 and was closed. Mr. Darbinian's daughter successfully appealed claim closure, and was awarded a catastrophic designation by the Appeals Officer, allowing the Victims of Crime Program (VOCP) to reopen the claim to pay related bills up to \$100,000.

After claim reopening, VOCP processed bills for funeral and counseling for a family member. Ms. Darbinian expressed that she feels as though VOCP's normal benefit limits and fee schedules should not apply due to the catastrophic designation. However, VOCP contends that the purpose of the catastrophic designation is to allow payment beyond the \$35,000 cap, i.e., to allow payment for items that could not be covered because there were no funds remaining, or to allow payment for extended medical care. **A catastrophic designation does not mean that benefit limits and fee schedules do not apply.**

The Motion signed by Appeals Officer Georganne Bradley on January 8, 2018 does not offer appeal rights, as it is clarifying a previous order, rather than making a determination. Further, Hearings and Appeals Officers do not have the authority to require VOCP to extend payment beyond specific benefit limit amounts.

Recommendation

It is recommended that the Board uphold the Appeals Officer's Order RE: Motion for Clarification of May 27, 2016 Decision and Order Denying Request to Reopen for a Hearing.

1. **VOCP's policy on victims who sustain catastrophic injuries is intended to allow payment for crime related expenses for the benefit of the victim. Catastrophic injuries are those that totally and permanently disable to victim, necessarily**

resulting in medical expenses that are greater than those associated with non-catastrophic injuries.

Section Ten. Claim Limits and Payment Policies

2. Claim and Benefit Limits

A. The claim limit established by these policies is \$35,000 per approved claim, except in cases of catastrophic injuries, where limits may be extended upon approval of the VOCP coordinator.

Section Eight. Eligibility Standards and Criteria

3. Catastrophic Injury Claims

A. Catastrophic Injuries are those that create a total and permanent disability for the victim, such as the loss of multiple extremities, paraplegia or quadriplegia, or loss of sight in both eyes.

B. A Catastrophic Injury claim may be approved by the VOCP coordinator for up to \$100,000 as permitted by NRS 217.200. Additional funds may be used to pay for items that directly assist the victim, such as medical care and surgeries, extended lost wages, making a home or vehicle accessible, job training and vocational rehabilitation, temporary home health care, or purchase of and/or training in the use of special appliances or prosthetic devices.

C. A claim involving life-threatening injuries, where additional surgical or emergency medical care is required to save the life or when failure to receive necessary treatment will result in significant and permanent loss of an important bodily function, and where the cost of such necessary medical care exceeds the \$35,000 limit set by these policies, may be approved for additional funding up to a maximum of \$100,000 by the VOCP coordinator.

***policies were revised on August 9, 2016, removing the reference to \$100,000. Policy cited is what was in effect at the time of the decision.

Section Two. VOCP Policies 3. Effective Date of Changes

A. The benefits levels set forth in these policies for wage loss reimbursement, funeral expenses, mental health counseling, and all other benefits, are subject to change at any time by the Board of Examiners.

B. Unless otherwise required by law, a substantive change to eligibility requirements will be effective for applications approved on or after the effective date of the change.

C. Except as otherwise provided by the Board of Examiners or these policies, any decrease in claim limits or claim benefit levels will be applied to all claims effective at the time the change is adopted.

- 2. Nothing set forth in the statutes or policies authorizes VOCP to pay more than \$5,000 in funeral expenses for a catastrophic injury than a non-catastrophic injury. The funeral expenses should be no greater when one dies from a catastrophic injury than from a less catastrophic injury. Additionally, all medical bills, including counseling, presented to VOCP are subject to fee schedule. A catastrophic designation does not change that fact.**

Section Ten. Claim Limits and Payment Policies

6. Reimbursement to Applicants Limited to Fee Schedule

A. Applicants may be reimbursed up to the fee schedule amount, or the amount determined by the VOCP to be "usual and customary, for any crime related medical or other bill approved for reimbursement by the VOCP.

Section Eleven. Available Benefits

6. Counseling and Mental Health Services

A. Mental Health counseling benefits are available for all approved claims involving physical, emotional and presumed injuries. The VOCP may pay up to \$5,000 for mental health counseling where required as a direct result of the crime, upon receipt of an itemized statement from the provider, including the business address, telephone number and federal taxpayer identification number.

G. Hourly fees for professional counseling and drug or alcohol treatment or therapy services will be based on the following schedule. Other disciplines not listed will be paid at the rates closest to their level of credentials listed here:

- 1) Psychiatrist (MD) \$125.00
- 2) Psychologist (PHD) \$100.00
- 3) Licensed Marriage/Family Therapist (LM/FT) \$ 90.00
- 4) Licensed Clinical Social Worker (LCSW), \$ 90.00
- 5) Licensed Group Therapy \$ 50.00
- 6) Certified Intern \$ 50.00

10. Funeral and Burial Expenses

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

Q. Funeral Expenses Not Covered include:

- 1) Costs of banquets or wake
- 2) Food or beverages
- 3) Floral Arrangements
- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

3. The Hearings and Appeals Officers do not have the authority to order VOCP to pay any claim or benefit that exceeds the limit set by VOCP's own policies.

Section Ten. Claim Limits and Payment Policies

2. Claim and Benefit Limits

L. A hearings or appeals officer may not order the compensation officer to pay any claim or benefit that exceeds the limits set by these policies.

Timeline of Events

Claim: 10-10013904-NR

Victim: Babken Darbinian

January 18, 2009

Babken Darbinian was injured on the Las Vegas strip when someone hit him from behind, causing him to fall and break his hip. (Attachment A) Numerous subsequent medical issues were noted, such as a heart attack, open wounds, head injury, etc. (Attachment B)

August 14, 2009

Mr. Darbinian's application was approved by VOCP. (Attachment C)

2010 – 2014

Various expenses were paid, including a hospital bed and orthopedic mattresses, massage therapy, and home nursing care. (Attachment D)

August 4, 2015

VOCP issued a maxed claim letter, as the claim had reached the maximum allowable of \$35,000.ⁱ (Attachment E)

October 7, 2015

Mr. Darbinian's daughter, Anna, requested an appeal of the claim closure letter of August 4, 2015. (Attachment F)

November 10, 2015

Hearing Officer Sondra Amodei issued a Decision and Order affirming claim closure. (Attachment G)

November 12, 2015

Appeal of Hearing Officer's decision is received by the Appeals Office. Anna Darbinian requested her father's claim be designated catastrophic, which would allow claim to exceed \$35,000 limit. ⁱⁱ (Attachment H)

May 27, 2016

Appeals Officer Georganne Bradley's Decision reversed VOCP's claim closure and designates claim as catastrophic, with a limit of \$100,000. (Attachment I)

September 8, 2016

VOCP processed a reimbursement for funeral expenses at the maximum allowable per policy of \$5,000. ⁱⁱⁱ The total cost for the funeral was \$19,472.20. (Attachment J)

September 8, 2016

VOCP received a telephone call from Anna Darbinian in which she expressed concerns for her mother's emotional and physical health. VOCP staff indicated that her mother is eligible for grief counseling through this claim,^{iv} but is unable to assist with Mrs. Darbinian's physical health issues.

October 19, 2016

VOCP received a telephone call from Anna Darbinian in which she again expressed concerns for her mother's health, including dental issues. VOCP staff again explained that Mrs. Darbinian could seek counseling through this claim but not medical. Staff also explained the program's counseling limit of \$5,000.^v

February 1, 2017

VOCP received a telephone call from Anna Darbinian wherein she requested the program reimburse her counseling sessions in full. VOCP staff again explained the program's \$5,000 limit for counseling.^{vi} Anna also requested full reimbursement of the funeral expenses and staff explained that program policy limits funeral reimbursement to \$5,000.^{vii} Additionally, Anna mentioned her mother was in need of counseling, and staff reiterated that Mrs. Darbinian is eligible for grief counseling through this claim.^{viii}

February 8, 2017

VOCP processed a reimbursement for grief counseling for Anna Darbinian at the rate dictated by program policy, for a total of \$2,800.^{ix} Ms. Darbinian was billed \$5,600 for the counseling sessions. (Attachment K)

February 13, 2017

VOCP issued a letter reiterating the program's policies on funeral and counseling, specifically the limits for each and the counseling payment schedule. (Attachment L)

February 24, 2017

VOCP received a letter from Anna Darbinian explaining that she felt the catastrophic designation assigned by the Appeals Officer meant or should mean that there are no limits on individual benefits and bills should be paid in full up to \$100,000.^x Ms. Darbinian's letter requested clarification from the Appeals Officer on her ruling. (Attachment M)

February 27, 2017

VOCP responded to Ms. Darbinian's letter by email, explaining that the catastrophic designation allows payment of bills beyond the standard claim limit of \$35,000,^{xi} but does not allow for exceeding individual limits on benefits. VOCP agreed to use discretionary funding for additional funeral reimbursement in the amount of \$500, which is the limit for that benefit.^{xii} (Attachment N)

February 27, 2017

Appeals Officer Georganne Bradley emailed both parties and suggested Ms. Darbinian may file a written Motion for Clarification. (Attachment O)

May 30, 2017

Anna Darbinian filed a Motion for Clarification with the Appeals Office. (Attachment P)

December 12, 2017

VOCP received a copy of a letter from Anna Darbinian requesting a response from the Appeals Officer. (Attachment Q)

January 8, 2018

The Appeals Officer issued an Order RE: Motion for Clarification of May 27, 2016 Decision and Order Denying Request to Reopen for a Hearing. This order explained that a catastrophic designation allows VOCP to pay related bills beyond the \$35,000 limit,^{xiii} but does not require VOCP to exceed limits on specific benefits. (Attachment R)

January 22, 2018

VOCP received Anna Darbinian's request for appeal to the Board of Examiners. (Attachment S)

ⁱ Section Ten. Claim Limits and Payment Policies 2. Claim and Benefit Limits (pg 43)

A. The claim limit established by these policies is \$35,000 per approved claim, except in cases of catastrophic injuries, where limits may be extended upon approval of the VOCP coordinator.

ⁱⁱ Section Eight. Eligibility Standards and Criteria 3. Catastrophic Injury Claims (pg 33)

A. Catastrophic injuries are those that create a total and permanent disability for the victim, such as the loss of multiple extremities, paraplegia or quadriplegia, or loss of sight in both eyes.

B. A Catastrophic Injury claim may be approved by the VOCP coordinator for up to \$100,000 as permitted by NRS 217.200. Additional funds may be used to pay for items that directly assist the victim, such as medical care and surgeries, extended lost wages, making a home or vehicle accessible, job training and vocational rehabilitation, temporary home health care, or purchase of and/or training in the use of special appliances or prosthetic devices.

C. A claim involving life-threatening injuries, where additional surgical or emergency medical care is required to save the life or when failure to receive necessary treatment will result in significant and permanent loss of an important bodily function, and where the cost of such necessary medical care exceeds the \$35,000 limit set by these policies, may be approved for additional funding up to a maximum of \$100,000 by the VOCP coordinator.

***policies were revised on August 9, 2016, removing the reference to \$100,000. Policy cited is what was in effect at the time of the decision.

Section Two. VOCP Policies 3. Effective Date of Changes

A. The benefits levels set forth in these policies for wage loss reimbursement, funeral expenses, mental health counseling, and all other benefits, are subject to change at any time by the Board of Examiners.

B. Unless otherwise required by law, a substantive change to eligibility requirements will be effective for applications approved on or after the effective date of the change.

C. Except as otherwise provided by the Board of Examiners or these policies, any decrease in claim limits or claim benefit levels will be applied to all claims effective at the time the change is adopted.

iii Section Eleven. Available Benefits 10. Funeral and Burial Expenses (pg 52)

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

Q. Funeral Expenses Not Covered include:

- 1) Costs of banquets or wake
- 2) Food or beverages
- 3) Floral Arrangements
- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

iv Section Eight. Eligibility Standards and Criteria (pg 33)

D. The VOCP assists dependents of the victim who have suffered financial loss from a victim's death, such as payment of survivor benefits, crime scene cleanup, and mental health counseling.

v Section Eleven. Available Benefits 6. Counseling and Mental Health Services (pg 48)

A. Mental Health counseling benefits are available for all approved claims involving physical, emotional and presumed injuries. The VOCP may pay up to \$5,000 for mental health counseling where required as a direct result of the crime, upon receipt of an itemized statement from the provider, including the business address, telephone number and federal taxpayer identification number.

vi Section Eleven. Available Benefits 6. Counseling and Mental Health Services (pg 48)

A. Mental Health counseling benefits are available for all approved claims involving physical, emotional and presumed injuries. The VOCP may pay up to \$5,000 for mental health counseling where required as a direct result of the crime, upon receipt of an itemized statement from the provider, including the business address, telephone number and federal taxpayer identification number.

Section Ten. Claim Limits and Payment Policies 6. Reimbursement to Applicants Limited to Fee Schedule (pg 42)

A. Applicants may be reimbursed up to the fee schedule amount, or the amount determined by the VOCP to be "usual and customary, for any crime related medical or other bill approved for reimbursement by the VOCP.

B. Approved applicants should not pay medical bills themselves in expectation of full reimbursement; since the VOCP may reimburse the applicant up to the fee schedule rate only. The fee schedule rate is usually significantly less than the billed amount paid by the applicant.

vii Section Eleven. Available Benefits 10. Funeral and Burial Expenses (pg 52)

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

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- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

viii Section Eight. Eligibility Standards and Criteria (pg 33)

D. The VOCP assists dependents of the victim who have suffered financial loss from a victim's death, such as payment of survivor benefits, crime scene cleanup, and mental health counseling.

^{ix} Section Eleven. Available Benefits 6. Counseling and Mental Health Services (pg 49)

G. Hourly fees for professional counseling and drug or alcohol treatment or therapy services will be based on the following schedule. Other disciplines not listed will be paid at the rates closest to their level of credentials listed here:

- 1) Psychiatrist (MD) \$125.00
- 2) Psychologist (PHD) \$100.00
- 3) Licensed Marriage/Family Therapist (LM/FT) \$ 90.00
- 4) Licensed Clinical Social Worker (LCSW), \$ 90.00
- 5) Licensed Group Therapy \$ 50.00
- 6) Certified Intern \$ 50.00

^x Section Ten. Claim Limits and Payment Policies 2. Claim and Benefit Limits (pg 44)

L. A hearings or appeals officer may not order the compensation officer to pay any claim or benefit that exceeds the limits set by these policies.

^{xi}

Section Eight. Eligibility Standards and Criteria 3. Catastrophic Injury Claims (pg 33)

B. A Catastrophic Injury claim may be approved by the VOCP coordinator for up to \$100,000 as permitted by NRS 217.200.

^{xii} Section Eleven. Available Benefits 17. Compensation Officer Discretionary Authority (pg54)

A. A compensation officer may recommend, to the VOCP coordinator, the approval of any crime related expense that is not specified in these policies, or the extension of a specified benefit. For instance a compensation officer may use up to \$500 to provide additional crime scene clean-up reimbursement, or additional mental health counseling, than the amount otherwise specified by these policies. Or the compensation officer may approve the repair or replacement of necessary items destroyed in the crime such as smashed windshields or slashed tires on an automobile used for transportation to work, or clothing seized as evidence.

B. The discretionary authority provided by this section may be exercised in the compensation officer's sole discretion and only after approved by the VOCP coordinator. Any decision concerning the exercise of this authority is not appealable and a hearing or appeals officer may not order the use of such authority.

^{xiii} Section Eight. Eligibility Standards and Criteria 3. Catastrophic Injury Claims (pg 33)

B. A Catastrophic Injury claim may be approved by the VOCP coordinator for up to \$100,000 as permitted by NRS 217.200.

ATTACHMENT A

Incident Report from the Las Vegas Metropolitan Police Department
Date of Crime January 18, 2009

Printed by: j9118h
Printed date/time: 8/11/09 11:44

Incident Report

Page 1 of 2

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
400 E STEWART
LAS VEGAS, NEVADA 89101
(702) 828-3111

Incident Number: LLV090119000385

Incident Summary

Incident Type:	CRIMINAL INCIDENT	Report Type:	FIELD INCIDENT REPOI
Inc Occurred Address:	3600 S LAS VEGAS BLVD LAS VEGAS, NV 89109	Sector/Beat:	M3/M3
Inc Occurred Start:	01/18/2009 19:30	Inc Occurred End:	
Domestic:	N	Bias Motivation:	UNKNOWN
Contact Nature:		Gang Related:	U
Reporting Officer:	HOWELL, T 8907	Substance:	U
Case Status:		Reported Date/Time:	01/19/2009 04:30
Disposition:		Primary Assigned Officer:	EMBREY, B 8644
		Disposition Date:	

Offenses

Statute Code:	BATT200.481F	Enhancers:	
Statute Desc:	BATTERY		
Counts:	1	Statute Severity:	MISDEMEANOR

Persons Involved

Person#: 0001	MNI: 8764909	Can ID Suspect:	No
Event Association:	VICTIM	Contact Date/Time:	
Name:	DARBINIAN, BABKEN		
DOB:	08/24/1925	Age:	83 - 83
Height:	5' 5" - 5' 5"	Sex:	MALE
Weight:	145 - 145 lbs	Race:	WHITE/CAUCASIAN
Address:	461 N BONHILL RD LOS ANGELES, CALIFORNIA 90049	Eye Color:	BROWN
Phone Type 1:	Phone# 1:	Hair Color:	WHITE
Phone Type 2:	Phone# 2:	Sector/Beat:	
Ext 1:			
Ext 2:			
Occupation:	RETIRED	Employer/School:	

The Use and Dissemination of this
Record is regulated by Law. Secondary
Dissemination of any kind is Prohibited.
and could subject the offender to
Criminal and Civil Liability.
This Information Released To:
Insurance/Attorney
By: j9118h Date: 8/11/09
Las Vegas Metro Police Dept.

Incident Report

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
400 E STEWART
LAS VEGAS, NEVADA 89101
(702) 828-3111

Incident Number: LLV090119000385

Narratives

ENTERED DATE/TIME: 1/23/2009 14:47:43

NARRATIVE TYPE: INCIDENT CRIME REPORT

SUBJECT: BATTERY

AUTHOR: HOWELL, T 8907

BABKIN STATED HE WAS STANDING IN THE TAXI LINE, AT THE BELLAGIO HOTEL AND CASINO, WHEN HE SUDDENLY GOT HIT FROM BEHIND. BABKIN WAS HIT SO HARD, HE FELL TO THE GROUND AND BROKE HIS HIP. BABKIN STATED IT WAS AN INTOXICATED MALE AND FEMALE THE KNOCKED HIM OVER. BUT HE HAD NO DESCRIPTION. BABKIN WAS TRANSPORTED TO SPRING VALLEY HOSPITAL AND THEY CONTACTED HIS FAMILY. ANNE, BABKIN'S DAUGHTER, DROVE IN FROM CALIFORNIA AND CALLED POLICE WHEN SHE ARRIVED AT SPRING VALLEY HOSPITAL.

ATTACHMENT B

Victims of Crime Program Application
Received July 29, 2009



10-10013904-NR
State of Nevada
Victims of Crime Program

RECEIVED

JUL 29 2009

CCSI

Application for Victim of Crime Compensation

VOCP Date Stamp and Claim #

If you need help completing this application please go to: www.voc.nv.gov, to find victim assistance programs in your community, or to contact the VOCP office in Reno or Las Vegas for assistance or referral to a community program near you.

Please complete Sections 1 through 12 to the best of your ability. Use a black or blue ballpoint pen. Please Print Neatly.

Section 1: Tell us about the Victim.

The victim is the person who was attacked, injured or killed during the crime.

First Name Babken	Middle	Last Name DARBINIAN
Mailing Address 461 N. Bonhill Rd.	Apt.	City, State, Zip Los Angeles, CA. 90049
Home Phone 310/471-0419	Work Phone N/A	Cell Phone N/A
Date of Birth 08-24-25	Age 84	Last 4 Digits SSN 7919
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		E-Mail N/A
if victim is deceased, date of death:		

Section 2: If you are applying for the victim, tell us about you.

An applicant is a person, other than the victim, who is completing the application where the victim is under the age of 18, mentally or physically incapable of completing the application, or deceased.

First Name Anna	Middle A.	Last Name DARBINIAN
Mailing Address (if different from victim) 461 N. Bonhill Rd.	Apt.	City, State, Zip Los Angeles, CA. 90049
Home Phone 310/471-0419	Work Phone 310/2476070	E-Mail AD@ASHERSON.NET
Relationship to victim: Daughter	Last 4 Digits SSN 4227	Date of Birth (applicant must be an adult) 08-14-70

Section 3: Tell us about the Victim's Residency Status.

Nevada law limits VOCP assistance to citizens of the United States, or those lawfully entitled to "reside" (live without legal restrictions) in the United States at the time of the crime. NRS 217.220 (b)

Is the victim a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes skip to Section 4 below:	If not a citizen is the victim/ applicant legally entitled to "reside" in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide copy of "green card", drivers license, Passport, or other documentation.	If not entitled to reside in the U.S. describe victim/applicant status: <input type="checkbox"/> Tourist/ Visitor <input type="checkbox"/> Visiting Worker <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Other:
--	---	--

Section 4: Tell us about the crime.

Please attach a copy of the police report prepared by the Law Enforcement Agency. Claims submitted without a police report will be accepted and the VOCP will request a report. A decision will be made when the VOCP receives an official police report.
 Note: Only Violent Crimes are eligible for VOCP assistance. No Theft or Property Crimes can be approved by the VOCP.

Name of Law Enforcement Agency the crime was reported to:

Las Vegas Metropolitan Police Department

Date of Crime:

01/18/2009

Date Crime was Reported:

01/18/09 to 01/19/09

Crime Report No:

LLV090119000385

If Crime occurred more than one (1) year ago, please indicate why you did not apply to the VOCP until now.

- ☐ Unaware of the VOCP
☐ Physically/Mentally unable to apply
☐ Other, explain:

Type of crime:

- ☒ Misdemeanor Assault/Battery
☒ Felony Assault/Battery
☐ Domestic Violence/Assault
☐ Homicide

- ☐ Pedestrian Hit and Run
☐ Robbery
☐ Child Abuse
☐ Elder Abuse
☐ Stalking/Kidnapping

- ☐ DUI
☐ Vehicular Manslaughter
☐ Sexual Assault/ over 18*
☐ Sexual Assault/ under 18*
☐ Other:

County where crime occurred:

- ☒ Clark (*Bellagio Hotel*)
☐ Carson City
☐ Churchill
☐ Douglas
☐ Elko
☐ Eureka
☐ Esmeralda
☐ Humboldt

- ☐ Lyon
☐ Lincoln
☐ Lander
☐ Mineral
☐ Nye
☐ Pershing
☐ Storey
☐ Washoe
☐ White Pine

*** Sexual Assault Crimes Only:**

Required by: NRS 217.290 and NRS 217.300

Did you submit an application to the County for sexual assault assistance?

- ☐ Yes
☐ No If No: please explain:

If Yes, have you received and/or spent those funds?

- ☐ Yes
☐ No If No: please explain:

Offender's Name and Address: (if known)

Unknown at this time

Where did the crime occur? (exact address, location, or nearest cross streets)

On the premises of Hotel Bellagio

Describe how the crime occurred:

Assault and Battery occurred from behind the victim. Victim fell to the ground and broke his hip, bruises all over the body, bleeding, hit his head on the concrete. Offender committed the crime and ran.

Describe victim's crime injuries: *BROKEN HIP, MASSIVE HEART ATTACK, BLOOD CLOT, REQUIRING VARIOUS PROCEDURES IN THE HOSPITAL. OPEN WOUND ON THE FOOT, HEAD INJURY, BRUISES & BLEEDING, TRIGGERING DIABETES & BLOOD PRESSURE ISSUES.*

Section 5: Tell us about your Crime Related Expenses.

Please help us determine how we can help you. The VOCP has limited resources and we want to make sure the most important needs and financial issues are taken care of. Please check the crime related expenses you have incurred, or expect to incur because of the crime. Attach your bills, receipts, estimates, or other documents which support your request for payment. Expenses must be directly related to the crime and must have valid supporting documents to be paid by the VOCP.

<input checked="" type="checkbox"/> Hospital Bills <input checked="" type="checkbox"/> Ambulance Bills <input checked="" type="checkbox"/> Medical/Dental Bills <input checked="" type="checkbox"/> Prescription Medication <input checked="" type="checkbox"/> Vision/Glasses <input checked="" type="checkbox"/> Chiropractic/Physical Therapy <input checked="" type="checkbox"/> Loss of Earnings/Support <input checked="" type="checkbox"/> Counseling/Mental Health	<input type="checkbox"/> Funeral and Burial expense <input type="checkbox"/> Crime Scene Clean Up (death claims only) <input type="checkbox"/> Child Care Expenses <input checked="" type="checkbox"/> Emergency Moving or Relocation Expenses <input checked="" type="checkbox"/> Emergency Temporary Housing or Living Expenses <input checked="" type="checkbox"/> Home Security Repairs (homeowners only) <input checked="" type="checkbox"/> Home Health Care <input checked="" type="checkbox"/> Other: <i>Ongoing Support & Regular Attention</i>
---	---

Section 6: Tell us about any Prior Disabilities or Medical Conditions.

If you suffered from any disabilities, or were receiving medical treatment prior to the crime, please explain below:

The only medicine my father was taking was a daily baby aspirin and vitamin supplements. He exercised daily, swam daily and was very independent & self sufficient. The incident changed his life 360°, where now he is unable to do anything.

Section 7: Tell us about any Prior Victim of Crime Claims.

Have you ever filed a Victims of Crime Claim in Nevada, or any other State?

☐ Yes

☒ No

If Yes: State where Claim Filed

Date filed

Type of Crime

Name of Victim, Applicant, or Claimant

Current Status: (Opened or Closed)

Section 8: Please provide Demographic and Statistical Information

This information is gathered for statistical reporting purposes only. This information does NOT effect eligibility in any way.

Annual Income: <input type="checkbox"/> \$0 to \$10,000 <input checked="" type="checkbox"/> \$10,000 to \$20,000 <input type="checkbox"/> \$20,000 to \$30,000 <input type="checkbox"/> \$30,000 to \$40,000 <input type="checkbox"/> \$40,000 to \$60,000 <input type="checkbox"/> \$60,000 to \$80,000 <input type="checkbox"/> \$80,000 to \$100,000 <input type="checkbox"/> Over \$100,000	Employment at Time of Crime: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Retired <input checked="" type="checkbox"/> Other: <i>Helped daughter in Armenian/Russian BUSINESS</i>	Primary Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Other: <i>ARMENIAN/RUSSIAN</i>	Were Alcohol or Drugs a factor in this crime, in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> BI-Racial	Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Education Level: <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Attended College <input type="checkbox"/> Attended Graduate School/ University <input checked="" type="checkbox"/> Have Advanced Degree <i>PHD</i>	

Section 9: How did you find out about the VOCP?

To help us evaluate and improve our services, please let us know how you heard of the VOCP. Please check one or two that apply.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Law Enforcement | <input type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> District Attorney/Prosecutor | <input type="checkbox"/> Victim Service Program (Safe Nest, Stop DUI, etc) |
| <input type="checkbox"/> Hospital/Clinic | <input checked="" type="checkbox"/> Internet Search |
| <input type="checkbox"/> Medical/Dental Provider | <input type="checkbox"/> Newspaper/Media |
| <input type="checkbox"/> Children's Protective Services | <input checked="" type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Other: |

Section 10: Person helping the Applicant Complete this Application.

Please complete the information below if you are only helping the victim complete this application.

First Name	Last Name	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc):
Tele	Email	

Section 11: If an Advocate or Attorney is helping you, tell us about them.

Complete this section if an attorney or victim advocate is assisting the victim. An advocate or attorney is not required in order to apply.

First Name ANNA	Last Name DARBINIAN	Office Telephone 310/2476070
Office Address 9150 Wilshire Blvd. #210 Beverly Hills CALIFORNIA 90212		
Victim Advocate Program or Law Firm Name: ASHERSON, KLEIN & DARBINIAN		Victim Advocate VOCP Account #
Email: add@asherson.net		

☒ Please provide the above advocate or attorney with copies of correspondence sent to the Applicant.

Signature of Advocate or Attorney: (Required to receive documents)

Date:

07-25-09

Section 12: Tell us about the Victim's Insurance or Civil Suit Information

If you have any type of insurance or legal claim please enter the information in the space provided below. Use extra sheets if needed.

Does the Victim/ Applicant have Life, Medical, Dental, or Vision Insurance? <input type="checkbox"/> Yes Medicare <input type="checkbox"/> No	If the crime involved an auto, does the Victim/ Applicant, or the Offender have Auto Insurance? <input type="checkbox"/> Yes N/A <input type="checkbox"/> No	If the crime happened in Victim's home, or on Victim's property, is there Homeowners Insurance? <input type="checkbox"/> Yes N/A <input type="checkbox"/> No	If the crime happened at the Victim/ Applicant's place of work, is there a Workers' Compensation Claim? <input type="checkbox"/> Yes N/A <input type="checkbox"/> No
Company Name:	Phone Number:	Type and Policy Number:	
Has the victim/applicant filed, or will the victim/applicant file, a Civil Suit related to this crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BUT investigating feasibility <input type="checkbox"/> Unknown		Has the victim/applicant received or expect to receive any payment or settlement related to the crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

ATTACHMENT C

Victims of Crime Program Approval Letter
Dated August 14, 2009

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

August 14, 2009

BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES NV 90049

RE: Claim Number: 10-10013904-NR
 Victim: Darbinian, Babken
 Date Of Crime: January 18, 2009

Please be advised your application for benefits from the VOCP has been approved based on the information you have provided in your application and the law enforcement crime report. You are still legally responsible for your medical bills and expenses. We will help you pay your crime related expenses when we receive proper documentation of the expense.

Please submit any crime related bills, receipts, Insurance Explanation of Benefits (EOB) or other payment documents to the address noted below. We remind you that it is illegal to submit non-crime related bills for payment.

If you recover any money from insurance, civil lawsuit or otherwise you are required to notify the VOCP, and to repay the money VOCP pays to you or on your claim.

You are required to keep us advised of any address changes. If you do not your claim may be closed. Your claim will be closed when all the payments we have approved for payment have been made, or 6 months after the last known payment is made on your claim. You may request reopening within 2 years if you have additional crime related bills or expenses.

Most questions regarding available benefits can be answered by reviewing the information provided on our website at <http://voc.nv.gov>. If you are unable to locate an answer to your specific question, please email us at support@voc-net.com, or contact us at the office number listed below.

George Crown
Compensation Officer
Victims of Crime Program
PO Box 94525
Las Vegas, NV 89193-1525
775-688-2900

ATTACHMENT D

Copy of Victims of Crime Program Billing Screen
Showing all payments made between 2010 - 2017

VOC-NET 2.5

Search

Quit

Tasks	Claims	Accounting	Reporting	Administration	System
CL NO: 10-10013904-NR		APP: DARBINIAN, BABKEN		VIC: DARBINIAN, BABKEN	
				C.O.: ALMA BUSTAMANTE	
Claim	Approval	Errors	Documents	Billing	Credits
				Summary	Notes
					Logs

Claim Payment Totals

Medical	Counsel	Cnsl. Ext	Death	Lost Wages	Funeral	Prescrip.	Discretion	Other	CLAIM
\$33,499.99	\$2,800.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$2,000.00	\$0.00	\$43,299.99

Bill Type: Medical - Other

Billed	Approved	Paid	Svc. Began	Svc. Ended	Pay To Line (Check)	PaymentDate	Check No.	Reconciled
\$500.00	\$500.00	\$500.00	01/10/2010	01/10/2010	Babken Darbinian	01/21/2010	61657	02/02/2010
\$6,201.59	\$6,201.59	\$6,201.59	01/10/2010	01/10/2010	Babken Darbinian	01/21/2010	61658	02/02/2010
\$2,488.12	\$2,488.12	\$2,488.12	02/06/2010	02/06/2010	Babken Darbinian	02/25/2010	62494	03/16/2010
\$3,486.91	\$3,486.91	\$3,486.91	12/26/2014	12/26/2014	Anna Darbinian	02/05/2015	111049	02/23/2015
\$7,450.00	\$7,450.00	\$7,450.00	05/16/2014	11/30/2014	Babken Darbinian	02/12/2015	111181	02/23/2015
\$4,100.00	\$4,100.00	\$4,100.00	04/12/2015	06/28/2015	Ana Darbinian	08/06/2015	114262	10/14/2015
\$2,650.00	\$2,020.01	\$2,020.01	12/30/2014	04/22/2015	Anna Darbinian	08/06/2015	114263	10/14/2015

Total Amount Approved For Medical - Other : \$26,246.63

Bill Type: Counseling

Billed	Approved	Paid	Svc. Began	Svc. Ended	Pay To Line (Check)	PaymentDate	Check No.	Reconciled
\$5,600.00	\$2,800.00	\$2,800.00	07/01/2015	11/02/2016	Anna Darbinian	02/08/2017	123889	04/04/2017

Total Amount Approved For Counseling : \$2,800.00

Bill Type: Chiro/Therapy

Billed	Approved	Paid	Svc. Began	Svc. Ended	Pay To Line (Check)	PaymentDate	Check No.	Reconciled
\$2,470.50	\$2,470.50	\$2,470.50	03/11/2011	06/30/2011	Babken Darbinian	03/01/2012	85099	03/16/2012
\$0.00	\$0.00	\$0.00	07/29/2013	02/24/2014	Anna Darbinian	08/28/2014	107745	V:[04/10/2015]
\$0.00	\$0.00	\$0.00	07/15/2013	02/28/2014	Babken Darbinian	10/23/2014	109009	V:[10/24/2014]
\$0.00	\$0.00	\$0.00	07/15/2013	02/28/2014	Babken Darbinian	11/06/2014	109232	V:[11/06/2014]
\$2,259.48	\$2,259.48	\$2,259.48	07/15/2013	02/28/2014	Babken Darbinian	11/13/2014	109284	12/29/2014
\$2,523.38	\$2,523.38	\$2,523.38	07/15/2013	02/28/2014	Babken Darbinian	12/23/2014	110040	12/29/2014

Total Amount Approved For Chiro/Therapy : \$7,253.36

Bill Type: Discretionary

Billed	Approved	Paid	Svc. Began	Svc. Ended	Pay To Line (Check)	PaymentDate	Check No.	Reconciled
\$1,500.00	\$1,500.00	\$1,500.00	03/06/2010	03/06/2010	Babken Darbinian	03/11/2010	62864	04/06/2010
\$500.00	\$500.00	\$500.00	02/27/2017	02/27/2017	Anna Darbinian	03/02/2017	124199	04/04/2017

Total Amount Approved For Discretionary : \$2,000.00

Bill Type: Funeral Expense

Billed	Approved	Paid	Svc. Began	Svc. Ended	Pay To Line (Check)	PaymentDate	Check No.	Reconciled
\$19,472.20	\$5,000.00	\$5,000.00	09/02/2016	09/02/2016	Anna Darbinian	09/08/2016	121263	11/07/2016

Total Amount Approved For Funeral Expense : \$5,000.00

ATTACHMENT E

VOCP Maxed Benefits and Claim Closure Letter
Dated August 4, 2015

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

August 4, 2015

**BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES CA 90049**

RE: Claim Number: 10-10013904-NR
 Victim: Darbinian, Babken
 Date Of Crime: January 18, 2009

This letter is to advise you that the benefits available through the State of Nevada Victims of Crime Program have been exhausted, and your claim has been closed. There are no further benefits available to you through this program.

We trust that the benefits provided have assisted with your recovery from the crime. Please accept our best wishes for your future.

Sincerely,

Authorized Representative
Victims of Crime Program
PO Box 94525
Las Vegas, NV 89193-1525
775-687-8428

ATTACHMENT F

Request for appeal filed by Anna Darbinian
Dated October 6, 2015

10-07-15;07:57AM;From:VOC

To:CCSI - 888

;7756878411

1/ 1

10-07-15;02:07PM;From:VOC
210 210

10-07-15;02:07PM;From:VOC

10-07-15;02:07PM;From:VOC

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

RECEIVED

OCT 07 2015

CCSI

August 4, 2015


BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES CA 90049

RE: Claim Number: 10-10013904-NR
Victim: Darbinian, Babken
Date Of Crime: January 18, 2009

This letter is to advise you that the benefits available through the State of Nevada Victims of Crime Program have been exhausted, and your claim has been closed. There are no further benefits available to you through this program.

We trust that the benefits provided have assisted with your recovery from the crime. Please accept our best wishes for your future.

Sincerely,


Authorized Representative
Victims of Crime Program
PO Box 94525
Las Vegas, NV 89193-1525
775-687-8428

RECEIVED

OCT 07 2015

VOC - Reno

10/6/15

ATTENTION:

We disagree with this decision and would like the matter appealed. Babken Darbinian passed away and there are various costs involved with his passing away, as well as his surviving spouse/family.



ATTACHMENT G

Decision and Order of Hearing Officer Sondra Amodei
Dated November 6, 2015

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: 54405-SA
Claim Number: 10-10013904-NR

ESTATE OF BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES, CA 90049

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

BEFORE THE HEARING OFFICER

The Applicant's daughter's request for Hearing was filed on October 7, 2015 and a Hearing was scheduled for November 3, 2015. A Hearing was held on November 3, 2015 in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant's daughter, Anna, was present by telephone conference call. The Victim of Crime Program was represented by Eugene Johnson, Compensation Officer, by telephone conference call.

ISSUE

The Applicant's daughter appealed the Compensation Officer's determination dated August 4, 2015.

The issue before the Hearing Officer is termination of benefits and claim closure.

DECISION AND ORDER

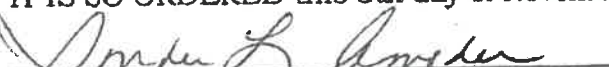
The determination of the Compensation Officer is hereby **AFFIRMED**.

This Applicant had a compensable VOC claim for a January 18, 2009 incident. The claim was accepted and the maximum benefit allowed under this claim is \$35,000.00. A review of the evidence substantiates that the benefits paid under this claim has reached the maximum allowed. As such, the Hearing Officer finds the determination terminating benefits and closing the claim is proper.

APPEAL RIGHTS

If you disagree with this decision, you may appeal this decision to an Appeals Officer by filing a written request for appeal within fifteen (15) days after the date of this decision to: Appeals Office, Department Of Administration, 1050 E. Williams St Suite 450, Carson City, NV 89701.

IT IS SO ORDERED this 6th day of November, 2015.


Sondra L Amodei, Hearing Officer

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NOV 10 2015

CCSI

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing Decision and Order was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

ESTATE OF BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES, CA 90049

ANNA DARBINIAN ESQ
8484 WILSHIRE BLVD STE 711
BEVERLY HILLS CA 90211

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

Dated this 6th day of November, 2015.



Karen Dyer
Employee of the State of Nevada

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: 54405-SA
Claim Number: 10-10013904-NR

ESTATE OF BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES, CA 90049

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: NOVEMBER 6, 2015

(Please attach a copy of the Hearing Officer's Decision)

PERSON REQUESTING APPEAL: (circle one) APPLICANT/VICTIM OF CRIME PROGRAM

REASON FOR APPEAL: _____

If you are represented by an attorney or other agent, please print the name and address below.

Name of Attorney or Representative

Person requesting this hearing (please
print)

Address

Person requesting this hearing (signature)

City, State, Zip Code

Telephone Number

Telephone Number

Date

If you are appealing the Hearing Officer's decision, file this form no later than fifteen (15) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
1050 E. WILLIAMS STREET SUITE 450
CARSON CITY, NV 89701
(775) 687-8420

ATTACHMENT H

Request for Appeal filed by Anna Darbinian
Dated November 10, 2015

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: 54405-SA
Claim Number: 10-10013904-NR

ESTATE OF BABKEN DARBINIAN
461 N BONHILL RD
LOS ANGELES, CA 90049

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: NOVEMBER 6, 2015

(Please attach a copy of the Hearing Officer's Decision)

PERSON REQUESTING APPEAL: (circle one) APPLICANT VICTIM OF CRIME PROGRAM

REASON FOR APPEAL: see attached

If you are represented by an attorney or other agent, please print the name and address below.

Anna Darbinian, Esq.
Name of Attorney or Representative
8484 Wilshire Blvd. Ste 711
Address
Beverly Hills, CA 90211
City, State, Zip Code
310-247-6070
Telephone Number

Anna Darbinian
Person requesting this hearing (please
print)
[Signature]
Person requesting this hearing (signature)

310-247-6070
Telephone Number

11/10/15
Date

If you are appealing the Hearing Officer's decision, file this form no later than fifteen (15) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
1050 E. WILLIAMS STREET SUITE 450
CARSON CITY, NV 89701
(775) 687-8420

RECEIVED
AND
FILED

2015 NOV 12 PM 12:54

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

SUTA - RKN
THURS - 12-10-15
3:30

ATTACHMENT TO REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

Hearing Number: 54405-SA
Claim Number: 10-10013904-NR

REASON FOR APPEAL:

Our application for benefits was not properly reviewed from the beginning, and benefits as allowed under the NRS beyond \$35,000, and our arguments therein, were not addressed by the Compensation Officer, the Hearing Officer, or any issued decisions. For example, we explained that medical reports provide additional support of catastrophic injury, yet the Compensation and Hearing Officers never requested or reviewed said reports. A legal brief and additional supporting documents will be submitted.

ATTACHMENT I

Decision and Order of Appeals Officer Georganne Bradley
Dated November 10, 2015

And

Transcript of Proceedings of March 14, 2016 Appeal Hearing

VOC

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MAY 27 2016
VOCCO-LV

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Victims of Crime Claim of:

ESTATE OF BABKEN DARBINIAN,
Applicant.

Claim No: 10-10013904-NR

Appeal No: 1520946-GB

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MAY 31 2016

DECISION AND ORDER

CCSI

This matter came on for hearing before the Appeals Officer on March 14, 2016.¹ The applicant, THE ESTATE OF BABKEN DARBINIAN (hereinafter, the "Estate"), was represented at the hearing by its authorized representative, Anna Darbinian, Esq. Also present at the hearing on behalf of the Estate was Svetlana Darbinian and Neville Asherson, Esq. The State of Nevada Victims of Crime Program (hereinafter, the "VOCP" or the "Agency") was represented at the hearing by its Program Manager, Rebecca Salazar.

This matter arises from the Estate's appeal of the VOCP's August 4, 2015 notice that Babken Darbinian's claim was being closed as all benefits had been exhausted. On November 6, 2015, the Hearing Officer issued a Decision and Order affirming the VOCP's determination to close the claim. The Estate's representative timely appealed the Hearing Officer's decision.

The hearing before this Appeals Officer was conducted pursuant to Chapter 217 of the Nevada Revised Statutes ("NRS") and all applicable administrative regulations and policies (hereinafter, "the VOCP Policies") in effect on the date of the Agency's action. The Appeals Officer admitted into evidence at the hearing, as Agency's Exhibit "A", a 55-page evidence packet that was filed with the Appeals Office and mailed to the Estate on or about November 30, 2015. The Appeals Officer admitted into evidence after the hearing, as Applicant's Exhibit "1," a one-page letter from Sharo S. Raissi M.D. dated April 28, 2016. At the hearing, the Appeals Officer heard the sworn testimony of (a) Svetlana Darbinian, who is Mr. Darbinian's widow, (b) Neville Asherson, who is Anna Darbinian's law partner and who has personal

¹ The Appeals Officer held the record open following the hearing to enable the Applicant's representative to submit additional documents in support of her position. All documents were received by, and the matter was submitted for decision on, May 12, 2016.

1 knowledge of the events at it issue in this appeal, and (c) Anna Darbinian, who is Mr.
2 Darbinian's daughter and the authorized representative of the Estate for this appeal.

3 After carefully considering the testimonial and written evidence and the legal briefs
4 submitted by the Estate and the Agency, the Appeals Officer hereby makes the following
5 Findings of Fact and Conclusions of Law.

6 **FINDINGS OF FACT**

7 1. Babken Darbinian was injured in connection with a battery that took place
8 outside of the Bellagio Hotel and Casino on January 18, 2009. Mr. Darbinian was hit from
9 behind and knocked to the ground, sustaining a broken hip. Surgery was performed the day
10 after the crime. Mr. Darbinian suffered a heart attack after the surgery, necessitating further
11 surgery. Although he was 84 years old at the time of the crime, Mr. Darbinian was a very
12 physically, socially and intellectually active man before the crime. After the surgeries following
13 the crime, he was essentially bedridden until his death in August 2015. According to the
14 Estate's witnesses, Mr. Darbinian was totally and permanently disabled as a result of the
15 battery.

16 2. Mr. Darbinian's daughter, Anna Darbinian (hereinafter, "Anna") assisted him
17 with and submitted his Application for Victim of Crime Compensation. His claim was accepted
18 and the VOCP thereafter paid crime-related expenses. On August 4, 2015, the Agency notified
19 the Estate that all benefits available through the VOCP had been exhausted and that the claim
20 had been closed. The VOCP asserts that it has paid \$35,000 in crime-related expenses under
21 Mr. Darbinian's claim. Anna would not stipulate that \$35,000 in expenses had been paid but
22 conceded that almost \$35,000 had been paid for crime-related expenses.

23 3. The Estate contends that its claim should not have been capped at \$35,000 and
24 that there are expenses associated with Mr. Darbinian's passing and his widow's care that are
25 directly related to the crime. The Appeals Officer heard credible and persuasive testimony from
26 Anna, her mother Svetlana, and her law partner, Mr. Asherson, regarding the effect the crime
27 had on the lives of Mr. Darbinian and his widow, Svetlana, who provided 24/7 care for Mr.
28 Darbinian following the crime, until his passing. Anna credibly testified regarding her mother's

1 deteriorating health since Mr. Darbinian's death and her need for psychological counseling in
2 order to cope with the disability and subsequent death of Mr. Darbinian. Anna credibly and
3 persuasively argued how the crime was a life-changing event for Mr. Darbinian and his family.

4 4. The Estate submitted as evidence a letter from Mr. Darbinian's treating
5 physician, Sharo S. Raissi, M.D. In pertinent part, the letter provides as follows:

6 [The 2009 assault and battery] resulted in catastrophic and grave injuries
7 requiring multiple procedures and completely changing his life for the worst.
8 Over the span of a few days from the assault and immediate medical treatment
9 in Las Vegas, Mr. Darbinian had become a bedridden and dependent individual
10 incapable of taking care of himself. Mr. Darbinian's psychological condition
11 suffered tremendously as a result as well, as he required assistance with almost
12 all daily functions for the remainder of his life, until his passing last year.

13 Mr. Darbinian's completely debilitated physical and psychological
14 condition impacted not only his own health, leading to his eventual death, but
15 also took a major toll on his wife, Mrs. Lana Darbinian, who is suffering from
16 her own issues as well. Mr. Darbinian's own passing last year further aggravated
17 Mrs. Darbinian's own medical issues, and she requires her own treatments as
18 well."

19 5. Any Finding of Fact which may be deemed to be a Conclusion of Law shall be
20 so considered.

21 CONCLUSIONS OF LAW

22 1. Chapter 217 of the Nevada Revised Statutes ("NRS") provides for aid to certain
23 victims of crime through the VOCP, which assists qualified persons who sustained injuries in a
24 crime committed in Nevada. VOCP Policies, Section One, Subsection 2. Once a claim for
25 compensation is accepted, the Agency pays or reimburses victims for a variety of crime related
26 expenses, including medical, counseling, funeral, lost earnings, prescription medication,
27 relocation, and other crime related costs pursuant to NRS 217.200. A "victim" is defined in
28 pertinent part in NRS 217.070 as one who is physically injured or killed as the direct result of a
criminal act.

29 2. NRS 217.160 provides that if the victim of the violent crime dies, the Agency
30 may order the payment of compensation to or for the benefit of any one or more of the
31 dependents of the victim. NRS 217.200(2) provides that the Agency may order the payment of
32 compensation for a person who pays the funeral expenses of a victim. The VOCP does not
33 reimburse expenses for pain and suffering. VOCP Policies, Section Ten, Subsection (1)(D).

1 3. The claim limit established by the VOCP Policies is \$35,000 per approved
2 claim, except in cases of catastrophic injuries, where limits may be extended up to \$100,000
3 per claim upon approval of the VOCP coordinator, or up to an additional \$50,000 per claim, for
4 a total of \$150,000 per claim, upon approval of the Board of Examiners. VOCP Policies,
5 Section Ten, Subsection (2)(B). These limits are a cap on expenditures and not a guarantee or a
6 right to payment. VOCP Policies, Section Ten, Subsection (2)(G).

7 4. A "catastrophic injury" is one that creates a total and permanent disability for
8 the victim, such as the loss of multiple extremities, paraplegia or quadriplegia, or loss of sight
9 in both eyes. A catastrophic injury claim may be approved by the VOCP for up to \$100,000 as
10 permitted by NRS 217.200. VOCP Policies, Section Eight, Subsection (3).

11 5. In the instant case, sufficient evidence has been presented to support a finding
12 that Mr. Darbinian sustained a catastrophic injury as a result of the assault and battery that
13 occurred on January 8, 2009. His injuries were life-threatening, requiring immediate surgery
14 and extensive medical treatment, and resulted in his documented permanent and total
15 dependence on the assistance of others for the remainder of his life. Accordingly, the Appeals
16 Officer finds and concludes that the Estate's claim must be reopened and designated as a
17 catastrophic injury claim by the VOCP. The VOCP shall approve or deny requests for payment
18 of expenses in accordance with applicable policies up to a cap of \$100,000.

19 6. At this time, the Agency has not denied any claim for payment for expenses
20 incurred by Mr. Darbinian's widow, so the issue of whether the VOCP is obligated to pay any
21 such claims is not properly before me. However, the Appeals Officer heard testimony and
22 comments from both Anna Darbinian and Rebecca Salazar on the issue and offers the following
23 for consideration by the Agency if and/or when a claim for such payment is presented by the
24 Estate. Although the VOCP is only obligated to pay claims to or for the benefit of a "victim,"
25 NRS 217.160(1)(e) provides that the Agency may order the payment of compensation to a
26 member of the victim's household or immediate family for psychological counseling for
27 emotional trauma suffered by the member as a result of the crime of murder. The statute thus
28 acknowledges that a person's death due to a violent crime has a serious and direct effect on the

1 person's family. In the instant case, although Mr. Darbinian was not the victim of a murder,
2 there is sufficient evidence to support a finding that his disability was directly caused by the
3 January 2009 assault and battery, and that complications from his disability resulted in his
4 death. There is no statute, policy, or case law that prevents the VOCP from compensating a
5 victim's household or immediate family for psychological counseling in a case in which the
6 victim's death was established to be caused by the crime, the Appeals Officer would be
7 inclined to find in this particular case that NRS 217.160(1)(e) should be interpreted to authorize
8 the VOCP to approve and pay for psychological counseling for emotional trauma suffered by
9 Svetlana Darbinian as a result of the disability and eventual death of Mr. Darbinian.

10 7. Any Conclusion of Law which may be deemed to be a Finding of Fact shall be
11 so considered.

12 **ORDER**

13 For the reasons stated above, and based on the foregoing Findings of Fact and
14 Conclusions of Law, the Appeals Officer has decided that the Hearing Officer's decision must
15 be REVERSED, that the Estate's claim must be REOPENED, and the claim designated as a
16 catastrophic claim having a cap of \$100,000.

17 IT IS SO ORDERED this 27th day of May, 2016.

18
19 
20 Georganne W Bradley, Esq.
21 APPEALS OFFICER
22

23 **NOTICE:** Pursuant to NRS 217.117, should any party desire to appeal this final
24 determination of the Appeal Officer, a written request for an appeal must be filed with the
25 State Board of Examiners, 209 East Musser, #200, Carson City, NV 89710, within fifteen
26 (15) days of the date of this decision.
27
28

1 CERTIFICATE OF MAILING

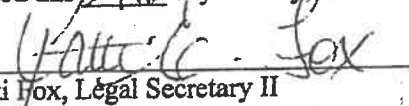
2 The undersigned, an employee of the State of Nevada, Department of Administration,
3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
4 the foregoing DECISION AND ORDER was duly mailed, postage prepaid OR placed in the
5 appropriate addressee runner file at the Department of Administration, Hearings Division, 2200
6 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

7 ESTATE OF BABKEN DARBINIAN
8 461 N BONHILL RD
9 LOS ANGELES CA 90049

10 ANNA DARBINIAN ESQ
11 8484 WILSHIRE BLVD STE 711
12 BEVERLY HILLS CA 90211

13 VICTIMS OF CRIME PROGRAM
14 2200 S RANCHO DR STE 210-A
15 LAS VEGAS NV 89102

16 Dated this 27th day of May, 2016.

17 
18 Patti Fox, Legal Secretary II
19 Employee of the State of Nevada
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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

FILED

FEB - 5 2018

APPEALS OFFICE

In the Matter of the:
Contested Victim of Crime
Claim,

of

ESTATE OF BABKEN DARBINIAN,
Applicant

Claim No.: 10-10013904-NR

Appeal No.: 1520946-GB

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE GEORGANNE W. BRADLEY, ESQ.
APPEALS OFFICER

MARCH 14, 2016

11:36 AM

2200 SOUTH RANCHO DRIVE, SUITE 220
LAS VEGAS, NEVADA 89102

Ordered by: Victim of Crimes Program
Rebecca Salazar
2200 South Rancho Drive, Suite 210-A
Las Vegas, NV 89102

Transcribed By: Jaime Caris, Always On Time

A P P E A R A N C E S

1

2

3 On behalf of the Applicant:

4 Anna Darbinian, Esq.

5 8484 Wilshire Blvd, Suite 711

6 Beverly Hills, CA 90211

7

8

9 On behalf of the Program:

10 Rebecca Salazar

11 Victims of Crime Program

12 2200 S. Rancho Drive, Ste 210-A

13 Las Vegas, Nevada 89102

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I N D E X

<u>EXAMINATION</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RE CROSS</u>
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Svetlana Darbinian	34			
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E X H I B I T S

	<u>IDENTIFIED</u>	<u>IN EVIDENCE</u>
Agency Exhibit A	7	53

P R O C E E D I N G S

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APPEALS OFFICER: All right. We are on the record in the Matter of the Contested Victims of Crime Claim of the Estate of Babken Darbinian. All right, wait a minute. Let me -- I'm going to have to say that over again. We a new system put in and we are searching.

ANNA DARBINIAN: That's what we have in immigration quarters.

APPEALS OFFICER: There we go. Okay. All right. Am I on? Okay. Testing, testing. You know what. I'm going to have, yeah, it looks like we're on. Let me just have our IT guy make sure that I'm recording here.

ANNA DARBINIAN: Sure, please.

APPEALS OFFICER: Just so we don't have any kind of an issue talking and see how it's not really there doing much. Is that right? Am I recording?

SPEAKER: Yeah, everything's fine. You can close this. This is the playback. It is wanting to playback as you go. Just close that out.

APPEALS OFFICER: Just X that out.

SPEAKER: Yep, as long as this is green, this is the volume of your microphone, it's recording, it's going --

APPEALS OFFICER: Where's the volume of the -- because usually when you speak it goes higher than that.

1 SPEAKER: Higher than this here, when
2 you're talking.

3 APPEALS OFFICER: Like right now I'm talking
4 and you see it's not really going anywhere.

5 SPEAKER: To listen to it I'd have to
6 close it out and change the microphone settings.

7 APPEALS OFFICER: Okay.

8 SPEAKER: I can change the gain up on
9 it.

10 APPEALS OFFICER: Okay, I'll just move mine up
11 a little closer then, maybe. Yeah, there. Okay, hello,
12 testing, testing. There we go, yeah. We're on.

13 SPEAKER: [Inaudible] I'll go and then
14 I can change the gain so the volumes are up all the way but
15 I can tell you that when we listened to them, when the tech
16 guys were here Friday listening to them, we could hear the
17 recordings.

18 APPEALS OFFICER: Okay. Thank you. Appreciate
19 it.

20 SPEAKER: You're welcome. No problem. Door
21 shut?

22 APPEALS OFFICER: Yes, please. Thank you.
23 Okay. So with all that preliminary talk on this recording,
24 we are recording in the matter of the Contested Victims of
25

1 Crime Claim of the Estate of Babken Darbinian. Am I saying
2 that name properly?

3 ANNA DARBINIAN: That is correct. Yes, Your
4 Honor.

5 APPEALS OFFICER: Okay, thank you. This is
6 Appeal 1520946-GB. And we're here today on a -- an Appeal
7 that was filed by Anna Darbinian, the daughter and
8 authorized representative of the Estate -- daughter of
9 Babken Darbinian and authorized representative of the
10 Estate of Babken Darbinian.

11 Following her receipt of the Decision and Order
12 that was issued by Hearing Officer, Sandra Ammaday
13 [phonetic] on November 6, 2015, affirming the Victims of
14 Crime Program's determination dated August 4, 2015,
15 terminating benefits and closing the claim.

16 Okay, with me here is Anna Darbinian. Also
17 present with me today in Court is Mr. Nevil Asherson
18 [phonetic] who is Ms. Darbinian's partner in her law firm
19 and Ms. Darbinian's mother -- your name please?

20 SVETLANA DARBINIAN: Svetlana Darbinian.

21 APPEALS OFFICER: S-V-E-T-L-A-N-A-?

22 SVETLANA DARBINIAN: That's it.

23 SVETLANA DARBINIAN: S-V-E-T-L-A-N-A.

24 APPEALS OFFICER: Okay.

25 ANNA DARBINIAN: That's very good.

1 APPEALS OFFICER: All right, thank you, Ms.
2 Darbinian. And with me representing the Victims of Crime
3 Program is Compensation Officer, Rebecca Salazar. Okay.

4 All right. This is an administrative hearing but
5 we do keep it kind of informal. I'll admit documents into
6 evidence and then I'll assume you'll want to testify on
7 behalf of the estate, Ms. Darbinian?

8 ANNA DARBINIAN: Yes.

9 APPEALS OFFICER: I'll swear you in and hear
10 your testimony. Will anybody else be testifying today?

11 ANNA DARBINIAN: Just my mother, just on a
12 couple of minor issues. I mean, not minor, but just a few
13 points.

14 APPEALS OFFICER: A few points. No problem.
15 And when we do that --

16 SPEAKER: Could be [inaudible]. We'll
17 see what happens.

18 APPEALS OFFICER: We'll see what happens.
19 Okay. I'll swear you in one at a time. I'll swear you in
20 first and when it's time for Mrs. Darbinian to testify I'll
21 swear you in and ask you to just come up to the microphone
22 at that point, okay? Any testimony today or just maybe --
23 you'll have an opportunity to ask questions if you'd like
24 to, Ms. Salazar. Okay?

25 REBECCA SALAZAR: Okay.

1 APPEALS OFFICER: And I'll obviously hear any
2 comments you'd like to make as well.

3 REBECCA SALAZAR: Okay.

4 APPEALS OFFICER: All right. I did receive a
5 packet that was filed by the Victims of Crime Program on
6 December 1, 2015. This is -- I'm not sure how many pages -
7 - 55 pages that appears to have been mailed to the Estate
8 of Babken Darbinian at 461 N. Bonhill Road, Los Angeles,
9 90049, November 30, 2015. Did you receive that packet, Ms.
10 Darbinian?

11 ANNA DARBINIAN: I don't believe so. I --
12 other than notifications primarily and the Decision I don't
13 believe I received anything. This was before the last
14 hearing, Your Honor?

15 APPEALS OFFICER: This would have been December
16 -- it was the Certificate of Mailing says it was mailed
17 November 30th, which would have been after the Hearing
18 Officer's hearing and after the Appeal was filed. Is that
19 a correct mailing address?

20 ANNA DARBINIAN: Yes. That's where my father
21 and my mother live and I live with them. But if I may just
22 take an opportunity to just look at it.

23 APPEALS OFFICER: Absolutely. And then we can
24 always go off the record and make a copy of this for you as
25

1 well, too. But I can -- I'll hand this to you if you'd
2 like to take a look.

3 ANNA DARBINIAN: Yes.

4 APPEALS OFFICER: I think these are -- they
5 appear to be documents that you have seen before but I want
6 to make sure that you're comfortable with that. In fact,
7 if you want to keep that in front of you during the hearing
8 and then at the conclusion of the hearing I'll ask you
9 again if you have any objections to the admission of those
10 documents into evidence.

11 ANNA DARBINIAN: Okay.

12 APPEALS OFFICER: Why don't we do that.

13 ANNA DARBINIAN: I appreciate that. I can
14 tell you just from going from the back it seems like it's
15 the application which I have a copy of and also printouts
16 of the payments, I believe. But like, for instance, some
17 of the narrative notes, I don't think I have that. Just --
18 the application is submitted twice here, I guess, for some
19 reason. But, may I just keep this with me --

20 APPEALS OFFICER: Sure, absolutely.

21 ANNA DARBINIAN: -- and then I can just --
22 okay.

23 APPEALS OFFICER: That's not a problem. Do you
24 have a copy in front of you, Ms. Salazar?

25 REBECCA SALAZAR: I do.

1 APPEALS OFFICER: Okay. All right. So -- and
2 I'll just, for the record, explain to you that -- my name
3 is Georgeanne Bradley. I serve as an Appeals Officer for
4 the State of Nevada, Department of Administration. And one
5 of the jobs that I have as an Appeals Officer is to serve
6 as a Hearing Officer for first level of appeals with
7 certain state agencies and as an Appellant Officer for
8 certain state agencies. And one of those is the Victims of
9 Crime Program.

10 I'm not employed by the VOC or affiliated with
11 the VOC in any way. I'm an independent Appeals Officer.

12 ANNA DARBINIAN: Right.

13 APPEALS OFFICER: We hear Workers' Comp claims
14 here primarily, which are all part of the Nevada system as
15 well as other agencies -- Nevada Medicaid.

16 ANNA DARBINIAN: Right.

17 APPEALS OFFICER: So my job is to hear your
18 testimony and the testimony of any of your witnesses, any
19 comments or testimony that the Victims of Crime Program
20 chooses to provide and then I take the matter under
21 advisement. And I look at everything that's been presented
22 to me as well as the testimony provided at the hearing,
23 look at all the policies and the statutes that govern the
24 program and I issue a written Decision that includes
25 Findings of Fact and Conclusions of Law. And that will be

1 issued 15 or less days from today's hearing. Okay. And
2 I'll mail that to you at the mailing address unless you
3 give me a different address of the 461 N. Bonhill Road and
4 that's Los Angeles 90049.

5 ANNA DARBINIAN: No, right. That's perfect.

6 Because --

7 APPEALS OFFICER: I also have your -- a copy
8 will go to your --

9 ANNA DARBINIAN: Because usually I get
10 notification duplicates because I get it from home and also
11 at the business address but this packet, itself, is a
12 packet I don't believe I've received that. But I do have
13 like copies of some of the documents in my file as well.

14 APPEALS OFFICER: At the very least I'll make
15 sure that you go home with a copy of that today so that you
16 can have that in your file.

17 ANNA DARBINIAN: That would be great, perfect.
18 Thank you so much.

19 NEVIL ASHERSON: Can I please add something to
20 what she said?

21 APPEALS OFFICER: Sure.

22 NEVIL ASHERSON: Can we -- if we deem
23 admissible -- submit some additional information and
24 documentation to you before you give notice [inaudible]?
25

1 ANNA DARBINIAN: I guess, in response to
2 perhaps the --

3 APPEALS OFFICER: Hold the record open for more
4 -- yes, I will allow that. It will extend my --

5 ANNA DARBINIAN: Should there be -- should
6 there be --

7 APPEALS OFFICER: -- deadline. So, yeah, let's
8 do that for -- at the conclusion of the hearing -- or let's
9 do this. Let's just hold the record open for seven days
10 after today's hearing.

11 ANNA DARBINIAN: Perfect. That will be great.
12 Thank you so much.

13 APPEALS OFFICER: And then I'll start my clock
14 for issuing a decision from the outside of either the day I
15 receive additional documents or that seven days.

16 ANNA DARBINIAN: Correct. Perfect.

17 APPEALS OFFICER: So my decision will be 15
18 days from there. Okay?

19 ANNA DARBINIAN: Thank you very much.

20 APPEALS OFFICER: Okay. Any objection to that,
21 Ms. Salazar?

22 REBECCA SALAZAR: No, none.

23 APPEALS OFFICER: Okay, good. So -- and that's
24 a good suggestion. Thank you. All right. Okay. So I
25

1 understand that -- let me swear you in first, Ms.

2 Darbinian.

3 ANNA DARBINIAN: Yes.

4 APPEALS OFFICER: I'll ask you to please raise
5 your right hand. Do you solemnly swear or affirm that the
6 testimony you about to give in this matter shall be the
7 truth, the whole truth and nothing but the truth?

8 ANNA DARBINIAN: I do.

9 APPEALS OFFICER: Thank you. You may be
10 seated. And your full name for the record is Anna
11 Darbinian.

12 ANNA DARBINIAN: Anna Darbinian.

13 APPEALS OFFICER: Okay, thank you.

14 ANNA DARBINIAN: Actually, my full legal name
15 would be Anna -- Anna [inaudible] Darbinian. That's how
16 the State Bar knows me, which is just my middle name but I
17 don't usually use that.

18 APPEALS OFFICER: Okay, that -- that's fine.
19 Thank you for clarifying that too.

20 ANNA DARBINIAN: No problem.

21 APPEALS OFFICER: All right. I understand,
22 then, the issue here before me today is there was an
23 accepted Victims of Crime Program Claim, January 18, 2009
24 crime, that was a battery of Mr. Darbinian. And 35 --
25 correct me, you know, in your presentation -- correct me if

1 I'm wrong on any of this, \$35,000 has been paid out by the
2 Program on that Claim and it's your position that this was
3 a catastrophic Claim and that cap should be increased. Is
4 that right?

5 ANNA DARBINIAN: Correct, Your Honor.
6 Correct. And if I may just give you a kind of summary.

7 APPEALS OFFICER: Please.

8 ANNA DARBINIAN: Okay. So my father who has
9 since been deceased on August 31, 2015, was a, you know, a
10 very sort of life-loving and just a very positive
11 individual, very athletic. I brought some pictures that --
12 just to also indicate, you know, basically, even just the
13 year before the -- the crime occurred if I may just show
14 that --

15 APPEALS OFFICER: Sure.

16 ANNA DARBINIAN: - and, you know.

17 APPEALS OFFICER: And, I'm sorry, what did you
18 say -- August 31, 2015?

19 ANNA DARBINIAN: 2015, yes.

20 APPEALS OFFICER: All right. My condolences to
21 all of you. That's very recent.

22 ANNA DARBINIAN: Thank you. Yes, this one is
23 basically just to show - Nevil, first you have to show -.

24 NEVIL ASHERSON: He was very athletic.

25 [Inaudible].

1 ANNA DARBINIAN: I just -- unfortunately
2 [inaudible] earlier.

3 APPEALS OFFICER: Oh, my goodness. Wow. For
4 the record I am looking at photos of Babken Darbinian from
5 -- wow, from when he was younger and --

6 ANNA DARBINIAN: Yes.

7 APPEALS OFFICER: Yeah, older. Wow.

8 NEVIL ASHERSON: He used to exercise every
9 day.

10 APPEALS OFFICER: Oh, my goodness.

11 NEVIL ASHERSON: He had bars out in the
12 backyard and he would put himself up on the bars.

13 [Crosstalk]

14 APPEALS OFFICER: Oh, my gosh. This is
15 amazing. Wow. Very handsome man too. Oh, my goodness.
16 Look at that. He's like a movie star. Thank you.

17 NEVIL ASHERSON: From the [inaudible].

18 APPEALS OFFICER: Yes. Right. Oh, proud
19 moment when his daughter graduated from law school. Is
20 that --

21 ANNA DARBINIAN: Yeah. That's -- actually
22 those were the good old days.

23 APPEALS OFFICER: Yeah. Thank you for -- thank
24 you for sharing these with me. It's -- yeah. It means a
25 lot. Thank you.

1 NEVIL ASHERSON: If I can just say something.
2 If you want to fast-forward from a person like that to --
3 I'll show you a picture of [inaudible] to what happened
4 with the incident was that he fractured his hip.

5 ANNA DARBINIAN: Let me just jump in because
6 you haven't been sworn in yet.

7 APPEALS OFFICER: Yeah, let me actually -- let
8 me swear you in real quickly and then when -- as you make
9 comments -- you may remain seated, that's fine. If you
10 could just raise your right hand for me. Do you solemnly
11 swear or affirm that the testimony you are about to give in
12 this matter shall be the truth, the whole truth and nothing
13 but the truth?

14 NEVIL ASHERSON: Yes.

15 APPEALS OFFICER: Thank you. And your full
16 name is Nevil Asherson?

17 NEVIL ASHERSON: Yes.

18 APPEALS OFFICER: A-S-H-E-R-S-O-N, for the
19 record. Thank you. Question?

20 NEVIL ASHERSON: What I have said already up
21 to now -- can I confirm that?

22 APPEALS OFFICER: Please.

23 NEVIL ASHERSON: Just what I said has been
24 under oath?

25 APPEALS OFFICER: Yes, please.

1 NEVIL ASHERSON: And he went from an active
2 person to an inactive person, completely inactive and
3 bedridden because he fractured his hip. He had a heart
4 condition and the heart specialist said he cannot have any
5 other operations other than fixing his hip. And he ended
6 up with a straight leg that he could not move so he
7 couldn't sit in a chair and it was difficult for him to lie
8 in bed. And I've seen this with my own eyes because I've
9 been to the house many times. And you want me to say --

10 ANNA DARBINIAN: Well, I just wanted to --
11 just so that I can -- and then you can just add on. If I
12 may, Your Honor, just a few -- okay.

13 APPEALS OFFICER: Yes.

14 ANNA DARBINIAN: So, as I was basically
15 discussing, my father has always been extremely athletic
16 and basically just a spur of the moment, well, not a spur -
17 - at a moment's notice when he was in Vegas in 2009,
18 January, a day which we'll never forget, he was basically a
19 victim -- from what I understand from the hotel and from
20 the police officer who investigated this and the detectives
21 -- was that a drunkard had -- an intoxicated individual
22 rather -- not a drunkard -- had his girlfriend or something
23 on his shoulder and my father was walking on a curb so they
24 like, basically, swayed and then the girlfriend's leg

25

1 kicked my father across and he just fell on the ground and
2 he fractured his hip.

3 And then they ran and there was apparently no --
4 nothing on the video that would have identified the faces
5 of the individual. So when we found out was when he was
6 already in the hospital in Nevada so when the call came in
7 we just -- my siblings and I just rushed back to -- sorry.

8 APPEALS OFFICER: It's okay. Take your time.
9 [Inaudible]. We've got some extra tissue boxes around too
10 if anybody needs them. Okay.

11 ANNA DARBINIAN: It's the first time we're
12 back to Vegas, so.

13 APPEALS OFFICER: This is your first time back?

14 ANNA DARBINIAN: Since, yeah.

15 APPEALS OFFICER: Oh.

16 ANNA DARBINIAN: We used to come often.

17 NEVIL ASHERSON: [Inaudible]. He was a slots
18 player. He used to come on a regular basis.

19 ANNA DARBINIAN: With my mom, and I came with
20 him as well.

21 NEVIL ASHERSON: We would go to the Mirage.

22 ANNA DARBINIAN: The Bellagio.

23 NEVIL ASHERSON: The Bellagio and they were
24 always inviting him to come. And one of these occasions he
25 won an antique Ford Thunderbird car. And so he enjoyed

1 gambling, and as a result of what happened he never saw a
2 casino again.

3 ANNA DARBINIAN: So, anyway, I'm sorry. I'm
4 just going to move fast-forward.

5 APPEALS OFFICER: It's all right. Okay.
6 Thanks.

7 ANNA DARBINIAN: So I actually didn't know
8 about the Victims of Crime until the police actually had
9 suggested it. Obviously, one of the considerations I had
10 was to see if the hotel was negligent in some way, because
11 they didn't sort of even sort of offer any -- it was the
12 Bellagio hotel and they had -- he was a guest there and it
13 was just outside where he was trying to catch a cab to go
14 to the airport. He was coming back to Los Angeles.

15 So we basically rushed to -- my siblings and I
16 rushed to Vegas in record time, in my opinion. And decided
17 that we needed to get him transported to Cedars-Sinai,
18 which was a difficult decision because the doctor said that
19 he needs to have surgery immediately. He may be bleeding,
20 et cetera.

21 Also, I think there was some concern that -- the
22 hospital here, basically, had me sign at my own risk that I
23 would take my father to Cedars-Sinai, which was, basically,
24 a place that I go to and my mom just when we need to. And
25 my neighbor, who is a -- one of the Board of Directors

1 there, had organized to get the transportation done and had
2 a surgeon already waiting for the surgery.

3 The surgery was done the very next day. And,
4 basically, my father suffered a heart attack. He was
5 having a clinical -- from what I understand -- heart attack
6 because his Troponin levels were increasing after surgery
7 and he was at risk of having a blood clot, which apparently
8 they stopped, which could have been the cause of an earlier
9 death if that blood clot was not stopped with medication
10 and also they did some procedures.

11 They put some form of like an umbrella, they
12 called it, to make sure that the blood does not go up to
13 the lungs and to the head to have a stroke or some sort of
14 thrombosis kind of a -- I'm sorry, my medical knowledge is
15 not that good. But in the, you know, in the last five, six
16 years I've sort of understood quite more than -- than I
17 used to.

18 And so after that, basically, he was -- we were
19 advised that he needs to have open heart surgery
20 immediately. They did an angioplasty the very same day
21 when they realized he was having -- the Troponin levels
22 were increasing. And the doctor, the cardiologist, said
23 that, "Your father is having a clinical heart attack as we
24 speak." Because they kept on increasing even more and
25 more. So -- and the angiogram is sort of a procedure where

1 they put through the groin and they go up to the heart and
2 then they realize that -- that he would be a better
3 candidate not to have the stents put in but to rather have
4 an open heart surgery.

5 The doctor who treated him after that was the
6 surgeon at Cedars-Sinai, by the name of Dr. Shara Racey
7 [phonetic] and I have some documents that I can also submit
8 into evidence during that seven-day period, because he was
9 also trying to write a letter to that effect. And he --
10 apparently he took the position that my father would not
11 survive an open heart surgery because he was just too weak
12 and too frail and -- at the time. And so decided that he
13 needed to have a recommendation to have the stents put it.
14 And they did a massive stent procedure. They put in six
15 stents in his heart.

16 And then he just said to me after this, your
17 father is like an antique car. You have to just take care
18 of him because he basically -- the Troponin level, which is
19 an enzyme that is released to show that the heart is
20 suffering -- the heart muscles had suffered too long for
21 them between the -- doing the first angiogram and then
22 recommending the heart procedure, the open heart surgery,
23 and then doing the second. Apparently there was too long
24 of a time and he felt that the -- that should not have been
25 the case but it was. But, nevertheless, he just said, you

1 know, just get the procedure done because I was very
2 concerned as to why the hospital took that long to
3 determine that.

4 Basically, after that, my father remained
5 bedridden. He could not -- even though he had the hip
6 surgery done and like my partner stated he a perfectly
7 normal hip. Because he did have a -- bit of a hip problem
8 in that he used, basically, either a cane or he walked
9 slowly because he would just like, basically, I'm not sure
10 what the term is not rock but, you know, he sort of limped
11 to a certain extent.

12 And so, even though he now had a perfectly normal
13 hip, because of the hip replacement he could not use to --
14 stand up and walk because of the -- the fact that he was,
15 basically -- he had suffered what they called a massive
16 heart attack right in the hospital, which was, basically, a
17 cause of the surgery or after the surgery.

18 My father, as I was beginning to explain, would
19 spend, basically, between two to four hours of exercising
20 in the day. He would swim on a daily basis in the pool
21 that we have in our house. And just, you know, basically
22 that's -- he's always been athletic and that's the reason,
23 I think that God gave him the 90 years that he lived
24 because of the fact that he loved the fresh air, you know,
25 open sort of -- the sun and the, you know, the fact that he

1 was eating right, et cetera, all of those factors,
2 basically.

3 So I'm, basically, again coming back to the
4 Victim of Crime Program -- I was introduced to it by the
5 police -- let me just finish -- by the police and so they,
6 basically, recommended that I apply and when I did I
7 indicated in the Victim of Crime Program, which is one of
8 the evidence documents that have come into evidence, I
9 guess, from the submission from the Victims of Crime Board
10 that basically that my father's life -- and I use the term
11 changed 360 degrees, meaning he went from, basically, being
12 super athletic. You know, he would go to the park also to
13 play chess. He was a grandmaster chess player as well.

14 My father had, you know, a PhD in Economics and
15 Engineering from Moscow University. So he was a very
16 highly educated man. But, basically, when I sort of stated
17 this I -- I really didn't even realize I just came to the
18 understanding that \$35,000 limit that -- I'm not
19 necessarily going to admit that all of that has been paid.
20 I looked at some of the invoices but there's some that were
21 questionable and so I -- I wasn't sure if that was fully
22 paid but I will concede that most of it had been paid for
23 the expenses that we incurred.

24 But one of the things that I discussed was that -
25 - or that I wasn't aware was that the limit of \$35,000 was,

1 in fact, a limit in that I -- I guess, what I'm saying,
2 Your Honor, is that I felt that the amount of damages and
3 the suffering that my father and my mother had gone through
4 and my mom still goes through -- I wasn't aware that there
5 was a higher amount, I just relied on the officer, who by
6 the way, just for the record, Mr. George Crown [phonetic]
7 who has helped me in answering some of the questions has
8 been absolutely amazing. He was just wonderful.

9 I have no -- no issues with the Victim of Crime
10 people other than perhaps my last hearing, which I thought
11 was, you know, very, you know, even when I asked the judge
12 if I could introduce some evidence, et cetera, some
13 medical. Nope, nope, and it was just like one of the
14 shortest and one of the -- I felt like there was a
15 predisposition already to begin with and I felt walking out
16 of it that -- it was telephonic. But walking out of it I
17 felt like it was just something that was a waste of
18 everyone's time. I just didn't feel like we had a hearing.

19 And all I ask from your office today, you
20 particularly, Your Honor, is that my father has a fair
21 opportunity -- the hearing and whatever the decision is
22 then so be it but I just want to make sure that -- that the
23 Victim of Crime also understands that whoever assessed my
24 father's claim, I don't believe that they've understood how
25 catastrophic, and even if you took the Nevada Victims of

1 Crime Program policy, even the -- the what classifies as a
2 catastrophic injury claim of a total and permanent
3 disability, my father had a total and permanent disability,
4 which he was not prior to this incident.

5 And, you know, things like involving -- the claim
6 involving life-threatening injuries where additional
7 surgical or emergency medical care is required, is exactly,
8 by definition, what my father suffered. And one of the
9 concerns that had, which I guess I may have misunderstood,
10 I did mention, and there was one payment that they made
11 towards -- for my mom's care. My mother right now needs
12 primarily some psychological and counseling --

13 NEVIL ASHERSON: [Inaudible].

14 APPEALS OFFICER: Problems that have arisen
15 since the accident -- I'm sorry. I don't want to use the
16 word accident -- since the crime occurred?

17 ANNA DARBINIAN: Since the crime because --
18 I'm sorry, Your Honor.

19 APPEALS OFFICER: It's all right.

20 ANNA DARBINIAN: It's -- my mother has been
21 caring for my father for -- since the accident, although --
22 since the crime occurred. Although I have nurses and other
23 staff that -- since the -- it's just that my father's
24 caring -- excuse me. So primarily my -- my concern is that
25 my mother's taken care of. That's really ==

1 notwithstanding the fact that there were certain costs
2 involved with what I incurred which I would have happily
3 done regardless since the passing of my father, which have
4 not been, basically -- reimbursed his expenses because,
5 obviously, from what the Victim of Crime report is
6 suggesting is that the limit has been reached.

7 So any -- the burial and all that kind of cost
8 I've incurred, which I'm happy to do, but I just felt that
9 that was something that was going to be also covered by the
10 Victim of Crime. But I'm more concerned about my mother
11 right now and, especially, some of the -- I mean she
12 definitely -- her life completely changed because my mother
13 was also coming to my office a lot just because, you know,
14 she helped me at the office and she would help my sister
15 and brother and then she was, basically, at a point
16 completely unable to leave the house because my father was
17 bedridden, you know, so she was with him practically 24/7.
18 I mean I would take her to church and grocery shopping but
19 someone would always be with my father during that time.

20 So, you know, in my culture you don't just take
21 your parent and -- these are the moments [inaudible]. My
22 partner's not as fast as I should be.

23 NEVIL ASHERSON: No, no. I mean, I think --
24 if I could just say something.

25 APPEALS OFFICER: Please.

1 NEVIL ASHERSON: They came from Armenia.

2 [Inaudible] where a lot of Armenians and Russians go and
3 congregate from the old country. There's a lot of Russians
4 moving to West Hollywood and, you know, Armenians live next
5 door to them -- a lot of them. So he used to go there at
6 least five days a week to play chess. And to gamble
7 playing chess. He would lose and then they would bid more
8 and then he'd win.

9 APPEALS OFFICER: Smart man.

10 ANNA DARBINIAN: There was never a gambling
11 [inaudible]. He would only gamble here.

12 NEVIL ASHERSON: It wasn't for big money I'm
13 just -- so the point is this was something that he did
14 every day. There was sometimes she dropped him off or
15 picked him up. Because Anna was [inaudible] and there were
16 even times when he went on a Saturday or a Sunday.

17 So this was a big social thing and part of his
18 life apart from the exercising, which disappeared. And so
19 he lost complete contact with all these people. They used
20 to often go to functions in the community, which was
21 weddings, births --

22 ANNA DARBINIAN: Christenings.

23 NEVIL ASHERSON: Christenings. And other
24 functions and there are many Armenian restaurants, which
25 are are fitted out for functions, where they have parties,

1 various things like charities and so on. So he used to
2 enjoy, they used to go up to these things. Sometimes I
3 used to go with them. And all this stopped so he never
4 went to any of those.

5 ANNA DARBINIAN: So January 18th was a life-
6 changing experience for my parents. And so -- and again,
7 Your Honor, I'm solely here because I really want my -- my
8 mother --

9 NEVIL ASHERSON: If I could just add they were
10 well-known in the community. People came out of the
11 woodwork as knowing them that I didn't even know that they
12 had knew anything about. They were always getting invited
13 to one of these [inaudible].

14 ANNA DARBINIAN: My father headed, before we
15 immigrated to America, my father headed one of the -- there
16 were two factories -- shoe factories -- in Armenia. And he
17 was the director of one of them so he knew a lot of people.
18 My mother is a teacher by profession and she also taught in
19 the University as well. So -- so, you know, they -- a lot
20 of people that immigrated from Armenia and from Russia,
21 because my father also graduated in Moscow, and my mother
22 was born in [inaudible] which is one of the Republics of
23 the former Soviet Union bordering Iran and Armenia, Georgia
24 [phonetic], the Caucasuses basically.

25

1 But she -- when she got married -- of Armenia
2 descent -- but when she got married she moved to Armenia.
3 So, basically -- I'm sorry, I've just gone too much into
4 detail about the family but I think all I'm -- the crux of
5 this case really stems from the fact that I just believe
6 that the -- by definition what my father's claim was
7 assessed, this was not just not, basically, just being
8 assaulted and you just move on.

9 This is a situation where it, basically, created
10 an imminent life-threatening kind of complication, which
11 arose as a result of the surgery that my father ended up
12 having, which was the hip replacement and, basically, that
13 had the debilitating effect on both my mom and my dad
14 because they were home most of the time, well, all the
15 time. Most of the time on their own, sometimes, of course,
16 the siblings would sort of go in but we all had our busy
17 kind of lives in terms of, you know, for me it was,
18 basically, my practice and my sister's a very well-known
19 newscaster on television.

20 My brother's a businessman. And so we all like
21 shared our responsibilities but primarily they were home
22 alone and my mom, to this day, is home alone because I go
23 to work and, of course, again, we try to spend as much time
24 but at least she can be mobile and she can move around from
25 if she wants to sit in the garden, have coffee, or just sit

1 outside. Whereas, my dad was solely in bed and we had to
2 feed him. We had -- he could not go to the restroom, and
3 so all of that changed over, like, basically just the one
4 incident on -- right after we came home from -- from the
5 hospital.

6 So, basically, not to be too redundant the
7 catastrophic injury that my father sustained as not been
8 identified or assessed as catastrophic and I just feel
9 that, that by definition is what fits my father's injury.
10 That's what I had put in, in the application for Victim of
11 Crime compensation back in 2009, when I didn't know
12 anything about this program. I explained, you know, in the
13 application I put 360 degree life change that occurred and
14 that's really the reason why I just felt that the decision
15 was not a fair and impartial decision into what really my
16 father suffered and what my mother suffered and continues
17 to suffer. And that's really, basically, why we're here and
18 why I just wanted to appeal it to you.

19 NEVIL ASHERSON: What I can tell you is, Anna
20 and I went to the police department. And the Bellagio has
21 security cameras that conveniently don't give a clear
22 image. So they can only be a liability.

23 APPEALS OFFICER: Unfortunately, for purposes
24 of my Decision -- this is an accepted claim so, you know --

25

1 NEVIL ASHERSON: No, I understand that, I'm
2 just saying that, you know, the doctors, they may have to
3 have security cameras by --

4 APPEALS OFFICER: They do, yeah.

5 NEVIL ASHERSON: The rule is from the
6 [inaudible] casino. And that is that they conveniently
7 [inaudible].

8 APPEALS OFFICER: No comment.

9 ANNA DARBINIAN: Yes, exactly. I agree, Your
10 Honor. And I - you know, the one last comment that I
11 wanted to make, Your Honor, is that when I brought this up
12 to Mr. Crown who, again, has been sort of, basically, just
13 a wonderful human being as well as a representative in the
14 Victim of Crime Program, explained about my mom's condition
15 and he said, "Well, that could potentially fall under like
16 a new claim," and I said, "Well, my mother had -- they had
17 actually paid an expense for my mom and, unfortunately,
18 early on when I had discussed with my mom and my dad, the
19 fact that, you know, you need to see someone, a therapist,
20 or someone who can come to the house given the fact that we
21 come from a culture where seeing a therapist is not a
22 common situation. In the old country they look at that for
23 basically people who are disturbed and crazy.

24 I think that, unfortunately, they could not come to
25 terms until my mother, in her own way, explained to me that

1 she -- she would like to speak to someone. I don't believe
2 she needs a psychiatric evaluation but I'm not a doctor and
3 I wouldn't be able to comment.

4 But she -- my father, I believe, had been married
5 for 53 years. And it's hard for anybody to lose a spouse
6 but someone who, at a moment's notice, becomes permanently
7 disabled and she becomes the caretaker.

8 NEVIL ASHERSON: Psychologists cannot give
9 medication.

10 APPEALS OFFICER: I understand.

11 NEVIL ASHERSON: Whereas a psychiatrist can
12 give medication.

13 APPEALS OFFICER: Right.

14 NEVIL ASHERSON: So she may need to -- she may
15 need a medical release to see a psychiatrist. [Inaudible]
16 psychologist.

17 APPEALS OFFICER: Thank you. Ms. Darbinian,
18 did you want your mother to testify?

19 ANNA DARBINIAN: Well, Your Honor, just maybe
20 one or two questions perhaps if she would like to get her
21 voice heard.

22 APPEALS OFFICER: Sure.

23 ANNA DARBINIAN: And as -- from a point of
24 view of being a dependent --

25 NEVIL ASHERSON: She can medically confirm --

1 ANNA DARBINIAN: Can you just sit here --

2 NEVIL ASHERSON: -- what Anna has been saying
3 relating to her.

4 APPEALS OFFICER: And, Ms. Darbinian's
5 testimony is, you know, credible. Please don't feel that
6 it needs to be confirmed. But if there's --

7 ANNA DARBINIAN: Yeah.

8 NEVIL ASHERSON: She can -- she can add to it.

9 APPEALS OFFICER: I -- yeah, I understand that.
10 I -- I, whatever she's comfortable testifying to.

11 ANNA DARBINIAN: Correct. I -- I think it
12 should be fine [inaudible]. Just very quickly stand up
13 [inaudible].

14 APPEALS OFFICER: Yeah, if you want to maybe --

15 ANNA DARBINIAN: Yeah.

16 APPEALS OFFICER: I don't know, Mr. Asherson,
17 if you want to allow Ms. Darbinian to sit so she can be
18 closer to the microphone.

19 NEVIL ASHERSON: She wants me to move.

20 APPEALS OFFICER: Or you can pull up another
21 chair but if you do be careful because they're super heavy.

22 SVETLANA DARBINIAN: [Inaudible].

23 ANNA DARBINIAN: [Inaudible] sworn in. Get
24 you sworn in. Raise your --

25

1 APPEALS OFFICER: Yeah. If you could raise
2 your right hand for me, Mrs. Darbinian? Your other hand.

3 ANNA DARBINIAN: Mom, your right. Your right
4 hand.

5 SVETLANA DARBINIAN: Right hand. I'm sorry.

6 APPEALS OFFICER: That's all right. It's not a
7 problem. And I'll just ask you, do you solemnly swear or
8 affirm that the testimony you're about to give in this
9 matter, shall be the truth, the whole truth and nothing but
10 the truth?

11 SVETLANA DARBINIAN: Yes.

12 APPEALS OFFICER: Thank you. You may be
13 seated. Just be careful that doesn't roll. And I have
14 your name as Svetlana Darbinian..

15 SVETLANA DARBINIAN: Yes, it's Russian name. My
16 name is Russian name.

17 APPEALS OFFICER: It's a beautiful name. I've
18 heard the name, Svetlana. I think it's gorgeous. Okay,
19 then anything that you would like to tell me, Mrs.
20 Darbinian that you've heard your daughter's testimony, is
21 there anything else that you would like me to know?

22 SVETLANA DARBINIAN: Yes.

23 [Crosstalk]

24 SVETLANA DARBINIAN: Can I talk?

25 APPEALS OFFICER: Yes. You may.

1 SVETLANA DARBINIAN: Okay, thank you. First of
2 all, my -- my character is different because of my parents
3 -- my mom and dad. They rose -- I mean rose --

4 ANNA DARBINIAN: Disciplined you.

5 SVETLANA DARBINIAN: Yes, they raised them up very
6 good, four brothers and me. And after that, I mean, it was
7 the same right now with my husband, which I was with him 54
8 years, together. Never smoke, my husband. Never drink,
9 never. Never, in 54 years, swear to God, no bad words from
10 him. That's why I'm crying.

11 But I say that he was not gambler. Mr. Asherson,
12 said that, no. He just loved it. And never never -- he
13 was good husband. Good father. Good friends. His
14 friends, good people who were around us in country and even
15 in America.

16 ANNA DARBINIAN: Mom, just concentrate on --

17 SVETLANA DARBINIAN: No, no. I just -- even --

18 APPEALS OFFICER: It's okay.

19 SVETLANA DARBINIAN: Even our, where we live right
20 now, at the address you told to us, our neighbors even
21 them, they also came to the cemetery, blah, blah, blah.
22 All of them said, he was an excellent person, excellent
23 man. We all loved him. And they -- all of them came to my
24 house after the cemetery. But I wondered if she -- her
25 heart is like --

1 ANNA DARBINIAN: It's not about me, mom.

2 Anything else or --

3 SVETLANA DARBINIAN: No, I just want to tell you
4 guys. My -- my children also like that. She's like an
5 immigration attorney, when she goes inside immigration,
6 every time.

7 ANNA DARBINIAN: Okay, mom, it's not about --

8 SVETLANA DARBINIAN: No, I want -- security's
9 standing there.

10 APPEALS OFFICER: You're allowed to brag about
11 your daughter. Go ahead.

12 SVETLANA DARBINIAN: No, no. Security standing
13 there. Oh, Anna, came. Anna, came. I mean because she's
14 also like me. Very, very good person. I love her like --

15 ANNA DARBINIAN: Your Honor, I'm sorry. She's
16 just going to off on tangents like that. I'll just limit
17 her testimony to just that. I -- I would sort of say that
18 just in her own words that she wanted to say when she came
19 here that she was by her husband's side 24/7 and I think
20 that's really what she wants to express, that it was her
21 duty as the wife to be by my father's side at all times,
22 basically.

23 SVETLANA DARBINIAN: Yes. Thank you.

24 ANNA DARBINIAN: We'll leave it at that, Your
25 Honor. Okay?

1 APPEALS OFFICER: Absolutely.

2 {Crosstalk}

3 NEVIL ASHERSON: -- that she was very sick
4 about.

5 APPEALS OFFICER: Sure.

6 NEVIL ASHERSON: And felt very restricted.

7 SVETLANA DARBINIAN: No, but after that I started-

8 NEVIL ASHERSON: And since --

9 SVETLANA DARBINIAN: I don't know what happened
10 with me that moment when they were -- the guys were putting
11 on the earth. That moment until today, my face is
12 different. Sometimes I see it and it's not me.

13 ANNA DARBINIAN: Yeah, I think that's
14 primarily the only other thing, Your Honor, is that even
15 doctors have been very concerned about my mom. She's lost
16 excessive weight. She's not been able to put it back on.
17 But most of them wanted to prescribe some psychotropic
18 medication.

19 We also come from a culture, which, basically, is
20 anti-drug and so we try to do it sort of naturally and
21 organically so she's been obviously not very happy with
22 that. And so she hasn't taken it quite honestly other than
23 her hypertension and -- and cholesterol medication. Beyond
24 that, she doesn't really take any other medication.

25

1 But I'm someone who's seen a major change. I'm
2 the youngest of the three siblings and caring for my
3 parents I've seen a major change in my mom, which is what -
4 - what concerns me--

5 SVETLANA DARBINIAN: Thank you very much. Thank
6 you very much.

7 APPEALS OFFICER: Thank you.

8 SVETLANA DARBINIAN: I really love you. Really,
9 and the lady too.

10 ANNA DARBINIAN: Mom.

11 APPEALS OFFICER: Thank you. Thank you.

12 SVETLANA DARBINIAN: Okay.

13 ANNA DARBINIAN: She loves people.

14 APPEALS OFFICER: I can tell.

15 SVETLANA DARBINIAN: She knows what --

16 ANNA DARBINIAN: My mother is the chocolate
17 queen. I buy those bars -- the Russian bars that we have
18 and literally in the store I can buy 10 of those. They're
19 like, basically, two or three dollars and she just hands
20 them to the cash register girls and they look at her like
21 what are you doing? She says, so that's your --

22 APPEALS OFFICER: Take some candy.

23 ANNA DARBINIAN: Exactly. So that your life
24 is as sweet as the chocolate.

25 APPEALS OFFICER: Aww.

1 NEVIL ASHERSON: Russian chocolate, worse than
2 the worst --

3 APPEALS OFFICER: How is it worse? [Crosstalk]

4 ANNA DARBINIAN: -- quite a number of those
5 chocolates, which has increased his diabetes, but that's
6 beside the point. Sorry.

7 SVETLANA DARBINIAN: I would like to invite you
8 guys to my house -- [Crosstalk]

9 ANNA DARBINIAN: -- please don't take it the
10 wrong way.

11 SVETLANA DARBINIAN: Armenian hospitality.

12 APPEALS OFFICER: That's wonderful.

13 SVETLANA DARBINIAN: Really, please. Anytime,
14 just tell me, okay?

15 APPEALS OFFICER: Okay.

16 SVETLANA DARBINIAN: Yeah. And then you will see
17 my --

18 ANNA DARBINIAN: Cooking.

19 SVETLANA DARBINIAN: The other one.

20 APPEALS OFFICER: Yeah. Okay. Okay. So --

21 ANNA DARBINIAN: I think, Your Honor, I'm
22 sorry, we've taken too much of your time and so --

23 APPEALS OFFICER: No, I -- it's -- I appreciate
24 all of your comments. I'll ask Ms. Salazar, do you have
25 any questions or comments you'd like to make?

1 REBECCA SALAZAR: I don't have any questions.

2 I do have some comments.

3 APPEALS OFFICER: Okay.

4 REBECCA SALAZAR: When I came in here, I
5 thought that we were here to talk about funeral costs. I
6 can't tell you why I thought that, maybe from George Crown.
7 I thought that's what you were seeking.

8 And I'll be totally honest, this catastrophic
9 designation has only been around for the past few years.
10 We've not done a lot of them. And the ones we have done
11 we've limited it to really what it says in the policy,
12 which is loss of extremities, paralyzation [sic], or loss
13 of sight.

14 That sentence here that says they create
15 catastrophic injuries or those that create a total and
16 permanent disability, to be honest, is one that we have
17 kind of discounted. We have only approved catastrophic
18 claims for those three reasons listed there. And with kind
19 of, you know, ignored for the lack of a better word, that
20 phrase -- total and permanent disability. So what you're
21 describing here, I -- I agree, that the condition that
22 you've talked about that your father was in, was a total
23 and permanent disability.

24 What I'd like in order to accept this as a
25 catastrophic claim is some medical documentation that

1 confirms that that was his condition. If I receive that, I
2 wouldn't have a problem approving this as catastrophic.
3 But there's limits with that too.

4 The things that we could pay for with that are
5 there's a funeral benefit that we can provide. You talked
6 about bills that you paid out of pocket. Those would be
7 covered. Now, the care for your mom is not part of this
8 claim. And if we approve this for catastrophic, there
9 would be another denial for bills for your mom.

10 If we had paid one in the past, that was done by
11 mistake. That shouldn't have been done. The reason for
12 that is that we only deal with the primary victim. We
13 don't deal with secondary victims, which would be the
14 family.

15 And you mentioned that George talked about
16 creating another application. And that would be fine but
17 she wasn't the victim in this crime. She was a secondary
18 victim, of course. But that would be denied. And I just
19 put that out there because we're here talking about it.
20 That's not something you need to be concerned with Ms.
21 Bradley.

22 APPEALS OFFICER: A second claim?

23 REBECCA SALAZAR: Right.
24
25

1 APPEALS OFFICER: Until that would be filed and
2 denied that wouldn't be something I have any jurisdiction
3 over.

4 REBECCA SALAZAR: Right. So I just say that
5 just because we're here and we're talking about it.

6 APPEALS OFFICER: Right.

7 REBECCA SALAZAR: And so I, you know, if you
8 would like to file that second application, feel free to do
9 so I just want you to understand where we would be in that
10 regard.

11 So, Ms. Bradley, other than that, I'll leave it
12 with you. But, like I said, if I receive some medical
13 documentation I would not mind paying those additional
14 bills, reimbursing you for the other costs you have that
15 were related to this crime. I'll leave it there.

16 APPEALS OFFICER: So from -- from where this
17 stands right now, then, what could happen here is that
18 there would be a -- if you submit the medical -- we're
19 holding the record open for seven days anyway -- submit
20 medical records that establish that your father's condition
21 changed the way it did. The Victims of Crime program
22 according to Ms. Salazar, she's the compensation officer.
23 So she's the boss of George and, you know, the other people
24 that you've talked to.

25

1 ANNA DARBINIAN: Right.

2 APPEALS OFFICER: -- would accept the claim as
3 catastrophic, which would then put you into the next
4 category of what I think takes you up to \$100 or \$150,000.

5 ANNA DARBINIAN: And for my father, Your
6 Honor, the expenses really would come to just a few more
7 medical bills that we had towards the latter part of --

8 APPEALS OFFICER: Plus the funeral expenses.

9 ANNA DARBINIAN: Plus the funeral, yeah, for
10 my father.

11 APPEALS OFFICER: Right.

12 APPEALS OFFICER: But my only concern, and I
13 guess I'll just bring that to Ms. Salazar's attention is
14 that -- it says that it's to -- defines who may be approved
15 by the claim and it says if the victim dies for the benefit
16 of any one or more of the dependents of the victim.

17 And, to me, I realize that my mother's secondary
18 but she's still, basically, been --

19 APPEALS OFFICER: Let me interrupt. Mr.
20 Asherson, my recording is going to be picking up all these
21 voices. So --

22 NEVIL ASHERSON: Sorry.

23 APPEALS OFFICER: So, yeah, if you could allow
24 me to complete the hearing and then you're welcome to talk
25 to her after.

1 NEVIL ASHERSON: I'm just showing her -- and
2 then I was going to show it to you --

3 ANNA DARBINIAN: Okay, can you just give it to
4 me?

5 APPEALS OFFICER: Can you run it through her
6 please or I'm not sure --

7 ANNA DARBINIAN: Yeah.

8 [Crosstalk]

9 ANNA DARBINIAN: It's an open hearing and
10 you're basically --

11 APPEALS OFFICER: Yeah, I would like this --
12 this is Ms. Darbinian's show.

13 ANNA DARBINIAN: Exactly.

14 APPEALS OFFICER: So I want to be sure that
15 she --

16 ANNA DARBINIAN: Thank you, Your Honor.

17 APPEALS OFFICER: -- yeah, shows me anything
18 that she feels is appropriate.

19 ANNA DARBINIAN: You're lucky you're not in
20 contempt of court. Just hold on. Just hold this.

21 APPEALS OFFICER: Okay.

22 ANNA DARBINIAN: Sorry. I'm sorry, Your
23 Honor.

24 APPEALS OFFICER: So, let's do this. And I
25 appreciate your comments, Ms. Salazar. And I'll accept

1 that as position of the Victims of Crime Program on -- on
2 the issue of whether or not this is catastrophic and the
3 issue of whether or not as a catastrophic claim, any bills
4 associated with your mother would be covered. And I'll
5 have -- I'll issue a decision on those issues.

6 I'll address that. I -- honestly I need to look
7 at it all very carefully --

8 ANNA DARBINIAN: Right.

9 APPEALS OFFICER: And I have no idea which way
10 I will go on that but I do appreciate your -- Mr. Asherson,
11 I'm speaking to Ms. Darbinian right now -- your argument
12 regarding the fact that this is an estate that we're
13 talking about here and whether or not that would expand the
14 -- the --

15 ANNA DARBINIAN: Coverage.

16 APPEALS OFFICER: Yes, to -- not just a
17 secondary victim but to someone beyond -- because there has
18 been a death here as well. Look at all of it under those
19 circumstances. And I -- so I think the argument here is
20 several.

21 One, this is catastrophic so, therefore, we need
22 to go beyond the \$35,000 cap. Two, assuming it's
23 catastrophic, then is an accepted claim for catastrophic
24 injury, what kind of claims does it pay? Is it only bills
25 that are associated with the primary victim of the crime?

1 Or does it extend to one who would be considered a
2 secondary victim or beneficiaries of the deceased victim.

3 I'll look at that under the facts of this
4 particular case; your father, as the primary victim as well
5 as his widow and any charges of the estate. Ms. Salazar?

6 REBECCA SALAZAR: I'm just thinking more. And,
7 you know, in claims that are homicide claims, counseling is
8 available to the extended family. So this isn't really a
9 homicide claim but he did -- maybe if you had medical
10 documentation that indicated he died related to these. So,
11 there's a lot there that you can think about.

12 APPEALS OFFICER: Yeah. And I think that
13 that's really the way I would look at this, is that it
14 sounds to me that we get to a catastrophic claim here
15 because it was, as Ms. Darbinian argued, more than an
16 assault and a battery. This was a crime that led to
17 consequences that would not have occurred but for this
18 crime occurring.

19 And as a result of the crime, it's just been a
20 domino effect since then of an entire life doing a 360 and,
21 therefore, Mrs. Darbinian's life doing a 360. And there
22 would be limits to that but to the extent that Mrs.
23 Darbinian needs some counseling or medical attention that
24 has -- that is a direct result of what she's had to go
25 through since 2009 and his passing.

1 It's certainly all directly connected to that
2 incident in January of 2009. And I think that's a good
3 analogy. I mean there are cases where there is an actual,
4 you know, shooting that occurs and the victim dies on the
5 spot. In that case, there are family members who are the
6 victims. So I'll look at it from that perspective. I
7 appreciate you bringing that up.

8 ANNA DARBINIAN: Thank you, Ms. Salazar. And
9 I think that the only other, if I may just --

10 APPEALS OFFICER: Please.

11 ANNA DARBINIAN: -- my mother who used to, you
12 know, I could bring affidavits where my mother, she's the
13 mature age of 78 now. But with my staff, when she would
14 come to the office her memory of finding files and names is
15 just unmatched.

16 And she was -- she had the best memory of anyone
17 that -- they all envied her including 30 and 40 year olds
18 like how she remembers things. And now, you can ask my
19 mother can you get the milk from the refrigerator or
20 something from the laundry room and she goes and stands
21 there and she says, "I'm sorry, what did you want me to
22 get? I just forgot."

23 I -- I recognize that it could be a preexisting
24 condition as well because, of course, when we age it
25 happens, but it's just been the -- the decline has been so

1 rapid and so -- again, if it's a pre-existing condition I
2 can't speak of that. But I -- I can tell you from the
3 history of my mother that her memory, her ability to
4 remember names and -- it's just been unmatched and I think
5 I sort of follow genetically from that point of view as
6 well because I'm -- with faces, not with names, Your Honor.
7 But, you know, because I could have people who have come to
8 see me three years ago and I can tell them you sat in this
9 chair and your wife sat in the back. And they are just are
10 like, stunned, as to how that's possible.

11 But it's just the decline has been so
12 significant. And since the passing, I think that my mother
13 sort of was getting at a point where there was a lot, like
14 my partner said, frustration that she was always home. She
15 felt constrained. She felt depressed. And I feel like
16 there's not enough air, she says to me. And, you know, I
17 didn't pay too much attention to that. Not from a physical
18 standpoint, she felt very -- and my mom just wants to, you
19 know, talk and talk and talk now.

20 And that's how she's been, very personable. But
21 I just thought that that was -- that really has changed and
22 I just feel that she just needs to talk it out and maybe
23 feel like she is getting better because, you know, her
24 weight loss and everything, I don't, you know, physically

25

1 from what I understand from the doctors, there's nothing
2 wrong with her. All her metabolic levels are fine.

3 They're all, you know, but she keeps on losing
4 weight even though she eats, not as much, but she still
5 eats and I feel like it's the direct cause is depression,
6 which sort of -- if I were -- I'm not a psychologist but it
7 was almost like, okay, it just happened and like in the
8 funeral she said to me, "Who was there and I don't remember
9 anything. Who was talking to me?"

10 And I understand that all happens because I don't
11 remember half the things that happened during the funeral
12 as well but she just -- just -- even after the death it's
13 just been a complete decline and I just want her to feel
14 better. That's really all I'm asking for.

15 Beyond that, I care for all her expenses. I've
16 cared for my father's expenses. And, you know, I've been
17 blessed by God that I have the ability to earn a living and
18 to take care of them and I will do so for the rest of their
19 lives -- or life for my mom, but that's really what I
20 wanted to point out.

21 And just one last thing, you know, Ms. Salazar,
22 when you mentioned -- and please don't quote me on this and
23 I don't know if Mr. Crown told me this or not about the new
24 claim, but in terms of the -- the eligibility standards, it
25 does talk about if the victim dies benefit of any one or

1 more of the dependents of the victim. And previously she
2 did get paid, I'm sure perhaps it was a mistake, but my
3 understanding from going back many years was that the wife
4 could be considered to be a -- like a dependent of that
5 person but she -- her expenses were just nothing. She was
6 just taking care of my father and -- but I just didn't
7 realize over the years how depressed mentally, you know,
8 devastated she must have been, basically, is what I'm
9 saying.

10 REBECCA SALAZAR: Yeah, I understand that. And
11 that, unfortunately, happens a lot because when people are
12 gravely injured the family takes over a lot of the care.

13 But, unfortunately, in this program we do exclude
14 secondary victims. So the only way, as I mentioned before,
15 is because he's passed away now if we're, you know,
16 directly relating that back to this crime then those mental
17 health benefits would be available to her and to you and
18 your siblings.

19 ANNA DARBINIAN: Yeah, I -- I'll handle -- I
20 do --

21 REBECCA SALAZAR: If you needed it.

22 ANNA DARBINIAN: Yeah, thank you.

23 REBECCA SALAZAR: Not that I think you need it.

24 ANNA DARBINIAN: I appreciate it. To be honest
25 with you I -- I -- I am seeing -- completely -- I had a --

1 NEVIL ASHERSON: [Inaudible].

2 APPEALS OFFICER: Leave it to your partner.

3 ANNA DARBINIAN: One of the things my father -
4 - and that's probably the only thing I need is one of the
5 things he was very concerned about is she wanted to hold my
6 -- my child and unfortunately I had a loss in 2012 of a
7 seven month pregnancy so that sort of cultivated things so.
8 But that's why I'm seeing someone but beyond that I think I
9 can handle it and I'm sort of okay, I guess.

10 APPEALS OFFICER: Well you've certainly done an
11 admirable job today representing your family.

12 ANNA DARBINIAN: Thank you, Your Honor.

13 APPEALS OFFICER: So, I know this is incredibly
14 emotional and difficult to go through under any
15 circumstances. But it sounds like you just had one after
16 another after another. And it means -- it means so much
17 that you're here and that all of you -- that you're here
18 and you're allowing me to get to meet you and hear directly
19 from you. And I think it's made all the difference
20 actually in this case. So --

21 ANNA DARBINIAN: You both have been amazing
22 and I just want to thank you.

23 APPEALS OFFICER: Thank you.

24 ANNA DARBINIAN: Just for hearing us.

25 APPEALS OFFICER: My pleasure.

1 NEVIL ASHERSON: Can I show you something?

2 APPEALS OFFICER: He's dying to say something.

3 Come on up. Why you're up here I'll hand back the photos.

4 NEVIL ASHERSON: [Inaudible].

5 APPEALS OFFICER: Okay.

6 ANNA DARBINIAN: My partner can't stop

7 speaking out. I think he comes from South Africa. So, I'm

8 sorry.

9 APPEALS OFFICER: No problem.

10 ANNA DARBINIAN: I'm sorry, I promised myself

11 I wouldn't but it's the first time we're back. I usually

12 come in and as soon as I pass by Mirage, it's like tears --

13 because everyone knew my dad. [Inaudible] one of us here.

14 And, you know -- [Crosstalk]

15 APPEALS OFFICER: And this was in the packet

16 that we had? Okay.

17 NEVIL ASHERSON: [Inaudible].

18 ANNA DARBINIAN: -- taught me how to play

19 chess and I became grandmaster of my group.

20 APPEALS OFFICER: Right.

21 ANNA DARBINIAN: I don't think I am --

22 APPEALS OFFICER: Thank you. Yeah.

23 NEVIL ASHERSON: [Inaudible].

24 ANNA DARBINIAN: Thank you so much for

25 everything. I'm sorry again for [inaudible].

1 APPEALS OFFICER: Right. Okay.

2 ANNA DARBINIAN: She fell in love with both of
3 you.

4 APPEALS OFFICER: Okay. Good.

5 [Crosstalk]

6 APPEALS OFFICER: I'll make a copy of the
7 entire packet for you to take.

8 NEVIL ASHERSON: [Inaudible].

9 APPEALS OFFICER: Sure.

10 NEVIL ASHERSON: -- the whole package.

11 APPEALS OFFICER: Well, let's discuss what you
12 guys are going to be presenting to me and I'll keep this
13 now so I can mark this into evidence and get you a copy
14 before you go. I'm going to return these to you. No, as
15 long as I have a chance to see them, that's fine. I made a
16 note into my record that I've seen these photos. So, thank
17 you.

18 NEVIL ASHERSON: [Inaudible]. It's not
19 necessary. It's enough that I've been able to see it.
20 Thank you.

21 ANNA DARBINIAN: [Inaudible], no you cannot.
22 I can understand because the hearing was already
23 terminated. So I just felt like this is like beyond the
24 360 degree change from the last hearing. Thank you again
25 very much for everything. Both of you.

1 APPEALS OFFICER: Oh, my pleasure. Thank you.
2 Okay, so what I'm going to do then is I'm going to mark and
3 enter this packet into evidence that the -- that the VOC
4 submitted. I'll call that Agency's Exhibit A.

5 ANNA DARBINIAN: Yes.

6 APPEALS OFFICER: I'm going to make a copy of
7 this for you. I'll bring it out to the front desk for you.

8 ANNA DARBINIAN: Yes.

9 APPEALS OFFICER: Before you go. And then I'm
10 holding the record open for seven days. If you run into
11 deadline problems, if you end up being super busy at work
12 or something and you need a little more time, don't
13 hesitate to call my office and ask for a few more days.

14 ANNA DARBINIAN: I appreciate that, Your
15 Honor.

16 APPEALS OFFICER: That's not a problem. And as
17 I said, I'll start my clock on the decision -- my 15-day
18 clock from the earlier of the date I received the documents
19 or the expiration of that -- of that time period.

20 I will ask if you could -- when you submit your
21 packet, whatever documents you want to submit to me, send a
22 copy of it as well to Rebecca Salazar and if you could send
23 it directly to Rebecca Salazar at the Victims of Crime
24 Program, so we're sure it goes to her and doesn't get stuck

25

1 in a file somewhere, she'll be able to take a look at what
2 you submit as well.

3 And Ms. Salazar when you receive those documents
4 from them if there's any additional comments or some areas
5 of concern, you're certainly welcome to let my office know
6 that and we'll set up a conference call to talk about it.
7 I don't anticipate that but just in case, I don't want to
8 prevent you from having opportunities to comment on
9 documents that aren't before you today.

10 REBECCA SALAZAR: Okay.

11 APPEALS OFFICER: And you don't need --
12 certainly you don't need to come back for that. We'll do
13 that telephonically if we need to.

14 ANNA DARBINIAN: Right, right. I appreciate
15 it.

16 APPEALS OFFICER: So in that packet that you
17 submit anything that you feel is relevant but particularly,
18 as Ms. Salazar noted, medical records that show what
19 happened. And you don't need to submit, you know, 300-page
20 stack, believe me, I read medical records all day and
21 whatever you feel, you know, summaries or whatever pages
22 you feel are particularly relevant to the issue -- what
23 happened following this attack and what happened to him
24 after that.

25

1 ANNA DARBINIAN: Would the letter -- sorry,
2 one second. Would the letter be acceptable to, like, by
3 the doctor --

4 APPEALS OFFICER: Absolutely.

5 ANNA DARBINIAN: So basically, we just can say
6 I've seen this person from this date to this date. Would
7 that be -- because I do have -- I can get Cedars-Sinai
8 records but, like you said, it's like 300-400 pages and
9 they're basically this note and that note and who knows how
10 [inaudible].

11 APPEALS OFFICER: From my perspective if you
12 can get a doctor to give you an opinion on these issues and
13 put that in letter form, not just a blanket statement but
14 his reasons for his decision or her reasons for her
15 decision, that's very helpful.

16 REBECCA SALAZAR: Yes, I would just add that
17 what the program would be concerned with is his condition
18 at the time of his passing, or close to? Not necessarily
19 from when it -- the passing --

20 ANNA DARBINIAN: At the time of passing?

21 APPEALS OFFICER: At the time of passing?

22 REBECCA SALAZAR: Well, what it led up to -- I
23 don't, you know -- like how you mentioned records from
24 Cedars-Sinai, that would have been seven years ago.

25 APPEALS OFFICER: Right.

1 REBECCA SALAZAR: So along the path.

2 [Crosstalk]

3 ANNA DARBINIAN: Because my father -- I'm
4 sorry. One second. My father, basically, I -- talk about
5 Cedars-Sinai, when we came to Cedars-Sinai and they said
6 who's his treating physician? He's basically seeing one
7 person, maybe two, three years ago. He was on just aspirin
8 a day and then that was the only -- and Zocor, which was
9 the cholesterol. He had no hypertension issues. Nothing.
10 He, you know, and so when they said, cardiologist, or
11 general -- there were none. Other than my own doctors who
12 kicked in and my mother's doctor who kicked in and came in
13 and saw him and sort of -- and my -- my neighbor who's a
14 doctor. He's basically one of the best hand specialists at
15 Cedars-Sinai -- Board of Directors at Cedars-Sinai. And
16 then the next door doctor is also a doctor -- a general
17 practitioner also came and saw -- because they just love my
18 -- my family and my -- my father.

19 But he didn't really -- so I would only get it
20 from that time. I wouldn't have any history of medical
21 care from before because he really didn't see anyone other
22 than just a general once every two years.

23 APPEALS OFFICER: It would be nice if we were
24 all that way where we don't need to see a doctor all the
25 time.

1 ANNA DARBINIAN: Yes.

2 APPEALS OFFICER: With the focus, then, being
3 the total and permanent disability, any document, any
4 medical opinions that --

5 ANNA DARBINIAN: From 2009 --

6 APPEALS OFFICER: -- following the -- the
7 attack.

8 NEVIL ASHERSON: And I had something, which we
9 didn't mention before. I didn't think about it. But I
10 just remembered he suffered from bed sores so, as you know,
11 where there are bed sores in an elderly person and a person
12 bedridden, is very serious. It can become gangrenous. And
13 people can actually die from them -- the infection. He
14 constantly had to deal with these bed sores. Twice, they
15 had to get a --

16 ANNA DARBINIAN: Trauma specialist who came
17 in. He's well known at Cedars-Sinai, Dr. Susuzki
18 [phonetic]. He didn't do home visits but because it was
19 very consistent he just did that and he came in and there
20 was a point where he was concerned about it becoming
21 gangrene related because it was -- the blood circulation
22 was not going well or something. He treated it very
23 aggressively and he would like come in and put the scalpel
24 [inaudible]. He was able to, Thank God, you know, save the
25 situation. That's what I think [inaudible].

1 APPEALS OFFICER: Right, okay.

2 NEVIL ASHERSON: The point is depression. The
3 whole family has it. With regards to these bed sores,
4 lifting him up and cleaning it, and trying to get rid of
5 it.

6 ANNA DARBINIAN: [Inaudible].

7 NEVIL ASHERSON: Very serious. As you know,
8 [inaudible] because they can charge you with a crime for
9 failure to [inaudible]. So they had this constant pressure
10 from me to make sure it's okay and it doesn't get too bad
11 because I'll say that you neglected him.

12 ANNA DARBINIAN: As long as God doesn't feel
13 like we neglected him that's all I worry about. No one
14 else. I don't --

15 APPEALS OFFICER: I would be very surprised.
16 Just meeting you today I know that you've all, you know --
17 this is out of line for me to say but how -- I lost my
18 mother three years ago and she was my very best friend.
19 And I remember at the time thinking this is the price you
20 pay when you've loved someone so much. And you were so
21 blessed to have been so loved. And I think your father was
22 very loved and you're all very lucky, you know. You're
23 going through now all the pain of having had all those
24 years with such a wonderful man. And I have no doubt that
25

1 you were there 24/7, all of you, making sure that he got
2 the very best care.

3 Now, we see a lot in these hearings. And sadly -
4 - and I'm not just talking Victims of Crime Program, I'm
5 talking about different agencies as well. Sadly there are
6 too few people that have families who are there for each
7 other. It's alarming to me to see that. And very
8 inspiring for me to meet people who are there for their
9 families who still have busy lives but are there. You were
10 raised by your parents. You're there for your parents and
11 -- and this was very -- it was a real honor to meet all of
12 you today.

13 ANNA DARBINIAN: It was ours, Your Honor.
14 Thank you very much and I think I would only thank God
15 because of my Christian faith and my beliefs and being
16 raised by my parents that I feel like -- and you're
17 absolutely right. I see all that every day as well and
18 mine are not as catastrophic. I mean, you know, being
19 deported, et cetera, but I see all the family kind of
20 dynamics and it's - just wonders, because, you know, when
21 we would go to the hospital and we've been in the ICU
22 Department twice with my father because I had to rush him
23 because of pneumonia, which is basically what was the cause
24 of --

25 APPEALS OFFICER: Yeah.

1 ANNA DARBINIAN: And, you know, the nurse and
2 all the doctors there would, basically, just, you know,
3 because he would never be left alone. I would never have
4 anyone, be it my sister, myself, my brother, we would
5 rotate but, you know, usually the first couple of days I
6 would be there to make sure -- because my father only
7 wanted my input in medical. Which was sad for my brother
8 because, as a man, he would say like "I'm your son, dad."
9 You don't have to [inaudible]. Your daughter has to be
10 here even when they rushed him into the surgery and
11 everything he would only want me by his side.

12 But, you know, and I've been blessed, you know,
13 as long as I said, "If God believes that we've done
14 everything that's my definite mark and that was also my
15 father obviously. More importantly, God's judgment is the
16 most important to me.

17 Thank you very much. It means a lot to me
18 to have the comment and my condolences for your passage as
19 well.

20 APPEALS OFFICER: Thank you. Thank you so
21 much.

22 ANNA DARBINIAN: Sometimes I wonder, Your
23 honor, Loving someone so much but --

24 APPEALS OFFICER: Yeah.

25 SVETLANA DARBINIAN: [Inaudible].

1 ANNA DARBINIAN: Mom, no.

2 APPEALS OFFICER: We'll wrap up and then, yeah.

3 SVETLANA DARBINIAN: When I went to a [inaudible]
4 like around three weeks to doctors at Cedars-Sinai. I mean
5 [inaudible]. Seven years I know the two doctors. Excellent
6 doctors. When they saw me, they say, "What happened?"
7 "What happened?"

8 ANNA DARBINIAN: They are just concerned about
9 her weight loss.

10 SVETLANA DARBINIAN: [Inaudible]. You have to
11 eat, three times a day. Water. This, this. I said, I
12 can't, really I can't --

13 ANNA DARBINIAN: [Inaudible]. Sorry, Your
14 Honor.

15 APPEALS OFFICER: Okay.

16 ANNA DARBINIAN: It's important to have the
17 heart to love I think is what I was about to say, Your
18 Honor.

19 APPEALS OFFICER: Yes.

20 ANNA DARBINIAN: Clearly, you also have the
21 heart to love --

22 APPEALS OFFICER: Yeah.

23 ANNA DARBINIAN: -- and I'm sure Ms. Salazar
24 as well so thank you again for everything.

25 APPEALS OFFICER: Thank you.

1 ANNA DARBINIAN: And, again, for the record
2 I'm sorry about running late.

3 APPEALS OFFICER: It's not a problem at all.
4 Okay, I'll call this matter submitted for -- actually, I'm
5 holding the record open for seven days. I'll call the
6 matter submitted when I've received your packet or, you
7 know, again, let me know if you need a little extra time.
8 That's fine.

9 ANNA DARBINIAN: And thank you very much.

10 APPEALS OFFICER: I conclude the hearing and go
11 off the record.

12 [end of proceeding 12:49:47]

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CERTIFICATE OF TRANSCRIPT

I, Jaime Caris, as the Official Transcriber, hereby
certify that the attached proceedings before the Judge,

In the Matter of the:
Contested Victim of Crime
Claim,

of

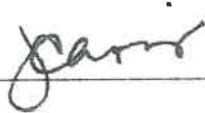
ESTATE OF BABKEN DARBINIAN,
Applicant

Claim No.: 10-10013904-NR

Appeal No.: 1520946-GB

were held as herein appears and that this is the
original transcript thereof and that the statements
that appear in this transcript were transcribed by me
to the best of my ability.

I further certify that this transcript is a true,
complete and accurate record of the proceeding that
took place in this matter on March 16, 2016 in Las
Vegas, Nevada



Jaime Caris
Always On Time
February 5, 2018

ATTACHMENT J

VOCP Payment Document and Funeral Bill for Babken Darbinian
Dated September 7, 2016

333No Comp Officer *Northern*Index Code: ~~VFBIL~~*VFBIL/AB***VOC NON-VENDOR PAYMENT****CLAIM: 10-10013904-NR****NAME: Anna Darbinian****ADDRESS: 8484 Wilshire Blvd., Suite 711
Beverly Hills, CA 90211****APPROVED AMOUNT: \$ 5,000 00**☐**MEDICAL BILL-
RX FILL**

09/02/2015

☐**LOST WAGES**☐**MEDICAL SUPPLIES**☐**RELOCATION**☐**CHILD CARE**☒**~~DISCRETIONARY~~ Funeral expense reimbursement***Fee/AB***SURVIVOR BENEFITS**☐**RECEIVED****SEP 07 2016****CC81**

FOREST LAWN[®]

FUNERALS • CREMATIONS • CEMETERIES

Page 1 of 1

Purchaser
Anna Darbinian
 461 N. Bonhill Rd.
 Los Angeles, CA 90049

Service For Babken Darbinian
Contract Date 09/02/2015
Account Number 01261425
Representative Khoury, Salpy

Basic Services and Facilities	
Transfer	\$1,350.00
Embalming	\$450.00
Care and Preparation	\$475.00
Vigil, Prayer Service or Church Visitation Outside	\$275.00
Graveside/Nicheside Ceremony	\$550.00
DVD/On-Line Memorial Bookshelf Box	\$500.00
Candles Memorial Book	\$0.00
Casket 4-174 The Branson	\$80.00
Casket Discount for Heritage Package	\$3,700.00
Carnation Boutonnieres	(\$1,835.00)
Heritage Flowers	\$0.00
Casket Coach	\$95.00
Certified Copies of Death Certificates	\$350.00
Acknowledgement Card Advise for Heritage Pkg	\$21.00
Sales Tax	\$0.00
Mortuary Subtotal	\$183.60
	\$6,194.80
Property Loc: Hollywood Hills Section: Peaceful Memory Lot: 7550 Space: 3	\$6,800.00
Interment & Recording	\$1,295.00
Memorial Tablet 94H, 24 X 28 24 Words	\$1,700.00
Placement and Foundation Charge for Lawn Tablets	\$350.00
** Lasting Memories Lawn Portrait Frame #6 7.71" X 5.78"	\$650.00
Continental Vault	\$995.00
1 Guardian Lawn Vase	\$45.00
Ca. Department of Consumer Affairs Fee	\$8.50
Incense Burner	\$100.00
Sales Tax	\$314.10
Cemetery Subtotal	\$12,257.60
PROPECF PEACEFULME-7550-3	\$1,020.00
Endowment Care Subtotal	\$1,020.00
Contract Total	\$19,472.20
Amount Paid	(\$19,472.20)
Balance Due	\$0.00

** Indicates adjustments made to the contract after the initial arrangement.

If you have any questions about your account, please call (323) 340-4549

1712 S. GLENDALE AVENUE • GLENDALE, CA 91205 • 800-204-3131 • FORESTLAWN.COM

FOREST LAWN MEMORIAL-PARKS & MORTUARIES INC.
 GLENDALE

ATTACHMENT K

VOCP Payment Document and Counseling Receipt for Anna Darbinian
Dated February 2, 2017

No Comp Officer *Northern*

Index Code: VOBIL

VOC NON-VENDOR PAYMENT**CLAIM: 10-10013904-NR****NAME: Anna Darbinian****ADDRESS: 461 N. Bonhill Road
Los Angeles, CA 90049****APPROVED AMOUNT: \$2,800.00**☐**RX REIMBURSEMENT**

7/1/15 - 11/2/16

☐**LOST WAGES**☐**SURVIVOR BENEFITS**☐**RELOCATION**☐**FUNERAL**☐**DISCRETIONARY**☒**XX****OTHER COUNSELING REIMBURSEMENT**

COST CONTAINMENT STRATEGIES, INC.

PO Box 94525
Las Vegas, NV 89193-1525
88-0284223

BILL NUMBER

2017-098848

Review Date 2/2/17

PROVIDER

TIN: 999999999

TONYA WOOD
9300 WILSHIRE BLVD
BEVERLY HILLS, CA 90212

CLAIMANT

VC-10-10013904-NR DOI: 1/18/09 SSN: 000-00-7919
BABKEN DARBINIAN
461 N. BONHILL RD.
LOS ANGELES, CA 90049
Employer: VOC
Invoice: VICTIM REIMBURSE

Date	Code	Mod	Description	Qty	Billed	Allowed	Adj 1	Adj 2
07/01/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
09/16/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
09/21/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
09/28/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
10/19/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
11/16/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
11/30/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
12/14/15	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
01/06/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
01/11/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
01/16/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
01/25/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
02/01/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
02/12/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
02/19/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
03/09/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
03/16/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
03/21/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
03/30/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
04/06/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
04/13/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
04/20/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
04/27/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
05/06/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
06/08/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
07/13/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
07/16/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
11/02/16	90837	00	PSYCHOTHERAPY, 60 MINUTES WIT	1	200.00	100.00		258
Totals					5,600.00	2,800.00		

If you have any questions regarding this analysis please contact Cost Containment Strategies Inc., PO Box 94525 Las Vegas, NV 89193-1525
phone (702) 433-3145; fax (702) 458-5586. Business hours: 8:00 AM - 4:00 PM PST.

COST CONTAINMENT STRATEGIES, INC.

PO Box 94525
Las Vegas, NV 89193-1525
88-0284223

BILL NUMBER

2017-098848

Review Date 2/2/17

PROVIDER

TIN: 999999999

TONYA WOOD
9300 WILSHIRE BLVD
BEVERLY HILLS, CA 90212

CLAIMANT

VC-10-10013904-NR DOI: 1/18/09 SSN: 000-00-7919
BABKEN DARBINIAN
461 N. BONHILL RD.
LOS ANGELES, CA 90049
Employer: VOC
Invoice: VICTIM REIMBURSE

Date	Code	Mod	Description	Qty	Billed	Allowed	Adj 1	Adj 2
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Unless adjustment code noted, all reductions are due to actual charges exceeding the established fee schedule allowance.

Adjustment Codes:

258 ALLOWANCE BASED ON CCSI/VICTIMS OF CRIME CONTRACT

If you have any questions regarding this analysis please contact Cost Containment Strategies Inc., PO Box 94525 Las Vegas, NV 89193-1525
phone (702) 433-3145; fax (702) 458-5586. Business hours: 8:00 AM - 4:00 PM PST.

VICTIM REFUND
per Rebecca 2/2/14

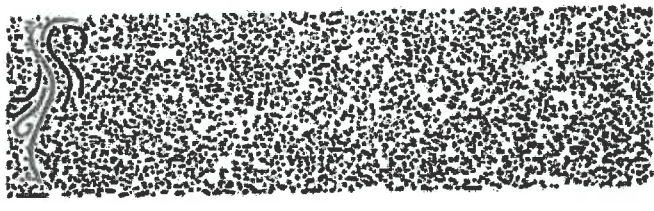
To: Victims of Crime Program Page 2 of 3

2017-01-26 17:13:51 (GMT)

12134023399 From: Tonya Wood, PhD

10-13904NK

Per Alma request med report

	<p>Tonya Wood, PhD 9300 Wilshire Blvd Beverly Hills, CA 90212 California Lic PSY 18927 NPI: 1851473493 Phone: 424-266-4331 E-Mail: tonya@tonyawood.com Web: tonyawood.com</p>
---	---

CLIENT: Anna Darbidjan		DATE OF BIRTH: 8/14/70		
Date of Service	Diagnosis	Service	Total Fee	Amount Paid
7/1/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
9/16/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
9/21/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
9/28/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
10/19/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
11/16/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
11/30/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
12/14/15	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
1/6/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
1/11/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
1/25/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
2/1/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
2/12/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
2/19/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
3/9/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
3/16/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
3/21/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200

RECEIVED

JAN 27 2017

CCM

RECEIVED

FEB 02 2017 098848 CCM

3/30/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
4/6/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
4/13/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
4/20/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
4/27/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
5/6/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
5/11/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
6/8/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
7/6/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
7/13/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200
11/2/16	Adjustment Disorder 309.28	Individual Psychotherapy (90837.128.6)	\$200	\$200

ATTACHMENT L

VOCP Correspondence Detailing Claim Limits
Dated February 13, 2017

BRIAN SANDOVAL
Governor

STATE OF NEVADA

PATRICK CATES
DirectorBRYAN A. NIX
Coordinator**DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME**

2200 S. Rancho Dr., #210-A

Las Vegas, Nevada 89102

Fax (702) 486-2825

(702) 486-2740

RECEIVED

FEB 13 2017

CCSI

February 13, 2017

Anna Darbinian
461 N Bonhill Road
Los Angeles, CA 90049

RE: Claim No: 10-10013904-NR

Dear Ms. Darbinian:

On February 8, 2017, a check in the amount of \$2,800.00 was sent to you. This check represents our approved reimbursement amount for the counseling sessions you participated in from July 1, 2015 through November 2, 2016. \$2,200.00 is available for counseling benefits for the immediate family.

As you and I discussed on October 19, 2016, the funeral benefit offered by VOCP is limited to \$5,000, per program policy. A reimbursement in that amount was made to you on September 8, 2016. No further reimbursement for funeral expenses will be made.

Board of Examiner's Policy; Section Eleven. Available Benefits, 6. Counseling and Mental Health Services

A. Mental Health counseling benefits are available for all approved claims involving physical, emotional and presumed injuries. The VOCP may pay up to \$5,000 for mental health counseling where required as a direct result of the crime, upon receipt of an itemized statement from the provider, including the business address, telephone number and federal taxpayer identification number.

B. Hourly fees for professional counseling and drug or alcohol treatment or therapy services will be based on the following schedule. Other disciplines not listed will be paid at the rates closest to their level of credentials listed here:

- 1) Psychiatrist (MD) \$125.00
- 2) Psychologist (PHD) \$100.00
- 3) Licensed Marriage/Family Therapist (LM/FT) \$ 90.00
- 4) Licensed Clinical Social Worker (LCSW), \$ 90.00

5) Licensed Group Therapy \$ 50.00

~~6) Certified Intern \$ 50.00~~

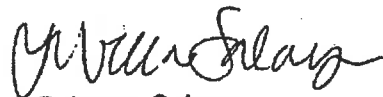
Section Eleven. Available Benefits, 10. Funeral and Burial Expenses

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

B. Funeral Expenses Not Covered include:

- 1) Costs of banquets or wake
- 2) Food or beverages
- 3) Floral Arrangements
- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

Sincerely,



Rebecca Salazar
Program Manager

ATTACHMENT M

Anna Darbinian Correspondence Requesting Clarification of Order
Dated February 24, 2017

LAW FIRM OF
ASHERSON, KLEIN & DARBINIAN
8484 WILSHIRE BOULEVARD, SUITE 711, BEVERLY HILLS, CALIFORNIA 90211
UNITED STATES OF AMERICA
PHONE: (310) 247-6070 FAX: (310) 278-8454

Via E-Mail (salazar@admin.nv.gov)

February 24, 2017

Attn: Rebecca Salazar, Program Manager
Nevada Dept. of Admin., Victims of Crime
2200 South Rancho Drive, Suite 210-A
Las Vegas, NV 89102

Re: Reimbursement Letter of February 13, 2017
Victim of Crime Claim of: Estate of Babken Darbinian
Claim No.: 10-10013904-NR

Dear Ms. Salazar:

This letter is in response to your reimbursement letter dated February 13, 2017. In said letter you advised that a reimbursement of \$2,800 was sent for counseling sessions from 7/1/15 to 11/2/16, and \$2,200 remains available in counseling benefits for the immediate family. You also advised that the funeral benefit offered by VOCP is limited to \$5,000 and no further reimbursement for funeral expenses will be made.

The holding of Appeals Officer Georgeanne Bradley determined the victim's case to be one of catastrophic injuries, and therefore removed the claims and benefits limits established by the VOCP Policies, instead authorizing up to a maximum cap of \$100,000. *See In re Estate of Babken Darbinian*, Appeal No. 1520946-GB (VOCP, May 27, 2016); *see also* VOCP Policies, Section Ten, Subsection (2)(B). Mr. Darbinian's victimization changed his life forever, causing him to be bedridden and requiring full assistance until his passing. The Appeals Officer found credible evidence and testimony in the record of Mr. Darbinian's injuries as well as the detrimental emotional, psychological, and financial impact upon his immediate family members who lived with and assisted Mr. Darbinian. Specifically, the holding notes the claim "must be reopened and designated as a catastrophic injury claim by the VOCP" and "[t]he VOCP shall approve or deny requests for payment of expenses in accordance with applicable policies up to a cap of \$100,000."

Furthermore, the Appeals Officer offered suggestions in dicta for consideration by the VOCP in regards to payment for expenses incurred by the victim's widow and family. Specifically, the Appeals Officer noted that NRS 217.160(1)(e) provides for payment of compensation to a victim's immediate family members for psychological counseling for emotional trauma suffered as a result of the crime of murder, and that the Appeals Officer would be inclined to find in this particular case that the statute should be interpreted to "authorize the VOCP to approve and pay for psychological counseling for emotional trauma suffered by Svetlana Darbinian." No limits were imposed on such reimbursements.

As such, given the Appeals Officer's ruling of a maximum cap of \$100,000, we respectfully request that the VOCP review the previously submitted expenses / bills / invoices

again, including the counseling sessions, which should be reimbursed in full and not at a designated hourly rate based on worker's comp, and the funeral-related expenses, which should be reimbursed in full. We would like to ensure that the proper reimbursements are in place so that Mr. Darbinian's widow, Mrs. Svetlana Darbinian, can soon begin her mental health counseling sessions and receive the proper care she urgently needs, as an elderly 79-year old widow who has lost her life partner of 55 years of marriage, and has suffered tremendously as a result.

Finally, the VOCP Policies, in Section 11, Paragraph 17, authorize a compensation officer's discretionary authority for "the approval of any crime related expense that is not specified in these policies, or the extension of a specified benefit," allowing the VOCP to go beyond any specified limits up to the full maximum cap of \$100,000 as ordered by the Appeals Officer.

The entire purpose of the appeal and hearing before Appeals Officer Bradley was to discuss reimbursement, support, and care for Svetlana Darbinian given the catastrophic injuries sustained by Mr. Darbinian and severely impacting our entire family. However, even with a maximum cap of \$100,000, the discretionary limits imposed on the expenses actually incurred and to be incurred, cutting off funeral expenses and using worker's comp rates for counseling, defeat the purpose of the finding of Mr. Darbinian's catastrophic injuries and Svetlana Darbinian's injuries as a direct result thereto.

Please contact us at your earliest opportunity with a revised reviewing of the expenses submitted thus far, and VOCP's continued reimbursement of the modest expenses to be incurred in the immediate future, under the catastrophic injury ruling of Appeals Officer Bradley. Furthermore, we respectfully request the following: (1) a copy of the recording and/or transcript of the Appeals Hearing of March 14, 2016, and (2) should the VOCP maintain its current position on reimbursement of a maximum of \$5,000 for both funeral benefits and psychological counseling, and utilizing worker's comp-based rates for counseling, then we request that this matter be procedurally expedited and immediately and directly heard by Appeals Officer Bradley for a clarification of the \$100,000 cap. Thank you once again for your attention and consideration of all factors in this delicate and important matter.

Sincerely,
ASHERSON, KLEIN & DARBINIAN


Anna Darbinian, Esq.

Neville Asherson, Esq.
Attorney for Victim of Crime

ATTACHMENT N

VOCP Email Correspondence to Anna Darbinian
Dated February 27, 2017

Subject FW: Estate of Babken Darbinian
From Rebecca D. Salazar <salazar@admin.nv.gov>
To <support@voc-net.com>
Date 2017-02-27 11:49



Please scan into claim 13904. Thanks!

Rebecca Salazar
Program Manager
Victims of Crime
(702) 486-2744

RECEIVED

FEB 27 2017

CCSI

-----Original Message-----

From: Rebecca D. Salazar
Sent: Monday, February 27, 2017 10:45 AM
To: 'ad@asherson.net'
Cc: 'Sanchez'
Subject: RE: Estate of Babken Darbinian

Hello Anna,
Thank you for your letter. Designating your father's claim as a catastrophic claim simply allows us to exceed the \$35,000 limit that the claim would otherwise be limited to. It does not require VOCP to exceed the set policy limits for each benefit. Neither the Hearing Officer nor the Appeals Officer are authorized to order the program to exceed specific benefit limits. As stated in my letter to you, both our funeral and counseling benefits are limited to \$5000 each. All of our bills are subject to fee scaling or reimbursement at our set rates, and your counseling bills are no exception.

I believe you indicated in the hearing before Ms. Bradley that you had additional unreimbursed medical expenses for your father. If that is correct, please submit those bills and receipts for consideration.

Regarding your request for discretionary funding, that benefit is limited to \$500. We will agree to issue a check in that amount.

VOCP does not retain a copy of transcripts for appeal hearings. You may contact Lisa Schiller in the Hearings Division at (702) 486-2527 to request that document. You will be responsible for payment of that transcript.

Your request for clarification from Ms. Bradley has been forwarded to the Appeals Office for review.

Rebecca Salazar
Program Manager
Victims of Crime
(702) 486-2740

-----Original Message-----

From: Anna Darbinian [mailto:ad@asherson.net]
Sent: Friday, February 24, 2017 9:12 PM
To: Rebecca D. Salazar
Cc: sirenne@asherson.net Sanchez
Subject: Estate of Babken Darbinian

Dear Ms. Salazar,

Please see attached.

Regards,

Anna A. Darbinian, Esq.
Certified Specialist - Immigration & Nationality Law State Bar of California Board of

Legal Specialization ASHERSON, KLEIN & DARBINIAN
8484 Wilshire Boulevard, Suite 711
Beverly Hills, CA 90211
Phone: (310) 247-6070
Fax: (310) 278-8454
Website: www.asherson.net

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ATTACHMENT O

Email Correspondence from Appeals Officer Georganne Bradley
Dated February 27, 2017

Subject FW: Estate of Babken Darbinian - VOCP Claim No. 10-10013904-NR

From Rebecca D. Salazar <salazar@admin.nv.gov>

To <support@voc-net.com>

Date 2017-02-27 11:50



Please scan into claim 13904. Thanks!

Rebecca Salazar
Program Manager
Victims of Crime
(702) 486-2744

From: Georganne Bradley
Sent: Monday, February 27, 2017 11:00 AM
To: 'ad@asherson.net'; Rebecca D. Salazar
Cc: 'sirenne@asherson.net'; Patti Fox
Subject: Estate of Babken Darbinian - VOCP Claim No. 10-10013904-NR

Ms. Darbinian and Ms. Salazar,

I understand a dispute has arisen regarding reimbursement of expenses under the above-referenced claim and that Ms. Darbinian seeks clarification of my May 27, 2016 Decision and Order. In order for me to properly address the issue(s), Ms. Darbinian will need to file a written Motion for Clarification. The VOCP will have 10 days to file a written response to the Motion for Clarification. Ms. Darbinian will then have five days to file a reply to the VOCP's response. If I feel a hearing is necessary I will contact the parties. Otherwise I will issue a ruling on the written motion. Please be sure to reference the original Appeal No. (1520946-GB) on any pleadings that are filed, in addition to the VOCP claim number.

Thank you.

Georganne W. Bradley, Esq.
Appeals Officer
State of Nevada Dept. of Administration
Hearings Division
2200 S. Rancho Drive, Suite 220
Las Vegas, Nevada 89102

ATTACHMENT P

Motion for Clarification filed by Anna Darbinian
Dated May 30, 2017

1 Anna Darbinian, CA SBN 200828
2 Neville Asherson, CA SBN 73745
3 ASHERSON, KLEIN & DARBINIAN
4 8484 Wilshire Blvd., Suite 711
5 Beverly Hills, CA 90211
6 Phone: (310) 247-6070
7 Fax: (310) 278-8454
8 Email: ad@asherson.net

9 Attorneys for Claimant

10 STATE OF NEVADA DEPARTMENT OF ADMINISTRATION

11 HEARINGS DIVISION

12 BEFORE THE APPEALS OFFICER

13 In the Matter of the Contested) Claim No:	10-10013904-NR
14 Victims of Crime Claim of:)	
15) Appeal No:	1520946-GB
16)	
17 ESTATE OF BABKEN DARBINIAN,)	
18)	
19 Claimant.)	
20)	
21)	

22 MOTION FOR CLARIFICATION OF MAY 27, 2016 DECISION AND ORDER AND
23 A REQUEST TO REOPEN FOR A HEARING

24 Victim and Claimant ESTATE OF BABKEN DARBINIAN (hereinafter the
25 "Claimant"), through undersigned counsel, respectfully moves for a
26 clarification of the Appeals Officer's May 27, 2016 Decision and
27 Order (hereinafter the "Order"), and requests a reopening and a
28 hearing of the above-captioned matter. Claimant brought forth its
appeal specifically to address the catastrophic nature of the
injuries suffered by the victim Mr. Darbinian, as well as the

1 immensely detrimental emotional, psychological, and financial impact
2 upon Mr. Darbinian's immediate family members who lived with and
3 assisted Mr. Darbinian, and in particular his widow, Mrs. Svetlana
4 Darbinian. After reviewing the evidence on the record and hearing
5 credible testimony of witnesses (including Mrs. Svetlana Darbinian),
6 the Appeals Officer found the underlying victimization to be one of
7 catastrophic injuries, and ordered the Nevada Victims of Crime
8 Program (hereinafter the "VOCP") to designate the underlying case as
9 a catastrophic claim having a cap of \$100,000 in its Order. A copy
10 of the hearing transcript was requested and paid for by Claimant, and
11 can be filed with the Appeals Officer upon request to provide
12 additional insight into the matter, but is not attached at this time
13 so as to not make the filing too voluminous. Specifically, the
14 holding notes the claim "must be reopened and designated as a
15 catastrophic injury claim by the VOCP" and "[t]he VOCP shall approve
16 or deny requests for payment of expenses in accordance with
17 applicable policies up to a cap of \$100,000." See In re Estate of
18 Babken Darbinian, Appeal No. 1520946-GB (VOCP, May 27, 2016); see
19 also VOCP Policies, Section Ten, Subsection (2)(B).
20

21 Furthermore, the Appeals Officer offered suggestions in dicta
22 for consideration by the VOCP in regards to payment for expenses
23 incurred by the victim's widow and family. Specifically, the Appeals
24 Officer noted that NRS 217.160(1)(e) provides for payment of
25 compensation to a victim's immediate family members for psychological
26 counseling for emotional trauma suffered as a result of the crime of
27 murder, and that the Appeals Officer would be inclined to find in
28 this particular case that the statute should be interpreted to

1 "authorize the VOCP to approve and pay for psychological counseling
2 for emotional trauma suffered by Svetlana Darbinian." No limits were
3 imposed on such reimbursements.

4
5 Since the Order, Claimant has submitted additional receipts and
6 invoices for funeral and counseling expenses to the VOCP in the
7 amounts of \$19,472.20 and \$6,000.00 respectively. In response, VOCP
8 has paid \$5,000 for funeral reimbursement, quoting a non-catastrophic
9 cap of \$5,000 for such expenses. In addition, VOCP issued a check
10 for \$2,800 for counseling sessions, stating such expenses were paid
11 following certain policies based on worker's compensation rates found
12 in VOCP Policies Section 11, Subsection (6)(A), with a maximum cap of
13 \$5,000. VOCP has advised Claimant in a letter dated February 13,
14 2017, that \$2,200 remains available in counseling benefits (paid out
15 at the hourly policy rates), and that no further reimbursement for
16 funeral expenses will be made.

17
18 VOCP views the Order finding catastrophic injuries as raising
19 the overall total claim amount to \$100,000, but that any set policy
20 caps on individual types of benefits remain unaffected (for example,
21 funeral expenses are capped at \$5,000; mental health counseling is
22 capped at \$5,000 and based on a set schedule for hourly fees).
23 Practically speaking, the VOCP interprets the Order as keeping all
24 caps on each specific benefit, but potentially increasing the number
25 of possible different benefits that can be reimbursed that might not
26 have been available under a \$35,000 claim limit.

27

28

1 Claimant, however, takes the position that the Order finding
2 catastrophic injuries has raised the cap of the overall claim and any
3 and all individual types of benefits to a collective total amount of
4 \$100,000, to be applied as necessary.

5
6 Claimant has attached as supporting evidence a VOCP Statement in
7 Support of Senate Bill 230, dated March 10, 2015 and submitted by
8 Bryan Nix, Esq., Program Director and Coordinator of the Nevada VOCP,
9 to the Nevada Senate Judiciary Committee at the 78th Senate Committee
10 session in 2015, and available on the Nevada State Legislature's
11 website at [http://www.leg.state.nv.us/Session/78th2015/Exhibits/](http://www.leg.state.nv.us/Session/78th2015/Exhibits/Senate/JUD/SJUD615C.pdf)
12 [Senate/JUD/SJUD615C.pdf](http://www.leg.state.nv.us/Session/78th2015/Exhibits/Senate/JUD/SJUD615C.pdf) (hereinafter the "Statement"). See Exhibit
13 A. Therein, the VOCP Coordinator documents the approval of a total
14 of 18 claims for catastrophic status from 2009 to March 2015, as well
15 as the total amount paid per fiscal year and a breakdown of the
16 benefits paid (note also that the Statement indicates there were
17 still 7 active catastrophic claims with which additional payments
18 were to be made; thus the numbers provided are incomplete and less
19 than the total amount that would be paid for all 18 catastrophic
20 claims). As of March 10, 2015, the VOCP had paid out \$574,536.15 for
21 medical benefits and \$127,641.64 in dental benefits on 18
22 catastrophic claims (with more to be paid in the following years on
23 the remaining 7 active claims). Notwithstanding the fact that some
24 of these claims may have required only limited reimbursement for
25 medical/dental and more in other benefit areas, this amounts to a
26 total of \$702,177.79 for medical and dental care for its 18
27 catastrophic claims--an average of \$39,009.88 per catastrophic claim
28 (again, it is worth mentioning that 7 claims were still active and

1 continuing to be paid out, thus the true average is higher than
2 this). However, according to the VOCP Policies Manual, "The VOCP can
3 assist the victim pay medical and dental expenses . . . up to a
4 maximum of \$35,000." VOCP Policies, Section 11, Subsection (1)(A).
5 The VOCP asserts that the individual benefit caps in its policies are
6 unaffected by the finding of catastrophic injuries, and only the
7 total claim amount increases, yet according to the Statement, in its
8 first 18 catastrophic claims since 2009, the VOCP has clearly
9 established a pattern and practice of going beyond these individual
10 benefit caps.

11
12 Furthermore, Claimant cites to the VOCP Policies, Section 11,
13 Paragraph 17, which authorize a compensation officer's discretionary
14 authority for "the approval of any crime related expense that is not
15 specified in these policies, or the extension of a specified benefit
16 (emphasis added)," allowing the VOCP to go beyond any specified
17 limits, such as a \$5,000 funeral expense cap or usage of worker's
18 compensation rates for counseling reimbursement, up to the full
19 maximum cap of \$100,000 as ordered by the Appeals Officer.

20
21 Mrs. Svetlana Darbinian, who at 79 years of age has suffered
22 tremendously with the loss of her life partner of 55 years of
23 marriage, has already lost over 25 pounds since Mr. Darbinian's
24 passing, and requires immediate and ongoing attention. Claimant has
25 submitted additional expenses of \$19,472.20 and \$6,000.00 thus far,
26 of which only \$7,800 has been reimbursed, and anticipates additional
27 and ongoing expenses for counseling and other medical care for Mrs.
28 Svetlana Darbinian, such as temporary home health care, etc.

1 However, the VOCP has stated that no further reimbursement will be
2 provided for funeral expenses, and that only \$2,200 remains available
3 for counseling benefits (and at reduced policy rates which are not
4 applicable as this is not a worker's compensation claim).

5
6 Furthermore, the Nevada Legislature established the VOCP in 1969
7 to "provide assistance to persons who are victims of violent crimes
8 or the dependents of victims of violent crimes." NRS 217.010.
9 However, the arbitrary cap limits implemented fail to accurately
10 represent or cover the constantly rising reasonable and/or actual
11 costs and expenses that victims and their dependents are burdened
12 with. For example, VOCP states that the cap for funeral and burial
13 expenses is \$5,000; however, a general survey of funeral homes and
14 nationwide data reveals an average cost of anywhere from \$7,000 to
15 \$15,000 or more, with a majority of sources approximating around
16 \$10,000.¹ And the actual expenses incurred in the burial and funeral
17 of Mr. Darbinian did in fact exceed the \$5,000 cap, even though the
18 burial site was just a typical unassuming location (no premium lot /
19 location, no extraneous extravagance or expenses, just a simple basic
20 funeral and burial).

21
22 The entire purpose of the appeal and hearing, as documented in
23 the hearing transcript, was to discuss reimbursement, support, and

24
25 ¹ See Huffington Post, "This Is How Much An Average Funeral Costs," Oct. 17, 2016,
http://www.huffingtonpost.com/entry/how-much-does-a-funeral-cost_us_5804c784e4b0f42ad3d264de.

26 See Parting.com, "How Much Does the Average Funeral Cost?" Jan. 23, 2017, <https://www.parting.com/blog/how-much-does-the-average-funeral-cost/>.

27 See FTC.gov, "Funeral Costs and Pricing Checklist," <https://www.consumer.ftc.gov/articles/0301-funeral-costs-and-pricing-checklist>.

28 Cf. Fox Business, "10 Facts Funeral Directors May Not Tell You," Apr. 11, 2013,
<http://www.foxbusiness.com/features/2013/04/11/10-facts-funeral-directors-may-not-tell.html> (stating the average cost of a
traditional funeral before 2013 was still \$6,600).

1 care for Svetlana Darbinian given the catastrophic injuries sustained
2 by Mr. Darbinian and severely impacting Mr. Darbinian's entire
3 family. However, even with a maximum cap of \$100,000, the
4 discretionary limits imposed on the expenses actually incurred and to
5 be incurred, cutting off funeral expenses and using worker's comp
6 rates for counseling and further limiting the availability of funds
7 even though the cap was raised to \$100,000, completely defeat the
8 purpose of the finding of Mr. Darbinian's catastrophic injuries and
9 Svetlana Darbinian's injuries as a direct result thereto.

10

11 Therefore, Claimant brings forward the instant Motion seeking
12 reopening, clarification, and a clear guidance so as to resolve this
13 difference among the parties.

14

15 DATED: May 30, 2017

16

17

18

19

20

21

22

23

24

25

26

27

28

Respectfully submitted,



Anna Darbinian, Esq.
Neville Asherson, Esq.
ASHERSON KLEIN & DARBINIAN
Attorneys of Claimant

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Bryan Nix, Esq.
Senior Appeals Officer

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Victims of Crime Program

P.O. Box 94525 | Las Vegas, Nevada 89193-4525
Southern Nevada: (702) 486-2740 | www.voc.nv.gov | Northern Nevada: (775) 688-2900

March 10, 2015

To: Senator Greg Brower, Chairman
Senate Judiciary Committee

From: Bryan Nix, Coordinator, Victims of Crime Program

Re: VOCP Statement in Support of SB 230

Senate Bill 230 removes the statutory limitation on the amount of compensation that may be awarded to certain victims of crime, the dependents of those victims and certain members of the victim's household.

VOCP Catastrophic Injury Claims

Catastrophic injury claims are claims where the victim has suffered the loss of multiple limbs, quadriplegia, paraplegia, or blindness. In 2009 the legislature approved changes to NRS 217, which lifted the statutory cap of \$50,000 per claim, and allowed the program to approve additional benefits for catastrophic claims up to \$150,000, in accordance with the policies adopted by the Board of Examiners. The VOCP receives an average of three (3) such claims per year. These claims usually involve large medical bills, and the victims often have substantial medical needs.

Since 2009, the program has approved a total of eighteen (18) claims for catastrophic status. As the following chart shows, eleven (11) of these claims are closed and only seven (7) remain active.

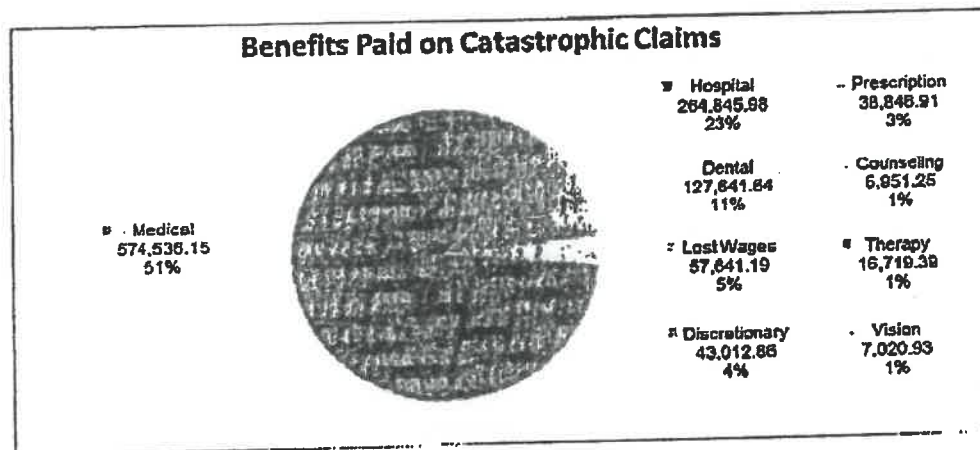
Claim Origination Period	#Claims	Total Dollars Paid	#Closed - Max	#Closed - Inactive	#Active
FY08	1	\$42,823.16	1	0	0
FY09	4	\$328,878.57	2	2	0
FY10	2	\$168,234.47	0	1	1
FY11	3	\$184,714.88	2	1	0
FY12	2	\$88,769.85	0	0	2
FY13	3	\$182,645.81	0	0	3
FY14	3	\$141,159.56	0	2	1
Total	18	\$1,137,216.30	5	6	7

EXHIBIT C Senate Committee on Judiciary
Date: 3-17-2015 Total pages: 3
Exhibit begins with: C1 thru: C3

The majority of catastrophic claims are caused by Assaults, but the highest average award has been granted to a minor victim of physical abuse.

Catastrophic Claims by Type	Count	Total Dollars Paid	Average Paid Per Claim
Assault	13	\$787,448.06	\$60,572.93
DUI / DWI	2	\$132,411.68	\$66,205.84
Domestic Violence	2	\$107,636.57	\$53,818.29
Physical Abuse	1	\$109,719.99	\$109,719.99
Total	18	\$1,137,216.30	\$63,178.68

Benefits paid on catastrophic claims vary, based on the unique needs of the victim. The program has provided assistance modifying access to victim's homes, paid for prosthetic devices, and assisted with ongoing medical expenses not covered by insurers or other agencies.



Financial Review

The increased level of claims paid in state FY 2009 and FY 2010 resulted in a 52.8% increase in the Federal Grant awarded to Nevada in FY 2012. This allowed us to increase our reserves to an amount sufficient to see us through the economic downturn. Our reserves for future claims stand at \$7.3 million. We expect to use these reserves over the next five years as the amount of our Federal Grant decreases due to reduced spending. The benefits provided for catastrophic claims during this entire period were less than 3% of the total benefits paid by the program.

	Total Claims Submitted	Amount Saved	Amount Paid
FY 2009	\$24,194,844.67	\$15,811,323.31	\$8,383,521.36
FY 2010	\$36,529,314.89	\$28,578,078.48	\$7,951,236.41
FY 2011	\$28,006,120.90	\$20,593,527.22	\$7,412,593.68
FY 2012	\$24,255,504.52	\$18,145,870.25	\$6,109,634.27
FY 2013	\$24,631,020.54	\$18,690,413.80	\$5,940,606.74
FY 2014	\$24,730,030.41	\$18,531,936.16	\$6,198,094.25
Total	\$162,346,835.93	\$120,351,149.22	\$41,995,686.71

The VOCP is financially capable of providing additional assistance to grievously injured victims without negatively impacting the VOCP fund. As the following chart shows the VOCP revenues are adequate to pay claims approved by the VOCP. The extensive claims review and cost containment policies allow the VOCP to satisfy victim claims far exceeding program revenues. The VOCP has a sophisticated claims management system, and claim processing policies and practices that will allow the VOCP to maximize benefits to catastrophically injured victims with available resources.

Projected Revenues for VOCP FY 2015	
Beginning Cash	6,781,182.00
Federal Grant	2,332,000.00
Filing Fees	919,670.00
Court Assessment	3,545,498.00
Civil Penalties	285,251.00
Fines/Forfeitures/Penalties	1,040,311.00
Reimbursements	104,805.00
Recoveries (Subrogation Settlements)	168,072.00
Miscellaneous Rev	70,421.00
Restitution Collections	92,614.00
Wage Assessment	305,516.00
Treasurer's Interest	11,572.00
Subtotal	15,656,812.00
Less: Projected Administrative Expenses	1,739,847.00
Funds Available for Victim's Benefits	13,916,965.00

This chart shows that current available funds equal more than double the amount of all benefits paid in FY 2014.

Conclusion

The Victims of Crime Program should provide meaningful assistance to grievously injured victims of crime. The record is clear that the VOCP funding, and its financial management and practices, can support the additional claim costs associated with the limited number of catastrophic injury cases. The VOCP can provide for such victims, without negatively impacting any other VOCP claimants. The VOCP is equipped to manage such claims, and the Board of Examiners is statutorily empowered to adopt appropriate policies, and provide appropriate oversight of VOCP claims payment practices in these cases.

Elimination of the statutory cap on claims will allow the Board of Examiners to address the needs of victims who have suffered catastrophic injuries in crimes committed in Nevada.

1 PROOF OF SERVICE

2

3 I, the undersigned, say: my business address is 8484 Wilshire
4 Blvd., Suite 711, Beverly Hills, CA 90211. I am over the age of
5 eighteen years and not a party to the above-entitled action.

6

7 On May 30, 2017, I served a copy of the foregoing document on
8 the following interested party in this action by faxing and mailing a
9 copy of said document, by certified first class mail, to the
10 following addressee:

11

12 Rebecca Salazar VOCP
13 Victims of Crime
14 PO Box 94525
15 Las Vegas, NV 89193-1525
16 Fax: (888) 941-7890

17

18 I declare under penalty of perjury under the laws of the United
19 States that the foregoing is true and correct, and that this Proof of
20 Service was executed on May 30, 2017 at Beverly Hills, CA.

21

22

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Declarant, Sirenne Sanchez

ATTACHMENT Q

Correspondence to Appeals Officer Georganne Bradley filed by Anna Darbinian
Dated December 8, 2017

LAW FIRM OF
ASHERSON, KLEIN & DARBINIAN
8484 WILSHIRE BOULEVARD, SUITE 711, BEVERLY HILLS, CALIFORNIA 90211
UNITED STATES OF AMERICA
PHONE: (310) 247-6070 FAX: (310) 278-8454

Via Facsimile and USPS First Class Mail

December 8, 2017

Attn: Appeals Officer Georganne Bradley
Nevada Department of Administration
Appeals Office
2200 South Rancho Drive, Suite 220
Las Vegas, NV 89102
(702) 486-2527

Re: Follow-up for Motion for Clarification

Victim of Crime Claim of: Estate of Babken Darbinian
Appeal No.: 1520946-GB
Claim No.: 10-10013904-NR

Dear Appeals Officer Georganne Bradley:

This letter is a follow-up to the "Motion for Clarification of May 27, 2016 Decision and Order and a Request to Reopen for a Hearing" filed with the Appeals Office on or about May 30, 2017, and our subsequent emails of July 7, July 14, and November 13, 2017. Since the filing of the motion, we have only received a confirmation of receipt from Ms. Rebecca Salazar of the VOCP stating it was "received and forwarded to the Appeals Office."

Per our motion, we respectfully request that the matter be clarified and set for rehearing, especially given the fact that the widow continues to suffer from ongoing injuries that need proper treatment (and reimbursement). Please advise as to the current status of the motion and when we can expect to have the matter set for rehearing. Thank you.

Sincerely,

ASHERSON, KLEIN & DARBINIAN


Anna Darbinian, Esq.

Neville Asherson, Esq.

Attorneys for Victim of Crime

cc:

Rebecca Salazar VOCP
Victims of Crime
PO Box 94525
Las Vegas, NV 89193-1525

RECEIVED

DEC 12 2017

CCSI

ATTACHMENT R

Order RE: Motion for Clarification of May 27, 2016 Decision and Order and Denying
Request to Reopen for a Hearing filed by Appeals Officer Georganne Bradley
Dated January 8, 2018

VOC

FILED

JAN 09 2017

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Victims of Crime Claim of:

Claim No: 10-10013904-NR

Appeal No: 1520946-GB

ESTATE OF BABKEN DARBINIAN,

Applicant.

RECEIVED
JAN 16 2018

CCM

**ORDER RE: MOTION FOR CLARIFICATION OF
MAY 27, 2016 DECISION AND ORDER AND
DENYING REQUEST TO REOPEN FOR A HEARING**

On May 31, 2017, the Estate of Babken Darbinian (the "Claimant") filed a Motion for Clarification of May 27, 2016 Decision and Order and Request to Reopen for a Hearing (the "Motion"). After carefully considering the Motion, the Appeals Officer hereby clarifies the May 27, 2016 Decision and Order (the "2016 Decision") and denies the Claimant's request to reopen this Appeal.

The Claimant appealed the August 4, 2015 determination of the Victims of Crime Program (the "VOCP") advising that Babken Darbinian's claim relating to the January 18, 2009 crime of which he was a victim had been closed as \$35,000 in expenses had been paid. The Appeals Officer, in her Decision and Order issued May 27, 2016, concluded that Mr. Darbinian sustained a "catastrophic injury," as that term is defined in Section Eight, Subsection 3 of the VOCP policies. Accordingly, the Appeals Officer ordered the VOCP to reopen Mr. Darbinian's claim and that it be designated as a catastrophic injury claim. The Appeals Officer ordered that "the VOCP shall approve or deny requests for payment of expenses in accordance with applicable policies up to a cap of \$100,000." To clarify, the Appeals Officer did not order the VOCP to disregard its own policies and approve all claims for expenses submitted by the Claimant, up to a cap of \$100,000. To do so would have exceeded the authority of this Appeals Officer. Instead, the Appeals Officer properly ordered that the VOCP "approve or deny" requests for payment of expenses in accordance with its own policies.

1 In addition, the Appeals Officer made it clear in the Decision that the issue of whether
2 the VOCP was obligated to pay any particular claim for payment of expenses was not before
3 her as no claim for payment had, at that time, been denied. As the Claimant properly noted in
4 its Motion, the Appeals Officer's comments regarding future requests for payment were merely
5 dicta, to be considered by the VOCP if and/or when a claim for payment was presented by the
6 Claimant. To clarify, the Appeals Officer did not order the VOCP to pay any particular
7 expenses of the Claimant. The Appeals Officer did make an advisory finding that the VOCP
8 could approve and pay for psychological counseling for emotional trauma suffered by Svetlana
9 Darbinian as a result of the disability and eventual death of Mr. Darbinian pursuant to NRS
10 217.160(1(e).

11 To clarify, the Appeals Officer has no jurisdiction in this appeal to affirm or reverse the
12 VOCP's approval or denial of any particular claims for payment of expenses submitted by the
13 Claimant. The Appeals Officer ordered the VOCP to designate Mr. Darbinian's injury as a
14 "catastrophic" injury, entitling him and his Estate to up to \$100,000 in claims that are payable
15 by the VOCP in accordance with its policies. The only difference between a "catastrophic"
16 claim and a "non-catastrophic" claim is the cap on the total amount of expenses payable by the
17 VOCP for the victim. Catastrophic injuries totally and permanently disable the victim,
18 necessarily resulting in medical expenses that are greater than those associated with non-
19 catastrophic injuries. The VOCP policies enable and authorize the VOCP to pay those
20 expenses, up to \$100,000, rather than cutting off the payment at \$35,000. The designation of an
21 injury as "catastrophic" does not authorize or empower the VOCP to pay more than the amount
22 for each particular expense as set forth in the policies.

23 Nothing set forth in the statutes or policies authorize the VOCP to pay more than \$5,000
24 in funeral expenses for a catastrophic injury than a non-catastrophic injury. The funeral
25 expenses should be no greater when one dies from a catastrophic injury than from a less
26 catastrophic injury. Moreover, the VOCP was not established to cover all costs associated with
27 the funeral of a victim; only to assist the victim's family by paying up to \$5,000 toward those
28 expenses. Similarly, the policies authorize the VOCP to pay a maximum of \$5,000 in

1 counseling/ psychological counseling. Again, the policies do not draw a distinction between
2 catastrophic and non-catastrophic injuries with regard to the cap on payment of such expenses.
3 The policies cap payment of expenses for chiropractic treatment and physical therapy,
4 prescription medications, counseling and mental health service, lost wages, funeral and burial
5 expenses, relocation expenses, crime scene clean-up, and child care. The only cap on medical
6 expenses is the cap for all expenses (in this case, \$100,000). The Appeals officer may not order
7 the VOCP to pay any claim or benefit that exceeds the limits set by the Agency's own policies.
8 VOCP Policies, Section 10, Subsection (2)(H). Moreover, the Appeals Officer must defer to the
9 Agency's interpretation of its own administrative regulations unless such interpretation conflict
10 with a statutory provision or exceeds the statutory authority of the agency. *See, e.g., Public*
11 *Agency Compensation Trust v. Blake*, 265 P.3d 694 (2011).

12 The Appeals Officer did not intend to and will not order the VOCP to pay claims for
13 payment of any particular expense that the Agency is not authorized to pay pursuant to its own
14 policies. To be clear, the Appeals Officer finds and concludes that the designation of an injury
15 as "catastrophic" does not "raise the cap" of all individual types of benefits but only the total
16 amount of all expenses paid by the VOCP.

17 In its motion, the Claimant emphasizes the "immensely detrimental emotional,
18 psychological, and financial impact upon Mr. Darbinian's immediate family members who
19 lived with and assisted Mr. Darbinian, and in particular his widow, Mrs. Svetlana Darbinian."
20 The Appeals Officer has, since the hearing in this matter and to date, understood that the crime
21 perpetrated against Mr. Darbinian resulted in tragic consequences for him and his family.
22 Sufficient evidence was submitted to support a finding that Mrs. Darbinian's emotional state
23 had been seriously and directly affected by Mr. Darbinian's death. Had Mr. Darbinian's injury
24 not been designated as "catastrophic," the VOCP would have had no authority to pay any funds
25 for counseling for Mrs. Darbinian as the VOCP had already paid \$35,000 in crime-related
26 expenses. It was for this reason that the Appeals Officer ordered that the injury be designated as
27 "catastrophic." However, as noted above, the Appeals Officer clearly ruled that "[t]he VOCP
28 shall approve or deny requests for payment of expenses in accordance with applicable policies

1 up to a cap of \$100,000." The Nevada VOCP was not established as a fund to cover all
2 expenses associated with a violent crime or to provide financial assistance to a victim's family
3 except as expressly set forth above.

4 With regard to the Claimant's request to reopen this matter for a hearing, the request is
5 denied. The issue before this Appeals Officer in Appeal No. 1520946-GB was fully litigated
6 and decided and the matter was closed following issuance of the above referenced Decision. If
7 the Claimant is aggrieved by another determination of the VOCP, its administrator may initiate
8 an appeal from that determination.

9 IT IS SO ORDERED this 8th day of January, 2018.

10
11
12 Georganne W. Bradley
13 Georganne W Bradley, Esq.
14 APPEALS OFFICER
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1 CERTIFICATE OF MAILING

2 The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division,
3 does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER RE:**
4 **MOTION FOR CLARIFICATION OF MAY 27, 2016 DECISION AND ORDER AND**
5 **DENYING REQUEST TO REOPEN FOR A HEARING** was duly mailed, postage prepaid OR
placed in the appropriate addressee runner file at the Department of Administration, Hearings Division,
2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

6 ESTATE OF BABKEN DARBINIAN
7 461 N BONHILL RD
LOS ANGELES CA 90049

8 ANNA DARBINIAN ESQ (Via E-mail #ad@asherson.net and First Class Mail)
9 8484 WILSHIRE BLVD STE 711
BEVERLY HILLS CA 90211

10 VICTIMS OF CRIME PROGRAM
11 2200 S RANCHO DR STE 210-A
12 LAS VEGAS NV 89102

13 Dated this 8th day of January, 2018.

14 
15 Patti Fox, Legal Secretary II
16 Employee of the State of Nevada
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ATTACHMENT S

Request for Appeal and Hearing Before the Board of Examiners filed by Anna
Darbinian
Dated January 19, 2018

LAW FIRM OF
ASHERSON, KLEIN & DARBINIAN
8484 WILSHIRE BOULEVARD, SUITE 711, BEVERLY HILLS, CALIFORNIA 90211
UNITED STATES OF AMERICA
PHONE: (310) 247-6070 FAX: (310) 278-8454

Via E-Mail (k.nielsen@finance.nv.gov)

January 19, 2018

RECEIVED

JAN 31 2018

CCSI

Attn: Director James Wells
Nevada State Board of Examiners
209 East Musser, Suite 200
Carson City, NV 89701

Re: Request For Appeal and Hearing Before The Board of Examiners

Victim of Crime Claim of: Estate of Babken Darbinian

VOCP Claim No.: 10-10013904-NR

Hearing No.: 54405-SA

Appeal No.: 54779-RKN

Appeals Officer Decision: 01/08/2018

Dear State Board of Examiners:

Victim and Claimant, the Estate of Babken Darbinian, respectfully requests an appeal from the decision of the Appeals Officer dated January 8, 2018, and a hearing thereto. After a finding of catastrophic injuries by the Appeals Officer on May 27, 2016, the VOCP failed to execute on payments, leading to a "Motion for Clarification of May 27, 2016 Decision and Order and a Request to Reopen for a Hearing" filed in May of 2017. The Appeals Officer issued her decision on the Motion for Clarification on January 8, 2018 denying a rehearing or an increase in limits despite maintaining the catastrophic injuries finding. This request for appeal and hearing has been timely filed within 15 days, and is made for good cause in seeking an increase in benefit and claim limits as a result of the catastrophic injuries finding, and pursuant to the arguments as established in the record. A copy of the Appeals Officer decisions dated January 8, 2018 and May 27, 2016 have been attached hereto.

Relevant information is listed as follows:

Claimant: ESTATE OF BABKEN DARBINIAN
461 N. Bonhill Road
Los Angeles, CA 90049
(310) 741-4284

Person requesting appeal: Claimant

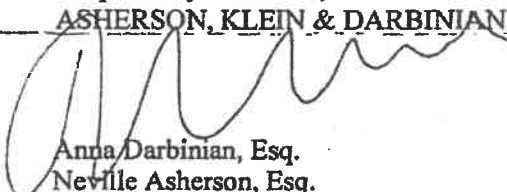
Attorney / Representative: Neville Asherson; Anna Darbinian
Law Firm of Asherson, Klein & Darbinian
8484 Wilshire Blvd. #711
Beverly Hills, CA 90211
(310) 247-6070

Claim #: 10-10013904-NR
Hearing #: 54405-SA
Appeal #: 54779-RKN

Claimant respectfully requests that its appeal be considered and if necessary, that a hearing be scheduled to present further arguments. Furthermore, Claimant requests 30 days to prepare and file a legal brief in support of its appeal, or in the alternative, a briefing schedule and deadline for Claimant to submit its brief and arguments.

Respectfully submitted,

ASHERSON, KLEIN & DARBINIAN



Anna Darbinian, Esq.

Neville Asherson, Esq.

Attorney for Victim of Crime

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director




**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 5, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Melanie Young, Budget Officer 
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to purchase three replacement vehicles for a total amount not to exceed \$62,280. This request is contingent upon approval of a work program going to the April Interim Finance Committee.

Additional Information:

The request is to replace two vehicles totaled in accidents and one stolen vehicle. The first vehicle a 2013 Chevrolet Pickup assigned to the Gaming Control Board was stolen in Las Vegas on January 10, 2018. A 2007 Chrysler Sebring assigned to the Division of Child and Family Services was totaled in an accident on December 01, 2017 south of Beatty, Nevada. The third vehicle a 2006 Ford Taurus assigned to the Division of Child and Family Services was totaled in an accident in Las Vegas. The replacement cost of the vehicles is \$62,280, there is anticipated to be \$23,144.81 in insurance recoveries

and the remaining \$39,135.19 will be funded with reserves. The work program going to the April IFC meeting is C42599.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: <u>umy</u>
ACTION ITEM: _____



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
FLEET SERVICES DIVISION**

750 E. King Street
Carson City, Nevada 89701-4768
Phone: (775) 684-1880 | Fax: (775) 684-1888
Website: www.fleetservices.nv.gov

Date: January 31, 2018

To: Melanie Young, Executive Branch Budget Officer II
Governor's Office of Finance

From: Lyn Letarti, Fleet Specialist II

Subject: March BOE Agenda Item Request

Please put the attached Board of Examiners (BOE) vehicle request on the March BOE agenda. This request is to replace two totaled vehicles and one stolen vehicle. This vehicle will be purchased with reserve funds.

Attachments:

- BOE vehicle purchase form
- Accident reports
- Vehicle spreadsheet
- Quotes

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: Fleet Services	Budget Account #: 1356
Contact Name: Robbie Burgess	Telephone Number: 775 684-1883
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>3</u> Amount of the request: <u>62,280.00</u> Is the requested vehicle(s) new or used: <u>new</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: intermediate sedan., 1/2 ton truck Mission of the requested vehicle(s): various	
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? internal service fund
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 3 Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. yes	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. two sedans were totaled in accidents one truck was stolen If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> _____ Agency Appointing Authority </div> <div style="text-align: center;"> Administrator _____ Title </div> <div style="text-align: center;"> 1/24/18 _____ Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Board of Examiners </div> <div style="width: 45%;"> _____ Date </div> </div>	

Revised 12/26/17

Vehicle #1

Year: 2013

Odometer: 36656

Type of Vehicle: ½ ton Crew Cab truck

Vehicle #2

Year: 2007

Odometer: 103784

Type of Vehicle: Intermediate sedan

Vehicle #3

Year: 2006

Odometer: 86660

Type of Vehicle: Intermediate sedan

Budget Account	Agency	Location	Rate	Make	Model	Dealer	Option	Options		
								Cost	Initial Cost	Total Cost
3646	S NV Child	LV	Intermediate	Chevy	Malibu	Champion Chevrolet	none	0.00	18,249.00	18,249.00
3229	Rural Child Welfare	Pahrump	Intermediate	Chevy	Malibu	Champion Chevrolet	none	0.00	18,249.00	18,249.00
4061	Gaming	LV	Premium	Ford	F-150	Champion Country	none	0.00	25,782.00	25,782.00
									total cost	62,280.00

Melanie Young

From: Stacie R. Hancock
Sent: Tuesday, February 06, 2018 4:10 PM
To: Melanie Young
Cc: Ana M. Andrews; Lyn Letarti; Robert D. Burgess
Subject: Actual Reimbursement on Fleet Vehicles

Importance: High

Hi Melanie,

Per your request, please see below on the amount that Fleet Services will be reimbursed

EX53306 - Fleet will be reimbursed \$1,641.50. This amount is less the required deductible and salvage.
EX694YPU - Fleet will be reimbursed \$17,552.00. This amount is less the required deductible.

Please let me know if you have any questions.

Thank you,

Stacie Hancock | Program Officer

Nevada Department of Administration | Risk Management Division

T: (775)687-3189 | F: (775)687-3195 | E: shancock@admin.nv.gov

www.risk.nv.gov



8 51580
X

Processing Center
P.O. Box 515097
Los Angeles, CA 90051-5097
Fax: 888-268-8840

January 16, 2018

STATE OF NEVADA FLEET SERVICES
7060 LA CIENEGA ST
LAS VEGAS, NV 89119-4222

Claim Number: 23365078
Insured Name: HAMPTON TEDDER TECHNICALSERVICES, INC.
Date of Loss: November 28, 2017
Policy Number: BAA58054907
Underwriting Company: American Fire and Casualty Company

Dear STATE OF NEVADA FLEET SERVICES:

ATTN: Lynn Letarti

Reference is made to the above captioned claim presented to us for damage to your 2006 Ford Taurus SE with VIN #: 1FAFP53256A244784.

As the total loss adjuster assigned to handle your claim, I have tried reaching you to extend a settlement offer to you on your vehicle for the above loss, but have been unsuccessful. Please contact me as soon as possible using the information below.

Enclosed is documentation related to how the value of the vehicle was reached. Below is the total loss settlement for review. Once you have had a chance to review the enclosed report, please contact me to move forward with the settlement.

LIBERTY MUTUAL TAKES VEHICLE

Actual Cash Value: \$3,606.00
Sales Tax: 7.60% \$274.06
Title Transfer Fee: \$29.25
Unused Registration: \$42.00
Total Payment: \$3,951.31
***** OR *****

OWNER KEEPS VEHICLE

Actual Cash Value: \$3,606.00
Sales Tax: 7.60% \$274.06

APPROVED 

Liberty Mutual Insurance member underwriting companies:
American Economy Insurance Company, American States Insurance Company, American States Insurance Company of Texas,
American States Preferred Insurance Company, First National Insurance Company of America, General Insurance Company of America,
Golden Eagle Insurance Corporation, Insurance Company of Illinois, The Netherlands Insurance Company, Peerless Indemnity
Insurance Company, Peerless Insurance Company, Safeco Insurance Company of America, Safeco Insurance Company of Illinois
(Not all companies may be licensed to sell in all states.)

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: <i>1.2 - Sedan: Intermediate; 4-Door; 5-6 Passengers</i>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2018 Chevrolet Malibu - 1ZC69</i>	<i>\$18,049.00</i>	<i>\$18,249.00</i>
State vehicle miles per gallon (MPG): <i>27 CITY / 37 HIGHWAY</i>		
Manufactures Suggested Retail Price(MSRP): <i>\$24,100.00</i>		
State manufactures warranty: <i>3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain</i>		
Specify standard engine size and emission rating: <i>1.5L Turbo DOHC 4 CYL</i> <i>Federal Emission</i>		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - N/A</i>		
Exterior Color: List available colors:		
<i>Summit White, Silver Ice Metallic, Mosaic Black Metallic, Blue Velvet Metallic, Nightfall Gray Metallic</i>		
Seats, Cloth: List available colors:		
<i>Jet Black, Dark Atmosphere/Medium Ash Gray</i>		
GVW: <i>N/A</i>		WHEELBASE: <i>111.40</i>

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *1.2 - Sedan: Intermediate; 4-Door; 5-6 Passengers*

Option Package Name/Code: *1LT* \$1,966.00

List Equipment Features Below:

17" Aluminum Wheels, Outside Heated/Power Mirrors, 7" My Link Radio, XM Radio, Onstar

8 Way Power Drivers Seat

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 1.2 - Sedan: Intermediate; 4-Door; 5-6 Passengers

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Bluetooth for Phone(Includes Onstar)	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$ N/A	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Floor Mats, Carpeted	\$ STD	\$- N/A
Keyless Entry w/Fob	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors	\$ STD	\$- N/A
Power Locks (Includes Keyless Entry)	\$ STD	\$- N/A
Power Seats (Driver Only)	\$352.00	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player	\$ N/A	\$- N/A
Rear Window Defogger	\$ STD	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Compact (Includes Tire Jack & Tools)	\$ STD	\$- N/A
Tire, Spare, Full Size (Shipped Loose)	\$600.00	\$- N/A

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 375.00 flat.

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME:Ford Country

Tom Craddock

702-558-8064

Specify State's Vehicle Item Number:2.7 Truck: 1/2 ton; Full Size; Crew Cab; Short Bed 5.5' (page 1)		
Please provide MSRP pricing: \$36,900		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, F-150, 2018, (W1C/W1E)	\$26,282.00	\$25,782.00
State vehicle miles per gallon (MPG) 18/24		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 3.3L V6 Auto S/S E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Stone Gray, Magnetic, Blue Jeans, Race Red, Lightning Blue		
Shadow Black, Ingot Silver, Oxford White		
Seats, Cloth: List available colors:		
Medium Earth Gray/DarkEarth Gray		
GVW: 6280#	WHEELBASE:145"	
(When Applicable)	(When Applicable)	

fleet@fordcountrylv.com

Tom Craddock 702-558-8064

Option Package Name/Code:	XLT (2WD) \$1,576.00	XLT (4WD) \$1,409.00
---------------------------	----------------------	----------------------

Auto Headlamp, Carpet, Compass, Power Tailgate Lock, SYNC Communications

ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 2.7 Truck: 1/2 Ton; Full Size; Crew Cab; Short Bed 5.5' (page 3)

DEALER NAME: Ford Country

Tom Craddock

702-558-8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

ABS Brakes	standard	\$-
Air Conditioning	standard	\$-
Cruise Control	standard	\$-
Fog Lamps	\$128	\$-
Engine Block Heater	\$85	\$-
Four Wheel Drive (4x4)	\$3,097	\$-
Daytime Running Lamps	\$41	\$-
Trailer Tow Package	\$548	\$-
Trailer Brake Controller	\$253	\$-
Limited Slip Differential	\$525	\$-
LED Warning Strokes	\$621	\$-
Rear View Camera	\$231	\$-
Ford Telematics	\$736	\$-
Hard Tonneau Cover	\$916	\$-
Reverse Sensors (requires hitch reciever)	\$253	\$-
Power Windows/Locks/Mirrors	standard	\$-
Additional Key With Fob	\$224	\$-
AM/FM Stereo, CD Player	standard	\$-
Running Boards	\$231	\$-
Seats, Cloth, Black/Earth Gray		
Tailgate Step	\$345	
Skid Plate (4x4)	\$148	\$-
LT245/70R17E All Terrain Tires	\$272	\$-
Backup Alarm	\$115	\$-
Chrome Bumpers (requires fog lamps)	\$161	\$-
Spray in Bedliner	\$456	\$-
SYNC Communications Pkg (XL only)	\$397	\$-
5.0L V8 E-85 Flex Fuel Engine	\$1,836	
2.7L V6 EcoBoost Engine	\$916	
3.5L V6 EcoBoost Engine	\$2,388	

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 1.00

Case Report Number:
LLV180110001288-001



Las Vegas Metropolitan Police
Department

Case Report

Administrative

Case Report Number	LLV180110001288-001	Verification Level	
Subject	Grand Larceny Auto- State of NV GCB	Precinct	NorthEast Area Command
Disposition	Active	Jurisdiction	Clark County
Entered On	01/10/2018 10:05:56 AM	Grid	
Entered By	Jackson, Tremayne	Sector	G3
Reported On	01/10/2018	Map	
Reporting Officer	Jackson, Tremayne	Beat	
Reporting Agency	LVMPD - Las Vegas Metropolitan Police Department	Census/Geo Code	
		Call Source	911
Report Type		Related Cases	
Assisted By		Means	
Occurred On (Date and Time)	Tuesday 01/09/2018 8:00:00 PM	Other Means	
Or Between (Date and Time)	Wednesday 01/10/2018 6:20:00 AM	Motives	
Location	[REDACTED]	Other Motives	
CSZ	LVN, 89110	Vehicle Activity	
Location Name		Direction Vehicle Traveling	
		Cross Street	
		Notified	

Verification

For Exceptional Clearances

Clearance Basis

Exceptional Clearance Date

Narrative

Body camera footage available.

On 1/10/18 at approximately 0930 hours, I Officer T. Jackson P#16382, along with Officer K. Kolkoski, operating as marked patrol unit 2G3, responded to [REDACTED] Las Vegas, NV 89110 in regards to a stolen Gaming Control Board vehicle. The vehicle was described as a 2013 white Chevrolet Silverado 4-door bearing a rear NV license plate 694 YPU. The truck has a silver Husky toolbox in the bed.



I arrived and made contact with the person reporting, identified as Gaming Control Agent [REDACTED]. [REDACTED] stated he came home from work last night, 1/9/18, at approximately 2000 hours and the vehicle was parked in his driveway. [REDACTED] stated he was leaving for work this morning, 1/10/18, at approximately 0620 hours and the truck was not in the driveway. [REDACTED] stated he has the only key and no one else is allowed to drive the vehicle. [REDACTED] stated the toolbox in the bed of the truck is a false toolbox that contains surveillance equipment used in GCB investigations.

The truck was entered into WVS at 1100 hours by P#8067. I also notified Det. McGill P#3351 at VIPER

Offense

Offense	Grand Larceny Of Auto \$3500+(F)-NRS 205.228.3	Motivation Not Known)
Code Section		Domestic Violence
IBR Code		Premises Entered
IBR Group		Entry
Crime Against	Property	Using
UCR Hierarchy	07	Weapons
Location Type	Residence/Home	Criminal Activity
Completed	Yes	Type Security
Hate/Bias	Unknown (Offenders	Tools

Offenders

Victims

Name: State of Nevada Gaming Control Board

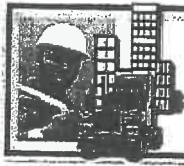
Victim Type Government
Victim of 56014 - Grand Larceny Of Auto \$3500+(F)-NRS 205.228.3

Aliases

Alias

Alerts

Addresses



Department of Administration
RISK MANAGEMENT

**PROPERTY/AUTO CLAIM
STOLEN VEHICLE CLAIM**

To: Risk Management

From: Lyn Letarti

Department: Fleet Services

Date: 1/19/18

Claim Number: 2018-APD-0160

The vehicle in the above mentioned claim has been deemed stolen. Please reimburse the Fleet Services for the value of the vehicle less the deductible. Credit the Fleet Services using the following coding:

Budget Account #: 1354

Fund	Agency	Org	Appr Unit	Object	Amount	Description
711	084	OHAD	135600	4200		694YPU

Authorized Signature

Date: 1/19/18

Phone: 684-1881

Comments:

Claim Information

Claim Number 2018-APD-0116
 Driver [REDACTED]
 Status Open
 Coverage Auto Physical Damage
 Loss Date 12/01/2017
 Report Date 12/05/2017

Contact Person

Claim Contact Person Lyn Letarti
 Contact Person Email  carsonfleet@admin.nv.gov

Supervisor Info

Supervisor Name [REDACTED]
 Supervisor Title District Office Manager
 Supervisor Phone [REDACTED]
 Supervisor Notified? Yes

Department Information

Duty Location PA0034-3229-409 - CHILD AND FAMILY
 DIVISION-RURAL CHILD WELFARE - PAHRUMP, 1780 E
 BASIN AVE
 Department SERVICES DEPARTMENT OF HEALTH AND HUMAN
 Agency CHILD AND FAMILY DIVISION - 409
 Organization RURAL CHILD WELFARE - 3229

Accident Location

Accident Street Address Rte 160 South of Beatty, NV.

Person Completing Report

Person Completing Report [REDACTED]
 Contact # [REDACTED]

Reported Description

Event Description Driving on HWY 160 coming back from CPS call in Beatty. I was driving south on 160 at 55 mph and came upon 4 or 5 burros standing in the road. The burro in my lane did not move, and I swerved to the other lane slightly but the other burros moved to that lane. I hit the hind quarter of one burro and pulled over immediately. I called the Nye County Sheriff's office and my manager Michael Cason. Nevada Highway Patrol arrived and took the accident report and escorted me back to Pahrump due to the damage on the vehicle.

Driver and Vehicle Information

Drivers License Number	1601153134	Is this a Fleet Services Vehicle?	Yes
Drivers License State	Nevada	Vehicle	000246
Supervisor Name	[REDACTED]	VIN	1C3LC46R47N545038
Supervisor Title	District Office Manager	Vehicle Year	2007
Supervisor Phone	[REDACTED]	Vehicle Make	CHRYSLER
Supervisor Notified?	Yes	Vehicle Model	SEBRING
		Vehicle Coverage	Liability and Comp & Collision
		Is this Contractor's Equipment?	No
		Vehicle Coverage	LCC
		Vehicle Tag	53306

Vehicle Status

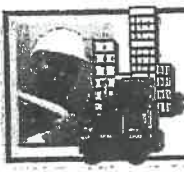
Accident Reported To NHP
 Report # 171200115
 Citations Issued? No
 Damage to State Vehicle? Yes
 Describe Damages to State Vehicle Front and Side

Other Parties Involved

Were there other parties/vehicle involved? No
 Were there any injured people? No
 Were there any witnesses involved? No

Legal Information

pay



Department of Administration RISK MANAGEMENT



VEHICLE ACCIDENT REPORT

2018-APD-0112

18-060

INSTRUCTIONS:

COMPLETE as much information as possible at the scene.

REPORT all accidents involving third parties, whether or not there is damage or injury.

COOPERATE with investigating officer(s) and the State's adjuster(s).

WITHIN 48 HOURS:

Send original to AG's Office Claims Manager, 100 N. Carson St., Carson City, NV 89710

Send copy to Risk Management Claims Manager, 201 S. Roop St., Suite 201 Carson City NV 89701

Date of Accident 11/28/17 Time 2:30PM

OUR INFORMATION:

Driver's Name [REDACTED] Agency DCFS early childhood men health serv

Office Address 4180 S. Pecos Rd. Bus. Phone _____

Driver's Lic. No. [REDACTED] State NV Expiration Date [REDACTED]

Contact Person [REDACTED] Title supervisor Phone [REDACTED]

Is this a MOTOR POOL Vehicle? yes Vehicle ID No. (VIN) 1FAFP53256A74478

Plate No. 51580 Year 2006 Make Ford Model Taurus

Location of vehicle The vehicle was towed to motor pool due to it being undrivable
Vehicle taken back to 4180 S Pecos Rd

Location of Accident The corner of Karen & Lamb following accid

Describe Damage to State Vehicle: Windshield Damage only? NO If NO describe damage _____

Rear / Bumper damage

Accident Reported to (NHP, Metro, Reno P.D., etc.) Metro Report # 171128002779 Citations Issued? unknown

If Yes, explain:

THEIR INFORMATION: Self-Insurance card provided to driver/owner? ☐ Yes ☒ No

Owner's Name Enterprise Leasing Company Yazmin Cervantes Daytime Phone 702-395-2247

Address 3900 N. Rancho suite 108 City/State/Zip LAS VEGAS, NV 8913

Insurance Company Allstate Policy No. N/A City/State LAS VEGAS, NV

Insurance Agent N/A Phone No. N/A

Plate No. BSL3526 State N/A Year Make Toyota Model camry

Driver's name Yazmin Cervantes Daytime phone N/A

Address N/A City/State/Zip N/A

Driver's Lic. No. N/A State N/A Expiration Date N/A

Describe damage to other vehicle and any injuries reported: Driver Yazmin Cervantes
was taken by ambulance to the hospital for unknown
injuries.
Please see previous form

WITNESSES (Please include NAME, ADDRESS and PHONE NUMBER) N/A

PERSONS INJURED (If injured person is a State Employee, complete a Worker's Compensation Claim Form)

employee feels sore in back. ^(JB) undecided if she will seek
medical care. Employee sought medical care at the time of
drug test.

Agency Information: ☐ Damage estimates attached ☐ Estimates will follow

State Driver's Signature [Signature] Date 11/28/17

Reviewed by Safety Coordinator [Signature] Date 11/28/17

Reviewed by Department Head Date

THEIR INFORMATION: Self-Insurance card provided to driver/owner? ☐ Yes ☒ No

Owner's Name Emilio Velazquez Daytime Phone _____
Address 765 straight st. City/State/Zip Las Vegas, NV 891
Insurance Company Crashy Insurance Policy No. BAA1858054907 City/State Anaheim Hills,
Insurance Agent N/A Phone No. 714-221-5200
Plate No. 8239JW State NV Year 2007 Make Chevy Model Express G35
Driver's name Emilio Velazquez Daytime phone N/A
Address 765 straight st. City/State/Zip LV NV 89110
Driver's Lic. No. 1701033623 State NV Expiration Date 06/10/2021

Describe damage to other vehicle and any injuries reported: Damage to front end of van

EXPLAIN WHAT HAPPENED: Employee was driving down the street of
Lomb, before making a right hand turn the employee
slowed down to let pedestrian cross the street. While
slowing down the employee was rear-ended by a Toyota
camry. The Toyota camry was hit by the van that Mr.

WITNESSES (Please include NAME, ADDRESS and PHONE NUMBER) N/A Velazquez
was driving

PERSONS INJURED (If injured person is a State Employee, complete a Worker's Compensation Claim Form)

employee feels sore in back - employee sought medical care at t
understand if she will seek
medical care. time of
drug de

Agency Information: ☐ Damage estimates attached ☐ Estimates will follow

State Driver's Signature [Signature] Date 11/28/17

Reviewed by Safety Coordinator [Signature] Date 11/28/17

Reviewed by Department Head _____ Date _____



2 51580
X

Processing Center
P.O. Box 515097
Los Angeles, CA 90051-5097
Fax: 888-268-8840

January 16, 2018

STATE OF NEVADA FLEET SERVICES
7060 LA CIENEGA ST
LAS VEGAS, NV 89119-4222

Claim Number: 23365078
Insured Name: HAMPTON TEDDER TECHNICALSERVICES, INC.
Date of Loss: November 28, 2017
Policy Number: BAA58054907
Underwriting Company: American Fire and Casualty Company

Dear STATE OF NEVADA FLEET SERVICES:

ATTN: Lynn Letarti

Reference is made to the above captioned claim presented to us for damage to your 2006 Ford Taurus SE with VIN #: 1FAFP53256A244784.

As the total loss adjuster assigned to handle your claim, I have tried reaching you to extend a settlement offer to you on your vehicle for the above loss, but have been unsuccessful. Please contact me as soon as possible using the information below.

Enclosed is documentation related to how the value of the vehicle was reached. Below is the total loss settlement for review. Once you have had a chance to review the enclosed report, please contact me to move forward with the settlement.

LIBERTY MUTUAL TAKES VEHICLE

Actual Cash Value: \$3,606.00
Sales Tax: 7.60% \$274.06
Title Transfer Fee: \$29.25
Unused Registration: \$42.00
Total Payment: \$3,951.31

***** OR *****

OWNER KEEPS VEHICLE

Actual Cash Value: \$3,606.00
Sales Tax: 7.60% \$274.06

APPROVED 

Liberty Mutual Insurance member underwriting companies:
American Economy Insurance Company, American States Insurance Company, American States Insurance Company of Texas,
American States Preferred Insurance Company, First National Insurance Company of America, General Insurance Company of America,
Golden Eagle Insurance Corporation, Insurance Company of Illinois, The Netherlands Insurance Company, Peerless Indemnity
Insurance Company, Peerless Insurance Company, Safeco Insurance Company of America, Safeco Insurance Company of Illinois
(Not all companies may be licensed to sell in all states.)

STATE OF NEVADA FLEET SERVICES

January 16, 2018

Page 2

Title Transfer Fee: \$29.25
Unused Registration: \$42.00
Less Salvage: \$(260.00)
Total Payment: \$3,691.31

The following information is needed in order to move forward:

Mailing address for payment
State title held
Owner name on title
Lienholder Info (if applicable: bank, phone #, account #)
Vehicle location

Since I have been unsuccessful in my attempts to contact you, I am writing to request that you contact me as soon as possible at 503-736-8377 on Monday – Friday between 9:00 AM to 5:00 PM PST.

If I am unavailable when you call, please leave a message with your name, claim number and the best time and phone number to contact you.

Your cooperation is greatly appreciated.

Sincerely,



Erin Wong
Claims Specialist I-Total Loss
Tel: 503-736-8377
Email: Erin.Wong@LibertyMutual.com

CC:

Enclosures: 23365078 State of NV Valuation.pdf

Liberty Mutual Insurance member underwriting companies:
American Economy Insurance Company, American States Insurance Company, American States Insurance Company of Texas,
American States Preferred Insurance Company, First National Insurance Company of America, General Insurance Company of America,
Golden Eagle Insurance Corporation, Insurance Company of Illinois, The Netherlands Insurance Company, Peerless Indemnity
Insurance Company, Peerless Insurance Company, Safeco Insurance Company of America, Safeco Insurance Company of Illinois
(Not all companies may be licensed to sell in all states.)



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 6, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer, Executive Budget Officer *CP*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION
BUREAU OF MINING REGULATION AND RECLAMATION**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Mining Regulation and Reclamation requests approval to purchase one replacement vehicle in Fiscal Year 2018 in an amount not to exceed \$32,929.

Additional Information:


The division seeks approval to purchase one replacement vehicle in accordance with the agency's 2018 legislatively approved budget (BA 3188, E713). The replacement vehicle will continue to be used in support of the Bureau's responsibilities.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: *SP*
ACTION ITEM: _____

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: <u>DENR/BMRR Mining Regulations Reclamation</u>		Budget Account #: <u>3188</u>	
Contact Name: <u>Bethany Groesser</u>		Telephone Number: <u>775-687-9399</u>	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:			
Number of vehicles requested: <u>One</u>		Amount of the request: <u>\$32,928.25</u>	
Is the requested vehicle(s) new or used: <u>New</u>			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:			
Mission of the requested vehicle(s): <u>To replace an older vehicle. 2018 Ford Explorer</u>			
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the decision unit number: <u>E713</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>One</u> Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>A 4x4 vehicle is required for Mining Bureau Staff to be able to travel to minesites for inspections and exploration projects.</u>			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>2011 Jeep Grand Cherokee</u> Odometer Reading: <u>125,667 as of 2/2/18</u> Type of Vehicle: <u>SUV</u> Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>Yes</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>			
APPOINTING AUTHORITY APPROVAL:			
 _____ Agency Appointing Authority		<u>Deputy Asst.</u> _____ Title	
_____ Date		<u>2/6/18</u> Date	
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
_____ Board of Examiners		_____ Date	

Revised 7/13/10

Vehicle Order Information Form

Vehicle Item No., Make, Model & No.:	5.3, SUV, ½ Ton, 4DR, 4WD, 5-6 Pass 2018 Ford Explorer (K8B)		
Dealer Name:	Jones-West Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Deep Blue	Interior: Grey	Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 28,100.00	\$ 28,100.00
SPECIFY OPTIONS: (description)			
XLT Package	1	\$4,198.00	
Daytime Running Lights	1	\$ 39.00	
Floor Mats	1	\$ 66.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options			\$ 32,900.00
DMV Title and DRS Fee's			\$ 28.25
GRAND TOTAL:			\$ 32,928.25

Registered & Legal Owner:	<u>Agency Name & Address:</u> State of Nevada Department of Conservation & Natural Resources Division of Environmental Protection Bureau of Mining Regulation and Reclamation 901 S. Stewart Street, Ste 4001 Carson City, NV 89701-5249
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Shawn Gooch 775-687-9557 Bethany Graeser 775-687-9399

STANDARD PAGE - BID #8475 FLEET VEHICLES - UPDATED 20170807

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207) *Bill F@JWFord.com*

Specify State's Vehicle Item Number: 5.3, SUV, 1/2TON, 4DR, 4WD, 5-6PASS

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: 2018 FORD EXPLORER (K8B)

Base Price for RENO/CARSON CITY: \$28,100

Base Price for LAS VEGAS: \$28,450

State vehicle miles per gallon (MPG): 15 CITY - 21 HWY

State manufacturer's warranty: 3 YRS/36000 MILES

Specify alternate fuel engine size and emission rating: 3.6L V6 TI-VCT

Includes Minimum Standard Equipment Listed: ☒ Yes ☐ No If no, state exceptions:

Exterior Color: List available colors: (CC=CLEARGOAT; CC/M=CLEARGOAT/METALLIC)

DEEP BLUE CC/M	J4	INGOT SILVER CC/M	UX
TUXEDO BLACK CC/M	UH	OXFORD WHITE CC	YZ

Seals, Cloth: List available colors:

BLACK (XLT ONLY)	GREY
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GVW: NA# (When Applicable) WHEELBASE: 114" (When Applicable)

OPTION PACKAGE PAGE - BID #8475 FLEET VEHICLES

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: 5.3, SUV, 4DR, 4WD, 5-6PASS

Option Package Name/Code: BASE MODEL

List Equipment Features Below: INCL PWR WINDOWS, PWR LOCKS, PWR MIRRORS, \$ N/C

PWR DRIVER SEAT, CRUISE, TILT, KEYLESS ENTRY, SAFETY CANOPY, PRIVACY GLASS

XLT Package

ITEMIZED OPTIONS PAGE - BID #8475 FLEET VEHICLES

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: 5.3, SUV, 4DR, 4WD, 5-6PASS

	\$ INCL.	DEDUCT AMOUNT
ABS Brake System	\$ INCL.	\$-
Air Conditioning	\$ INCL.	\$-
Cruise Control	\$ INCL.	\$-
Diesel Engine	\$ NA	\$-
Engine Block Heater	\$ NA	\$-
Four Wheel Drive (4x4)	\$ INCL.	\$-
Heavy Duty Alternator (140A)	\$ NA	\$-
Hitch Receiver	\$ INCL. W/TRAILER TOW	\$-
Integrated Trailer Brake (3/4 ton only)	\$ NA	\$-
Keyless Entry w/Fob (must have power door locks)	\$ INCL.	\$-
Limited Slip Differential	\$ NA	\$-
Paint, Metallic	\$ INCL.	\$-
Power Mirrors	\$ INCL.	\$-
Power Locks	\$ INCL.	\$-
Power Seats (DRIVER'S SIDE ONLY)	\$ INCL.	\$-
Power Windows	\$ INCL.	\$-
Radio: AM/FM Stereo, Cassette Player	\$ NA	\$-
Radio: AM/FM Stereo, Cassette Player, CD	\$ INCL.	\$-
Rear Window Wiper	\$ INCL.	\$-
Seals, Vinyl	\$ NA	\$-
Vinyl Colors:		
Skid Plate	\$ NA	\$-
Tilt Steering	\$ INCL.	\$-
Tire, Spare, Full Size	\$ NA	\$-
Trailer Tow Mirrors	\$ NA	\$-
Trailer Tow Package	\$ NA	\$-
Other:		
TRAILER TOW	\$ 597	\$-
DAYTIME RUNNING LAMPS	\$ 35	\$-
ENGINE BLOCK HEATER	\$ 79	\$-
FLOOR MATS	\$ 55	\$-

Total Amount \$ 32,900

JONES-WEST FORD
P.O. Box 12970
Reno, NV 89510-2970



Welcome to NEBS Nevada Executive Budget System

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



» Budget Account Line Item List

Budget Account Line Items

Budget Period: 2017-2019 Biennium (FY18-19)

Budget Account: 3188 DCNR - DEP MINING REGULATION/RECLAMATION

Version: L01 LEGISLATIVELY APPROVED

Summary	Line Items	Audit Log	Schedules	Positions	Mapping					
Decision Unit Filter: E713 EQUIPMENT REPLACEMENT <input type="button" value="Done"/>										
	DU	Catg	GL	Description	Actual	Work Pgm	Year 1	Year 2	Change Comment	Schedule 
	E713	00	3718	MINING REGULATION FEES	0	0	21,261	0		- None -
	E713	00	3769	MINING RECLAMATION FEES	0	0	14,774	0		- None -
		E713	05	8310 PICK-UPS, VANS - NEW	0	0	36,035	0		EQUIPMENT
Total Revenue					0	0	36,035	0		
Total Expenditures					0	0	36,035	0		
Difference					0	0	0	0		
						<input type="button" value="Done"/>				



NEVADA DIVISION OF
**ENVIRONMENTAL
PROTECTION**

STATE OF NEVADA
Department of Conservation & Natural Resources
Brian Sandoval, Governor
Bradley Crowell, Director
Greg Lovato, Administrator

TO: Curtis Palmer
DATE: February 06, 2018
FROM: Rebecca Bustos
SUBJECT: Replacement Vehicle

Attached you will find a BOE approval request for a replacement vehicle in Budget Account 3188.

Thank you

 **Rebecca Bustos**
NV Department of Environmental Protection
Fiscal Professional Trainee ~ OFM
901 S Stewart St., 4001
Carson City NV 89701
P: 775-687-9544 F: 775-687-4677
www.ndep.nv.gov rbustos@ndep.nv.gov



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Governor's Finance Office**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260

Date: February 12, 2017

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Jim Rodriguez, Executive Branch Budget Officer *SR*
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF PUBLIC SAFETY – STATE FIRE MARSHAL OFFICE

Agenda Item Write-up:

Pursuant to NRS 334.010, the State Fire Marshal's Office requests approval to purchase a new replacement vehicle in fiscal year 2018 for an amount not to exceed \$40,819.25.

Additional Information:

The State Fire Marshal Division's hazardous material training program utilizes a leased vehicle to tow the program's training materials and equipment to various training locations statewide. The lease will expire in March 2018, and the statewide contract with the vendor (Merchants Fleet Management) will expire November 30, 2018. The division contacted State Purchasing to confirm the contract will not be renewed and the division would lose the leased vehicle at the end of the contract's term. The agency indicates that the loss of this vehicle would leave the division's training bureau with only one remaining vehicle causing scheduling conflicts when supporting multiple training events occurring at the same time.

The division has analyzed various options to replace the vehicle once the division's lease has ended and has concluded that the purchase of a new replacement vehicle is the most cost effective option for the agency to pursue.

This request is contingent upon approval of work program C42381. It is anticipated this work program will be placed on the agenda for the April 11, 2018 Interim Finance Committee meeting.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____



ACTION ITEM: _____

STATE VEHICLE PURCHASE

Pursuant to NRS 334.010, no automobile may be purchased by any department, office, bureau, officer or employee of the State without prior written consent of the State Board of Examiners.

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT OF PUBLIC SAFETY – STATE FIRE MARSHAL’S OFFICE	1	\$40,819.25
Total:	1	\$40,819.25

Brian Sandoval
Governor



James M. Wright
Director

Bart J. Chambers
State Fire Marshal


Nevada State Fire Marshal Division

Stewart Facility
107 Jacobsen Way
Carson City, NV 89711
Telephone (775) 684-7501 • Fax (775) 684-7518

Memorandum

DATE: February 5, 2018

TO: Natasha Kephart, Budget Analyst III
DPS Director's Office

FROM: Dawn Nenzel, Account Tech 1 

SUBJECT: Approval to purchase Vehicle

Attached are the forms and backup documentation as required by the Board of Examiners requesting approval to purchase a state vehicle pursuant to NRS 334.010. This training vehicle will be stationed in Carson City the cost of this vehicle is \$40,819.25. The funding will be a 50/50 split between BA 4729 State Emergency Response Commission and BA 4147 Hazardous Waste Management. Purchase of vehicle is contingent upon IFC approval of work program C42381. If you have any questions, please feel free to contact me.

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: State Fire Marshal	Budget Account #: 3816
Contact Name: Dawn Nenzel	Telephone Number: 775/684-7503
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$40,819.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>pick up</u>	
Mission of the requested vehicle(s): <u>State Fire Marshal will use this vehicle to tow several different trailers containing fire training equipment delivering hazardous material training to emergency response personnel</u>	
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? <small>The funding will be transferring 50% 4729 State Emergency Response Commission gl 4775 and 50% 4775 Environmental Protection.</small>
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <small>No, this vehicle is utilized to tow several different trailers containing fire training equipment delivering hazardous material training to emergency response personnel</small>	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ <small>2015 / 16,900 / Chevrolet Duramax</small> Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. <small>No, the current vehicle is leased and the lease expires March 31, 2018</small> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> _____ Agency Appointing Authority </div> <div style="width: 35%; text-align: center;"> Chief _____ Title </div> <div style="width: 5%; text-align: center;"> Date <u>2/5/18</u> </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ Board of Examiners </div> <div style="width: 40%;"> _____ Date </div> </div>	

Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.19 Dodge Ram 3500 Crew Cab SWB 4x2-4x4 Diesel Dodge Ram 3500 Diesel, 2018 D23I91		
Dealer Name:	Carson Dodge		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: White	Interior: Dark Slate Gray	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 35,300.00	\$35,300.00
SPECIFY OPTIONS: (description)			\$5490.00+
Engine Block Heater	1	\$81.00	
Four Wheel Drive	1	\$2,850.00	
HD Alternator	1	\$85.00	
Trailer Tow Mirrors	1	\$177.00	
Limited Slip Axle	1	\$405.00	
LT 275/70R18E on Off Road Tires	1	\$223.00	
U Connect 5.0	1	\$723.00	
AUX Switches I/P Mounted	1	\$132.00	
Chrome Appearance Group	1	\$814.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0.00	\$0.00
Total purchase price with options			\$40,790.00
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$40,819.25

Registered Owner:	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
Legal Owner:	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Dennis Pinkerton O - 775-684-7520 C- 775-233-9608

CARSON DODGE CHRYSLER JEEP

**RAM****DODGE****CHRYSLER****Jeep**www.CarsonDodge.com

2-5-18

STATE OF NEVADA FIRE MARSHAL'S OFFICE

ATTN: Dennis Pinkerton

RE: STATE OF NEVADA BID 8475; SECTION 2.19

2018 RAM 3500 CREWCAB SHORT BED DIESEL BASE PRICE

\$35,300.00

ENGINE BLOCK HEATER

\$81.00

FOUR WHEEL DRIVE

\$2,850.00

HD ALTERNATOR

\$85.00

LIMITED SLIP AXLE

\$405.00

TRAILER TOW MIRRORS

\$177.00

LT 275/70R18E ON OFF ROAD TIRES

\$223.00

UCONNECT 5.0

\$723.00

AUX SWITCHES I/P MOUNTED

\$132.00

CHROME APPERANCE GROUP

\$814.00

STATE OF NEVAD TITLE

\$29.25

TOTAL WITH OPTIONS:

\$40,819.25

EXTERIOR COLOR-WHITE

INTERIOR COLOR-SLATE GRAY

Order Cutoff Date TBD

Regards,

Joel Cryer

3059 South Carson Street Carson City NV 89701-4513

(775) 883-2020 (888) 883-2028 FAX (775) 883-7227

Email: info@carsondodge.com




**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 9, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Budget Division 

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

APPROVAL TO PAY A CASH SETTLEMENT

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$1,372,625

The Nevada Department of Transportation (NDOT) is requesting approval of funds in the amount of \$1,372,625 for an eminent domain settlement which equals a total amount of \$3,330,000. Through this settlement, NDOT is acquiring approximately three and one half acres of land owned by Tomahawk LLC, for an interchange project along I-15 at Starr Avenue in Las Vegas.

The State deposited with the Court the sum of \$1,957,372 as its estimate of just compensation for the taking immediate occupancy of the property required to allow construction to begin. Tomahawk withdrew the money, but contested the amount owed as compensation for the property taken and the severity of the damages to the Remnant Parcel. These additional funds will be paid in exchange for entry of judgment and a final order of condemnation, as well as a Grant Bargain Sale Deed for the remnant 2-acre

parcel that would have been damaged by the construction of the interchange, but would not have been acquired through the court action. This settlement will resolve this eminent domain action in its entirety and is the last remaining acquisition needed to complete this project.


Additional Information:

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. NDOT requests the authority to settle the action for a total amount of \$3,330,000 (\$1,372,625 in "new money"), resolving the action in its entirety as among all parties, inclusive of all attorneys' fees, costs and interest. The property condemned, as well as a 2-acre remnant parcel, will be acquired in fee simple, free and clear of all liens.

NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:

NRS 41.037

REVIEWED:	
ACTION ITEM:	_____



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 20, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Bessie J. Wooldridge, Executive Budget Officer
Governor's Finance Office – Budget Division

A handwritten signature in blue ink, reading "Bessie J. Wooldridge".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES-
AGING AND DISABILITY SERVICES DIVISION**

Agenda Item Write-up:

Pursuant NRS 286.523, the Administrator of the Aging and Disability Services Division (ADSD) requests the Board of Examiners designate the Physical Therapist-Pediatric classification as a "critical labor shortage" and grant a Public Employees Retirement System exception for Robbin Hickman. This designation is requested through June 30, 2018 for approximately 30 hours per week and will allow for the reemployment of qualified retired employees to fill ADSD Physical Therapist-Pediatric needs for Nevada Early Intervention Services locations, which a critical labor shortage has been appropriately identified.

Additional Information:

On October 10, 2017, the Board of Examiners previously approved Ms. Hickman to contract with ADSD from October 10, 2017 through June 30, 2018. ADSD inadvertently neglected to submit the "critical need memo" which is the basis of our current request regarding critical shortage for exceeding the earnings restrictions in NRS 286.520.

Ms. Hickman is a former UNLV Professor that has contracted through ADSD to provide pediatric physical therapy to infants and toddlers with disabilities.

The division continues to report difficulties in recruitments and vacancies and these conditions continue to place the division in the untenable position of dealing with a critical shortage of qualified candidates to fill these vacant positions.

Historically, it has been an issue for the division to find qualified pediatric physical therapists who can work with infants and toddlers with special needs, particularly in the Carson City and rural areas. Special circumstances, special education or experience required would include additional training outside the traditional physical therapy licensure and education; therefore, the field of qualified applicants who possess the scope of knowledge to competently work with infants and toddler with disabilities is minimal.

The division indicated there is an immediate and critical need within ADSD to fill this position and the ability/flexibility to re-employ Ms. Hickman is a vital tool to utilize in mitigating the division's vacancy issue.

Statutory Authority:

NRS 286.510 - 286.523

REVIEWED: <u>YHJ</u>
ACTION ITEM: _____

NRS 286.523 Employment of retired employee: Exception for reemployment of certain retired employees to fill positions for which critical labor shortage exists; determination and designation of such positions; limitation on length of designation of position. [Effective through June 30, 2015.]

1. It is the policy of this State to ensure that the reemployment of a retired public employee pursuant to this section is limited to positions of extreme need. An employer who desires to employ such a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public.

2. The provisions of subsections 1 and 2 of NRS 286.520 do not apply to a retired employee who accepts employment or an independent contract with a public employer under the System if:

(a) The retired employee fills a position for which there is a critical labor shortage; and

(b) At the time of the retired employee's reemployment, the retired employee is receiving:

(1) A benefit that is not actuarially reduced pursuant to subsection 6 of NRS 286.510; or

(2) A benefit actuarially reduced pursuant to subsection 6 of NRS 286.510 and has reached the required age at which the retired employee could have retired with a benefit that was not actuarially reduced pursuant to subsection 6 of NRS 286.510.

3. A retired employee who is reemployed under the circumstances set forth in subsection 2 may reenroll in the System as provided in NRS 286.525.

4. Positions for which there are critical labor shortages must be determined in an open public meeting held by the designating authority as follows:

(a) Except as otherwise provided in this subsection, the State Board of Examiners shall designate positions in State Government for which there are critical labor shortages.

(b) The Supreme Court shall designate positions in the Judicial Branch of State Government for which there are critical labor shortages.

(c) The Board of Regents shall designate positions in the Nevada System of Higher Education for which there are critical labor shortages.

(d) The board of trustees of each school district shall designate positions within the school district for which there are critical labor shortages.

(e) The governing body of a charter school shall designate positions within the charter school for which there are critical labor shortages.

(f) The governing body of a local government shall designate positions with the local government for which there are critical labor shortages.

(g) The Board shall designate positions within the System for which there are critical labor shortages.

5. In determining whether a position is a position for which there is a critical labor shortage, the designating authority shall make findings based upon the criteria set forth in this subsection that support the designation. Before making a designation, the designating authority shall consider all efforts made by the applicable employer to fill the position through other means. The written findings made by the designating authority must include:

(a) The history of the rate of turnover for the position;

(b) The number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted;

(c) The length of time the position has been vacant;

(d) The difficulty in filling the position due to special circumstances, including, without limitation, special educational or experience requirements for the position; and

(e) The history and success of the efforts to recruit for the position, including, without limitation, advertising, recruitment outside of this State and all other efforts made.

6. A designating authority that designates a position as a critical need position shall submit to the System its written findings which support that designation made pursuant to subsection 5 on a form prescribed by the System. The System shall compile the forms received from each designating authority and provide a biennial report on the compilation to the Interim Retirement and Benefits Committee of the Legislature.

7. A designating authority shall not designate a position pursuant to subsection 4 as a position for which there is a critical labor shortage for a period longer than 2 years. To be redesignated as such a position, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria set forth in subsection 5.

(Added to NRS by 2001, 2400; A 2003, 2062; 2005, 1077; 2009, 1549, 1550; R 2011, 90, effective June 30, 2015)

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

Date: February 20, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Dena Schmidt, Administrator *Shen Vonchel for Dena Schmidt*
Aging and Disability Services Division, Dept. of Health and Human Services

SUBJECT: REQUEST FOR CRITICAL LABOR SHORTAGE

On October 10, 2017, the Board of Examiners previously approved Robbin. Hickman to contract with Aging and Disability Services Division (ADSD) on a provider agreement from October 10, 2017 through June 30, 2018. ADSD inadvertently neglected to submit the proper Critical Labor Shortage memo to the Board of Examiners which is the bases of our current request regarding the critical shortage for exceeding the earnings restrictions in NRS 286.520, granting Ms. Hickman a Public Employees Retirement System exception. This exemption will allow for Ms. Hickman to continue with her provider agreement to fulfill the needs of our Nevada Early Intervention Services, Physical Therapist-Pediatric Specialist obligations.

Ms. Hickman is a former UNLV Professor that has contracted through ADSD, via a provider agreement, to provide considerably needed Pediatric Physical Therapy to infants and toddlers with disabilities. Historically, it has been an issue for the division to find qualified Pediatric Physical Therapists specializing with infants and toddlers with disabilities or special needs, particularly in the Carson City and rural areas. Specialized education and additional training outside the traditional Physical Therapy licensure and education is required; therefore, narrowing the field of qualified participants who possess the scope of knowledge to competently work with this population.

The division continues to report difficulties in finding sufficient providers and these conditions place the division in the untenable position of dealing with a critical shortage of qualified candidates to fill these necessities. The division has identified and immediate requirement to continue with Ms. Hickman's provider agreement to ensure services for our infant and toddlers are not interrupted.

ADSD therefore respectfully requests the approval of our submission to allow Ms. Hickman to continue providing services under the critical labor shortage provision outlined in NRS 286.520, granting Ms.

February 20, 2018
Page 2

Hickman the earnings restriction exception. If you have any questions regarding this matter, please feel free to contact me at (775) 687-0515

Cc: Bessie Wooldridge, Executive Branch, Budget Officer I, Governor's Finance Office
Sherri Vondrak, Human Resource Officer, ADSD



Public Employees Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Critical Need Position Designation Form

Reemployment of a retired public employee pursuant to NRS 286.523 is limited to positions of extreme need. An employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon appropriate and necessary delivery of services to the public. The critical need designation must be made by the designating authority of the agency in an open meeting. The designated authority shall not designate a position for more than 2 years. To be redesignated, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria established by law. PERS will compile the forms received from each designating authority and provide a biennial report to the Interim Retirement and Benefits Committee (IRBC) of the Legislature.

Agency Contact: Candice McDaniel Agency Phone: (775) 687-0100

Agency Name: Aging and Disability Services-Nevada Early Intervention Services

Critical Need Position Title: Physical Therapist- Pediatric- Contracted

Effective Date of Critical Need Designation: 10/1/2017

In an open meeting the designating authority shall make findings based upon the below criteria that supports the designation using this form provided by PERS. Before making a designation, the designating authority shall consider all efforts made by the public employer to fill the position through other means. The written findings to be made by the designating authority must include:

History of the rate of turnover for the position: Turnover is not necessarily an issue for this position as finding qualified pediatric physical therapists

who can work with infants and toddlers with special needs. These positions are incredibly difficult to fill, especially in the Carson City office where children are seen in their homes in rural areas.

Number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted: Recruitments have remained open for many years for this rural position. In this office particularly out of Carson City,

recruitment has been open since 2011 with only two applicants, both of which were hired due to their experience with infants and toddlers with special needs.

Length of time the position has been vacant: As the current Program Manager in Carson City, the contracted Physical Therapy position has been open since 2011.

Difficulty in filling the position due to special circumstances, including special education or experience required for the position: Working with infants and toddlers with disabilities requires additional training outside of the traditional Physical Therapy licensure and education.

The Individuals with Disabilities Education Act drives Early Intervention Services, therefore knowledge of the federal regulations is required for this position, which are only required for infants and children covered by Part C (IDEA).

History and success of the efforts to recruit for the position, including advertising, out-of-state recruitment and all other efforts made (include copies of advertising or electronic recruitment notices, specifying targeted geographic areas):

Recruitment has been used recently through the "indeed" Service, on line. The Nevada licensing Board is checked for current therapists then cold calls are made to these providers

to inquire about interest and availability. Many of the licensed physical therapists are either not interested, currently employed full time with benefits, lack pediatric experience or not willing to travel to rural locations.




**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 20, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Budget Officer
Governor's Finance Office – Budget Division 

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 286.523 the Director of the Department of Corrections (DOC) requests the Board of Examiners to designate "Rural" Correctional Officer positions as necessary to respond to a critical labor shortage and grant a Public Employees Retirement System exception. The rural areas this designation would apply to are: Ely, Pioche, Wells, Humboldt, Jean, Carlin, Tonopah, and Lovelock. Once the Board makes such a determination, the department will be able to reemploy retired public employees who can perform, or be trained to perform, critical correctional officer duties. It would be the intent of the department to utilize these retirees as needed while continuing to recruit for full time permanent replacements.

Additional Information:

On March 8, 2016, the Board of Examiners previously approved the Department of Corrections critical need request and per NRS 286.523, the department is requesting that the Board consider reaffirming its previous approval for another two year period.

The department currently has 1,564 approved Correctional Officer positions with 484 located in rural areas. As of February 14, 2018, the agency reported 71 of the 484

positions are vacant equating to a 14.66% vacancy rate for rural Correctional Officer positions.

The department indicates that the primary factors impacting its ability to recruit and retain positions at these locations include the following:

- The job itself requires non-conventional work schedules necessary for the twenty-four hour, 7-day a week operation of security facilities.
- The job can be extremely stressful resulting in high turnover as both verbal and physical attacks from inmates occur. Threats to an employee and his or her family add to the stress and ultimate high turnover of the positions.
- Salaries as compared to other law enforcement positions are low. In particular in rural areas, competition for those workers is heavy with not only other law enforcement agencies, but also with the mines and companies which support the mines, substantially paying more and enticing staff away from the department.
- Affordable housing options continue to be an issue – in particular during the boom-and-bust cycles of the mines, which often puts housing at a premium, and out of reach for the newly hired Correctional Officers.

The department constantly struggles with filling rural Correctional Officer positions, resulting in mandatory overtime, and double shifts to meet the security needs of the rural institutions.

Statutory Authority:

NRS 286.510 - 286.523

REVIEWED: <u>VF</u>
ACTION ITEM: _____

NRS 286.523 Employment of retired employee: Exception for reemployment of certain retired employees to fill positions for which critical labor shortage exists; determination and designation of such positions; limitation on length of designation of position. [Effective through June 30, 2015.]

1. It is the policy of this State to ensure that the reemployment of a retired public employee pursuant to this section is limited to positions of extreme need. An employer who desires to employ such a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public.

2. The provisions of subsections 1 and 2 of [NRS 286.520](#) do not apply to a retired employee who accepts employment or an independent contract with a public employer under the System if:

(a) The retired employee fills a position for which there is a critical labor shortage; and

(b) At the time of the retired employee's reemployment, the retired employee is receiving:

(1) A benefit that is not actuarially reduced pursuant to subsection 6 of [NRS 286.510](#); or

(2) A benefit actuarially reduced pursuant to subsection 6 of [NRS 286.510](#) and has reached the required age at which the retired employee could have retired with a benefit that was not actuarially reduced pursuant to subsection 6 of [NRS 286.510](#).

3. A retired employee who is reemployed under the circumstances set forth in subsection 2 may reenroll in the System as provided in [NRS 286.525](#).

4. Positions for which there are critical labor shortages must be determined in an open public meeting held by the designating authority as follows:

(a) Except as otherwise provided in this subsection, the State Board of Examiners shall designate positions in State Government for which there are critical labor shortages.

(b) The Supreme Court shall designate positions in the Judicial Branch of State Government for which there are critical labor shortages.

(c) The Board of Regents shall designate positions in the Nevada System of Higher Education for which there are critical labor shortages.

(d) The board of trustees of each school district shall designate positions within the school district for which there are critical labor shortages.

(e) The governing body of a charter school shall designate positions within the charter school for which there are critical labor shortages.

(f) The governing body of a local government shall designate positions with the local government for which there are critical labor shortages.

(g) The Board shall designate positions within the System for which there are critical labor shortages.

5. In determining whether a position is a position for which there is a critical labor shortage, the designating authority shall make findings based upon the criteria set forth in this subsection that support the designation. Before making a designation, the designating authority shall consider all efforts made by the applicable employer to fill the position through other means. The written findings made by the designating authority must include:

- (a) The history of the rate of turnover for the position;
- (b) The number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted;
- (c) The length of time the position has been vacant;
- (d) The difficulty in filling the position due to special circumstances, including, without limitation, special educational or experience requirements for the position; and
- (e) The history and success of the efforts to recruit for the position, including, without limitation, advertising, recruitment outside of this State and all other efforts made.

6. A designating authority that designates a position as a critical need position shall submit to the System its written findings which support that designation made pursuant to subsection 5 on a form prescribed by the System. The System shall compile the forms received from each designating authority and provide a biennial report on the compilation to the Interim Retirement and Benefits Committee of the Legislature.

7. A designating authority shall not designate a position pursuant to subsection 4 as a position for which there is a critical labor shortage for a period longer than 2 years. To be redesignated as such a position, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria set forth in subsection 5.

(Added to NRS by [2001, 2400](#); A [2003, 2062](#); [2005, 1077](#); [2009, 1549, 1550](#); R [2011, 90](#), effective June 30, 2015)

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9912



State of Nevada
Department of Corrections

Brian Sandoval
Governor


James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

MEMORANDUM

Date: February 14, 2018

To: James R. Wells, Clerk of the Board, Dept. of Administration

From: James Dzurenda, Director, Dept. of Corrections 

Via: John Borrowman, Deputy Director Support Services, Dept. of Corrections

Subject: CRITICAL LABOR SHORTAGE DESIGNATION FOR CORRECTIONAL OFFICERS

Pursuant to NRS 286.523, the Department of Corrections respectfully requests the Board of Examiners to designate "Rural" Correctional Officer and Correctional Officer Trainee positions as necessary to respond to a critical labor shortage. The rural areas this designation would apply to are: Ely, Pioche, Wells, Humboldt, Jean, Carlin, Tonopah, and Lovelock. Once the Board makes such a determination, the department will be able to reemploy retired public employees who can perform, or be trained to perform, critical correctional officer duties. It would be the intent of the department to utilize these retirees as needed while continuing to recruit for full time permanent replacements.

The department currently has 1,564 approved Correctional Officer positions with 484 located in rural areas. The department has constantly struggled with filling rural Correctional Officer positions, resulting in mandatory overtime, double shifts, and other employee-draining temporary solutions necessary to meet the security needs of the institutions and facilities.

As of the preparation of this memo, the vacancy rate at Ely State Prison for Correctional Officer positions exceeds 17% and many of our rural Conservation Camps exceed 20% turnover. Having the flexibility to maintain hiring pools of retired trained officers will reduce the stress to staff caused by excessive mandatory overtime and double shifts in correctional institutions while still protecting the public, staff, and inmates.

NRS 286.523 (5) requires the following criteria to be considered by the Board of Examiners in making this designation:

- a) The history of the rate of turnover for the position.

Department Response: Turnover for several rural facilities and Conservation Camps exceed 20%. Historically, the turnover has been high. As an example, Wells Conservation Camp had a 55% turnover

rate in FY 2017. This turnover rate makes it extremely difficult to maintain the necessary safety and security, and also leads to increased costs for personnel training. The turnover rate for these positions is shown in the chart below:

	Rural Correctional Officer Turnover Rates by Fiscal Year																	
	Fiscal Yr 2012 7/11-6/12			Fiscal Yr 2013 7/12-6/13			Fiscal Yr 2014 7/13-6/14			Fiscal Yr 2015 7/14-6/15			Fiscal Yr 2016 7/15-6/16			Fiscal Yr 2017 7/2016-6/2017		
B/A	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	TERMS	RATE
3752-Carlin Conservation Camp	8	3	37.50%	8	2	25.00%	8	2	25.00%	8	6	75.00%	8	2	25.00%	9	3	33.33%
3747-Ely Conservation Camp	8	2	25.00%	8	1	12.50%	8	1	12.50%	8	1	12.50%	8	1	12.50%	9	0	0.00%
3751-Ely State Prison	207	63	30.43%	207	50	24.15%	221	47	21.27%	221	62	28.05%	228	57	25.00%	235	42	17.87%
3741-Humbolt Conservation Camp	8	5	62.50%	8	2	25.00%	9	2	22.22%	9	1	11.11%	8	0	0.00%	9	3	33.33%
3748-Jean Conservation Camp	10	3	30.00%	10	0	0.00%	10	0	0.00%	10	1	10.00%	10	2	20.00%	10	2	20.00%
3759-Lovelock Correctional Center	167	56	33.53%	167	27	16.17%	179	23	12.85%	179	33	18.44%	183	24	13.11%	189	31	16.40%
3723-Pioche Conservation Camp	11	0	0.00%	11	3	27.27%	11	2	18.18%	11	4	36.36%	11	1	9.09%	12	3	25.00%
3754-Tonopah Conservation Camp	8	5	62.50%	8	3	37.50%	9	2	22.22%	9	3	33.33%	8	2	25.00%	9	0	0.00%
3738-Wells Conservation Camp	8	1	12.50%	8	2	25.00%	9	2	22.22%	9	3	33.33%	8	2	25.00%	9	5	55.56%
TOTALS	435	138	31.72%	435	90	20.69%	464	81	17.46%	464	114	24.57%	472	91	19.28%	491	89	18.13%

In addition, the chart below shows the first seven months of FY18, and the respective turnover percentage for correctional officer positions in each of the rural areas.

Rural Correctional Officer Turnover rates Fiscal Year 2018 by Month																	
Counting CO, COT																	
B/A	07	%	08	%	09	%	10	%	11	%	12	%	1	%	FTE	TERMS	%
3752-Carlin Conservation Camp	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	11.1%	1	11.1%	9	2	22.2%
3747-Ely Conservation Camp	0	0.0%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	1	11.1%
3751-Ely State Prison	5	2.2%	3	1.3%	3	1.3%	4	1.8%	0	0.0%	2	0.9%	1	0.4%	227	18	7.9%
3741-Humbolt Conservation Camp	0	0.0%	0	0.0%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	0	0.0%	9	1	11.1%
3748-Jean Conservation Camp	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	0	0.0%	0	0.0%	11	1	9.1%
3759-Lovelock Correctional Center	3	1.6%	4	2.1%	3	1.6%	4	2.1%	2	1.1%	4	2.1%	3	1.6%	189	23	12.2%
3723-Pioche Conservation Camp	0	0.0%	0	0.0%	0	0.0%	2	16.7%	0	0.0%	1	8.3%	0	0.0%	12	3	25.0%
3754-Tonopah Conservation Camp	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	11.1%	9	1	11.1%
3739-Wells Conservation Camp	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	0	0.0%
TOTALS	8	1.7%	7	1.4%	7	1.4%	11	2.3%	3	0.6%	8	1.7%	6	1.2%	484	50	10.3%

- b) The number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted.

Department Response: As shown in the charts above, the rural areas have 484 Correctional Officer positions with a turnover rate over 30% in FY 2012. Currently, most rural facilities turnover exceeds 10%, with some exceeding 20%. Some cases of turnover occur with multiple openings within the same year for the same PCN #. As shown in the chart above, at or near the end of January on the day the figures were pulled from the Data Warehouse, 71 of the 484 positions were vacant equating to a 14.66% vacancy rate for rural Correctional Officer positions.

However, as also shown above, Ely State Prison had 39 vacant positions out of their 227 approved positions, equating to an 17.18% vacancy rate – a number that absolutely mandates overtime, double shift requirements, and other temporary post-coverage solutions. All qualified candidates are or have been hired. Some of the qualifications include successfully passing the background and training requirements. The vacancy rates referenced are after all recruitment efforts have been exhausted.

- c) The length of time the position has been vacant.

Department Response: As detailed above, the department is actually requesting this designation for 484 different PCN #'s that this critical labor shortage designation would apply to. Historically, the department has tried to fill the PCN # which has been open the longest first, so as to not have any PCN #'s showing vacancies of over one year and subject to losing during the budgeting process. However, what we can show is that in the last five year period, during the very best of times, Ely State Prison was never able to fill all Correctional Officer positions, and only one time had reached a low of a total of 18 Correctional Officer vacancies during that five year period. However, as stated above, the institution now has 39 vacancies with no current applicants ready to hire as of the writing of this request.

- d) The difficulty in filling the position due to special circumstances, including, without limitation, special education or experience requirements for the position.

Department Response: Correctional Officer positions require a High School Diploma, a clean background check, twenty one years of age, and successful passing of a physical agility test. The job itself requires non-conventional work schedules necessary for the twenty-four hour, 7-day a week operation of security facilities. The job can be extremely stressful resulting in high turnover as both verbal and physical attacks from inmates occur. Threats to an employee and his or her family add to the stress and ultimate high turnover of the positions.

Salaries as compared to other law enforcement positions are low. In particular in rural areas, competition for those workers is heavy with not only other law enforcement agencies, but also with the mines and companies which support the mines, substantially paying more and enticing staff away from the department. Affordable housing options continue to be an issue – in particular during the boom-and-bust cycles of the mines, which often puts housing at a premium, and out of reach for the newly hired Correctional Officers.

- e) The history and success of the efforts to recruit for the position, including, without limitation, advertising, recruitment outside of the State and all other efforts made.

Department Response: As with the mines, the department experiences boom-and-bust cycles for keeping Correctional Officer positions filled in rural areas. These cycles tend to coincide with high unemployment

rates for the state and counties, as well as the cycles of the mines hiring and/or laying off staff. However, as stated above, we don't have a single time period in the last five years in which we had all the positions filled. As shown, the vacancies have slowly crept back up to the 17.18% it is today in Ely. In the last 12 months, we've had a high of a 50% vacancy rate at Carlin Conservation Camp.

The department has no dedicated advertising budget, but manages to get the positions listed on numerous web sites throughout the county, and HR staff attend and provide job opportunities at over a dozen employment, career, and military job fairs annually, including job fairs hosted by the department. In addition, through our Public Information Office, we target Twitter and Facebook opportunities as well as provide press releases about job opportunities in areas of the country which have high unemployment rates, and/or are actually closing correctional facilities in those particular areas.

In addition, the State Division of Human Resources Management uses Twitter, Facebook, Linked In, Google, Jobs2 Careers posting, ZipRecruiter, and Glass Door to advertise hard-to-fill state jobs including Correctional Officer positions. They have also entered into a full subscription with Careers in Government.com, allowing access to a potential 35.6 million nationwide.

While these efforts appear to meet our recruitment needs in the urban areas, we are not seeing movement in the vacancy rates for Correctional Officer positions in the rural areas that is needed.

Please contact me or my staff if you have any questions or need further information. We appreciate your consideration of this request.

Attachment



Public Employees Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Critical Need Position Designation Form

Reemployment of a retired public employee pursuant to NRS 286.523 is limited to positions of extreme need. An employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon appropriate and necessary delivery of services to the public. The critical need designation must be made by the designating authority of the agency in an open meeting. The designated authority shall not designate a position for more than 2 years. To be redesignated, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria established by law. PERS will compile the forms received from each designating authority and provide a biennial report to the Interim Retirement and Benefits Committee (IRBC) of the Legislature.

Agency Contact: David Wright Agency Phone: (775) 887-3311

Agency Name: Department of Corrections

Critical Need Position Title: Correctional Officer

Effective Date of Critical Need Designation: 4/1/2018

In an open meeting the designating authority shall make findings based upon the below criteria that supports the designation using this form provided by PERS. Before making a designation, the designating authority shall consider all efforts made by the public employer to fill the position through other means. The written findings to be made by the designating authority must include:

History of the rate of turnover for the position: 2017: 18.13%, 2016: 19.28%, 2015: 24.57%,

2014: 17.46%, 2013: 20.69%, 2012: 31.72%

Number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted: Currently 71 of 484 positions are vacant. This number changes daily.

All qualified applicants have been offered positions, leaving the 71 vacancies.

Length of time the position has been vacant: We have not been able to fill all available positions in the last 5 years.

Difficulty in filling the position due to special circumstances, including special education or experience required for the position: High School Diploma, 21 Years of age, clean background check and successfully passing the

Physical Fitness and Psychological testing. Very stressful position.

History and success of the efforts to recruit for the position, including advertising, out-of-state recruitment and all other efforts made (include copies of advertising or electronic recruitment notices, specifying targeted geographic areas): The Department attends several job fairs monthly in the Northern, Southern and rural areas, including several hosted by NDOC.

The Department does not have a budget for advertising, but does utilize multiple social media sites and job posting sites.

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 12, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Katrina Nielsen, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to read "Katrina Nielsen", is written over the "From:" line of the memo.

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

OFFICE OF THE CONTROLLER

Agenda Item Write-up:

CASH MANAGEMENT IMPROVEMENT ACT

A. Office of the Controller – Payment to U.S. Treasury not to exceed \$68,354

The State Controller requests approval of payment to the U.S. Treasury in an amount not to exceed \$68,354 from the General Fund. This is the highest possible payable liability for 2017. The U.S. Treasury is reviewing the report and should have a final liability figure by March 15th. Payment to the U.S. Treasury is required by March 30th.

Additional Information:

Section 80, Chapter 396 of the 2017 Legislative Session, (AB 518-General Fund Appropriation Act) states that "If the State of Nevada is required to make payment to the United States Treasury under the provisions of Public Law 101-453, the Cash Management Improvement Act of 1990, the State Controller, upon approval of the State Board of Examiners, may make such payments from the interest earnings of the State

General Fund or interest earnings in other funds when interest on federal money has been deposited in those funds.”

A schedule showing the highest liability payable for FY 2017 and a copy of the State’s annual report to the U.S. Treasury are attached to this memorandum.

Statutory Authority:

AB 518 – Appropriations Act

REVIEWED: SB

ACTION ITEM: _____



**OFFICE OF THE
STATE CONTROLLER**

MEMORANDUM

To: State Board of Examiners

From: State Controller Ronald L. Knecht

Date: 12 February 2018

Subject: FY 2017 Interest Liability under the Cash Management Improvement Act

RECEIVED

FEB 13 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The purpose of the Cash Management Improvement Act (P.L. 101-453) is to ensure greater efficiency, effectiveness and equity in the exchange of funds between the Federal Government and the States. The State incurs an interest liability when Federal funds are deposited in a State account prior to the day the State pays out funds for program purposes. Conversely, the Federal Government may incur an interest liability when the State pays out its own funds for program purposes.

Section 80, Chapter 396 of the 2017 Legislative Session, (AB 518-Appropriation Act) states that "If the State of Nevada is required to make payment to the United States Treasury under the provisions of Public Law 101-453, the Cash Management Improvement Act of 1990, the State Controller, upon approval of the State Board of Examiners, may make such payments from the interest earnings of the State General Fund or interest earnings in other funds when interest on federal money has been deposited in those funds."

I am hereby requesting the approval of payment to the U.S. Treasury in the amount of **\$68,354** from the General Fund. This is the highest possible payable liability for 2017. That amount will be paid only if all Federal interest and State calculation costs are denied. The U.S. Treasury is reviewing the report and should have a final liability figure by March 15th. Payment to the U.S. Treasury is required by March 30th. The Federal government paid the State a net liability of \$2,401.00 for fiscal year 2016. If the 2017 calculations are accepted, the Federal government will owe the State \$133,790.00.

A schedule showing the highest liability payable for FY 2017, and a copy of the State's annual report to the U.S. Treasury, are attached to this memorandum.

State Capitol
101 N. Carson Street, Suite 5
Carson City, Nevada 89701-4786
(775) 684-5750
Fax (775) 684-5696

www.controller.nv.gov

Grant Sawyer State Office Building
555 E. Washington Avenue, Suite 4300
Las Vegas, Nevada 89101-1071
(702) 486-3895
Fax (702) 486-3896

RON KNECHT,
MS, JD, PE (CA)
State Controller

STATE OF NEVADA

JAMES W. SMACK
Chief Deputy Controller



**OFFICE OF THE
STATE CONTROLLER**

20 December 2017

Ms. Mary N. Bailey, Director
Cash Management Improvement Act Division
Bureau of Fiscal Services
U.S. Department of the Treasury
401 14th Street, S.W. Room 420
Washington, D.C. 20227

Dear Ms. Bailey:

I am enclosing the original and 1 copy of Nevada's Cash Management Improvement Act Annual Report for the State Fiscal Year ended 6/30/17. Please call me with any questions which may arise, or if more information is needed.

Sincerely,

A handwritten signature in dark ink, appearing to read "James Smack", written over a horizontal line.

James Smack
Chief Deputy Controller
State of Nevada

Enclosures: Original and 1 copy CMIA Annual Report

State Capitol
101 N. Carson Street, Suite 5
Carson City, Nevada 89701-4786
(775) 684-5750
Fax (775) 684-5696

www.controller.nv.gov

Grant Sawyer State Office Building
555 E. Washington Avenue, Suite 4300
Las Vegas, Nevada 89101-1071
(702) 486-3895
Fax (702) 486-3896



Cash Management Improvement Act - 2017 Annual Report
State of Nevada - Interest Calculation Costs Certification

I. State Costs - Internal

Clearance Pattern Development and Maintenance

State Personnel Cost: 7,194
 State Non-Personnel Cost: 0
 Other Costs: 0

Interest Calculation

State Personnel Cost: 4,629
 State Non-Personnel Cost: 0
 Other Costs: 0

II. State Costs - External

Clearance Pattern Development and Maintenance

Personnel Cost: 0
 Non-Personnel Cost: 0
 Other Costs: 0

Interest Calculation

Personnel Cost: 0
 Non-Personnel Cost: 0
 Other Costs: 0

III. Adjusted Interest Calculation Costs

Interest calculation costs incurred prior to the current state fiscal year are not eligible for reimbursement pursuant to 31 CFR 205.27(d)(3). In the event that interest calculation costs reimbursed in a prior state fiscal year are disallowed as the result of a subsequent audit, the disallowed amount must be included in this section.

Adjusted Interest Calculation Costs: 0

IV. Total Interest Calculation Costs

Total Interest Calculation Costs: 11,823

V. Certification

"I hereby certify that this Interest Calculation Costs Claim Report is accurate to the best of my knowledge. Interest calculation costs recovered via this mechanism shall not be included in our State's cost allocation plan as described in OMB Circular A-87. The State shall maintain documentation to substantiate this cost claim and make this information available upon request."

Signature of Authorized State Official: 

Name of Authorized State Official: James Smack

Title of Authorized State Official: Chief Deputy Controller

Date Signed: 12/20/17

**Cash Management Improvement Act - 2017 Annual Report
State of Nevada**

*Annualized Interest Rate: 0.57%***Nevada State Contact**

Jean Robbins
101 N. Carson St., Ste 5
Carson City, NV 89701
775-684-5652
jrobbins@controller.state.nv.us

Annual Report Claims

Current State Interest Liability	\$68,354
State Interest Adjustment	\$0
Interest Calculation Costs	\$11,823
Current Federal Interest Liability	\$190,321
Federal Interest Adjustment	\$0
Net Federal Interest Liability	\$133,790

Certification

"I certify to the best of my knowledge that all information in this report, including the interest claims and interest calculation costs claim, is true and accurate in all respects and that all calculations have been made in accordance with 31 CFR Part 205 and the Treasury State Agreement."

Signature of Authorized State Official: **Name of Authorized State Official:** James Smith**Title of Authorized State Official:** Chief Deputy Controller**Date Signed:** 12/20/17

Cash Management Improvement Act - 2017 Annual Report
State of Nevada - Interest Claims Report

CFDA	Program Name	INTEREST CLAIMED				
		Current State Liability	State Adjustment	Current Federal Liability	Federal Adjustment	Net State Liability
10.551	Supplemental Nutrition Assistance Program	0	0	0	0	0
10.555	National School Lunch Program	3,213	0	8,414	0	-5,201
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	566	0	1,881	0	-1,315
17.225F	Unemployment Insurance -- Federal Benefit Account and Administrative Costs	77	0	0	0	77
17.225S	Unemployment Insurance -- State Benefit Account	0	0	1,049	0	-1,049
20.205	Highway Planning and Construction	0	0	0	0	0
84.010	Title I Grants to Local Educational Agencies	6,172	0	48,493	0	-42,321
84.027	Special Education -- Grants to States	35	0	19,893	0	-19,858
93.525	State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges	48	0	817	0	-769
93.558	Temporary Assistance for Needy Families	28,862	0	1,786	0	27,076
93.563	Child Support Enforcement	5,382	0	508	0	4,874
93.658	Foster Care -- Title IV-E	4,584	0	508	0	4,076
93.767	Children's Health Insurance Program	253	0	2,910	0	-2,657
93.778	Medical Assistance Program	19,162	0	104,062	0	-84,900
Total Liability		68,354	0	190,321	0	-121,967

STATE OF NEVADA

**SCHEDULE OF MAJOR FEDERAL FINANCIAL ASSISTANCE PROGRAMS FOR FY 2017 TSA
BASED ON THE FISCAL YEAR ENDED JUNE 30, 2015**

	CFDA #	Expenditures	Notes	Agency
Supplemental Nutrition Assistance Program (SNAP)	10.551	589,114,048	*	407
National School Lunch Program	10.555	97,121,427	*	550
Special Supplemental Food Program for Women, Infants, and Children (WIC)	10.557	49,271,153	*	406
Unemployment Insurance	17.225	400,827,964	Contains U.I. Trust	900
Highway Planning and Construction	20.205	301,279,634	*	800
Title I Grants to Local Educational Agencies	84.010	105,963,454	*	300
Special Education_Grants to States	84.027	73,499,097	*	300
State Planning & Establishment Grants for the Affordable Care Act (ACA)'s Exchanges	93.525	29,025,448	*	960
Temporary Assistance for Needy Families	93.558	50,444,566	*	407
Child Support Enforcement	93.563	34,616,133	*	407
Foster Care_Title IV-E	93.658	36,679,785	*	409
State Children's Insurance Program	93.767	46,933,116	*	403
Medical Assistance Program	93.778	2,361,044,400	*	403

Total Federal Financial Assistance of Programs Above Threshold

4,175,820,225

State of Nevada
CMIA 2017
Liability by CFDA Number

CFDA #	Total Expenditures	State			Reportable			Comments
		Liability	Federal Liability	Net Liability	State Liability	Federal Liability	Reportable Net Liability	
10.551	625,769,827	0	0	0	0	0	0	FY 2017 Annual Interest Rate = .57%
10.557	45,984,109	566	1,881	(1,315)	566	1,881	(1,315)	
10.555	97,764,050	3,213	8,414	(5,201)	3,213	8,414	(5,201)	
17.225S	28,653,163	0	1,049	(1,049)	0	1,049	(1,049)	
17.225F	see above	77	0	77	77	0	77	
20.205	359,372,301	0	0	0	0	0	0	Based on info provided by DETR
84.010	117,568,498	6,172	48,493	(42,321)	6,172	48,493	(42,321)	
93.525	3,895,628	48	817	(769)	48	817	(769)	
84.027	76,436,307	35	19,893	(19,858)	35	19,893	(19,858)	
93.563	39,307,181	5,382	508	4,874	5,382	508	4,874	
93.558	39,113,415	28,862	1,786	27,076	28,862	1,786	27,076	
93.658	44,186,546	4,584	508	4,076	4,584	508	4,076	
93.767	69,964,598	253	2,910	(2,657)	253	2,910	(2,657)	
93.778	2,839,259,349	19,162	104,062	(84,900)	19,162	104,062	(84,900)	
	4,387,274,972	68,354	190,321	(121,967)	68,354	190,321	(121,967)	

Net Interest Liability	(121,967)
Direct Costs	11,823
Amount due	(133,790)

STATE OF NEVADA				
CASH MANAGEMENT IMPROVEMENT ACT				
FY 17 SCHEDULE OF DIRECT COSTS OF IMPLEMENTATION				
FY 16 clearance pattern calculations for FY 17				
and interest liability calculations for FY 17				
Development and Maintenance of Clearance Patterns:				
Statewide Clearance Patterns:			Robbins	
Welfare (type WF)			449.64	
Payroll (type PR)			449.64	
Accounts Payable (type AD & EF)			449.64	
NDOT (type AD2)			449.64	
Set-up			449.64	
Total costs to calculate statewide clearance patterns			2,248.20	2,248.20
Program Specific Clearance Patterns:			Robbins	
93.525	State Planning & Establishment Grant for the Affordable Care Act		412.17	
10.555	National School Lunch Program		412.17	
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children		412.17	
17.225	Unemployment Insurance		412.17	
84.010	Title I Grants to Local Educational Agencies		412.17	
84.027	Special Education - Grants to States		412.17	
93.558	Temporary Assistance for Needy Families (TANF)		412.17	
93.563	Child Support Enforcement (Districts Attorney component)		412.17	
93.596	Child Care Mandatory and Matching Funds		412.17	
93.658	Foster Care Title IV-E		412.17	
93.767	State Children's Insurance Program		412.17	
93.778	Medical Assistance Program		412.17	
	Total costs to calculate program specific clearance patterns		4,946.04	4,946.04
Calculation of Interest Liabilities:			Seal	
93.525	School Breakfast Program		338.70	
10.555	National School Lunch Program		338.70	
10.557	Special Supplemental Food Program for Women, Infants, and Children (WIC)		338.70	
17.225	Unemployment Insurance		338.70	
20.205	Highway Planning and Construction		169.35	
84.010	Title I Grants to Local Educational Agencies		338.70	
84.027	Special Education - Grants to States		338.70	
93.558	Temporary Aid to Needy Families		395.15	
93.563	Child Support Enforcement		395.15	
93.658	Foster Care Title IV-E		395.15	
93.767	State Children's Insurance Program		395.15	
93.778	Medical Assistance Program		395.15	
N/A	Set-up		225.80	
N/A	Set-up		225.80	
	Total costs to calculate interest liabilities		4,628.90	4,628.90
	Total Direct Costs of Implementation		11,823.14	11,823.14
				Summary

State of Nevada
Statewide Clearance Patterns
For the TSA Year Ended June 30, 2017

[illegible]

State of Nevada
Program Specific Patterns
For the TSA Year Ended June 30, 2017

[illegible]

State of Nevada
Interest Liability Calculations
For the Year Ended June 30, 2017

Interest Liability Calculation Cost:									
				Rate					
			Seal	56.45					
						Seal			
					Hours	Total Expenses	TOTAL		
93.525	State Planning & Establishment Grant for the Affordable Care Act				6.00	338.70		338.70	
10.555	National School Lunch Program				6.00	338.70		338.70	
10.557	Special Supplemental Food Program for Women, Infants, and Children (WIC)				6.00	338.70		338.70	
17.225	Unemployment Insurance				6.00	338.70		338.70	
20.205	Highway Planning and Construction				3.00	169.35		169.35	
84.010	Title I Grants to Local Educational Agencies				6.00	338.70		338.70	
84.027	Special Education - Grants to States				6.00	338.70		338.70	
93.558	Temporary Aid to Needy Families				7.00	395.15		395.15	
93.563	Child Support Enforcement				7.00	395.15		395.15	
93.658	Foster Care Title IV-E				7.00	395.15		395.15	
93.767	State Children's Insurance Program				7.00	395.15		395.15	
93.778	Medical Assistance Program				7.00	395.15		395.15	
N/A	Set-up				4.00	225.80		225.80	
N/A	Preparation of Direct Costs and Annual Report				4.00	225.80		225.80	
					82.00	4,628.90		4,628.90	

State of Nevada
Calculation of Cost Rates by Employee
For the Year Ended June 30, 2017

Eva	Jean								
Seal	Robbins								
Emp	Emp								
hourly	hourly								
38.500	24.510	gross wages							
10.780	6.863	retirement	14.25%	Emplyr/Employee paid	28.00%	Employer paid			
0.558	0.355	1.45%medicare							
4.216	4.216	insurance (paid monthly)							
0.0001	0.0001	\$2.81/yr employee bond insurance							
0.0051	0.0051	\$128.79/yr tort							
0.0046	0.0046	\$115.84 EITS infrastructure							
0.0019	0.0019	\$48.17 EITS security							
0.270	0.172	.70% unemployment							
0.909	0.578	2.36% REGI							
0.289	0.184	.75% personnel/payroll assessments							
0.912	0.581	2.37% Worker's Comp							
56.45	37.47	Total Rate per person							
0.662	0.654	gross wages as % of total							
0.318	0.346	fringe benefits as % of total							



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260

Date: February 12, 2018

To: James D. Wells, Clerk of the Board
Governor's Finance Office

From: Jim Rodriguez, Executive Branch Budget Officer *JR*
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

**DEPARTMENT OF PUBLIC SAFETY– DIVISION OF EMERGENCY MANAGEMENT
2015 Flood Event – City of Caliente Disaster Relief (DRA)**

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division of Emergency Management and the Department of Taxation recommend approval of grant funds in the amount of \$23,084.01 from the Disaster Relief Account (DRA) to reimburse the City of Caliente for costs associated with flash flood events that occurred in July 2015.

Additional Information:

On July 15, 2015, the City Caliente experienced a major flash flood that caused severe damage to streets, bridges, culverts and other public facilities. On July 23, 2015, due to impact of the resulting damage to city infrastructures and the potential threat to the health and safety of its citizens, the Caliente City Council declared a local state of emergency.

A Joint Local and State Damage Assessment Team surveyed damaged areas to estimate the costs to return the affected communities to pre-disaster conditions and determine if the damages were sufficient to warrant a request of a state disaster declaration and/or federal disaster declaration. After reviewing the information reported by the city, the team determined that neither a state nor federal declaration was warranted. However, the team did determine that the impact of the storm was severe enough to constitute a local disaster. Due to the loss and damages to the public

infrastructure within the City of Caliente, the team recommended the city seek financial assistance from the State Disaster Relief Account as well as other relief options.

Pursuant to NRS 353.2755(1), on September 17, 2015 the Department of Public Safety, Division of Emergency Management received notice from the City Caliente of its intent to request a grant from the Disaster Relief Account for reimbursement of expenses incurred during the flash-flooding that occurred on July 15, 2015.

Pursuant to NRS 353.2755(3)(a), the City of Caliente has up to 18 months after declaration of a disaster to submit a complete request to the Division of Emergency Management and the Department of Taxation unless an extension of time is provided by the Division of Emergency Management.

The Division of Emergency management granted the city two extension of time. The first 90-day extension was granted on January 3, 2017 and extended the due date for the city's application submittal from January 23, 2017 to April 24, 2017. A second 90-day extension of time was approved May 10, 2017 extending application due date to July 24, 2017. The division received the transmittal of the City's DRA application August 18, 2017.


Pursuant to NRS 353.2755(4), the Department of Taxation has up to 60 days of receipt of the Division's final recommendation report to review the City's request and provide its recommendation to the Board of Examiners and the Interim Finance Committee. The Department provided it recommendation to the BOE and IFC on December 21, 2017 and finds that the City of Caliente's request for a grant from the DRA should be approved.

Based on the Department of Taxation's findings and recommendations, and pursuant to NRS 353.2745, the City would qualify for a grant from the DRA equal to 50 percent of the expenditures reported by the city in response to the local area disaster declaration dated July 23, 2015.

Final cost of repairs and mitigation efforts associated with the July 2015 flood event is \$46,168.02 and a cost summary of those expenses is attached to this report. If approved by the IFC, the city would qualify for a grant allocation of up to \$23,084.01. The current balance in the Disaster Relief Account is \$8.57 million.

Statutory Authority:

NRS 353.2705 – NRS 353.2771

REVIEWED: 
ACTION ITEM: _____

Disaster Relief Account - Summary of NRS 353																
Condition / Procedure	State and Local Gov't	60 days from declaration of disaster	State agency - Governing body	Local Entity - Governing body	Submit letter of intent to request loan or grant from the DRA to DEM if : agency or local government is unable to pay for expense or grant match request has been approved by the chief admin officer of the state agency or governing body of the local gov't [for incorporated city] - city has requested financial assistance from the county and was denied assistance, in full or in part.	Deadline Date	Letter of Intent Call date	Letter of Intent DEM	Extension #1 Date Requested	Extension #2 Date Requested	90 - Day Extension #2 Due Date	DRA Application Received	DEM Rpt to BOE/LCB/Tax Due Date	DEM Rpt to BOE/LCB/Tax Received	Taxation Report / Determination to GFC / LCB Deadline	Taxation Report / Determination to GFC / LCB Received
353.275(1)		7/23/2015			9/21/2015		9/21/2015									
353.275(2)	DEM	10 days from date of notice from the state agency or local government must notify BOE and LCB of intent			9/27/2015		9/25/2017									
353.275(3)(a)	State and Local Gov't	Request for loan or grant from the DRA			1/28/2017				1/9/2017	4/24/2017	6/23/2017	9/23/2017	10/17/2017	10/17/2017		
353.275(3)(b)		Must be submitted to DEM and Dept. of Taxation within 18 months of the declaration														
		Request must include:														
	Local Gov't	Statement indicating request is for a loan or grant														
		Need assessment														
	DEM	Fund balance statement if the local entity has established a special fund to mitigate disaster														
		A determination of the type, value and amount of resources the state agency or local government														
		written report of damage prepared by DEM and determination the event constitutes a disaster														
	Incorporated City	All documents which relate to a request for assistance submitted to the board of county commissioners of the county in which the city is located plus any documents requested by DEM or Taxation must be submitted within 10 working days of the request unless an extension is granted by the requestor.														
353.275(4)	DEM	Within 60 days from receipt of request (Application) for loan or grant, review the request				3/25/2017										
		Prepare written report of determination														
		Submit copy of request and its reports to BOE and LCB														
		Provide copy of its report to the state agency or local government and Taxation														
353.275(4)	Taxation	DEM will coordinate review with Taxation														
		Within 60 days of receipt of the report and supporting documentation from DEM, Taxation shall:														
		Review financial information														
		DEM's Damage report														
		Report of expenses														
		For local Gov'ts - current ability to pay information														
		Prepare written report of findings														
		Submit copy of Taxation final determination report to BOE and LCB				5/25/2017										
		Copy of final report to state agency or local gov't				5/25/2017										
353.275(5)	BOE	Review final report from Taxation and information from requesting entity														
		Make recommendation as to support the and move forward to JFC														
		If recommending a grant, also make recommendation as to whether the requesting entity requires an advance to avoid severe financial hardship.														
		If recommending a loan, must include information regarding the requirements of the loan (10 payments, interest if applicable, terms etc.)														
353.275(6)	JFC	May reject any recommendation made by the BOE														
		Establish the amount and purpose of the loan or grant.														
		Make payment of the loan or grant to the appropriate account of the requesting entity														
		May provide an advance where appropriate														
		Loans or grants may not be used to increase salaries of any officer or employee of the state or local gov't														

within timeline

outside timeline

DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT
(DEM)
2015 Flood Event – City of Caliente Disaster Relief (DRA)

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- Division of Emergency Management determination of a disaster.....Page 5
- Written request from state agency or local government, including:
 - Statement of grant or loan request.....Page 8
 - Statement assessing the need for the funds requested.....Page 10
 - Detail documentation of the amount of the requestPage 15
 - Confirmation that funds available in a local government natural disaster mitigation fund does not exist.....Page 18
- Written requests for and approvals of any extensions filed beyond the 18 month time period from the date of the disaster declaration.....Page 21
- Letter of intent from DEM to request funding from DRA.....Page 30
- Notice of intent and emergency declaration from the state agency or local government.....Page 41



BRIAN SANDOVAL
Governor
JAMES DEVOLLD
Chair, Nevada Tax Commission
DEONNE E. CONTINE
Executive Director

STATE OF NEVADA DEPARTMENT OF TAXATION

Web Site: <http://tax.nv.gov>

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Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

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555 E. Washington Avenue
Las Vegas, Nevada 89101
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HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

December 21, 2017

Mr. James Wells, Director
Governor's Finance Office
209 East Musser Street
Carson City, NV 89701

Re: Disaster Relief Application
City of Caliente Flash Flood – July 2015

RECEIVED

JAN 10 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Dear Director Wells:

The Department of Taxation has received the City of Caliente (City) application for financial relief from the State Disaster Relief Fund from your office. This application is for reimbursement of certain expenses that resulted in the Flash Floods that occurred during July 2015.

The City request from the State Disaster Relief Fund is for \$23,084.01. This amount represents 50% of the eligible total cost incurred by the City of \$46,168.02 for cleanup costs of debris from roads and drainage channels. The City, with assistance from the START Team, determined the extended event did not meet the eligibility requirements for FEMA's declaration and was not warranted. Other assistance options included the U.S. Army Corps of Engineers, U.S. Department of Agriculture, Rural Development Program, the State Disaster Relief Account and the Pre-Disaster mitigation grants. The City requested funds from Lincoln County, but was denied any financial assistance. There are no other anticipated funds.

In the Department's review of the application, several things stand out when determining the financial status of the City:

- Since 2013, the operating tax rate has been limited to the current \$0.9115 as they are constrained by the statutory \$3.66 limit.
- The City used the Street Fund for this emergency, postponing a curb and gutter project until the FY16/17 budget.
- The City's General Fund, audited ending fund balance was \$60,553 which remains consistent through to the FY 17/18 Audit. Additionally, the Street Fund has reduced its ending fund balance from \$525,000 in 2015 to current projected of \$168,000. The majority of these 2015 funds went towards a flood mitigation project that was FEMA grant funded.
- As of 6/30/17 the balance in Street Fund was \$198,000, which is for grant funded projects.
- The City doesn't receive PETT or PILT.

The hard economic times have been difficult on the City of Caliente; the smaller, rural communities struggle with unexpected emergencies. The City has stated that they do not have additional funds budgeted to provide a match for the impact of the flooding event. Therefore the Department recommends approval of City's request from the State Disaster Relief fund for \$23,084.01.

If you have any questions regarding this matter, please call Kelly Langley at 775-684-2073.

Sincerely,

Deonne E. Contine
Deonne E. Contine
Executive Director

DEC:kl

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Division of Emergency Management
Homeland Security**
2478 Fairview Drive
Carson City, Nevada 89701
Telephone (775) 687-0300 • Fax (775) 687-0322 • <https://dem.nv.gov>

October 2, 2017

James R. Wells, Director
Governor's Finance Office
Budget Division
209 E. Musser St.
Carson City, NV 89701

Rick Combs, Director
Legislative Counsel Bureau
Fiscal Analysis Division
401 S. Carson St.
Carson City, NV 89701

Dear Director Wells and Director Combs:

Subject: Full Application to Request Funding from the Nevada Disaster Relief Account (DRA) – City of Caliente Flash Flooding July 2015

Please accept this as formal notification of the City of Caliente's request for a grant from the DRA for reimbursement of a portion of the expenditures incurred in responding to, and recovering from, the July 2015 flood events.

The City of Caliente declared a local emergency, and in turn, requested assistance from the State of Nevada. The Nevada Division of Emergency Management (DEM) provided technical assistance to the city by conducting an assessment of damages related to the July 2015 flood events. The Division determined from the assessment that the event for the City of Caliente constituted a local disaster.

The full application supporting the City's request seems to include the information necessary for the State Board of Examiners and the Interim Finance Committee to act upon the request. The City has spent \$46,168.02 in response and recovery costs as a result of the flood events.

Thank you and should you have any questions or need additional information in order to make a recommendation, please contact Justin Luna at (775) 687-0304.

Capitol Police • Criminal Justice Assistance • Division of Emergency Management • Emergency Response Commission
State Fire Marshal • Investigations Division • Highway Patrol Division • Office of Traffic Safety
Parole and Probation • Records & Technology Division • State Board of Parole Commissioners • Training Division

Best regards,



Caleb S. Cage

Chief and Homeland Security Advisor

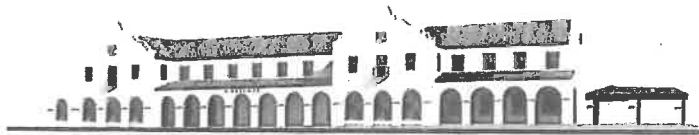
Enclosures:

DEM Written Report of Damages (Technical Assistance and Preliminary Damage Assessment Report)

City of Caliente Notice of intent letter

City of Caliente Full application with supporting documentation

CC: Kelli Haluzak – City of Caliente, City Clerk
James M. Wright – Department of Public Safety, Director
Janet Murphy – Governor's Finance Office, Budget Division, Deputy Director
Jim Rodriguez – Governor's Finance Office, Budget Division, Budget Analyst
Kristen Kolbe – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst
Cindy Jones – Legislative Counsel Bureau, Fiscal Analysis Division, Assembly Fiscal Analyst
Mark Krmpotic – Legislative Counsel Bureau, Fiscal Analysis Division, Senate Fiscal Analyst
Kelly Langley – Department of Taxation, Budget Analyst



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

October 26, 2017

James R. Wells, CPA, Director
Nevada Governor's Finance Office
209 E. Musser Street, Room 200
Carson City, NV 89701

RE: Full Application to Request Funding from the Nevada Disaster Relief Account (DRA)

Dear Director Wells,

Please accept this letter as acknowledgment that the City of Caliente is aware of NRS 353.2745 which limits the amount of assistance to not more than 50% of the expenses incurred by us during the July 2015 flooding.

Sincerely,


Kelli Haluzak

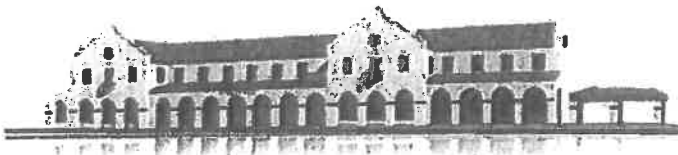
City Clerk

Instructions:

Complete all questions, use additional sheets as necessary, and make reference to the appropriate question number. Attach all required documentation.

1. Submit and mark as "Item 1" a statement detailing the nature of the disaster, the date of the disaster and an estimate of the damage. *attached*
2. Check the appropriate box that describes the type of funding being requested.

☒ A grant for repair or replacement of roads, streets, bridges, water control facilities, public buildings, public utilities, recreational facilities or parks; emergency measures undertaken to save lives, protect public health or safety or property; or not more than 50% of any grant match the local government must provide to obtain a grant from a federal disaster assistance agency; **OR**
☐ A loan for repair or replacement of roads, streets, bridges, water control facilities, public buildings, public utilities, recreational facilities and parks; overtime worked because of the disaster; mitigation projects; or not more than 50% of any grant match the local government must provide to obtain a grant from a federal disaster assistance agency.
3. Attach and mark as "Item 3" copies of local, state and federal disaster declarations. *n/a*
4. Attach and mark as "Item 4" a resolution passed by a majority vote of the governing body approving the need for the request. The resolution must include a statement that financial analysis conducted by the local government has concluded the local government is unable to fund this request itself. Include the minutes showing the discussion of the analysis conducted and the documentation, spreadsheets and reports supporting the request for funding.
5. Attach and mark as "Item 5" a signed statement certifying that the entity is responsible for repairs, and projects are not funded by other governmental entities, non-profit organizations, insurance or private parties.
6. Attach and mark as "Item 6" a detailed plan for the funds requested. Information must include estimated cost; name of contractor(s); description of work; estimated start and completion dates, and percentage of work completed (if applicable). The spending plan must be prioritized to determine the effect in the event the request is reduced. Submit a breakdown of the portions of the request which are for mitigation projects.
7. What is the effect on the local government in the event the request is denied? What projects or programs will be at risk as a result of the request being denied or reduced? If necessary, attach additional sheets and mark as "Item 7".



CITY OF CALIENTE

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Fax: 775-728-3370
email: cityhall@cityofcaliente.com

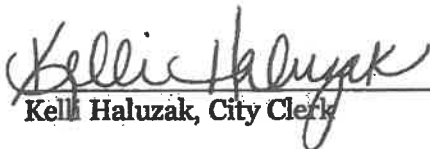
September 15, 2016

Nevada Department of Emergency Management
Nevada Assistance Program Disaster Relief

Please accept this letter as certification that the City of Caliente is responsible for all repairs and cleanup for the July 18, 2015 flood. This project is not funded by other governmental entities, non-profit organizations, insurance or private parties.

The entire budget dedicated to year-long maintenance of the Meadow Valley Wash was used for this event. Due to the potential impact additional flooding could have on the City, the work on this cleanup was an immediate priority.

In the event the request for financial assistance is denied, the Meadow Valley Wash cleanup will have to be reduced. This would put the community at a higher risk of additional flooding. As seen in previous years, the risk of flooding will increase substantially if the wash has overgrowth, debris, or excessive silt.


Kelli Haluzak, City Clerk

TECHNICAL ASSISTANCE AND PRELIMINARY DAMAGE ASSESSMENT REPORT

City of Caliente Flash Flooding Event
July 15, 2015

At the request of the City of Caliente, a Joint Preliminary Damage Assessment (PDA) was deployed by the Chief of the Department of Public Safety's Division of Emergency Management (NDEM). The Joint Team's assessment was conducted by local City and County officials and the Nevada State Technical Assistance and Response Team (START) on Tuesday, August 11, 2015.

START Team Members

Bud Marshall – NDEM, Supervisor, Southern NV
Tami D. Kelly – State Public Works Division, AA III

Local Representatives

Rick Stever – Lincoln County Emergency Manager
Ken Dixon – City of Caliente, Floodplain Manager

Background

On July 15, 2015, the City of Caliente had a major flash flood that caused damage to streets, bridges, culverts, other public facilities.

On July 23, 2015, the City Council of Caliente, Nevada, declared a state of emergency due to the impact of damages and the threats to the health, well-being and public safety of the citizens of the City of Caliente. The costs of response, clean-up, repair and replacement of such damaged property are far in excess of available City of Caliente resources.

A Joint Local and State Damage Assessment Team was formed to assess damages in the affected areas. The Joint Team met to survey the damaged areas and to estimate costs to return the affected communities back to pre-disaster conditions. Another mission for the team was to determine if the damages were sufficient to warrant a request for a State Emergency Declaration or a Federal Disaster Declaration, further requesting federal assistance from FEMA and other federal agencies should the damages to the affected City/County and the State exceed its capability to respond and recover from this flash flooding event.

After reviewing all of the information reported by the City and the County it has been determined by the Joint Damage Assessment Team that requesting a State or FEMA Declaration is not warranted. The estimated damage, repair, or replacement cost for public infrastructure is approximately \$145,000 for the flash flooding event which is below the federal indicator for the State, which is \$3.8 million for Federal Fiscal Year 2015.

However, the Joint Team determined the storm event was severe and impacted the City enough to constitute a local disaster. Due to the loss and damages to the public

infrastructure within the City of Caliente, it is recommended that the County and the State consider seeking other options for assistance to the affected jurisdictions. Options include but are not limited to: the U.S. Army Corps of Engineers, U.S Department of Agriculture - Rural Development Program, Nevada Rural Development Program, the State Disaster Relief Account, and the Pre-Disaster mitigation grants.

Public Assistance Assessment (Public Buildings and Infrastructure)

Under the Public Assistance Program, FEMA and the State (through the Disaster Relief Account) can provide supplemental aid to state agencies and local jurisdictions to help them recover from emergencies or disasters as quickly as possible.

The Preliminary Damage Assessment reflects the estimated cost repair and/or replacement of all identified structures and equipment assessed.

The following is a summary of damages by using FEMA's Public Assistance categories as a guide:

CATEGORY A – DEBRIS REMOVAL

Debris Removal is the clearance, removal, and/or disposal of items such as trees, woody debris, sand, mud, silt, gravel, building components, wreckage, vehicles, and personal property.

Large flows of water from the flash flood area have deposited silt, mud, rocks, and other debris across roads, under bridges, and filled drainage channels. Several sites were damaged by debris.

The City of Caliente took immediate action to clear debris from roads and drainage channels to mitigate the threat of further damage to the City of Caliente. However, additional assistance has been requested to complete over 10,000 cubic yards of debris from main flood channels. The damage assessment team estimated the cost of debris removal at five sites.

Category A Total	\$122,300
-------------------------	------------------

CATEGORY B – EMERGENCY PROTECTIVE MEASURES:

Emergency Protective Measures are actions taken before, during, and after a disaster to save lives, protect public health and safety, and prevent damage to improved public and private property.

Category B Total	\$0
-------------------------	------------

CATEGORY C – ROADS AND BRIDGES:

Roads (paved, gravel, and dirt) are eligible for permanent repair or replacement under

the Public Assistance Program, unless they are federal-aid roads. Eligible work includes repair to surfaces, bases, shoulders, ditches, culverts, low water crossings, and other features, such as guardrails. Damage to the road must be disaster-related to be eligible for repair. In addition, repairs necessary as the result of normal deterioration, such as "alligator cracking," are not eligible because it is pre-disaster damage.

Category C Total	\$0
-------------------------	------------

CATEGORY D – WATER CONTROL FACILITIES:

Water control facilities include dams and reservoirs, levees, lined and unlined engineered drainage channels, shore protective devices, irrigation facilities, and pumping facilities.

The Denton Detention Basin was filled with silt and caused damage to the riprap lining. The damage assessment team estimated the cost to remove the debris and replace the riprap.

Category D Total	\$18,900
-------------------------	-----------------

CATEGORY E – PUBLIC BUILDINGS AND EQUIPMENT:

Buildings, including contents such as furnishings and interior systems such as electrical work, are eligible for repair or replacement under the Public Assistance Program.

Category E Total	\$0
-------------------------	------------

CATEGORY F – UTILITIES:

Typical Utilities include:

- Water treatment plants and delivery systems
- Power generation and distribution facilities, including generators, substations, and power lines
- Sewage collection systems and treatment plants
- Telecommunications

A transformer at the Independent Order of Odd Fellow Cemetery was dislodged due to water flow causing damage to wiring and requiring the pad to be reset. The berm near the transformer also needs to be repaired. The damage assessment team estimated the cost of the repairs and recommended moving the transformer to a higher location as a mitigation measure.

Category F Total	\$3,500
-------------------------	----------------

CATEGORY G – RECREATION AND OTHER:

Repair and restoration of parks, playgrounds, pools, cemeteries, and beaches. This category also is used for any work or facility that cannot be characterized adequately by Categories A-F.

Category G Total	\$0
-------------------------	------------

DRAFT

SUMMARY July 15, 2015 Flash Flooding Events Categories of Work	
Category A: Debris Removal	\$122,300
Category B: Emergency Protective Measures	\$0
Category C: Roads and Bridges	\$0
Category D: Water Control Facilities	\$18,900
Category E: Public Buildings and Equipment	\$0
Category F: Utilities	\$3500
Category G: Recreation and Others	\$0
Total Estimate of Damage for Public Assistance	\$144,700

Individual Assistance Assessment (Homeowners and Businesses)

When individuals and households are affected by an emergency or disaster and those losses are not covered by insurance, assistance may come in a variety of ways. This may include federal government, non-profit, volunteer, and faith-based agencies and organizations. Although disaster assistance programs are not designed to return home and business owners to pre-disaster condition, they may help begin the recovery process. The State of Nevada at this time does not have a state sponsored individual assistance program.

An Individual Assistance assessment was not requested or completed for the City of Caliente.

Concluding Remarks

This report is not based on actual expenses. These are estimates and could fluctuate depending on additional costs submitted by various entities, including the City, other affected entities, additional homeowners coming forward, withdrawn claims, and others.



CITY OF CALIENTE

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email: cityhall@cityofcaliente.com

October 3, 2016

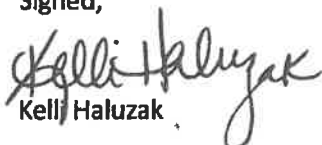
Nevada Division of Emergency Management
Nevada Assistance Program Disaster Relief

"Item 1"

To whom it may concern;

July 18, 2015, the City of Caliente experienced flash flooding in the Meadow Valley Wash, Spring Heights and near the cemetery. This caused large amounts of silt and debris to be dropped in the wash and on roadways. The City has spent \$46,168.02 to date; this includes labor, equipment, supplies and fuel costs. Work has included removal of debris, removal of silt, larvacide on standing water for mosquito prevention and extensive work in the wash to move dirt so water can run freely down the center of the wash.

Signed,


Kelli Haluzak



CITY OF CALIENTE

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Fax: 775-726-3370
email: cityhall@cityofcaliente.com

Item #6

Flood site 1: Spring Heights Drive required mud clean up and riprap replacement in the water retention basin. The street also required mud clean up.

Flood site 2: Lower Meadow Valley Wash had approximately 8,000 yards of silt and debris to be removed and standing water to be treated for mosquitos.

Flood site 3: IOOF Cemetery required the reset of the transformer and some rewiring.

Flood site 4: Meadow Valley Linear Park required riprap to be repaired and approximately 2,000 cubic yards of debris to be cleaned up.

Flood site 5: Maedar Wash/Private Property had silt to be removed.

The City of Caliente did all of this work itself with equipment owned by the City. Work began immediately and was estimated to be done by February 2016. This work is 100% complete at this time; however mitigation is an ongoing concern.

CITY OF CALIENTE

2015 FLOOD EVENT - DISASTER MITIGATION AND RECOVERY SUMMARY OF EXPENDITURES

Site	Personnel	Equipment	Total	Description of Effort
Spring Heights Drive	\$ 3,832.42	\$ 13,202.62	\$ 17,035.04	Mud clean-up and riprap replacement efforts
Lower Meadow Valley Wash	\$ 2,224.98	\$ 11,550.18	\$ 13,775.16	Approximately 8,000 cubic yards of silt and debris removal and mosquito abatement
IOOF Cemetery	\$ 1,367.08	\$ 1,615.08	\$ 2,982.16	Transformer reset and repairs
Meadow Valley Linear Park	\$ 2,263.68	\$ 6,920.00	\$ 9,183.68	Riprap repaired and approximately 2,000 cubic yards of debris removed
Maedar Wash/Private Property	\$ 601.98	\$ 2,590.00	\$ 3,191.98	Silt removal
	\$ 10,290.14	\$ 35,877.88	\$ 46,168.02	



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

October 4, 2017

Item 11: The city does not have reserved or designated ending fund balances.

Item 16: The city does not have additional funds budgeted to provide a match for the impact of the flooding event.

Item 17: The city does not receive PETT or PILT.

Item 23,24: The City of Caliente requested funds from Lincoln County, but was denied any financial assistance. There are no other anticipated funds.

The City of Caliente is an equal opportunity employer and provider.



LINCOLN COUNTY BOARD OF COMMISSIONERS

September 8, 2015
Commission Chambers
Lincoln County Courthouse
181 Main Street
Pioche, Nevada

Commissioners
Paul Mathews
Kavin Phillips, Chair
Adam Katschke, Vice Chair
Paul Donohue
Varlin Higbee

#1-CALL TO ORDER/ROLL CALL/INVOCATION/PLEDGE OF ALLEGIANCE
Kevin called the meeting to order at 9:03 a.m. Clerk Lisa Lloyd called the roll.

PRESENT: PAUL DONOHUE
VARLIN HIGBEE
KEVIN PHILLIPS
PAUL MATHEWS
ADAM KATSCHKE

LISA LLOYD, Clerk
DANIEL HOOGE, District Attorney

There is a quorum present and the agenda was posted on 9-2-15. The Invocation was offered by Pastor Linda Larson and Varlin led the Pledge of Allegiance.

#2-PUBLIC COMMENT

Kevin called for public comment. None offered.

CONSENT AGENDA

- #3 Approve/Deny minutes of the July 13 and August 17 meetings.
- #4 Approve/Deny original and renewed business licenses according to staff recommendations (an itemized list of business licenses is available for public review in the Building Department prior to the meeting). Adam made a motion to approve the consent agenda; seconded by Varlin. All voted in favor.

#5-VOUCHERS

General County has a balance of \$1,410,059.52 with estimated expenditures being \$250,897.24. General County will have a balance of \$1,159,162.28. Adam made a motion to approve the vouchers as presented with the exception of the Meadow Valley Pharmacy, LCTS, and Mountain Merc vouchers; seconded by Paul M. All voted in favor. Adam made a motion to approve the Mountain Merc vouchers; seconded by Paul D. Kevin disclosed he is part owner of Mountain Merc; he abstained. Motion carried. Paul D. made a motion to approve the Meadow Valley Pharmacy voucher; seconded by Varlin. Adam disclosed he is owner of the pharmacy; he abstained from the vote. Motion carried. Adam made a motion to approve the LCTS vouchers; seconded by Varlin. Paul D. disclosed he is an employee of the telephone company; he abstained. Motion carried.

#6-OFFICER/DEPARTMENT HEAD REPORTS

TREASURER Shawn Frehner presented the monthly report for receipts. \$3,390,222.92 is the amount received in August. The first quarter of taxes has been apportioned. The Air Force tax payment was received; all four installments were paid. **ASSESSOR** Mark Holt reported that things are going well. Mark's deputies, Aria and Cydney, will be attending the Assessor's Conference in Virginia City next week. **EMERGENCY MANAGEMENT COORDINATOR** Rick Stever advised that the County AEDs are out of date and will no longer be supported by the company that we purchased them from for batteries/pads. We just purchased batteries/pads and have a couple of years before we will have to replace the entire units. Rick suggested the Grants Administrator can start looking for grants to replace the units. **LC NUCLEAR OVERSIGHT PROGRAM COORDINATOR** Connie Simkins reported that the NRC has come out with the Yucca Mountain EIS, which mostly concerns water. There will be a series of meetings, starting with the one on September 3. Comments are due 10-20. Connie

LINCOLN COUNTY COMMISSION
REGULAR SESSION
SEPTEMBER 8, 2015

advised that he has some concerns about how the ordinance is written. Instead of including the fee in the ordinance it could be applied to the Special Use Permit. If the fee is cut and dried it could bankrupt a company. Adam asked how this is different than a flat fee that is percentage. There was some discussion about the Landfill Committee. Paul D. stated that this ordinance has been in the works for months. Paul M. made a motion to set the public hearing for October 19th at 11:00 a.m. for an ordinance that imposes a host community fee based upon gross tonnage of solid waste received on all disposal sites within the jurisdiction of Lincoln County on ; seconded by Paul D. All voted in favor.

#25-CALIENTE FLOOD ISSUES

This was the time and place set for a teleconference with the Division of Emergency Management concerning the Emergency Declaration as well as support for Caliente. The item was tabled.

*

#26-CALIENTE FLOOD ISSUES

This item concerns the acceptance of the Declaration of Emergency for the City of Caliente. Rick has encouraged Caliente to get their paperwork completed with the intent to apply for state assistance. If the County questions how much it can contribute, DEM can answer that. The paperwork that Rick sent Board members lists the steps the County needs to take if declaring an emergency as well. Paul M. made a motion that the County not declare an emergency at the County level but accept Caliente's Declaration of Emergency; seconded by Paul D. Ken stated that an additional 2,000 cubic yards was deposited after the last event. This is considered normal maintenance. Ken advised that big problem is that the original 8,000 is still in the wash. Paul M. commented that if we went forward with this then the work and auditing due to the decision is completely out of balance; it isn't wise for the County to go down this road at this point. Varlin asked if it would be better to attempt to get federal assistance from a more fixed, long term agency instead of Emergency Management. A long term solution is needed for the flooding problems in the County. Paul D. suggested that the County Road Department be used to do the cleanup and then a fund be designated in the County budget to pay the RD back. Shane Cheeney advised that NDOT is cleaning out under the bridge by the shop. NDOT will be cleaning out to the right-of-way. Adam was opposed. Motion carried 4-1.

*

#27-CALIENTE FLOOD ISSUES

This item concerns financial assistance to the City of Caliente for the mitigation of flash flood issues from Fund 88, including the amount of financial assistance being offered. Paul D. stated he would like to see if there is any way that the County can take equipment in and help with the cleanup. Paul M. made a motion to deny financial assistance to Caliente and to start looking for other ways to aid Caliente in removing the sediment and repairing the wash; seconded by Varlin. Rick Stever advised that it will help greatly for the County to document all man hours used on this project. Adam was opposed. Motion carried 4-1.

#28-COMMISSIONER REPORTS

COMMISSIONER PAUL MATHEWS advised that he's been speaking with Brandon Vaught of Tri-County Weed as they aren't happy with the amount of money that was budgeted for them this year. The amount of money they anticipated bringing in is what was budgeted. If there was carryover from the previous year they could spend that as well. If they brought in more money than anticipated they could augment and spend that as well. Paul M. will be attending Tri-County Weed meeting this week; discussion will center on whether or not they can afford their capital purchases due to the budgeting. COMMISSIONER VARLIN HIGBEE attended a SLUPAC meeting last month. 10-23 SLUPAC and NACO will have combined meetings. COMMISSIONER KEVIN PHILLIPS attended the Tri-County workshop in Baker, NV, on 8-22. Kevin attended NACO meetings in Carson City on 8-27. COMMISSIONER ADAM KATSCHKE discussed the Intermountain Energy Summit in Idaho. COMMISSIONER PAUL DONOHUE advised that people are calling local residences saying that they're having problems with their computers; it's a scam. Paul D. met with BLM and the County Road Department concerning roads. The Youth Center bridge will go to bid soon; there's a pre-bid meeting on 9-13 at 1:30 p.m. The County's in-kind is \$15,000 and we're responsible for creating the detour road.

#29-PUBLIC COMMENT

Kevin called for public comment. Maggie Marston, BLM, advised if there is an existing mineral lease that was in place prior to the Monument proclamation those entities can still apply for new down-hole locations. Mike Herder will be at the next Commission meeting to discuss the Monument. Ken Dixon stated he appreciates

LINCOLN COUNTY COMMISSION
REGULAR SESSION
SEPTEMBER 8, 2016

Heather Field

From: Caleb S. Cage
Sent: Thursday, March 01, 2018 11:59 AM
To: Justin Luna; Jim Rodriguez
Cc: Heather Field
Subject: RE: DRA Application Request - Extension for City of Caliente

Jim,

Regarding the extension approvals for the City of Caliente's DRA application, it appears as though formal notification of the final extension approval was not provided from DEM to the Governor's Finance Office and the Legislative Counsel Bureau. DEM inadvertently missed sending the proper notifications primarily due to the added workload from the 2017 flooding events in northern Nevada; however, DEM was working with the City of Caliente during this time to get all the relevant documentation for their application and would have provided additional extensions as needed for them to complete their application. Thank you for accepting this explanation in order to move forward with their application for approval. Please let me know if you have any questions or need additional information.

Thank you,

Caleb

Caleb S. Cage
Chief and Homeland Security Advisor
[DPS Division of Emergency Management](#)
775-687-0300
cs cage@dps.state.nv.us

"Nevada's Essential Emergency and Disaster Coordinating Partner."

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From: Justin Luna
Sent: Wednesday, February 28, 2018 2:59 PM
To: Jim Rodriguez
Cc: Caleb S. Cage; Heather Field
Subject: FW: DRA Application Request - Extension for City of Caliente

Jim,
Chief Cage's approval of the 90 day extension is in the email shown below from January 9, 2017. Then I sent the email to Caliente on his behalf.

City of Caliente – Disaster Relief Account
Request of Grant Funds
Second Request for Extension of Time

FW: DRA Application Request

Justin Luna

Sent Wed 2/28/2018 3:03 PM

To:  Jim Rodriguez

From: Justin Luna

Sent: Tuesday, May 16, 2017 7:44 AM

To: 'Kelli Haluzak'

Cc: Caleb S. Cage

Subject: RE: DRA Application Request

Ms. Haluzak,

On behalf of Chief Cage, I am responding to let you know the request for an additional 90-day extension to file your completed application to the Disaster Relief Account is granted pursuant to authority granted to the Chief through NRS 353.2755.3.a. As requested in the letter you provided, an extension of 90 days moves the new due date to July 24, 2017. Please do not hesitate to reach out to us if anything changes or if you need further assistance on this application request in the future.

Thank you, Justin

Jim Rodriguez

From: Caleb S. Cage
Sent: Monday, May 15, 2017 4:15 PM
To: Justin Luna
Subject: RE: DRA Application Request - Extension for City of Caliente (approval required)

Please approve the 90-day ext for me.

CSC

Caleb S. Cage
Chief and Homeland Security Advisor
DPS [Division of Emergency Management](#)
775-687-0300
cscage@dps.state.nv.us

"Nevada's Essential Emergency and Disaster Coordinating Partner."

From: Justin Luna
Sent: Monday, May 15, 2017 2:31 PM
To: Caleb S. Cage
Subject: FW: DRA Application Request - Extension for City of Caliente (approval required)
Importance: High

Chief,

The City of Caliente would like to request an additional 90 day extension of time to file their application for assistance from the State Disaster Relief Account. The due date including the first extension was April 24, 2017; and with an extension of 90 days the new due date would be July 24, 2017. Attached is a letter from the City Clerk, Kelli Haluzak.

Please let me know if you have any questions.

Thank you, Justin

From: Kelli Haluzak [<mailto:khaluzak@cityofcaliente.com>]
Sent: Wednesday, May 10, 2017 4:39 PM
To: Justin Luna
Subject: RE: DRA Application Request

Hi Justin,

Here is the letter.
Thanks so much for your help.

Kelli Haluzak
City Clerk
City of Caliente
PO BOX 1006
100 Depot Ave
Caliente NV 89008
775-726-3131

From: Justin Luna [mailto:justin.luna@dps.state.nv.us]
Sent: Monday, May 01, 2017 11:14 AM
To: 'Kelli Haluzak'
Subject: RE: DRA Application Request

Ms. Haluzak,
Following up to check on the status of the City of Caliente's complete application to the Disaster Relief Account. Please let me know the status as soon as you get a chance.
Thank you, Justin

From: Justin Luna
Sent: Thursday, April 13, 2017 1:43 PM
To: 'Kelli Haluzak'
Subject: RE: DRA Application Request

Ms. Haluzak,
Following up to check on the status of the City of Caliente's complete application to the Disaster Relief Account. Per the email below, the deadline was extended back in January to April 24, 2017, which is quickly approaching. Please let me know the status as soon as you get a chance.
Thank you, Justin

From: Kelli Haluzak [mailto:khaluzak@cityofcaliente.com]
Sent: Wednesday, January 11, 2017 11:55 AM
To: Justin Luna
Subject: RE: DRA Application Request

Thank you for your response, Justin.

Kelli Haluzak
City Clerk
City of Caliente
PO BOX 1006
100 Depot Ave
Caliente NV 89008
775-726-3131
775-726-3370 Fax

From: Justin Luna [mailto:justin.luna@dps.state.nv.us]
Sent: Wednesday, January 11, 2017 11:42 AM
To: 'khaluzak@cityofcaliente.com'
Cc: Caleb S. Cage; Richard Martin; Susan Coyote
Subject: RE: DRA Application Request

Ms. Haluzak,
With Chief Cage engaged in a weather emergency here in northwest Nevada, on his behalf I am writing to let you know the request for a 90-day extension to file your completed application to the Disaster Relief Account is granted pursuant to authority granted to the Chief through NRS 353.2755.3.a. As requested in the letter you provided, an extension of 90 days moves the new due date to April 24, 2017. Please do not hesitate to reach out to us if anything changes or if you need further assistance on this application request in the future.



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

May 10, 2017

Nevada Division of Emergency
Caleb S. Cage, Chief
2478 Fairview Dr
Carson City, NV 89701

Re: City of Caliente extension request

Dear Chief Cage,

This is a formal request for an extension of the current due date of April 24, 2017 to apply for reimbursement from the Disaster Relief Account for the expenditures incurred due to the flood in July 2015.

I have been working on the necessary information, but require addition time to complete the application in full. As this is the first time I have done this as Clerk, I have encountered some struggles. I have requested some of the information from our CPA. Unfortunately, this hasn't been provided yet due to budget season. With a general election coming up in June, I am preparing for that as well.

I respectfully request an additional 90 days to complete the application.

I appreciate your time and consideration of this request.

Sincerely,

Kelli Haluzak
Kelli Haluzak
City Clerk

**City of Caliente – Disaster Relief Account
Request of Grant Funds
First Request for Extension of Time**

FW: DRA Application Request

Justin Luna

Sent: Wed 2/28/2018 3:03 PM

To: Jim Rodriguez

From: Justin Luna

Sent: Wednesday, January 11, 2017 11:42 AM

To: 'khaluzak@cityofcaliente.com'

Cc: Caleb S. Cage; Richard Martin; Susan Coyote

Subject: RE: DRA Application Request

Ms. Haluzak,

With Chief Cage engaged in a weather emergency here in northwest Nevada, on his behalf I am writing to let you know the request for a 90-day extension to file your completed application to the Disaster Relief Account is granted pursuant to authority granted to the Chief through NRS 353.2755.3.a. As requested in the letter you provided, an extension of 90 days moves the new due date to April 24, 2017. Please do not hesitate to reach out to us if anything changes or if you need further assistance on this application request in the future.

Thank you,

Justin Luna

Administrative Services Officer

Division of Emergency Management
& Homeland Security, State of Nevada
2478 Fairview Drive
Carson City, NV 89701

Office (775) 687-0304

justin.luna@dps.state.nv.us

Jim Rodriguez

From: Caleb S. Cage
Sent: Monday, January 09, 2017 4:05 PM
To: Justin Luna
Subject: RE: DRA Application Request - Extension for City of Caliente

I was wondering about that. Sounds good. Please send the approved extension for 90 days on my behalf when you return. Let me know if this won't work.

Thanks,

Caleb

Caleb S. Cage
Chief and Homeland Security Advisor
DPS [Division of Emergency Management](#)
775-687-0300
cscage@dps.state.nv.us

"Nevada's Essential Emergency and Disaster Coordinating Partner."

From: Justin Luna
Sent: Monday, January 09, 2017 3:26 PM
To: Caleb S. Cage
Cc: Richard Martin; Susan Coyote
Subject: RE: DRA Application Request - Extension for City of Caliente

It would be calendar days; however, I wanted to share this from the NRS for the DRA. In statute, we actually have 60 days to prepare our report (highlighted below). Let me know how you would like to proceed. Thanks

NRS 353.2755 Requests for grants and loans: Conditions; contents; procedure for review of requests; recommendation of State Board of Examiners.

1. Not later than 60 days after the Governor, in the case of a notice by a state agency, or the governing body of a local government determines that an event constitutes a disaster, a state agency or local government may submit to the Division a written notice of the state agency's or local government's intention to request a grant or loan from the Account as provided in [NRS 353.2705](#) to [353.2771](#), inclusive, if:

(a) The agency or local government finds that, because of a disaster, it is unable to pay for an expense or grant match specified in [NRS 353.274](#), [353.2745](#) or [353.2751](#) from money appropriated or otherwise available to the agency or local government;

(b) The request has been approved by the chief administrative officer of the state agency or the governing body of the local government; and

(c) If the requester is an incorporated city, the city has requested financial assistance from the county and was denied all or a portion of the requested assistance.

2. Not later than 10 working days after it receives a notice from a state agency or local government pursuant to subsection 1, the Division shall forward a copy of the notice to the State Board of Examiners and the Fiscal Analysis Division of the Legislative Counsel Bureau.

3. A request by a state agency or local government for a grant or loan from the Account:

(a) Must be submitted to the Division and the Department of Taxation not later than 18 months after the Governor, in the case of a request by a state agency, or the governing body of the local government determines that an event constitutes a disaster, unless the Chief of the Division grants an extension of time; and

(b) Must include:

(1) A statement specifying whether the request is for a grant or loan and setting forth the amount of money requested by the state agency or local government;

(2) An assessment of the need of the state agency or local government for the money requested;

Justin, Please approve with the appropriate date filled in the blank below. I don't know if it is calendar days or business days.

Thanks sir.

Caleb

Caleb S. Cage
Chief and Homeland Security Advisor
[DPS Division of Emergency Management](#)
775-687-0300
cscage@dps.state.nv.us

"Nevada's Essential Emergency and Disaster Coordinating Partner."

From: Richard Martin
Sent: Monday, January 09, 2017 7:37 AM
To: Caleb S. Cage; Justin Luna
Cc: Susan Coyote
Subject: RE: DRA Application Request - Extension for City of Caliente

Sounds great to me.

Thanks
rick

From: Caleb S. Cage
Sent: Monday, January 09, 2017 7:30 AM
To: Richard Martin; Justin Luna
Cc: Susan Coyote
Subject: RE: DRA Application Request - Extension for City of Caliente

Thanks, Rick,

That's good advice. So how about something like this:

Ms. Haluzak,

Thank you for your message requesting a 90-day extension to file your completed application to the Disaster Relief Account. Pursuant to authority granted to me through NRS 353.2755.3.a, I am granting your request, however, in order to facilitate the administrative side of the request I am granting you an extension of 180 days. Your new submission date is _____. Please do try to complete your request in the original 90-day period and we will have plenty of time to ensure that your application is submitted.

Please do not hesitate to reach out to me if anything changes or if you need further assistance on this application request in the future.

All very best,

Caleb

Caleb S. Cage
Chief and Homeland Security Advisor



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

January 3, 2017

Nevada Division of Emergency Management
Caleb S. Cage, Chief
2478 Fairview Drive
Carson City, NV 89701

Re: City of Caliente extension request

Dear Chief Cage,

This is a formal request for an extension to the current due date of January 23, 2017 to apply for reimbursement from the Disaster Relief Account for the expenditures incurred due to the flood in July 2015.

We have been working on the necessary information for the application, but require additional time to complete the application in full. We respectfully request an additional 90 days to complete the application.

We appreciate your time and consideration of our request.

Sincerely,

Kelli Haluzak
City Clerk

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Nevada Division of Emergency Management
Homeland Security**
2478 Fairview Drive
Carson City, Nevada 89701
Telephone: (775) 687-0300 • Fax: (775) 687-0322 • <http://dem.state.nv.us/>

December 29, 2015

James R. Wells, Director
Governor's Finance Office
Budget Division
209 E. Musser St.
Carson City, NV 89701

Rick Combs, Director
Legislative Counsel Bureau
Fiscal Analysis Division
401 S. Carson St.
Carson City, NV 89701

Dear Director Wells and Director Combs:

**Re: Letter of Intent to Request Funding from the Nevada Disaster Relief Account (DRA)
City of Caliente Flash Flooding Event July 15, 2015**

This addendum is to correct the due date for the submission of the City of Caliente's intent to apply to the DRA. The original letter indicated the due date was December 23, 2017. It should have read January 23, 2017. The amended paragraph reads:

The letter of intent was submitted by the City of Caliente on September 21, 2015, in accordance with the 60-day submission deadline specified in NRS 353.2755. Based on the July 23, 2015, declaration date, and in accordance with NRS 353.2755(9)(a), the City of Caliente has up to 18 months, (January 23, 2017) for the submission of the complete application.

Capital Police • Office of Criminal Justice Assistance • Emergency Management/Homeland Security
State Fire Marshal • General Services • Highway Patrol • Investigations • Parole and Probation • Office of Professional Responsibility
Office of Traffic Safety • Training • Board of Public Commissioners • Emergency Response Commission

Director Wells and Director Combs
Page 2
December 29, 2015

Thank you, and if you have any questions, please contact Susan Coyote at (775) 687-0319, or Rick Martin at (775) 687-0306.

Best regards,



Caleb S. Cage

CSC/sc/cm

CC: James M. Wright – Department of Public Safety, Director
Jackie Muth – Department of Public Safety, Deputy Director
Janet Murphy – Governor's Finance Office, Budget Division, Deputy Director
Jim Rodriguez – Governor's Finance Office, Budget Division, Budget Analyst
Jennifer Ouellette – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst
Cindy Jones – Legislative Counsel Bureau, Fiscal Analysis Division, Assembly Fiscal Analyst
Mark Krmpotic – Legislative Counsel Bureau, Fiscal Analysis Division, Senate Fiscal Analyst
Justin Luna – Department of Public Safety, Division of Emergency Management, Fiscal and Administration Section Manager
Rick Martin - Department of Public Safety, Division of Emergency Management, Emergency Management Programs Manager
Susan Coyote - Department of Public Safety, Division of Emergency Management, Public Assistance Officer

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Nevada Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701

Telephone: (775) 687-0300 • Fax: (775) 687-0322 • <http://dem.state.nv.us/>

September 25, 2015

James R. Wells, Director
Governor's Finance Office
Budget Division
209 E. Musser St.
Carson City, NV 89701

Rick Combs, Director
Legislative Counsel Bureau
Fiscal Analysis Division
401 S. Carson St.
Carson City, NV 89701

Dear Director Wells and Director Combs:

**RE: Letter of Intent to Request Funding from the Nevada Disaster Relief Account (DRA)-
City of Caliente Flash Flooding Event July 15, 2015**

This is formal notice that the City of Caliente intends to submit a full application to the DRA for reimbursement of expenditures incurred in responding to, and recovering from, the July 2015 flood events.

July 23, 2015, the City Council of Caliente, Nevada, declared a state of emergency due to the impact of damages and the threats to the health, well-being and public safety of the citizens of the City of Caliente. The estimated costs of response, clean-up, repair and replacement of such damaged property are \$145,000, far in excess of available City of Caliente resources.

August 11, 2015, the City of Caliente requested from the Division a damage assessment of the affected areas. The State Technical Assistance Response Team (START) deployed August 11, 2015. The Division notified the Board of Examiners of the request August 11, 2015 via email.

The Division provided technical assistance to the City of Caliente by conducting an assessment of damages related to the July 2015 flood events. Prescribed by regulation NRS 353.2753, a draft report including a description of damages, including estimates of the costs to repair was submitted to the Chief of the Division September 4, 2015 (see attached report). The Division determined the event for the City of Caliente constituted a local disaster and submitted the draft report to the City of Caliente.

These figures are preliminary estimates of the costs incurred to date as a result of responding to the July 2015 flood events in the City of Caliente as well as the damage recovery. Actual costs for reimbursement cannot be finalized until all work is complete. The Division is committed to

Capitol Police • Office of Criminal Justice Assistance • Emergency Management/Homeland Security
State Fire Marshal • General Services • Highway Patrol • Investigations • Parole and Probation • Office of Professional Responsibility
Office of Traffic Safety • Training • Board of Parole Commissioners • Emergency Response Commission

Page 2
September 25, 2015

continue to work closely with the City of Caliente in refining the true costs for the submission of its final application for funding under the DRA.

The enclosed letter of intent was submitted by the City of Caliente on September 21, 2015 in accordance with the 60-day submission deadline specified in NRS 353.2755. Based on the above-mentioned declaration date, and in accordance with NRS 353.2755(9)(a), the City of Caliente has up to 18 months (December 23, 2017) for the submission of the complete application.

Once the City of Caliente determines the total expenses, a full DRA application will be submitted to the Division and the Department of Taxation for review. The Division will review the application package for eligibility and compliance within NRS 353.2755, and then will submit the application and its recommendations to the State Board of Examiners and to the Fiscal Analysis Division of the Legislative Counsel Bureau.

Thank you and should you have any questions, please contact Susan Coyote at (775) 687-0319 or Rick Martin at (775) 687-0306.

Sincerely,


Caleb S. Gage
Chief

sc

Enclosures: City of Caliente Letter of Intent to Request Disaster Relief Funding
City of Caliente Notice of Intent Form
Resolution #2015-04 City of Caliente Declaration of an Emergency
State Technical Assistance Draft Preliminary Damage Assessment Report

CC: James M. Wright – Department of Public Safety, Director
Jackie Muth – Department of Public Safety, Deputy Director
Janet Murphy – Governor's Finance Office, Budget Division, Deputy Director
Jim Rodriguez – Governor's Finance Office, Budget Division, Budget Analyst
Jennifer Ouellette – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst
Gindy Jones – Legislative Counsel Bureau, Fiscal Analysis Division, Assembly Fiscal Analyst
Mark Krmpotic – Legislative Counsel Bureau, Fiscal Analysis Division, Senate Fiscal Analyst



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-728-3131
Fax: 775-728-3370
email: cityhall@cityofcaliente.com

September 17, 2015

Nevada Division of Emergency Management
Rick Martin
2478 Fairview Drive
Carson City NV 89701-6824

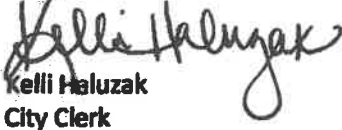
RECEIVED
SEP 21 2015
DIVISION OF
EMERGENCY MANAGEMENT

Dear Mr. Martin,

Please find enclosed the City of Caliente's Notice of Intent. Due to the recent flooding event the city will be applying for Disaster Relief funds to help with the costs incurred.

If you have any questions, or require additional information, please feel free to contact us.

Sincerely,


Kelli Haluzak
City Clerk



NOTICE OF INTENT
Due to the Division of Emergency Management by:
Close of Business DATE:
Disaster Relief Account

Project Name

Sponsoring Agency

<i>For State Use Only</i>		
Date Received	Application Type	Application Number

Attn: Rick Martin; martin@dps.state.nv.us or Suz Coyote; scovote@dps.state.nv.us
Nevada Division of Emergency Management
2478 Fairview Drive, Carson City, Nevada 89701-6824
(775) 687-0300 phone | (775) 687-0323 fax

Part I: Contact Information

Ken Dixon

Primary Contact

Jerry Carter

Secondary Contact

Bldg. Inspector/Flood Plain Mgr.
Title

Utility Foreman

Title

City of Caliente
AgencyCity of Caliente
Agency

PO Box 1006

Address

PO Box 1006

Address

Caliente, Lincoln, NV, 89008
City, County, State, Zip CodeCaliente, Lincoln, NV, 89008
City, County, State, Zip Code775-726-3131 or 775-962-1213
Phone Number775-726-3131 or 775-962-3521
Phone Numberkdixon@cityofcaliente.com
E-mailjcarter@cityofcaliente.com
E-mail

Part II: Community Information

Name of Applicant and Type (County, Tribe, City): City of Caliente, City

100 Depot Ave. PO Box 1006
Address Aprox 1000
What is the size of the community?

Caliente Lincoln
City and County County Code
NV 89008
State Zip Code

State Legislative District(s)
US Congressional District

097768071
DUNS Number FIPS Code

Part III: Financial

Funding

Project Cost	Annual Maintenance Cost (if applicable)	Proposed Disaster Relief Fund Share (\$ and %)	Proposed Local Share (\$ and %)
145,000	35,000	\$ 0	\$ 145,000
		%	%

Matching Non-Federal Funds

Local Share Source	Source Agency Name	Funding Type	Amount	Date Available
Use the space below to add any pertinent details not accounted for above.				

Be sure to include a letter that indicates the date the funds are available to be committed.

Part IV: Project Information

Scope of Work

Describe the project, including what it entails, (what, when, where, how, who).

July 18, 2015 the City of Caliente experienced flash flooding in the Meadow Valley Wash, Spring Heights and near the cemetery. Preliminary damage assessment has been completed. Site locations have been assigned and reviewed. The City has projected the costs to be \$145,000. Labor, equipment, supplies and fuel costs are included in this total. Work required is removal of debris, removal of silt, larvacide spray on standing water for mosquito prevention, extensive work in the wash to move dirt so water can run freely down the center of the wash, excavation and contouring will be done. Projected timeframe to have everything restored is approximately February 2016.

Nevada Division of Emergency Management

Recovery

Updated September, 2015

4

Part V: Project Information, Continued

Estimated Project Timeline

Phase	Duration	Itemized Action List
Site 1	5 days	Spring Heights/Denton Heights removal of mud from street and gutters, replace riprap
Site 2	25 days	Lower Meadow Valley Wash debris removal, standing water larvacide spray
Site 3	5 days	Reset pad for transformer, rewire, bring in fill dirt
Site 4	10 days	Meadow Valley Wash Linear Park riprap repair, removal of debris
Site 5	5 Days	Maeder Wash debris removal
Total	50 days	*Duration must be in days

Be sure to attach all relevant estimates and drawings.

Attachments

Check the box next to each article that has been included with this application:

- ☐ Estimates
☒ Maps or Photos
☐ Funds Commitment Letter

RESOLUTION 2015-04
of the
CITY OF CALIENTE
DECLARATION OF EMERGENCY

RESOLUTION OF THE CITY OF CALIENTE CITY COUNCIL DECLARING A STATE OF EMERGENCY IN THE CITY OF CALIENTE, NEVADA, DUE TO flash flooding.

WHEREAS, the City of Caliente suffered damage to streets, bridges, culverts, storm drains, homes, businesses and/or other public facilities caused by flash flooding; and

WHEREAS, the impact of these damages threatens the health, well-being and public safety of the citizens of the City of Caliente; and

WHEREAS, the cost of response, clean-up, repair and replacement of such damaged property is far in excess of available City of Caliente resources;

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Caliente declares an EMERGENCY under the provisions of the Nevada Revised Statutes, Chapter 414, Caliente City Code Section 2 and Section 11 Subchapter J, and activates its Emergency Operations Plan, its procedures, attachments and/or appendices to monitor the situation, develop a detailed damage assessment, alleviate hardship and initiate appropriate relief actions and mitigation measures by departments and agencies of local government .

PASSED, ADOPTED AND APPROVED THIS 23 day of July, 2015.

AYES: 4
NAYES: _____

CITY COUNCIL OF CITY OF CALIENTE, NEVADA

By: Stana Hurlburt
Stana Hurlburt, Mayor

ATTEST: Kelli Haluzak
Kelli Haluzak, City Clerk

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 9, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in blue ink, likely belonging to Bridgette Garrison.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

The Nevada Department of Transportation requests approval to pay \$85,846.71 from the Highway Fund, State Claims Account, for a fiscal year 2017 invoice from Clark County School District for providing a Bicycle and Pedestrian Safety Education Program for school age students, grades Kindergarten through 8th grade within Clark County.

Additional Information:

The department seeks approval to pay the state claim for the time period of October 1, 2016 through April 30, 2017, where Clark County School District did not submit their invoice until after the closing of fiscal year 2017.

Statutory Authority:

BOE approval required pursuant to NRS 353.097, subsection 4.

REVIEWED: _____
ACTION ITEM: _____

March BOE

STALE CLAIM REQUEST

To: BRIDGETTE MACKEY-GARRISON

Date: 12/21/17

Governor's Finance Office, Budget Division

RECEIVED

From: MARIA MUNOZ

JAN 04 2018

NV DEPT OF TRANSPORTATION

Subject: Stale Claim for State Fiscal Year

17

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: CLARK COUNTY SCHOOL DISTRICT

Vendor/Employee Number: T240231800

Invoice Term Date: OCT 1, 2016 - MAY 10, 2017

Invoice Number: _____

Invoice/Claim Amount: 85,846.71

Coding from original obligation

Fund	Budget	Category	Amount
201	4660	24	85,846.71
Total			

Coding used to pay Stale Claim

Fund	Budget	Category	Amount
201	6010	01	85,846.71
Total			

Request to pay from current fiscal year account?

YES ☐

NO ☒

-If yes, full or partial payment from current year funds?

FULL ☐

PARTIAL ☐

-If partial payment from current year funds, how much? (Provide details below)

\$

Is a current Stale Claim Declining Balance Log included in the attachments?

YES ☐

NO ☐

Explanation: Reason (Justification or Detail) for Stale Claim/Funding Allocations/Attachments:

NOT YET PAID

M. Munoz
Signature (Agency Fiscal Approval)

BOARD OF EXAMINERS /BUDGET DIVISION USE
ONLY

Approval for payment from

Fund

B/A

Budget Analyst

Date

Clerk of the Board

Date

Note: Claims from the General Fund Stale Claims account over \$50,000 require BOE approval



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
1263 S. Stewart Street
Carson City, Nevada 89712

RUDY MALFABON, P.E., *Director*

In Reply, Refer to:

Dec 21, 2017

Bridgette Mackey-Garrison
Department of Administration
209 E. Musser Street
Carson City NV 89710

I would like permission to pay the attached payable to a Payment Voucher as a stale claim. We have researched our files and determined that this payment has not been paid.

The expenditure was incurred during fiscal year 2017 and should have been paid from budget account #4660. The Department has remaining authority in Category #24 in the amount of \$413,988.42 for fiscal year 2017.

If you have any further questions, please contact me at 888-7451.

Sincerely,

A handwritten signature in blue ink that reads "Jamie Vacek".

Jamie Vacek
Accountant III





STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
Payment Voucher And Purchase Order

PV 800 205962

Vendor		Ship To		Invoice To
Clark County School District 5100 W Sahara Ave Fl 2 Las Vegas , Nevada 89146		State of Nevada Department of Transportation 1263 S. Stewart Street Carson City, NV 89712		State of Nevada Department of Transportation 1263 S. Stewart Street Carson City, NV 89712
Date 12/12/17	Fiscal Year FY 17	Vendor Code T40231800	Customer Code	Please refer to the above payment voucher and purchase order number (i.e. PV 800 #) on all parcels, and correspondence. Please advise if unable to meet requested date.

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
1	1	Bicycle and Pedestrian Safety Education Program for the period of		\$ 85,846.71	\$ 85,846.71
Total					85,846.71

 Receiver

 Authorized Signature

 Approval for Expenditures Exceeding \$10,000

Line	Org	Approp	Activity	Object	Job/Project	Revenue	Agreement	Amount
1	C821	466024	4658	8782			5041700	\$ 85,846.71
2								
3								
4								
5								
6								
7								
8								
9								
10								

INVOICE

December 5, 2017

Bill to:

Nevada Department of Transportation
Bill Story, wstory@dot.nv.gov
Jamie Borino, jborino@dot.nv.gov
For:
Safe Routes to School Expenses Paid by
School-Community Partnership Program

DESCRIPTION		AMOUNT
Payroll (October 1, 2016-May 10, 2017)		\$95,803.26
Sherie Moore Pay	44,088.98	
Sherie Moore Fringe	12,675.29	
Lori Marker Pay	5,323.04	
April Turner Pay	21,256.00	
Marker/Turner Fringe	12,459.95	
(Per Page 5 detail)		
Total payroll paid by the School-Community Partnership Program to Safe Routes personnel,		
October 1, 2016-May 10, 2017, exceeds contractually agreed amount of reimbursement of		
\$85,846.71. Invoice reflects contracted amount.		
Total Invoiced		\$85,846.71

Please make check
payable to:

School-Community Partnership Program
4601 West Bonanza Road, 2nd Floor
Las Vegas, NV 89107

Thank you for your support!

SCHOOL-COMMUNITY PARTNERSHIP PROGRAM • CLARK COUNTY SCHOOL DISTRICT
4601 West Bonanza Road • Las Vegas, Nevada 89107 • (702) 799-6560 • Fax (702) 799-6570

Payroll Detail Report

Payroll Detail Report

Fiscal Year 2010-2018

Fund	Date	G/L Acct	Func Area	Cost Ctr	WBS Order	Amount	Employee Name	Earnings Description	Grant	Work Loc	Earn Code	Person ID	BusA	Index	Object	Unit	Project
2800000000	10/07/2016	5118000000	F10002600	100000137	G6960000116	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960016	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	10/07/2016	5118000000	F10002600	100000137	G6960000116	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960016	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	10/25/2016	5118000000	F10002600	100000137	G6960000116	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960016	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	10/25/2016	5118000000	F10002600	100000137	G6960000116	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960016	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	11/10/2016	5118000000	F10002600	100000137	G6960000116	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960016	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	11/10/2016	5118000000	F10002600	100000137	G6960000116	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960016	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	11/23/2016	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	11/23/2016	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	12/09/2016	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	12/09/2016	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	12/16/2016	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	12/16/2016	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	01/10/2017	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	01/10/2017	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	01/25/2017	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	01/25/2017	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	02/10/2017	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	02/10/2017	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	02/24/2017	5118000000	F10002600	100000137	G6960000117	2,859.00	MOORE, SHERIE K	REGULAR DAILY	6960017	0145	0002	10055973	1000	75908	8000	0137	009601 0
2800000000	02/24/2017	5118000000	F10002600	100000137	G6960000117	21.74	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	03/10/2017	5118000000	F10002600	100000137	G6960000117	43.48	MOORE, SHERIE K	UNIFIED 21-4	6960017	0145	0046	10055973	1000	75908	8000	0137	009601 0
2800000000	03/10/2017	5118000000	F10002600	100000137	G6960000117	13,946.50	MOORE, SHERIE K	VACATION PAYOFF	6960017	0145	0082	10055973	1000	75908	8000	0137	009601 0
2800000000	03/10/2017	5118000000	F10002600	100000137	G6960000117	1,291.60	MOORE, SHERIE K	CONTRACT PAYOFF	6960017	0145	0085	10055973	1000	75908	8000	0137	009601 0
						44,088.98											

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Payroll Detail--Sherie Moore

CCSD Fringe Details



CCSD Fringe Details

Year	Date	Fund	G/L Account	Amount	Employee Name	Functional Area	Order	Per No	Cost Ctr	WBS Element	Grant	BusA	Object Code	Budget
17	10/31/2016	2800000000	5210000000	693.62	MOORE, SHERIE K	F10002600	G6960000116	10055973	1000010137		6960016	1000	0251	0137
17	11/30/2016	2800000000		693.62	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0251	0137
17	12/31/2016	2800000000		693.62	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0251	0137
17	01/31/2017	2800000000		693.62	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0251	0137
17	02/28/2017	2800000000		693.62	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0251	0137
			5210000000	3,468.10							6960017	1000	0251	0137
17	10/31/2016	2800000000	5221000000	41.35	MOORE, SHERIE K	F10002600	G6960000116	10055973	1000010137		6960016	1000	0236	0137
16	10/31/2016	2800000000		41.35	MOORE, SHERIE K	F10002600	G6960000116	10055973			6960016	1000	0236	0137
17	11/30/2016	2800000000		82.69	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0236	0137
17	12/31/2016	2800000000		82.69	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0236	0137
17	01/31/2017	2800000000		83.54	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0236	0137
17	02/28/2017	2800000000		83.54	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0236	0137
17	03/31/2017	2800000000		37.03	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0236	0137
			5221000000	452.19							6960017	1000	0236	0137
17	10/31/2016	2800000000	5230000000	800.52	MOORE, SHERIE K	F10002600	G6960000116	10055973	1000010137		6960016	1000	0211	0137
16	10/31/2016	2800000000		800.52	MOORE, SHERIE K	F10002600	G6960000116	10055973			6960016	1000	0211	0137
17	11/30/2016	2800000000		1,601.04	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0211	0137
17	12/31/2016	2800000000		1,601.04	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0211	0137
17	01/31/2017	2800000000		1,601.04	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0211	0137
17	02/28/2017	2800000000		1,601.04	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0211	0137
17	03/31/2017	2800000000		361.65	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0211	0137
			5230000000	8,366.85							6960017	1000	0211	0137
17	10/31/2016	2800000000	5260000000	1.44	MOORE, SHERIE K	F10002600	G6960000116	10055973	1000010137		6960016	1000	0241	0137
16	10/31/2016	2800000000		1.44	MOORE, SHERIE K	F10002600	G6960000116	10055973			6960016	1000	0241	0137
17	11/30/2016	2800000000		2.88	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0241	0137
17	12/31/2016	2800000000		2.88	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0241	0137
17	01/31/2017	2800000000		2.88	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0241	0137
17	02/28/2017	2800000000		2.88	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0241	0137
17	03/31/2017	2800000000		7.65	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0241	0137
			5260000000	22.05							6960017	1000	0241	0137
17	10/31/2016	2800000000	5270000000	20.16	MOORE, SHERIE K	F10002600	G6960000116	10055973	1000010137		6960016	1000	0221	0137
16	10/31/2016	2800000000		20.16	MOORE, SHERIE K	F10002600	G6960000116	10055973			6960016	1000	0221	0137
17	11/30/2016	2800000000		48.97	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0221	0137
17	12/31/2016	2800000000		48.97	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0221	0137
17	01/31/2017	2800000000		48.98	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0221	0137
17	02/28/2017	2800000000		48.97	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0221	0137
17	03/31/2017	2800000000		129.89	MOORE, SHERIE K	F10002600	G6960000117	10055973			6960017	1000	0221	0137
			5270000000	366.10							6960017	1000	0221	0137
				17,675.29										

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SAP

Fringe Detail--Sherie Moore

Payroll Detail Report

Payroll Detail Report

Fiscal Year 2010-2018

Fund	Date	G/L Acct	Func Area	Cost Ctr	W	Order	Amount	Employee Name	Earnings Description	Grant	Work Loc	Earn Code	Person ID	BusA	Index	Object	Unit	Project
2800000000	10/26/2016	5117000000	F10002100	1000010137		G6960000116	1,320.00	MARKER, LORI A	REGULAR HOURLY	6960016	0145	0001	10082820	1000	11409	7000	0137	009601
2800000000	11/09/2016	5117000000	F10002100	1000010137		G696000011	1,320.00	MARKER, LORI A	REGULAR HOURLY	6960016	0145	0001	10082820	1000	11409	7000	0137	009601
2800000000	11/23/2016	5117000000	F10002100	1000010137		G6960000117	1,320.00	MARKER, LORI A	REGULAR HOURLY	6960017	0145	0001	10082820	1000	11409	7000	0137	009601
2800000000	12/07/2016	5117000000	F10002100	1000010137		G6960000117	792.00	MARKER, LORI A	REGULAR HOURLY	6960017	0145	0001	10082820	1000	11409	7000	0137	009601
2800000000	01/18/2017	5117000000	F10002100	1000010137		G6960000117	571.04	MARKER, LORI A	NEGOTIATED RETRO	6960017	0145	0076	10082820	1000	11409	7000	0137	009601

5,323.04

Prints window contents

SAP

4

10/26 + 11/9 were expense adjusted to FY 17 grant
See attached

Payroll Detail--Lori Marker

Payroll Detail Report

Payroll Detail Report

Fiscal Year 2010-2018

Fund	Date	G/L Acct	Func Area	Cost Ctr	W	Order	Amount	Employee Name	Earnings Description	Grant	Work Loc	Earn Code	Person ID	BusA	Index	Object	Unit	Project	
2800000000	10/26/2016	5117000000	F10002100	1000010137		G6960000116	1,320.00	TURNER, APRIL L	REGULAR HOURLY	6960016 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	11/09/2016	5117000000	F10002100	1000010137		G6960000111	1,320.00	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	11/23/2016	5117000000	F10002100	1000010137		G6960000117	1,320.00	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	12/07/2016	5117000000	F10002100	1000010137		G6960000117	1,320.00	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	12/21/2016	5117000000	F10002100	1000010137		G6960000117	1,386.40	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	01/04/2017	5117000000	F10002100	1000010137		G6960000117	1,386.40	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	01/18/2017	5117000000	F10002100	1000010137		G6960000117	564.40	TURNER, APRIL L	NEGOTIATED RETRO	6960017 0145	0076		10056667	1000	11409	7000	0137	009601	
2800000000		5117000000	F10002100	1000010137		G6960000117	1,386.40	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	02/01/2017	5117000000	F10002100	1000010137		G6960000117	1,401.60	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	02/15/2017	5117000000	F10002100	1000010137		G6960000117	7.60	TURNER, APRIL L	NEGOTIATED RETRO	6960017 0145	0076		10056667	1000	11409	7000	0137	009601	
2800000000		5117000000	F10002100	1000010137		G6960000117	1,401.60	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	03/01/2017	5117000000	F10002100	1000010137		G6960000117	1,401.60	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	03/15/2017	5117000000	F10002100	1000010137		G6960000117	1,357.80	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	03/29/2017	5117000000	F10002100	1000010137		G6960000117	1,445.40	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	04/12/2017	5117000000	F10002100	1000010137		G6960000117	1,401.60	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	04/26/2017	5117000000	F10002100	1000010137		G6960000117	1,417.60	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
2800000000	05/10/2017	5117000000	F10002100	1000010137		G6960000117	1,417.60	TURNER, APRIL L	REGULAR HOURLY	6960017 0145	0001		10056667	1000	11409	7000	0137	009601	
							21,256.00												

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10/26 + 11/9 were expense adjusted to FY17 grant.

See attached.

(Originally posted to, but not paid by, FY 16 grant funds. Expense adjusted to FY 17 Partnership budget.)

Fring Calculations for Lori Marker and April Turner

EGI - 5210000000	5,516.50	
Less half of 10/31/16	526.65	Should only be 526.65
Less 5/31/17	576.65	EGI is set dollar amount per month. May should not be included since grant went thru 4/27/17
	<u>4,413.20</u>	

Medicare - 5221000000	427.78
Less half of 10/31/16	37.32
Less half of 5/31/17	<u>19.59</u>
	370.87

PERS - 5230000000	8,578.26
Less half of 10/31/16	739.20
Less half of 5/31/17	<u>396.93</u>
	7,442.13

SUI - 5260000000	15.31
Less half of 10/31/16	1.32
Less half of 5/31/17	<u>0.71</u>
	13.28

OIM - 5270000000	252.50
Less half of 10/31/16	19.98
Less half of 5/31/17	<u>12.05</u>
	220.47

*1/2 of 10/31/16 fringe was deducted because only one of the 2 pay periods was expense adjusted to the cost center

** 1/2 of the 5/31/17 fringe was deducted because only the 5/10/17 pay was included in the expense adjustment

CCSD Fringe Details



CCSD Fringe Details

Year	Date	Fund	G/L Account	Amount	Employee Name	Functional	Order	Grant	PersNo	C
17	10/31/2016	2800000000	5210000000	1,053.30	MARKER, LORI A	F10002100	G6960000116	6960016	10082820	1
17	11/30/2016	2800000000		526.65	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	11/30/2016	2800000000		526.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	12/31/2016	2800000000		526.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	01/31/2017	2800000000		576.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	02/28/2017	2800000000		576.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	03/31/2017	2800000000		576.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	04/30/2017	2800000000		576.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	05/31/2017	2800000000		576.65	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
5210000000				5,516.50						
17	10/31/2016	2800000000	5221000000	74.63	TURNER, APRIL L	F10002100	G6960000116	6960016	10056667	1
17	11/30/2016	2800000000		38.28	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	11/30/2016	2800000000		36.35	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	12/31/2016	2800000000		11.48	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	12/31/2016	2800000000		37.31	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	01/31/2017	2800000000		8.28	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	01/31/2017	2800000000		46.45	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	02/28/2017	2800000000		38.82	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	03/31/2017	2800000000		58.07	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	04/30/2017	2800000000		38.94	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	05/31/2017	2800000000		39.17	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
5221000000				427.78						
17	10/31/2016	2800000000	5230000000	1,478.40	MARKER, LORI A	F10002100	G6960000116	6960016	10082820	1
17	11/30/2016	2800000000		739.20	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	11/30/2016	2800000000		739.20	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	12/31/2016	2800000000		221.76	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	12/31/2016	2800000000		757.79	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	01/31/2017	2800000000		159.90	MARKER, LORI A	F10002100	G6960000117	6960017	10082820	
17	01/31/2017	2800000000		934.41	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	02/28/2017	2800000000		787.02	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	03/31/2017	2800000000		1,177.34	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	04/30/2017	2800000000		789.38	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
17	05/31/2017	2800000000		793.86	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667	
5230000000				8,578.26						

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SAP

CCSD Fringe Details



CCSD Fringe Details

Year	Date	Fund	G/L Account	Amount	Employee Name	Functional	Order	Grant	PersNo
17	12/31/2016	2800000000	5230000000	757.79	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	01/31/2017	2800000000		159.90	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	01/31/2017	2800000000		934.41	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	02/28/2017	2800000000		787.02	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	03/31/2017	2800000000		1,177.34	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	04/30/2017	2800000000		789.38	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	05/31/2017	2800000000		793.86	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
5230000000				8,578.26					
17	10/31/2016	2800000000	5260000000	2.64	MARKER, LORI A	F10002100	G6960000116	6960016	10082820
17	11/30/2016	2800000000		1.32	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	11/30/2016	2800000000		1.32	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	12/31/2016	2800000000		0.40	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	12/31/2016	2800000000		1.35	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	01/31/2017	2800000000		0.29	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	01/31/2017	2800000000		1.67	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	02/28/2017	2800000000		1.40	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	03/31/2017	2800000000		2.10	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	04/30/2017	2800000000		1.41	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	05/31/2017	2800000000		1.41	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
5260000000				15.31					
17	10/31/2016	2800000000	5270000000	36.96	TURNER, APRIL L	F10002100	G6960000116	6960016	10056667
17	11/30/2016	2800000000		22.44	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	11/30/2016	2800000000		22.44	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	12/31/2016	2800000000		6.74	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	12/31/2016	2800000000		23.00	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	01/31/2017	2800000000		4.86	MARKER, LORI A	F10002100	G6960000117	6960017	10082820
17	01/31/2017	2800000000		28.36	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	02/28/2017	2800000000		23.89	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	03/31/2017	2800000000		35.74	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	04/30/2017	2800000000		23.97	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
17	05/31/2017	2800000000		24.10	TURNER, APRIL L	F10002100	G6960000117	6960017	10056667
5270000000				252.50					
				14,790.35					

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NEVADA BICYCLE AND PEDESTRIAN EDUCATION PROGRAM
SUBRECIPIENT'S AGREEMENT FOR SAFETY EDUCATION ACTIVITIES

This Agreement is made and entered into on 10/10/2017, between the STATE OF NEVADA, Department of Transportation, hereinafter referred to as the "DEPARTMENT," and Clark County School District, 5100 W. Sahara Avenue, Las Vegas, NV 89146 hereinafter referred to as the "SUBRECIPIENT."

WITNESSETH:

WHEREAS, NRS 408.571 provides for the DEPARTMENT to develop a program for bicycle and pedestrian education, for all age groups, that is designed to improve riding skills, inform the public on applicable traffic laws, and promote bicycle and pedestrian safety; and

WHEREAS, NRS 408.228 provides for the DEPARTMENT to administer a program of safety education concerning the interaction of motor vehicles, bicycles, electric bicycles, and pedestrians, and provide grants to local governments, including school districts, for assistance in carrying out programs of safety education; and

WHEREAS, NRS 483.415 provides for collection of fees from driver's licenses by the Department of Motor Vehicles, to be placed in the Highway and Safety Administrative Account; and

WHEREAS, the money placed in the account may only be used by the DEPARTMENT to carry out provisions of NRS 408.228 and 408.234; and

WHEREAS, before State monies will be made available, the SUBRECIPIENT and DEPARTMENT will be required to enter into an agreement whereby the functions of the PROJECT are identified; and

WHEREAS, the SUBRECIPIENT and the DEPARTMENT have developed a PROJECT that has been approved for funding; and

WHEREAS, education activities conducted by the SUBRECIPIENT between October 1, 2016, and April 30, 2017 were not covered under agreement for federal funding.

WHEREAS, this Agreement is needed to compensate SUBRECIPIENT for its costs incurred between October 1, 2016, and April 30, 2017.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants hereinafter contained, it is hereby agreed by and between the parties as follows:

ARTICLE I - PURPOSE OF AGREEMENT

1. The purpose of this Agreement is to cover program costs incurred by the SUBRECIPIENT, in an amount up to Eighty-Five Thousand Eight Hundred Forty-Six and 71/100th Dollars (\$85,846.71), in providing a bicycle and pedestrian safety education program for the period spanning October 1, 2016, through April 30, 2017.

ARTICLE II - SCOPE OF PROJECT

1. The SUBRECIPIENT coordinated and implemented a bicycle and pedestrian education program for school age students, grades Kindergarten through 8th grade, within Clark County. This program aided students in improving their bicycle riding skills; informed students

of applicable traffic laws relating to bicyclists and pedestrians; and promoted bicycle and pedestrian safety.

ARTICLE III – REIMBURSEMENT

1. The maximum dollar amount that is reimbursable under this Agreement shall not exceed Eighty-Five Thousand Eight Hundred Forty-Six and 71/100 Dollars (\$85,846.71). Approval of reimbursement will be contingent upon receipt of an invoice and supporting documentation along with verification and inspection (as appropriate) of the work completed.

2. The SUBRECIPIENT agrees to provide an invoice for the entire project amount within nine (9) months from date of purchase.

ARTICLE IV – PERFORMANCE

1. The term of this Agreement shall be from September 15, 2017, and shall run through and including February 28, 2018.

ARTICLE V - RECORDS AND REPORTS

1. The SUBRECIPIENT shall advise the DEPARTMENT regarding the progress of the PROJECT at such times and in such manner as the DEPARTMENT may require, including, but not limited to meetings and interim reports. The SUBRECIPIENT shall submit to the DEPARTMENT, at such time as the DEPARTMENT may require, such financial statements, data, records, contracts and other documents related to the PROJECT as may be deemed necessary by the DEPARTMENT.

2. It is expressly understood that the DEPARTMENT and the Federal Highway Administration (FHWA) shall have access to such records of the SUBRECIPIENT as pertain to all matters arising under this Agreement, and the SUBRECIPIENT will retain records subject to audit, for three (3) years from the ending date of this Agreement.

ARTICLE VI – TERMINATION

1. This Agreement may be terminated upon thirty (30) calendar days' written notice by mutual consent of both parties, or unilaterally by either party without cause.

ARTICLE VII - MISCELLANEOUS PROVISIONS

1. The SUBRECIPIENT shall, at its own expense, obtain and pay for all licenses, permits and/or fees and comply with all federal, state and local laws, statutes, ordinances, rules and regulations and the orders and decrees of any courts or administrative bodies or tribunals in any manner affecting the performance of this Agreement, including without limitation, worker's compensation laws, licensing laws and regulations.

2. The SUBRECIPIENT and all successors, executors, administrators, and assigns of the SUBRECIPIENT's interest in the work or the compensation herein provided shall be bound by the terms of this Agreement.

3. No member, officer or employee of the SUBRECIPIENT during his or her tenure and for a period of one year thereafter shall have any interest, direct or indirect, in this Agreement or the proceeds thereof.

4. In any dispute arising under this Agreement as to performance, compensation, and the interpretation of satisfactory fulfillment of the terms of this Agreement, the decision of

the Director of the DEPARTMENT, shall be final and conclusive as to all parties. Nothing herein contained shall impair the parties' rights to file suit in the courts of the State of Nevada.

5. To the fullest extent of NRS Chapter 41 liability limitations, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorney's fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity that would otherwise exist as to any party or person described herein. The indemnifying party conditions this indemnification obligation upon service of written notice within thirty (30) calendar days of the indemnified party's notice of actual or pending claims or cause of action. The indemnifying party shall not be liable to hold harmless any attorney's fees and costs for the indemnified party's chosen right to participate with legal counsel.

6. The parties do not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Agreement liability of both parties shall not be subject to punitive damages. Actual damages for any DEPARTMENT breach shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid for the fiscal year budget in existence at the time of the breach.

7. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of the Nevada State district courts for enforcement of this Agreement. Venue for any such actions shall be in Clark County, Nevada.

8. The parties are associated with each other only for the purposes and to the extent set forth in this Agreement. Each party is and shall be an entity separate and distinct from the other party and shall have the right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Agreement.

9. It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof a third party beneficiary status hereunder, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

10. It is specifically agreed between the parties executing this Agreement that it is intended to create a contractual relationship solely between the DEPARTMENT and the SUBRECIPIENT. It is further specifically agreed between the parties executing this Agreement that it is not intended by any provisions of any part of this Agreement, to create in the SUBRECIPIENT's subcontractors, the public, or any member thereof, a contractual relationship between such persons and entities and the DEPARTMENT.

11. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Agreement.

12. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is confidential by law or a common law balancing of interests.

13. The illegality or invalidity of any provision or portion of this Agreement shall not affect the validity of the remainder of this Agreement and this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

14. The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to engage in the activities which form the subject of this Agreement.


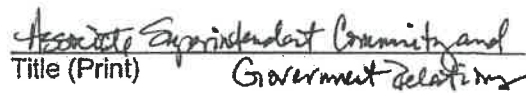
15. This Agreement shall not become effective until and unless approved by appropriate official action of the governing body of each party.

16. This Agreement hereto, constitute the entire agreement of the parties and such is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Agreement specifically displays a mutual intent to amend a particular part of this Agreement, general conflicts in language between any such attachment and this Agreement shall be construed consistent with the terms of this Agreement. Unless otherwise specifically authorized by the terms of this Agreement, no modifications or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and the Nevada Attorney General.

IN WITNESS WHEREOF, the parties have executed this AGREEMENT the day and year first above written.

SUBRECIPIENT:
Clark County School District

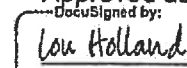
State of Nevada, acting by and through its
DEPARTMENT OF TRANSPORTATION


Name (Print) Nick DeLaine

Title (Print) Associate Superintendent Community and Government Relations

DocuSigned by:

Director
Director ID: 584445...

Approved as to Legality and Form:

DocuSigned by:

Deputy Attorney General

Approved as to Form:


Carlos McDade, Attorney

**NEVADA DEPARTMENT OF TRANSPORTATION
AGREEMENT SUMMARY SHEET**

Agreement No. P504-17-821 Amendment No. _____ Task Order No. _____ Task Order Amendment No. _____
 Start Date: 10/01/17 End Date: 06/30/18 Amendment Date: _____ Procured by: _____
 Agreement Type: Grantee Agreement Sub-Type: Misc Services Procurement No.: _____
 Purpose: Administer a program of safety education concerning the interaction of motor vehicles, bicycles, electric bicycles and pedestrians, and provide grants to local governments, including school districts, for assistance in carrying out programs of safety education.
 County(ies) where work is being performed: Clark County
 Contact Person: Jamie Borino Phone No.: 775-888-7433 Email: jborino@dot.nv.gov
 Project Manager: Jamie Borino Phone No.: 775-888-7433 Email: jborino@dot.nv.gov

Second Party Information

Contact Person: Rich Easter Email: reaster@interact.ccsd.net Phone No.: 702-799-5425
 Company Name: Clark County School District NV Business License No.: exempt
 Primary Address: 5100 W. Sahara Avenue, Las Vegas, NV 89146 Business License Expiration: _____
 Invoice Remit To Address: 5100 W. Sahara Avenue, Las Vegas, NV 89146 Business License Search

Original budget approval (Form 2A) must be attached

Total Estimated Cost of Agreement: \$85,846.71 Org No. Responsible for Billing: C821 Funding Percentage: _____
 Payable Amount: _____ Fixed Fee %: _____ Payment Code: _____ Federal %: _____
 Receivable Amount: _____ Overhead %: _____ Payment Cycle: Quarterly State %: 100
 Amendment Amount: _____ Retention %: _____ Security Deposit: Yes ☐ No ☒ Local %: 0
 Fed Participation: Yes ☐ No ☒ In-Kind Services: Yes ☐ No ☒ Deposit Amount: _____ DBE Goal: _____
 Appr Unit: _____ Activity: _____ Object: _____ Job/Project: _____

Project Identification

Project ID No.: _____ Contract: _____
 EA No.: _____ Other: _____

Board Approval

Yes ☐ No ☒ Transportation ☐ BOE ☐ Meeting Date: _____ BOE Contract No.: _____
 Approved Date: _____ Agenda Item No.: _____

Does the firm employ current or former State employees who have left State employment in the past two years? Yes ☐ No ☐
 If yes, who, where did they work, and when did they leave?

Review Approval:

Asst. Director _____
 Dist./Div. Head [Signature]
 Environmental _____
 IT _____
 Legal _____
 Proj. Accting. _____
 Right of Way _____

Final Distribution

Recipient: _____

Required docs to start process:
 (to be completed by Admin Services)

Summary Sheet (signed by Div Head): ☐
 Completed Form 2A: ☐
 Electronic Draft of Agreement: ☐
 Agree Services _____

Execution:
 (to be completed by Admin Services)

☐ Do Not Pay (Federal only)
☐ NV Board of Engineers
☐ AGMM ☒ ANOT
☒ AGMT ☒ AGML
☐ Notice of Award Sent
☐ Tracking Log Updated
☐ Insurance Log Updated
 Date/Initials 10/10/2017 JC
 Verified 10/10/17 SKG

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 9, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in blue ink, likely belonging to Bridgette Garrison.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

The Nevada Department of Transportation requests approval to pay \$81,331.41 from the Highway Fund, State Claims Account, for a fiscal year 2017 invoice from the Board of Regents - University of Nevada, Reno (UNR) for pavement design and material evaluations.

Additional Information:

The department seeks approval to pay the stale claim for the time period of April 1, 2017 through June 30, 2017, where Board of Regents - UNR did not submit their invoice until after the closing of fiscal year 2017.

Statutory Authority:

BOE approval required pursuant to NRS 353.097, subsection 4.

REVIEWED: 

ACTION ITEM: _____

MARCH BOE

STALE CLAIM REQUEST

To: BRIDGETTE MACKEY-GARRISON

Governor's Finance Office, Budget Division

From: MARIA MUNOZ

NV DEPT, OF TRANSPORTATION

Subject: Stale Claim for State Fiscal Year

17

Date: 1/25/18

RECEIVED

JAN 30 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: BOARD OF REGENTS - UNR

Vendor/Employee Number: D35000816 Invoice Term Date: 4/01 - 6/30, 2017

Invoice Number: 118GC000552 Invoice/Claim Amount: 81,331.41

Coding from original obligation

Fund	Budget	Category	Amount
201	4660	06	81,331.41
Total			

Coding used to pay Stale Claim

Fund	Budget	Category	Amount
201	6010	01	81,331.41
Total			

Request to pay from current fiscal year account?

YES ☐

NO ☒

-If yes, full or partial payment from current year funds?

FULL ☐

PARTIAL ☐

-If partial payment from current year funds, how much? (Provide details below)

\$

Is a current Stale Claim Declining Balance Log included in the attachments?

YES ☐

NO ☐

Explanation: Reason (Justification or Detail) for Stale Claim/Funding Allocations/Attachments:

NOT YET PAID

M. Munoz

Signature (Agency Fiscal Approval)

BOARD OF EXAMINERS /BUDGET DIVISION USE ONLY

Approval for payment from

Fund

B/A

Budget Analyst

Date

Clerk of the Board

Date

Note: Claims from the General Fund Stale Claims account over \$50,000 require BOE approval



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
1263 S. Stewart Street
Carson City, Nevada 89712

RUDY MALFABON, P.E., *Director*

In Reply, Refer to:

Jan 25, 2018

Bridgette Mackey-Garrison
Department of Administration
209 E. Musser Street
Carson City NV 89710

I would like permission to pay the attached payable to a Payment Voucher as a stale claim. We have researched our files and determined that this payment has not been paid.

The expenditure was incurred during fiscal year 2017 and should have been paid from budget account #4660. The Department has remaining authority in Category #06 in the amount of \$55,188,480.86 for fiscal year 2017.

If you have any further questions, please contact me at 888-7451.

Sincerely,

A handwritten signature in blue ink that reads "Jamie Vacek".

Jamie Vacek
Accountant III





STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
Payment Voucher And Purchase Order

PV 800 SC205969

Vendor		Ship To		Invoice To
BOARD OF REGENTS - UNR UNR CONTROLLERS OFFICE MAIL STOP 0124 RENO, NV 89557-0124		State of Nevada Department of Transportation 1263 S. Stewart Street Carson City, NV 89712		State of Nevada Department of Transportation 1263 S. Stewart Street Carson City, NV 89712
Date 01/18/18	Fiscal Year 18	Vendor Code D35000816	Customer Code	Please refer to the above payment voucher and purchase order number (i.e. PV 800 #) on all parcels, and correspondence. Please advise if unable to meet requested date.

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
		UNR PAVEMENT DESIGN & MATERIAL EVALUATIONS			\$ 81,331.41
Total					81,331.41

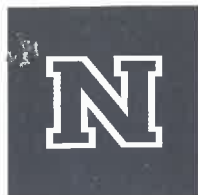
Receiver

Authorized Signature

Approval for Expenditures Exceeding \$10,000

Line	Org	Approp	Activity	Object	Job/Project	Revenue	Agreement	Amount
1	C020	466006	9226	814J			3621500	\$ 81,331.41
2								
3								
4								
5								
6								
7								
8								
9								
10								

D35000816 COW

466006 9226 8145 3621500
CPDAOK to Pay
DT
11-3-17

University of Nevada, Reno

TO: NEVADA DEPARTMENT OF TRANSPORTATION ATTN: CHANGLIN PAN 1263 S. STEWART STREET CARSON CITY, NV 89712		INVOICE NO : 1186C000552 ✓ AGREEMENT NO : P362-15-020 UNR ACCOUNT NO : 1321 117 13VP 83 00 AWARD AMOUNT : \$150,000.00 EMPLOYER ID NO : 88-6000024 FINAL INVOICE : <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
PRINCIPAL INVESTIGATOR: P. SEBAALY PROJECT TITLE: PAVEMENT DESIGN & MAT'L EVALS REMARKS:			

COSTS	CURRENT BUDGET	CUMULATIVE PERIOD	CURRENT PERIOD
	10/01/15 06/30/17	10/01/15 06/30/17	04/01/17 06/30/17
SALARIES and WAGES	97,372.00	96,053.32	54,421.19
FRINGE BENEFITS	11,560.00	11,530.40	5,816.91
OPERATIONS	7,089.71	7,089.16	3,695.73
TUITION AND FEES	7,293.30	6,621.12	2,693.20
TOTAL DIRECT COSTS	123,315.01	121,294.00	66,627.03
FACILITIES/ADMIN COSTS 23.0%	26,684.99	26,374.36	14,704.38
TOTAL COSTS	150,000.00	147,668.36	81,331.41

 AMOUNT DUE \$ 81,331.41
MAKE CHECK PAYABLE TO:
 BOARD OF REGENTS
 UNIVERSITY OF NEVADA, RENO
 CONTROLLER'S OFFICE/124 ✓
 RENO, NV 89557-0025

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.


 CINDY THOMAS, SR. ACCOUNTANT
 SPONSORED PROJECTS

 11-Sep-17
 DATE

Email: chavez@unr.edu

PLEASE RETURN ONE COPY WITH CHECK ANY QUESTIONS PLEASE CALL ELLA CHAVEZ-HARBRECHT (775) 784-4158

Sponsored Projects

 Ross Hall, Room 204
 University of Nevada, Reno/325
 Reno, Nevada 89557-0325
 (775) 784-4040 office
 (775) 784-6680 fax
 www.unr.edu/ospa

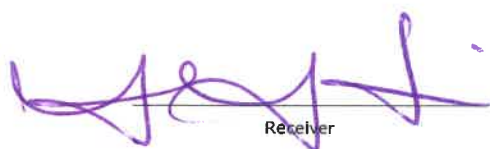
Payment Voucher System

Prepared by Amanda Carvin

PV800PVR00118254

Vendor		Ship To	Invoice To
BOARD OF REGENTS-UNR UNR CONTROLLERS OFFICE MAIL STOP 0124 ✓		Nevada Department of Transportation Attn: Materials Division 1263 S. Stewart St.	Nevada Department of Transportation 1263 S. Stewart St.
RENO NV 89557-0124		Carson City NV 89712	Carson City NV 89712
Date	Fiscal Year	Vendor Code/Address Indicator	Invoice Number
12/21/2017	2018	D35000816	
Status: SUBMITTED		TOTAL: \$81,331.41	

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
		UNR PAVEMENT DESIGN & MATERIAL EVALUATIONS			81,331.41
					\$81,331.41



Receiver



Authorized Signature



Approval for Expenditures Exceeding \$10,000

Line	Org	Approp	Activity	Object	Job	Project	Agreement	Description	Amount
1	C020	466006	9226	814J			3621500	1186C000552	81,331.41
									\$81,331.41

RECEIVED

DEC 22 2017

DIRECTOR'S OFFICE

NEVADA DEPT. OF TRANSPORTATION
DEC 27 2017

1321 117 13VP

FY	MTH	ACPDAT	OBJ	SOBJ	CATEGORY	SUB_CATEGORY	TRCODE	TRNUM	VENDNAM	DOCDESC	LINDESC	DOLLAR
2017	12	01-Jun-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00098174	000110878 637343	M 05/31/17	HAU,ELIE 17680 060117	3,476.40
2018	01	05-Jul-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00002642	000110878 649872	M 06/30/17	HAU,ELIE 17680 070317	3,476.40
2017	10	03-Apr-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00083249	000143728 607610	M 03/31/17	PIRATHEEPAN, 17590 040317	1,395.59
2017	11	01-May-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00091238	000143728 622450	M 04/30/17	PIRATHEEPAN, 17590 050117	1,395.59
2017	12	01-Jun-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00098174	000143728 637356	M 05/31/17	PIRATHEEPAN, 17590 060117	1,395.59
2018	01	05-Jul-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00002642	000143728 649883	M 06/30/17	PIRATHEEPAN, 17590 070317	2,683.82
2017	12	01-Jun-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00098174	000020225 637360	M 05/31/17	SEBAALY, PETE 10499 060117	5,523.90
2018	01	05-Jul-17	11	01	PROFESSIONAL	PROF W/RET	JV	1PYC00002642	000020225 649887	M 06/30/17	SEBAALY, PETE 10499 070317	5,523.90
2018	01	05-Jul-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYC00002642	000199639 646618	M 06/30/17	ALBEJIANI, AL 20020 070317	1,750.00
2018	01	05-Jul-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYC00002642	000178122 649867	M 06/30/17	BATIOJA, DARI 20020 070317	2,050.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017791	000192382 646835	DAILY PR45	CASTRO ORTIZ 20020 063017	1,850.00
2017	10	03-Apr-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYC00083249	000181895 604520	M 03/31/17	HABBOUCHE, JH 20020 040317	1,950.00
2017	11	01-May-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYC00091238	000181895 619324	M 04/30/17	HABBOUCHE, JH 20020 050117	1,950.00
2017	12	01-Jun-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYC00098174	000181895 634256	M 05/31/17	HABBOUCHE, JH 20020 060117	1,950.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017790	000181895 647204	DAILY PR45	HABBOUCHE, JH 20020 063017	2,200.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017794	000199641 605001	DAILY PR45	MANSOUR, ELIS 20020 033117	1,700.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017794	000199641 619821	DAILY PR45	MANSOUR, ELIS 20020 043017	1,700.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017794	000199641 634752	DAILY PR45	MANSOUR, ELIS 20020 053117	1,700.00
2018	01	05-Jul-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYC00002642	000181552 647778	M 06/30/17	NIMERI, MOHAM 20020 070317	2,000.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017789	000175712 576461	DAILY PR45	STOLTE, SARAH 20020 013117	1,750.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017789	000175712 590586	DAILY PR45	STOLTE, SARAH 20020 022817	1,750.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017789	000175712 605673	DAILY PR45	STOLTE, SARAH 20020 033117	1,750.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017789	000175712 620512	DAILY PR45	STOLTE, SARAH 20020 043017	1,750.00
2018	02	10-Aug-17	12	02	GRADUATE	GRAD-RESRCH	JV	1PYT0017789	000175712 635436	DAILY PR45	STOLTE, SARAH 20020 053117	1,750.00
TOTAL SALARIES												\$ 54,421.19
2018	01	05-Jul-17	16	02	FRINGE BNFTS	S I I S	JV	1PYC00002642		M 06/30/17	EICN 070317	115.45
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017794		DAILY PR45	EICN 053117	25.50
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017794		DAILY PR45	EICN 043017	25.50
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017794		DAILY PR45	EICN 033117	25.50
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017791		DAILY PR45	EICN 063017	27.75
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017790		DAILY PR45	EICN 063017	33.00
2017	10	03-Apr-17	16	02	FRINGE BNFTS	S I I S	JV	1PYC00083249		M 03/31/17	EICN 040317	50.18
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017789		DAILY PR45	EICN 043017	26.25
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017789		DAILY PR45	EICN 033117	26.25

1321 117 13VP

FY	MTH	ACPDAT	OBJ	SOBJ	CATEGORY	SUB_CATEGORY	TRCODE	TRNUM	VENDNAM	DOCDESC	LINDESC	DOLLAR
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017789		DAILY PR45	EICN	26.25
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017789		DAILY PR45	EICN	26.25
2017	11	01-May-17	16	02	FRINGE BNFTS	S I I S	JV	1PYC0091238		M 04/30/17	EICN	50.18
2017	12	01-Jun-17	16	02	FRINGE BNFTS	S I I S	JV	1PYC0098174		M 05/31/17	EICN	50.18
2018	02	10-Aug-17	16	02	FRINGE BNFTS	S I I S	JV	1PYT0017789		DAILY PR45	EICN	26.25
2017	10	03-Apr-17	16	03	FRINGE BNFTS	HEALTH INS	JV	1PYC0083249		M 03/31/17	HEALTH	181.81
2017	11	01-May-17	16	03	FRINGE BNFTS	HEALTH INS	JV	1PYC0091238		M 04/30/17	HEALTH	181.81
2017	12	01-Jun-17	16	03	FRINGE BNFTS	HEALTH INS	JV	1PYC0098174		M 05/31/17	HEALTH	181.81
2018	01	05-Jul-17	16	03	FRINGE BNFTS	HEALTH INS	JV	118101264		M 03/31/17	HEALTH-MANSOUR	477.44
2018	01	05-Jul-17	16	03	FRINGE BNFTS	HEALTH INS	JV	1PYC0002642		M 06/30/17	HEALTH	349.62
2018	01	05-Jul-17	16	04	FRINGE BNFTS	E S D INS	JV	1PYC0002642		M 06/30/17	UNEMPL	23.37
2017	10	03-Apr-17	16	04	FRINGE BNFTS	E S D INS	JV	1PYC0083249		M 03/31/17	UNEMPL	2.79
2017	11	01-May-17	16	04	FRINGE BNFTS	E S D INS	JV	1PYC0091238		M 04/30/17	UNEMPL	2.79
2017	12	01-Jun-17	16	04	FRINGE BNFTS	E S D INS	JV	1PYC0098174		M 05/31/17	UNEMPL	20.79
2018	01	05-Jul-17	16	06	FRINGE BNFTS	OPT RET PLN	JV	1PYC0002642		M 06/30/17	ORP	1,694.20
2017	10	03-Apr-17	16	06	FRINGE BNFTS	OPT RET PLN	JV	1PYC0083249		M 03/31/17	ORP	202.36
2017	12	01-Jun-17	16	06	FRINGE BNFTS	OPT RET PLN	JV	1PYC0098174		M 05/31/17	ORP	1,507.41
2017	11	01-May-17	16	06	FRINGE BNFTS	OPT RET PLN	JV	1PYC0091238		M 04/30/17	ORP	202.36
2017	12	01-Jun-17	16	09	FRINGE BNFTS	MEDICARE	JV	1PYC0098174		M 05/31/17	MEDICARE	125.95
2018	01	05-Jul-17	16	09	FRINGE BNFTS	MEDICARE	JV	1PYC0002642		M 06/30/17	MEDICARE	127.91
TOTAL FRINGE												\$ 5,816.91
2017	10	28-Apr-17	30	11	OPERATIONS	SUP-LAB	JV	P042874283B	WW GRAINGER	PCRD CHARGES	lab supplies for research040317	212.85
2017	10	28-Apr-17	30	11	OPERATIONS	SUP-LAB	JV	P042874283B	J.W. WELDING SUPPLIES	PCRD CHARGES	lab supplies for research040317	111.91
2017	10	28-Apr-17	30	11	OPERATIONS	SUP-LAB	JV	P042874283B	WW GRAINGER	PCRD CHARGES	lab supplies for research040417	316.85
2017	10	28-Apr-17	30	13	OPERATIONS	SUP-OTHER	JV	P042874283B	REMARC MANUFACTURING	PCRD CHARGES	fabrication of ball joint040717	204.75
2017	10	28-Apr-17	30	13	OPERATIONS	SUP-OTHER	JV	P042874283B	HONEYWELL SENSOTEC	PCRD CHARGES	LVDt for UTSSST test CHR1040617	566.11
2017	10	28-Apr-17	30	32	OPERATIONS	BKS/PUBL/SUB	JV	P042874283B	LIBRARY CIRCULATION	PCRD CHARGES	UTSSST g'luing jig modifio033017	72.43
2017	11	11-May-17	30	11	OPERATIONS	SUP-LAB	JV	P041474283B	AMAZON.COM	PCRD CHARGES	lab supplies for research032217	90.99
2017	11	11-May-17	30	11	OPERATIONS	SUP-LAB	JV	P041474283B	MCMMASTER-CARR	PCRD CHARGES	Lab supplies for research032117	51.43
2017	11	11-May-17	30	11	OPERATIONS	SUP-LAB	JV	P041474283B	THE HOME DEPOT #3304	PCRD CHARGES	lab supplies for research032917	122.70
2017	11	11-May-17	30	11	OPERATIONS	SUP-LAB	JV	P041474283B	R AND E FASTENERS	PCRD CHARGES	lab supplies for research032917	5.12
2017	11	11-May-17	30	11	OPERATIONS	SUP-LAB	JV	P041474283B	WW GRAINGER	PCRD CHARGES	lab supplies for research031617	26.42
2017	11	11-May-17	30	11	OPERATIONS	SUP-LAB	JV	P041474283B	GILSON COMPANY INC	PCRD CHARGES	lab supplies for research032717	285.01
2017	11	11-May-17	30	13	OPERATIONS	SUP-OTHER	JV	P041474283B	REMARC MANUFACTURING	PCRD CHARGES	Connection for Bf CHRIST032917	65.00

1321 117 13VP

FY	MTH	ACDPAT	OBJ	SOBJ	CATEGORY	SUB_CATEGORY	TRCODE	TRNUM	VENDNAM	DOCDESC	LINDESC	DOLLAR
2017	11	11-May-17	30	26	OPERATIONS	REG/CONF FEE	JV	P041474283B	MSU PAYMENTS	PCRD CHARGES	Thermal cracking workshop032917	50.00
2017	11	31-May-17	30	11	OPERATIONS	SUP-LAB	JV	P053173154A	SIGMA ALDRICH US	PCRD CHARGES	supplies for research CH050917	136.88
2017	11	31-May-17	30	40	OPERATIONS	ADMIN EXP	JV	P053173154A	ASA-SSSA-CSSA	PCRD CHARGES	Paper abstract submissio051017	50.00
2017	11	31-May-17	30	40	OPERATIONS	ADMIN EXP	JV	P053173154A	ASA-SSSA-CSSA	PCRD CHARGES	paper abstract submissio051017	40.00
2017	12	14-Jun-17	30	11	OPERATIONS	SUP-LAB	JV	P053174283B	J.W. WELDING SUPPLIES	PCRD CHARGES	lab supplies CHRISTINA P050117	56.85
2017	12	14-Jun-17	30	13	OPERATIONS	SUP-OTHER	JV	P053174283B	AD-TEK INC	PCRD CHARGES	lab equipment calibrator042817	136.12
2017	12	14-Jun-17	30	13	OPERATIONS	SUP-OTHER	JV	P053174283B	THE CARY COMPANY	PCRD CHARGES	lab supplies for materia050117	576.86
2017	13	18-Jul-17	30	31	OPERATIONS	FREIGHT/DEL	JV	PA71374283C	ESTES EXPRESS LINES IN	PCRD CHARGES	material shipping cost C061917	517.45
TOTAL OPERATIONS												
2018	03	11-Sep-17	44	00	TUITION	TUITION	JV	118101264	TUITION-STOLTE		1AT17022404	\$ 3,695.73
2018	03	11-Sep-17	44	00	TUITION	TUITION	JV	118101264	TUITION-MANSOUR		1AT17022404	1,683.40
TOTAL OPERATIONS												
2017	10	28-Apr-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0428000952		GEN OVERHEAD	132111713VP01	1,211.55
2017	11	31-May-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0531000903		GEN OVERHEAD	132111713VP01	1,082.44
2017	12	29-Jun-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0629000924		GEN OVERHEAD	132111713VP01	3,450.43
2017	13	18-Jul-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0718000247		GEN OVERHEAD	132111713VP01	119.01
2018	01	31-Jul-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0731000918		GEN OVERHEAD	132111713VP01	4,552.77
2018	02	31-Aug-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0831000977		GEN OVERHEAD	132111713VP01	4,178.76
2018	03	11-Sep-17	89	00	FAC & AD CST	INDIRECT CST	JV	\$0911000911		GEN OVERHEAD	132111713VP01	109.42
TOTAL F&A COSTS												
												\$ 14,704.38
												\$ 81,331.41

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: January 29, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Lynnette Aaron, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

NEVADA GAMING CONTROL BOARD – NEVADA GAMING COMMISSION

Agenda Item Write-up:

Pursuant to NRS 463.123(2), the Nevada Gaming Control Board requests the approval to remove delinquent debt from the Nevada Gaming Commission's records.

Additional Information:

The amount requested to be deemed as bad debt is \$5,131.25. A listing of the debt is included in the attached schedule. The board will recall that the Nevada Gaming Commission does not use the typical process for bad debt write off initiated by the State Controller pursuant to 353C.220.

Statutory Authority:

NRS 463.123(2)

REVIEWED: _____
INFO ITEM: _____



BRIAN SANDOVAL
Governor

NEVADA GAMING CONTROL BOARD

1919 College Parkway, P.O. Box 8003, Carson City, Nevada 89702
555 E. Washington Avenue, Suite 2600, Las Vegas, Nevada 89101
3650 S. Pointe Circle, Suite 203, P.O. Box 31109, Laughlin, Nevada 89028
557 W. Silver Street, Suite 207, Elko, Nevada 89801
9790 Gateway Drive, Suite 100, Reno, Nevada 89521
750 Pilot Road, Suite I, Las Vegas, Nevada 89119

VACANT, *Chairman*
SHAWN R. REID, *Member*
TERRY JOHNSON, *Member*

RECEIVED

JAN 25 2018

January 17, 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Carson City
(775) 684-7742
Fax: (775) 687-8221

State Board of Examiners
209 E Musser St, Room 200
Carson City NV 89701

Re: Nevada Gaming Commission Delinquent Accounts

Dear Board Members:

This letter is to advise you that the Nevada Gaming Control Board requests that the State Board of Examiners ("BOE") notice and agenda the following matter for the purpose of determining the appropriate removal of delinquent debts from the Nevada Gaming Commission's ("Commission") records.

The debt shown in the attached schedule is eligible for removal from the Commission's records pursuant to NRS 463.123. It is suggested that the BOE action be taken at the March 13, 2018 meeting.

Sincerely,

Shawn R. Reid
Acting Chairman

SR/DD:lf

cc: Terry Johnson, Member
Marie Bell, Executive Secretary
Dan Douglas, Chief, Tax and License Division
Lance Ferrato, Supervisor, Tax and License Division
Records and Research Services

Enclosures: 2017 Bad debt write-off schedule

Nevada Gaming Commission
2017 Bad Debt Write-off Schedule

Location ID	Location Name	Effective Date	Total Due	Comments
03531-04	DEALER'S CHOICE LOUNGE	4/1/2017	\$ 2,085.00	Pursuant to NRS 463.373 and NRS 463.270(5) the amount due is for quarterly slot machine fees including penalties.
20393-04	RANCHO MART	7/1/2016	\$ 2,187.50	Pursuant to NRS 463.385 and NRS 463.270(5) the amount due is for annual slot machine taxes including penalties.
20393-04	RANCHO MART	7/1/2016	\$ 858.75	Pursuant to NRS 463.373 and NRS 463.270(5) the amount due is for quarterly slot machine fees including penalties.

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: January 31, 2018
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Andre Urruty, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Andre Urruty, is written over the "From:" line.

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL
RELATIONS**

Agenda Item Write-up:

Pursuant to NRS 232.605, each year, the Division of Industrial Relations is required to provide to its Advisory Council a report of all debts due to the Division that became or remained delinquent during the preceding year, and the amount of that debt that is determined to be impossible or impractical to collect. The Council shall request the State Board of Examiners to designate that debt as bad debt. The Division has submitted a comprehensive list of debts for write-off, which is summarized below:

Mechanical Section Fees/Fines	\$ 1,990.00
Occupational Safety and Health Administration Fines/Penalties	\$ 53,911.91
Uninsured Employer Claim Account	\$373,885.12
Workers' Compensation Administrative Fines and Premium Penalties	\$331,933.98
Total Recommended Write-Offs	\$761,721.01

Additional Information:

The Division of Industrial Relations has indicated that all attempts to locate and collect the debt from the responsible parties have failed. The agency further advises that all outstanding uncollectible debts were referred to the State Controller's office for continued action, and that after these efforts were exhausted, the determination was made to request write-off of the debts.

Statutory Authority:

NRS 232.605

REVIEWED: 
ACTION ITEM: _____

BOE Action Item Reconciliation
Dept of Business & Industry - DIR

Category	Schedule	Schedule Totals	Category Totals
Mechanical Section Fines/Fees	1	\$ 1,990.00	\$ 1,990.00
Occupational Safety and Health Administration Fines/Penalties	2	\$ 40,720.00	
	3	\$ 13,191.91	\$ 53,911.91
Uninsured Employer Claim Account	8	\$ 373,885.12	\$ 373,885.12
Workers' Compensation Administrative Fines and Premium Penalties	4	\$ 12,918.61	
	5	\$ 41,250.00	
	6	\$ 90,858.96	
	7	\$ 186,906.41	\$ 331,933.98
		\$ 761,721.01	\$ 761,721.01

From: Gary Milliken gemikm@icloud.com
Subject:
Date: January 14, 2018 at 12:45 PM
To: Gary Milliken gemikm@icloud.com

BRIAN SANDOVAL
Governor

C.J. MANTHE
Director

STATE OF NEVADA



JOSEPH "JD" DECKER
Administrator

RAY FIERRO
Deputy Administrator

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
1301 N. Green Valley Parkway, Suite 200
Henderson, Nevada 89074
(702) 486-9000
<http://dir.nv.gov>

January 10, 2018

To: Division of Industrial Relations Advisory Council
From: Joseph "JD" Decker, Administrator, Division of Industrial Relations
Subject: Approval of Bad Debts of the Division of Industrial Relations for Referral

Per NRS 232.605(2) "For any amount of debt the Division determines is impossible or impractical to collect, the Council shall request the State Board of Examiners designate such amount as a bad debt. ..."

The Division of Industrial Relations (DIR) requested and received through a unanimous vote of the Advisory Council the approval to request that certain bad debts of the DIR be forwarded to the State Board of Examiners because these debts are impossible or impractical to collect. All attempts to locate and collect from the responsible parties have failed. The DIR's bad debts were presented at the January 10, 2018, Advisory Council meeting.

Please see attached breakdown of individual fines, penalties, and uninsured.

Mechanical Section Fees/Fines	\$ 1,990.00
Occupational Safety and Health Administration Fines/Penalties:	53,911.91
Uninsured Employer Claim Account	373,885.12
Workers' Compensation Administrative Fines and Premium Penalties	331,933.98
Total Recommended Write-off:	\$761,721.01

Total Approved: 761,721.01


Gary Milliken, Chairman
Division of Industrial Relations Advisory Council

Date Approved

Schedule 1

January 10, 2018

January 12, 2016
Page 1

(Rev. 12/11/17) [Ref. NRS 353c.140]

Schedule 4-1

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-NORTHERN DISTRICT OFFICE-PENALTIES
January 10, 2018

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR2123	A PLUS WINDOW CLEANING INC	1302855-155172	10/3/2012	Premium	\$176.32	\$145.02	\$31.30	1/10/2018	Collection Agency Fee
DIR2769	THE ISLES	1405133-158288	3/28/2014	Premium	\$50.92	\$0.00	\$50.92	1/10/2018	Collection Attempts Unsuccessful
DIR2763	JOEL LOVATO DBA KAR KRAFTERS	1403998-158141	1/2/2014	Premium	\$138.91	\$0.00	\$138.91	1/10/2018	Collection Attempts Unsuccessful
DIR2455	GABRIEL HOPKINS MENDOZA DBA K-9 KLIPS	1311777-156802	6/26/2013	Premium	\$195.30	\$0.00	\$195.30	1/10/2018	Collection Attempts Unsuccessful
DIR2519	RUBY RODRIGUEZ DBA DYNAMIC CLEANING SOLUTIONS	1401751-157559	10/4/2013	Premium	\$227.37	\$0.00	\$227.37	1/10/2018	Collection Attempts Unsuccessful
DIR2518	C&C FUEL INJECTION SPECIALTIES LLC DBA C&C AUTOMOT	1309917-156384	5/2/2013	Premium	\$284.58	\$0.00	\$284.58	1/10/2018	Collection Attempts Unsuccessful
DIR2507	SIERRA AUTOSPORT LLC	140884-157041	8/8/2013	Premium	\$312.00	\$0.00	\$312.00	1/10/2018	Collection Attempts Unsuccessful
DIR2502	RUBY RODRIGUEZ DBA DYNAMIC CLEANING SOLUTIONS	140653-156964	7/29/2013	Premium	\$318.78	\$0.00	\$318.78	1/10/2018	Collection Attempts Unsuccessful
DIR2576	DANIEL & STEVE MCQUEEN DBA MCQUEEN METAL FABRICAT	1402283-157773	11/12/2013	Premium	\$351.54	\$0.00	\$351.54	1/10/2018	Collection Attempts Unsuccessful
DIR2360	GREAT BASIN COFFEE LLC	1308158-156052	3/15/2013	Premium	\$441.65	\$0.00	\$441.65	1/10/2018	Collection Attempts Unsuccessful
DIR2120	JACK ROSS INDUSTRIES LLC	1302778-155152	9/28/2012	Premium	\$778.96	\$0.00	\$778.96	1/10/2018	Collection Attempts Unsuccessful
DIR2316	LC PROVIDERS INC	1309455-156273	4/18/2013	Premium	\$1,189.78	\$0.00	\$1,189.78	1/10/2018	Collection Attempts Unsuccessful
DIR1696	PERFORMANCE SOLAR INC	34415-153849	1/12/2012	Premium	\$5,969.21	\$0.00	\$5,969.21	1/10/2018	Collection Attempts Unsuccessful
DIR2109	IGNACIO GARIJO DBA WINNEMUCCA CAB CO	1300183-155038	8/22/2012	Premium	\$16.72	\$0.00	\$16.72	1/10/2018	Collection Attempts Unsuccessful
DIR2578	EMMETT A MCFERRIN DBA EMMETT MCFERRIN CHIROPRACTIC	1401426-157448	9/23/2013	Premium	\$12.00	\$0.00	\$12.00	1/10/2018	Collection Attempts Unsuccessful
DIR2361	HVT MANAGEMENT GROUP LLC	1307822-155977	5/24/2013	Premium	\$29.60	\$0.00	\$29.60	1/10/2018	Collection Attempts Unsuccessful
DIR 2454	WILLIAM & KELLEY DINKINS DBA GIANT DOLLAR BASICS I	1311416-156755	6/20/2013	Premium	\$97.61	\$0.00	\$97.61	1/10/2018	Collection Attempts Unsuccessful
DIR2406	MARK HANLEY DBA MARK'S COLLISION REPAIR	1308146-156019	3/12/2013	Premium	\$165.85	\$0.00	\$165.85	1/10/2018	Collection Attempts Unsuccessful
DIR2419	REVEAL INC DBA REVEAL ZERONA	1309066-156188	4/10/2013	Premium	\$172.40	\$0.00	\$172.40	1/10/2018	Collection Attempts Unsuccessful

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-NORTHERN DISTRICT OFFICE-PENALTIES
January 10, 2018

Schedule 4-2

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR2416	ALMIGHTY HOME HEALTHCARE DBA ARJ HOME HEALTHCARE	1311745-156809	6/27/2013	Premium	\$173.28	\$0.00	\$173.28	1/10/2018	Collection Attempts Unsuccessful
DIR2312	PROFESSIONAL COURIER & LOGISTICS INC	1308885 -156099	4/5/2013	Premium	\$334.44	\$0.00	\$334.44	1/10/2018	Collection Attempts Unsuccessful
DIR2503	WOODWORKS ENTERPRISES INC	1400278-157159	8/23/2013	Premium	\$565.02	\$0.00	\$565.02	1/10/2018	Collection Attempts Unsuccessful
DIR2318	DIAMOND CREEK DEVELOPMENT INC	1300608 -155741	2/22/2013	Premium	\$19.56	\$0.00	\$19.56	1/10/2018	Collection Attempts Unsuccessful
DIR2359	JOSE A GARCIA DBA IMAGE AUTOMOTIVE	1308265-156060	3/15/2013	Premium	\$107.45	\$0.00	\$107.45	1/10/2018	Collection Attempts Unsuccessful
DIR2405	MARK HANLEY DBA MARK'S COLLISION REPAIR	1309900-156382	5/10/2013	Premium	\$180.90	\$0.00	\$180.90	1/10/2018	Collection Attempts Unsuccessful
DIR2351	CORE EDUCATION & CONSULTING SOLUTIONS INC DBA NETP	1306986-155981	3/7/2013	Premium	\$753.48	\$0.00	\$753.48	1/10/2018	Collection Attempts Unsuccessful
				TOTALS:	\$13,063.63	\$145.02	\$12,918.61		

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-NORTHERN DISTRICT OFFICE - FINES
January 10, 2018

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR2282	JC BROMAC CORP DBA EAGLE RIDER	1304410-155385	11/14/2012	Adm. Fine	\$375.00	\$0.00	\$375.00	1/10/2018	Collection Attempts Unsuccessful
DIR2579	SHE SHE INVESTMENTS LLC DBA KIT KAT RANCH	1311531-156727	9/18/2013	Adm. Fine	\$375.00	\$0.00	\$375.00	1/10/2018	Collection Attempts Unsuccessful
DIR2311	AMERICANTOURS INTERNATIONAL LLC	1308581 -156081	3/26/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2762	GABRIEL HOPKINS MENDOZA DBA K-9 KLIPS	1311777-158103	12/26/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2367	MSDD STAFFING INC	1310377-156452	5/15/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2368	MARTIN NAVA DBA ICON GRANITE	1310175-156410	5/14/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2366	GRAND CHINA GOURMET INC	1310047-156401	5/10/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2352	GENOA PEAK ELECTRIC INC	37249-154252	3/20/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2242	NEIL BURROUGHS	1307381-155895	2/14/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2403	JASON IRWIN DBA IRWIN AUTO & DIESEL REPAIR	1300718-155590	12/19/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2353	NORTH AMERICAN BANCARD INC	1307476-155898	2/15/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2364	OSTEOARTHRITIS CENTER OF AMERICA MEDICAL GROUP	40478-154711	3/28/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2356	AEGIS COUNSEL LLC	1303980-155896	2/14/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2363	MMM ENTERPRISES DBA SHALLIKA PROFESSIONAL SERVICES	1307471-155919	3/22/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2313	LA BOXING FRANCHISE CORP DBA LAB BLUE DIAMOND	1308689 156181	4/10/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2571	TOWN FOOD & LIQUOR INC	1403233-157872	11/21/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2520	LAUNDRY KING LLC	1400716-157214	8/29/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2569	SHINGLE CORP LLC	1401882-157598	10/9/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2573	ORNATUS URG INVESTMENTS LLC	1400192-157078	9/12/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2504	HSGI INC	1400279-157147	8/23/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2521	PARMAC BUILDERS LLC	1305814-157168	9/27/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2505	DINA EINBODEN DBA WILD ROSE FLORIST	140997-157146	8/23/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2509	L&M JANITORIAL	1309160-156962	7/29/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2770	PURE DISTRIBUTION LLC DBA RAZZLE DAZZLE	1405642-158389	2/20/2014	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-NORTHERN DISTRICT OFFICE - FINES
January 10, 2018

Schedule 5-2

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR2511	JOHNSON & KEOHM LTD DBA COMMUNITY ANIMAL HOSPITAL	1310088-156513	6/27/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2566	TROPICAL PENUIN SCUBA INC	1303998-157762	11/7/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2567	ULTIMATE AUTOMOTIVE REPAIR LLC	1401817-157643	10/17/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2414	VINCE SHAMBLIN DBA VICO CONSTRUCTION	1310843-156682	6/14/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2765	FOCUS MICRO INC	1403781-158105	12/26/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2766	ELITE DELIVERY SERVICES INC	1404724-158286	3/31/2014	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2767	CHARLES DOUCETTE DBA TOP GUN RESTAURANT	1401373-158212	1/22/2014	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2404	JACK ROSS INDUSTRIES LLC	1309393-156341	4/30/2013	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2517	C&C FUEL INJECTION SPECIALTIES LLC DBA C&C AUTOMOT	1309917-156455	5/15/2013	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2453	AG CORP LA BOXING LA BLUE DIAMOND LAB NV INC STORE	1311933-156907	7/18/2013	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2355	VISION SECURITY LLC	1302565-156041	3/14/2013	Adm. Fine	\$7,500.00	\$0.00	\$7,500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2578	EMMETT A MCFERRIN DBA EMMETT MCFERRIN CHIROPRACTIC	1401426-157449	9/23/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2361	HVT MANAGEMENT GROUP LLC	1307822-155978	5/24/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR 2454	WILLIAM & KELLEY DINKINS DBA GIANT DOLLAR BASICS I	1311416-156756	6/20/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2406	MARK HANLEY DBA MARK'S COLLISION REPAIR	1308146-156020	3/12/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2419	REVEAL INC DBA REVEAL ZERONA	1309066-156189	4/10/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2416	ALMIGHTY HOME HEALTHCARE DBA ARJ HOME HEALTHCARE	1311745-156810	6/27/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2312	PROFESSIONAL COURIER & LOGISTICS INC	1308885 - 156100	4/5/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful
DIR2503	WOODWORKS ENTERPRISES INC	1400278-157160	8/23/2013	Adm. Fine	\$500.00	\$0.00	\$500.00	1/10/2018	Collection Attempts Unsuccessful

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-NORTHERN DISTRICT OFFICE - FINES
January 10, 2018

Schedule 5-3

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR2318	DIAMOND CREEK DEVELOPMENT INC	1300608 - 155742	2/22/2013	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2359	JOSE A GARCIA DBA IMAGE AUTOMOTIVE	1308265-156061	3/15/2013	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2405	MARK HANLEY DBA MARK'S COLLISION REPAIR	1309900-156404	5/10/2013	Adm. Fine	\$1,000.00	\$0.00	\$1,000.00	1/10/2018	Collection Attempts Unsuccessful
DIR2351	CORE EDUCATION & CONSULTING SOLUTIONS INC DBA NETP	1306986-155982	3/7/2013	Adm. Fine	\$7,500.00	\$0.00	\$7,500.00	1/10/2018	Collection Attempts Unsuccessful
				TOTALS:	\$41,250.00	\$0.00	\$41,250.00		

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - FINES
January 10, 2018

Schedule 6-1

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 2330	Las Vegas Tours & Rentals	EI-1301684-155115	9/19/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2345	Super Kids Academy, LLC	EI-1301790-155117	9/9/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2340	Fresh Berry, Inc. Wellbeing in the Box	EI-1301792-155234	10/17/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2338	Carson Building Services, LLC	EI-1301877-155119	9/19/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2326	Chisal Enterprises, Inc.	EI-1301200-155033	8/24/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2339	Elliott Auto Repair Ctr, LLC	EI-1301220-155017	8/24/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2376	Henry Lujan dba Amigo's Tacos	EI-1300614-155765	1/25/2013	Admin. Fine	\$ 7,500.00		\$ 7,500.00		Collection Attempts Unsuccessful
DIR 2805	Antonio Benitez	EI-40787-13-154906	7/30/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2395	Guo Hong dba Eastern Reflexology & Massage	EI-1300466-154908	8/2/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2408	Ramyar Siasi dba Robert's Florist	EI-1300463-154928	7/21/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2423	Ernestina Carrasco dba J & T Pool Assembly	EI-40617-12-155865	4/10/2013	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2309	Mark Schubert dba Infinity Engineering, Inc.	EI-40475-13-155269	10/19/2012	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2302	OTM Las Vegas, Inc.	EI-40451-13-154843	7/16/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2308	Hollywood Bails Bonds, LLC	EI-40142-13-154837	7/16/2012	Admin. Fine	\$ 7,500.00		\$ 7,500.00		Collection Attempts Unsuccessful
DIR 2373	Countess Investments dba Purrfect Auto #37	EI-36913-13-155473	11/21/2012	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2305	Townco Construction Development llc	EI-31014-13-15503	10/10/2011	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2300	S Hands, Inc.	EI-29186-13-155534	1/7/2013	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2301	Hoyea Asia Barbeque	EI-25938-11-155014	8/24/2012	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2512	Environmental Recovery Services, Inc.	EI-27963-13-156233	4/19/2013	Admin. Fine	\$ 3,600.00		\$ 3,600.00		Collection Attempts Unsuccessful
DIR 2334	Affordable Automation, Inc.	EI-1303065-155238	10/12/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2396	Fidance & Sons, LLC	EI-1305745-155669	1/11/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2386	Paradise Rentals Nevada LLC	EI-1301330-155021	8/24/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2434	A-Line Mechanical, LLC	EI-1307161-155846	4/30/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2442	Off 160 L.L.C.	EI-1307524-155913	2/22/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2433	Akers & Associates, Inc.	EI-1307566-155933	2/28/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2176	Manuel Orellana dba Amanecer Salvadoreno	EI-1306896-155886	2/8/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 2383	KP International LLC	EI-1306972-155878	2/13/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2392	Caledonian Security Solutions, Inc.	EI-1306589-155874	2/8/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 2347	Off 160 L.L.C.	EI-1306649-155760	1/25/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
	High School of the Pacific dba Woung Peace & Happiness University	EI-1306083-155754	1/25/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2330	Happiness University	EI-1892-10-141050	4/17/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1857	Knacklove, LLC	EI-2061-10-141161	8/28/2009	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 1913	Arrendale Painting Corp.	EI-2070-10-141155	8/28/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1915	RD2, LLC	EI-1155-10-140897	8/7/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1853	Good Guys Heating and Cooling, Inc.	EI-1160-10-140969	8/7/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1250	JJC, LLC dba Port of Subs	EI-1173-10-140899	8/7/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1854	Good Guys Heating and Cooling, Inc.	EI-1185-10-140965	12/6/2007	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1855	Builders Title of Nevada LLC								Collection Attempts Unsuccessful

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - FINES
January 10, 2018

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 1912	Jeffrey L Doerr dba Green Tea Company	EL-1672-10-148570	4/16/2010	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 1842	Associated Mechanical, Inc.	EL-1153-10-140977	8/7/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1326	Admistca, Inc.	EL-7384-10-148059	3/5/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1916	Elite Custom Cabinets & Millwork LLC	EL-2285-10-141192	8/28/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1917	JC Spray Inc	EL-2287-10-141188	8/28/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1793	High Post LLC	EL-5180-10-146577	11/6/2009	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 1792	Aqua Cleaners Plus LLC	EL-5020-10-146991	12/21/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1790	Scott Campbell dba Fox's Pizza Den	EL-3444-10-145909	10/21/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1789	Wowee! Sarap! LLC	EL-3230-10-145901	9/25/2009	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 1860	Kondo Procesa E dba Kapu	EL-3244-10-145926	7/15/2007	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1968	Metro Development Group, LLC	EL-7482-10-147621	6/3/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1972	WOW Printing, LLC	EL-8006-10-148009	2/26/2010	Admin. Fine	\$ 250.00		\$ 250.00		Collection Attempts Unsuccessful
DIR 1971	RYR Allied Business Investors, Inc.	EL-7992-10-147803	3/4/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1969	USA Cinemas Las Vegas, Inc.	EL-7951-10-147801	2/19/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1852	Millenium Construction, Inc.	EL-1148-10-140973	5/7/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1859	SWD Enterprises, Inc.	EL-3170-10-145879	9/25/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1918	VegaVac International LLC	EL-3201-10-145899	9/25/2009	Admin. Fine	\$ 232.00		\$ 232.00		Collection Attempts Unsuccessful
DIR 2033	Sate, LLC	EL-3494-10-145867	9/25/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1797	On Time Handyman, LLC	EL-6843-10-147020	1/15/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 896	Lawless Engines, LLC	EL-5943-10-146852	12/9/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1862	Mountain Ridge Holdings, Inc.	EL-5817-10-146747	6/30/2007	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2278	Rita Ramirez	5yr-1302957-155209	10/9/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1861	Staben Painting & Drywall	EL-5805-10-146735	6/18/2010	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2441	Ocean Adult, Child & Family Services	EL-1307564-155938	3/8/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2445	Toni E Couture	EL-1307512-155905	4/10/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 2786	JJT Group, Inc.	EL-1302853-155467	11/29/2012	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 2499	Sweet Delights Bakery LLC	EL-1307622-156068	5/13/1931	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2495	Centiv Services Corp.	EL-1307515-156428	5/17/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 2332	Carson Building Service	EL-1306069-155673	1/11/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2435	Ana M Estarza-De Rodriguez	EL-1308087-155989	3/12/2013	Admin. Fine	\$ 2,500.00		\$ 2,500.00		Collection Attempts Unsuccessful
DIR 2530	Unloading Services of America, LLC	EL-38985-14-156811	6/28/2013	Admin. Fine	\$ 7,500.00		\$ 7,500.00		Collection Attempts Unsuccessful
DIR 2532	Fawzia Haneefzai	EL-37382-12-155559	12/7/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2443	Philip Rivas Corporation	EL-1307723-155936	4/10/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2440	Juan Raul Acosta	EL-1307823-155940	2/20/2013	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2375	Morcon, Inc.	EL-1300502-154925	7/31/2012	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 1715	Delavega Construction	EL-6977-10-147118	12/28/2009	Admin. Fine	\$ 500.00		\$ 500.00		Collection Attempts Unsuccessful
DIR 2475	KP International LLC	EL-1308956-156257	4/19/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 2482	Nemecio Castro	EL-1309340-156306	5/24/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - FINES
January 10, 2018

Schedule 6-3

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 2479	Quality Auto Service #3	EI-1308896-156303	4/22/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
DIR 1530	German G Emelo Jr.	EI-1308729-156240	4/19/2013	Admin. Fine	\$ 1,000.00		\$ 1,000.00		Collection Attempts Unsuccessful
A232	Tomaro & Bautista, Inc.	C08-LV000373	12/5/2007	Admin. Fine	\$ 250.00		\$ 250.00		Per Legal - debtor claimed bankruptcy, Corporation is defunct with no one to pursue.
DIR 2420	Scope Services	5yr-1305730-155604	2/25/2013	Admin. Fine	\$ 500.00	\$ 473.04	\$ 26.96		Collection Agency Fees
				TOTALS:	\$ 91,332.00	\$ 473.04	\$ 90,858.96		

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - PENALTIES
January 10, 2018

Schedule 7-1

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 2349	Clean-Pro, USA, Inc.	EI-1301144-155276	10/25/2012	Premium Penalty	\$ 7,436.05		\$ 7,436.05		Collections Attempts Unsuccessful
DIR 2376	Henry Lujan dba Amigo's Tacos	EI-1300614-155011	8/24/2012	Premium Penalty	\$ 2,104.57		\$ 2,104.57		Collections Attempts Unsuccessful
DIR 2805	Antonio Benitez	EI-40787-13-154907	7/30/2012	Premium Penalty	\$ 203.10		\$ 203.10		Collections Attempts Unsuccessful
DIR 2395	Guo Hong dba Eastern Reflexology & Massage	EI-1300466-154909	8/2/2012	Premium Penalty	\$ 19.99		\$ 19.99		Collections Attempts Unsuccessful
DIR 2423	Ernestina Carrasco dba J & T Pool Assembly	EI-40617-12-155865	1/23/2013	Premium Penalty	\$ 984.72		\$ 984.72		Collections Attempts Unsuccessful
DIR 2309	Mark Schubert dba Infinity Engineering, Inc.	EI-40475-13-155270	10/19/2012	Premium Penalty	\$ 2,538.08		\$ 2,538.08		Collections Attempts Unsuccessful
DIR 2302	OTM Las Vegas, Inc.	EI-40454-13-154844	7/16/2012	Premium Penalty	\$ 83.20		\$ 83.20		Collections Attempts Unsuccessful
DIR 2307	Henriott Real Estate Services LLC	EI-40365-13-154832	7/13/2012	Premium Penalty	\$ 556.57		\$ 556.57		Collections Attempts Unsuccessful
DIR 2308	Hometown Classic American Eats	EI-40142-13-154838	7/16/2012	Premium Penalty	\$ 4,120.53		\$ 4,120.53		Collections Attempts Unsuccessful
DIR 1737	Teresa Brown dba Purfect Auto #37	EI-36913-12-154337	3/30/2012	Premium Penalty	\$ 678.85		\$ 678.85		Collections Attempts Unsuccessful
DIR 2305	Townco Construction Development, LLC	EI-31014-13-153121	10/10/2011	Premium Penalty	\$ 558.16		\$ 558.16		Collections Attempts Unsuccessful
DIR 1130	S Hands, Inc.	EI-29186-12-153551	11/18/2011	Premium Penalty	\$ 612.47		\$ 612.47		Collections Attempts Unsuccessful
DIR 2301	Hoyea Asia Barbeque	EI-25938-11-152121	7/26/2011	Premium Penalty	\$ 1,200.67		\$ 1,200.67		Collections Attempts Unsuccessful
DIR 2348	Mob Customs Las Vegas, LLC	EI-1302738-155470	11/21/2012	Premium Penalty	\$ 2,531.20		\$ 2,531.20		Collections Attempts Unsuccessful
DIR 2298	Horizon Products, LLC	EI-1302712-155262	10/19/2012	Premium Penalty	\$ 213.70		\$ 213.70		Collections Attempts Unsuccessful
DIR 1601	Environmental Recovery Services, Inc.	EI-27963-12-152697	8/5/2011	Premium Penalty	\$ 12,334.19		\$ 12,334.19		Collections Attempts Unsuccessful
DIR 2372	The Tow Truck Company, Inc.	EI-1303211-155264	10/19/2012	Premium Penalty	\$ 21,491.86		\$ 21,491.86		Collections Attempts Unsuccessful
DIR 2334	Affordable Automation, Inc.	EI-1303065-155239	10/12/2012	Premium Penalty	\$ 211.07		\$ 211.07		Collections Attempts Unsuccessful
DIR 2396	Fidance & Sons, LLC	EI-1305745-155670	1/11/2013	Premium Penalty	\$ 206.99		\$ 206.99		Collections Attempts Unsuccessful
DIR 2386	Paradise Rentals Nevada LLC	EI-1301330-155022	8/24/2012	Premium Penalty	\$ 119.05		\$ 119.05		Collections Attempts Unsuccessful
DIR 2434	A-Line Mechanical, LLC	EI-1307161-155848	4/30/2013	Premium Penalty	\$ 2,124.45		\$ 2,124.45		Collections Attempts Unsuccessful
DIR 2442	Off 160 L.L.C.	EI-1307524-155914	2/22/2013	Premium Penalty	\$ 119.18		\$ 119.18		Collections Attempts Unsuccessful
DIR 2433	Akers & Associates, Inc.	EI-1307566-155934	2/28/2013	Premium Penalty	\$ 77.91		\$ 77.91		Collections Attempts Unsuccessful
DIR 2176	Manuel Orellana dba Amanecer Salvadoreno	EI-1306896-155827	2/8/2013	Premium Penalty	\$ 59.84		\$ 59.84		Collections Attempts Unsuccessful
DIR 2383	KP International LLC	EI-1306972-155879	2/13/2013	Premium Penalty	\$ 247.47		\$ 247.47		Collections Attempts Unsuccessful
DIR 2392	Caledonian Security Solutions, Inc.	EI-1306589-155715	1/18/2013	Premium Penalty	\$ 198.14		\$ 198.14		Collections Attempts Unsuccessful
DIR 2347	Unlimited Finishing, LLC	EI-1306649-155761	1/25/2013	Premium Penalty	\$ 842.47		\$ 842.47		Collections Attempts Unsuccessful

Schedule 7-2

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - PENALTIES
January 10, 2018

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 2330	High School of the Pacific dba Wongu Peace & Happiness University	EL-1306083-155754	1/25/2013	Premium Penalty	\$ 138.63		\$ 138.63		Collections Attempts Unsuccessful
DIR 1824	Tadmar International Ltd	EL-7076-10-147240	12/31/2009	Premium Penalty	\$ 14,082.56		\$ 14,082.56		Collections Attempts Unsuccessful
DIR 1960	Temple Payroll LLC	EL-7165-10-147278	1/8/2010	Premium Penalty	\$ 1,171.07		\$ 1,171.07		Collections Attempts Unsuccessful
DIR 1997	Gabino Sosa	EL-7316-10-147429	1/15/2010	Premium Penalty	\$ 207.04		\$ 207.04		Collections Attempts Unsuccessful
DIR 1961	Pahrump Valley Tires, LTD	EL-7215-10-147271	1/8/2010	Premium Penalty	\$ 157.34		\$ 157.34		Collections Attempts Unsuccessful
DIR 1188	Tran Electric, LLC	EL-7033-10-147142	12/28/2009	Premium Penalty	\$ 274.14		\$ 274.14		Collections Attempts Unsuccessful
DIR 1819	Kraft Construction Corp.	EL-7034-10-147141	1/13/2010	Premium Penalty	\$ 1,628.82		\$ 1,628.82		Collections Attempts Unsuccessful
DIR 1820	5 Elemental, Inc.	EL-7044-10-147249	1/6/2010	Premium Penalty	\$ 224.58		\$ 224.58		Collections Attempts Unsuccessful
DIR 1821	TSL Enterprises	EL-7048-10-147246	1/6/2010	Premium Penalty	\$ 2,413.73		\$ 2,413.73		Collections Attempts Unsuccessful
DIR 1822	Nevada Flyers and Printing, Inc.	EL-7050-10-147245	1/6/2010	Premium Penalty	\$ 14,283.19		\$ 14,283.19		Collections Attempts Unsuccessful
DIR 792	B.F.C. Printing, LLC	EL-7271-10-147297	1/8/2010	Premium Penalty	\$ 1,309.05		\$ 1,309.05		Collections Attempts Unsuccessful
DIR 1945	HC & YC Management Inc.	EL-7272-10-147298	1/8/2010	Premium Penalty	\$ 250.14		\$ 250.14		Collections Attempts Unsuccessful
DIR 1964	Monster, Inc. Monster Trucking Loving Stone & Tile Specialists, LLC	EL-7274-10-147300	1/8/2010	Premium Penalty	\$ 1,354.87		\$ 1,354.87		Collections Attempts Unsuccessful
DIR 1965	J&H Won, Inc.	EL-7287-10-147303	1/8/2010	Premium Penalty	\$ 1,466.28		\$ 1,466.28		Collections Attempts Unsuccessful
DIR 1937	Cousin Vinnie's Pizza LLC	EL-7336-10-147263	1/8/2010	Premium Penalty	\$ 63.38		\$ 63.38		Collections Attempts Unsuccessful
DIR 2614	Luis Martinez dba L&M Maintenance	EL-7352-10-147253	9/9/2011	Premium Penalty	\$ 1,532.23		\$ 1,532.23		Collections Attempts Unsuccessful
DIR 1989	Sun Enterprise Management Group	EL-7342-10-147260	9/30/2010	Premium Penalty	\$ 126.77		\$ 126.77		Collections Attempts Unsuccessful
DIR 1955	Librado Rodriguez dba Molcasalsa Mexican Food Restaurant	EL-2148-10-141117	8/21/2009	Premium Penalty	\$ 23,412.82		\$ 23,412.82		Collections Attempts Unsuccessful
DIR 1956	Zona Rosa Inc.	EL-2218-10-146778	11/30/2009	Premium Penalty	\$ 4,631.15		\$ 4,631.15		Collections Attempts Unsuccessful
DIR 1857	Knacklove, LLC	EL-2273-10-146128	10/9/2009	Premium Penalty	\$ 777.04		\$ 777.04		Collections Attempts Unsuccessful
DIR 1913	Arrendale Painting Corp.	EL-1892-10-141051	4/17/2009	Premium Penalty	\$ 166.11		\$ 166.11		Collections Attempts Unsuccessful
DIR 1915	RD2, LLC	EL-2061-10-141162	8/28/2009	Premium Penalty	\$ 3,739.20		\$ 3,739.20		Collections Attempts Unsuccessful
DIR 1853	Good Guys Heating and Cooling, Inc.	EL-2070-10-141156	8/28/2009	Premium Penalty	\$ 30.74		\$ 30.74		Collections Attempts Unsuccessful
DIR 1250	JJCJ, LLC dba Port of Subs	EL-1155-10-140898	8/7/2009	Premium Penalty	\$ 466.55		\$ 466.55		Collections Attempts Unsuccessful
DIR 1854	Good Guys Heating and Cooling, Inc.	EL-1160-10-140970	8/7/2009	Premium Penalty	\$ 91.87		\$ 91.87		Collections Attempts Unsuccessful
DIR 1855	Builders Title of Nevada LLC	EL-1173-10-140900	8/7/2009	Premium Penalty	\$ 387.94		\$ 387.94		Collections Attempts Unsuccessful
		EL-1185-10-140966	12/6/2007	Premium Penalty	\$ 90.72		\$ 90.72		Collections Attempts Unsuccessful

Schedule 7-3

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - PENALTIES
January 10, 2018

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 1912	Jeffrey L Doerr dba Green Tea Company	EL-1672-10-148751	4/16/2010	Premium Penalty	\$ 373.36		\$ 373.36		Collections Attempts Unsuccessful
DIR 1842	Associated Mechanical, Inc.	EL-1153-10-140978	8/7/2009	Premium Penalty	\$ 3,863.61		\$ 3,863.61		Collections Attempts Unsuccessful
DIR 1326	Admistca, Inc.	EL-7384-10-148060	3/5/2010	Premium Penalty	\$ 135.62		\$ 135.62		Collections Attempts Unsuccessful
DIR 1916	Elite Custom Cabinets & Millwork LLC	EL-2285-10-141193	8/28/2009	Premium Penalty	\$ 1,791.73		\$ 1,791.73		Collections Attempts Unsuccessful
DIR 1917	JC Spray Inc.	EL-2287-10-141189	8/28/2009	Premium Penalty	\$ 178.86		\$ 178.86		Collections Attempts Unsuccessful
DIR 1793	High Post LLC	EL-5180-10-146578	11/6/2009	Premium Penalty	\$ 965.34		\$ 965.34		Collections Attempts Unsuccessful
DIR 1792	Aqua Cleaners Plus LLC	EL-5020-10-146992	12/21/2009	Premium Penalty	\$ 54.85		\$ 54.85		Collections Attempts Unsuccessful
DIR 1839	Messinia, Inc.	EL-3449-10-145911	9/25/2009	Premium Penalty	\$ 9,737.16		\$ 9,737.16		Collections Attempts Unsuccessful
DIR 1790	Scott Campbell dba Fox's Pizza Den	EL-3444-10-145910	10/21/2009	Premium Penalty	\$ 108.12		\$ 108.12		Collections Attempts Unsuccessful
DIR 1789	Wowee! Sarapi LLC	EL-3230-10-145902	9/25/2009	Premium Penalty	\$ 460.67		\$ 460.67		Collections Attempts Unsuccessful
DIR 1860	Kondo Procesa E dba Kapu	EL-3244-10-145927	7/15/2007	Premium Penalty	\$ 30.67		\$ 30.67		Collections Attempts Unsuccessful
DIR 1968	Metro Development Group, LLC	EL-7482-10-147622	6/3/2010	Premium Penalty	\$ 69.22		\$ 69.22		Collections Attempts Unsuccessful
DIR 1972	WOW Printing, LLC	EL-8006-10-148010	2/26/2010	Premium Penalty	\$ 1,296.87		\$ 1,296.87		Collections Attempts Unsuccessful
DIR 1971	RYR Allied Business Investors, Inc.	EL-7992-10-147804	3/4/2010	Premium Penalty	\$ 236.48		\$ 236.48		Collections Attempts Unsuccessful
DIR 1969	USA Cinemas Las Vegas, Inc.	EL-7951-10-147802	2/19/2010	Premium Penalty	\$ 112.27		\$ 112.27		Collections Attempts Unsuccessful
DIR 1852	Millenium Construction, Inc.	EL-1148-10-140974	5/7/2010	Premium Penalty	\$ 2,819.86		\$ 2,819.86		Collections Attempts Unsuccessful
DIR 1859	SWD Enterprises, Inc.	EL-3170-10-145880	9/25/2009	Premium Penalty	\$ 2,418.25		\$ 2,418.25		Collections Attempts Unsuccessful
DIR 1918	VegaVac International LLC	EL-3201-10-145900	9/25/2009	Premium Penalty	\$ 65.97		\$ 65.97		Collections Attempts Unsuccessful
DIR 1958	Jose Pena/Ulantera	EL-2731-10-145931	1/15/2010	Premium Penalty	\$ 6,323.70		\$ 6,323.70		Collections Attempts Unsuccessful
DIR 1240	TLV Construction	PP08-1V000354	6/20/2008	Premium Penalty	\$ 1,694.66		\$ 1,694.66		Collections Attempts Unsuccessful
DIR 1954	Las Vegas Rod & Custom LLC	EL-172-10-140918	8/7/2009	Premium Penalty	\$ 9,689.67		\$ 9,689.67		Collections Attempts Unsuccessful
DIR 1797	On Time Handyman, LLC	EL-6843-10-147021	1/15/2010	Premium Penalty	\$ 47.88		\$ 47.88		Collections Attempts Unsuccessful
DIR 896	Lawless Engines, LLC	EL-5943-10-146853	12/9/2009	Premium Penalty	\$ 608.93		\$ 608.93		Collections Attempts Unsuccessful
DIR 1862	Mountain Ridge Holdings, Inc.	EL-5817-10-146748	6/30/2007	Premium Penalty	\$ 195.84		\$ 195.84		Collections Attempts Unsuccessful
DIR 2428	Patrick Declue	EL-1307955-156027	4/9/2013	Premium Penalty	\$ 145.39		\$ 145.39		Collections Attempts Unsuccessful
DIR 1861	Staben Painting & Drywall	EL-5805-10-146736	6/18/2010	Premium Penalty	\$ 628.93		\$ 628.93		Collections Attempts Unsuccessful
DIR 2432	Topline Furniture, Inc.	EL-1308100-156026	3/15/2013	Premium Penalty	\$ 816.64		\$ 816.64		Collections Attempts Unsuccessful
DIR 2501	J.M. Express Services, Inc.	EL-1308386-156235	6/14/2013	Premium Penalty	\$ 3,886.19		\$ 3,886.19		Collections Attempts Unsuccessful
DIR 2499	Sweet Delights Bakery LLC	EL-1307622-156069	5/13/1931	Premium Penalty	\$ 65.05		\$ 65.05		Collections Attempts Unsuccessful
DIR 2495	Centiv Services Corp.	EL-1307515-156427	5/17/2013	Premium Penalty	\$ 190.73		\$ 190.73		Collections Attempts Unsuccessful
DIR 2332	Carson Building Service	EL-1306069-155674	1/11/2013	Premium Penalty	\$ 708.36		\$ 708.36		Collections Attempts Unsuccessful
DIR 2435	Ana M Estarza-De Rodriguez	EL-1308087-155989	3/12/2013	Premium Penalty	\$ 29.88		\$ 29.88		Collections Attempts Unsuccessful
DIR 2253	Unloading Services of America, LLC	EL-38985-12-154602	10/2/2012	Premium Penalty	\$ 107.96		\$ 107.96		Collections Attempts Unsuccessful

Schedule 7-4

DIR ADVISORY COUNCIL WRITE-OFF INFO
WCS-SOUTHERN DISTRICT OFFICE - PENALTIES
January 10, 2018

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR 2444	Rong Guo Zhang	EI-1308501-156233	4/19/2013	Premium Penalty	\$ 226.19		\$ 226.19		Collections Attempts Unsuccessful
DIR 2475	KP International LLC	EI-1308956-156171	4/10/2013	Premium Penalty	\$ 122.52		\$ 122.52		Collections Attempts Unsuccessful
DIR 2482	Nemecio Castro	EI-1309340-156307	5/24/2013	Premium Penalty	\$ 35.62		\$ 35.62		Collections Attempts Unsuccessful
DIR 2479	Quality Auto Service #3	EI-1308896-156304	4/22/2013	Premium Penalty	\$ 151.01		\$ 151.01		Collections Attempts Unsuccessful
DIR 1530	German G Emelo Jr.	EI-1308729-156241	4/19/2013	Premium Penalty	\$ 131.18		\$ 131.18		Collections Attempts Unsuccessful
DIR 7160	Chicken Bonz of Nevada, Inc.	EI-7160-147276	1/8/2010	Premium Penalty	\$ 389.93	\$ 382.14	\$ 7.79		Collection Agency Fees
DIR 2447	Castlemanager.Com, LLC	EI-1308373-156066	3/22/2013	Premium Penalty	\$ 149.59	\$ 128.65	\$ 20.94		Collection Agency Fees
				TOTALS:	\$ 187,417.20	\$ 510.79	\$ 186,906.41		

Schedule 8-1

DIR ADVISORY COUNCIL WRITE-OFF INFO
Uninsured Employers Claim Accounts (UECA)
 (Rev. 11/30/15)

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice (Date Of Injury)	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR4062	Powmat LLC dba Absolute Graphix	137050000188	3/18/2013	medical expenses			\$ 8.72	1/10/2018	Claim denied. Not financially feasible to pursue.
DIR3331	Felix Pastor dba Ace Recovery Services	920325722	6/18/1992	medical expenses			\$ 2,235.52	1/10/2018	Per Legal, DIR never got legal name of employer and lost contact with the employer in 6/97. Statute of limitations has expired.
DIR4061	Aircraft Manangement Group C & C Trucking c/o Nicola	137050000187	7/1/2013	medical expenses			\$ 8.72	1/10/2018	Claim denied. Not financially feasible to pursue.
DIR3332	Miller dba Crissey Family Trust	910971060	11/28/1994	medical expenses			\$ 2,607.77	1/10/2018	Per Legal, the case has been approved for lifetime write-off as both employers are deceased.
DIR3333	Carriage House Timeshare	860690102	1/1/1986	medical expenses			\$ 13,009.92	1/10/2018	Unable to locate employer. Lifetime write-off.
DIR3334	Century Business College	960155072	9/13/1995	medical expenses			\$ 17,981.12	1/10/2018	Per Legal, the employer went out of business and claimed bankruptcy. Nothing remains of the original organization from which the debt could be collected. Statute of limitations has expired.
DIR3336	Copeland, William	830227787	6/21/1983	medical expenses			\$ 1,819.84	1/10/2018	Per Legal, bankruptcy was discharged. Statute of limitations has expired.
DIR3337	Dietz Construction	980346970	12/2/1997	medical expenses			\$ 108,965.23	1/10/2018	Per Legal, the employer passed away, July 2005. Statute of limitations has expired.
DIR3339	D & S Transport, LLC	300022	7/29/2003	medical expenses			\$ 25,496.60	1/10/2018	Per Legal, the bankruptcy filing was personal not corporate, but no personal or corporate assets were found and the timeframe to collect from the (revoked) LLC has expired. Statute of limitations has expired.
DIR3340	Emerson, Arthur Gordon; Deceased 4/15/12	96-0255353	12/1/1995	medical expenses			\$ 165,331.14	1/10/2018	A 1997 Appeals Officer decision found Arthur Gordon Emerson, homeowner/builder, (not son-in-law Thomas Matyas) to be the statutory employer. DIR Legal was unable to locate any assets for Mr. Emerson. According to a 2012 LV Review Journal obituary, Mr. Emerson, 85, passed away in Arizona in April 2012. Statute of Limitations has run on majority of claim expenses. Monthly expenses continue to be incurred; Write-off appropriate

DIR ADVISORY COUNCIL WRITE-OFF INFO
Uninsured Employers Claim Accounts (UECA)
 (Rev. 11/30/15)

Schedule 8.2

DBI Assigned No.	Business Entity/ Debtor	Internal Invoice No.	Date of Initial Invoice (Date Of Injury)	Type of Penalty	Amt. Accessed	Amt. Collected	Balance Due	Referred by DIR Advisory Board to BOE	Reason for Write-off Recommendation
DIR3341	Expo Network, Inc. (Revoked in 2007) (Exponet)	300028	3/3/2002	medical expenses			\$ 1,718.74	1/10/2018	There was a default judgment; however, the statute of limitations to file an action against the revoked corporation has run. Also, the employer claimed bankruptcy. The meeting of creditors found no assets and there was an order closing the case with no distribution. Statute of limitations has run on the past three years of expenses posted.
DIR4060	CLE Hospitality dba Historian Inn	137050000139	5/5/2013	medical expenses			\$ 8.72	1/10/2018	Claim denied. Not financially feasible to pursue.
DIR3345	Jackson, Bob	890673873	11/11/1988	medical expenses			\$ 21,820.31	1/10/2018	File was turned over to Legal. Per Legal, this is a lifetime write-off. Statute has expired on these expenses.
DIR4063	Journey Community Health & Wellness Organization Inc	147050000141	5/15/2014	medical expenses			\$ 9.18	1/10/2018	Claim denied. Not financially feasible to pursue.
DIR3348	Link, John	127050000272	4/28/2011	medical expenses			\$ 1,013.47	1/10/2018	Employer deceased per notification by DIR-Legal & third party administrator-Sierra Nevada Administrators
DIR3349	Orcon Inc	810168814	1/27/1981	medical expenses			\$ 10,472.00	1/10/2018	Employer claimed bankruptcy and the corporation was involuntarily dissolved on March 29, 1985. Statute of limitations has expired on these expenses.
DIR4064	Wesley, Narvies dba: H.W. Masonry	700011	4/6/2007	medical expenses			\$ 16.94	1/10/2018	Claim denied. Unable to pursue employer.
DIR3351	Wild West Publishing	880913150	6/27/1988	medical expenses			\$ 229.26	1/10/2018	Unable to locate employer. ASO stated it was not financially feasible to pursue in collections due to the minimal amount per year and the JOC would need to be filed every year
DIR4065	Willet, Robert E	930794094	2/16/1993	medical expenses			\$ 1,131.92	1/10/2018	Claim denied. Unable to pursue employer.
				TOTAL			\$ 373,885.12		

LEASES SUMMARY

BOE #	LESSEE			LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES ADMINISTRATION			WBCMT 2007 – C33 CHARLESTON BOULEVARD, LLC	\$289,081
	Lease Description:	This is a lease renewal to extend the existing lease.			
		Term of Lease:	04/01/2018 – 03/31/2023	Located in Las Vegas	
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, EPIDEMIOLOGY AND RESPONSE			WBCMT 2007 – C33 CHARLESTON BOULEVARD, LLC	\$301,421
	Lease Description:	This is a lease renewal to extend the existing lease.			
		Term of Lease:	04/01/2018 – 03/31/2023	Located in Las Vegas	
3.	NEVADA DEPARTMENT OF WILDLIFE			RS BS FAMILY TRUST DBA BURKHART TRANSPORTATION, INC.	\$63,000
	Lease Description:	This is a lease renewal to extend the existing lease.			
		Term of Lease:	05/01/2018 – 04/30/2023	Located in Battle Mountain	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health And Human Services Aging and Disability Services Division 3416 Goni Road, Building D 132-Fiscal Carson City, Nevada 89706 Lisa Tuttle (775) 687-0532 Fax: (775) 687-0573 ltuttle@adsd.nv.gov				
Remarks:	Leasing Services negotiated this lease renewal which includes new paint and carpet cleaning.				
Exceptions/Special notes:	General maintenance to be addressed include: water stained ceiling tiles and light covers replaced, HVAC vent covers cleaned, HVAC filters replaced, roof repaired to stop leaks from rain water, repair office door, repair carpet, and re-code front door and provide physical key.				
2. Name of Lessor:	WBCMT 2007-C33 Charleston Boulevard, LLC				
3. Address of Lessor:	c/o LNR Partners, LLC 1601 Washington Ave, Suite 700 Miami Beach, Florida 33139				
4. Property contact:	Cushman & Wakefield Commerce 6725 Via Austi Parkway, Suite 275 Las Vegas, Nevada 89119 Cheryl McVay (702) 688-6946 fax: (702) 796-7920 cheryl.mcvay@comre.com				
5. Address of Lease property:	3811 West Charleston, Suite 112 Las Vegas, Nevada 89102				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 2,512				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$4,697.44	12	\$56,369.28	April 1, 2018 - March 31, 2019	\$1.87
0%	\$4,697.44	12	\$56,369.28	April 1, 2019 - March 31, 2020	\$1.87
3%	\$4,848.16	12	\$58,177.92	April 1, 2020 - March 31, 2021	\$1.93
0%	\$4,848.16	12	\$58,177.92	April 1, 2021 - March 31, 2022	\$1.93
3%	\$4,998.88	12	\$59,986.56	April 1, 2022- March 31, 2023	\$1.99
c. Total Lease Consideration:		60	\$289,080.96		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One Identical Term				
e. Holdover notice:	# of Days required 30 Holdover terms: 5%/90				
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$2.05 - \$2.60 - Las Vegas / Henderson Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3151				
6. Purpose of the lease:	To house the ADSD/Admin				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00	Furnishings:	\$0.00	Data/Phones:	\$0.00

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

 For D.S. 1/30/18

Authorized Agency Signature Date


For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20121011166	Exp:	1/31/2019	14
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T32001981			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

 2-5-18

Authorized Signature Date
Public Works Division

 ps
For Board of Examiners ☒ YES ☐ NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	2-12-18
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health And Human Services Division of Public and Behavioral Health, Epidemiology and Response (EPI) 4150 Technology Way, Third Floor Carson City, Nevada 89706 Debbie Ohl (775) 684-5915 fax: (775) 684-4211 dlohl@health.nv.gov				
Remarks:	Leasing Services negotiated this renewal to remain at the current rate for the first two years. Also included is new paint, carpet cleaning, and two (2) covered parking spaces.				
Exceptions/Special notes:	General maintenance to be addressed include: water stained ceiling tiles and light covers replaced, HVAC vent covers cleaned, HVAC filters replaced, roof repaired to stop leaks from rain water.				
2. Name of Lessor:	WBCMT 2007-C33 Charleston Boulevard, LLC				
3. Address of Lessor:	c/o LNR Partners, LLC 1601 Washington Ave, Suite 700 Miami Beach, Florida 33139				
4. Property contact:	Cushman & Wakefield Commerce 6725 Via Austi Parkway, Suite 275 Las Vegas, Nevada 89119 Cheryl McVay (702) 688-6946 fax: (702) 796-7920 cheryl.mcvay@comre.com				
5. Address of Lease property:	3811 West Charleston, Suite 205 & 207 Las Vegas, Nevada 89102				
a. Square Footage:	<input checked="" type="checkbox"/> Rentable <input type="checkbox"/> Usable 2,698				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$4,910.36	12	\$58,924.32	April 1, 2018 - March 31, 2019	\$1.82
0%	\$4,910.36	12	\$58,924.32	April 1, 2019 - March 31, 2020	\$1.82
3%	\$5,045.26	12	\$60,543.12	April 1, 2020 - March 31, 2021	\$1.87
0%	\$5,045.26	12	\$60,543.12	April 1, 2021 - March 31, 2022	\$1.87
3%	\$5,207.14	12	\$62,485.68	April 1, 2022 - March 31, 2023	\$1.93
c. Total Lease Consideration:	60	\$301,420.56			
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One Identical Lease Term
e. Holdover notice:	# of Days required		30	Holdover terms:	5%/90
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$2.05 - \$2.60 - Las Vegas / Henderson Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3219, 3153, 3216, 3213, 3220				
6. Purpose of the lease:	To house the Health Division, Epidemiology and Response (EPI)				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00		Furnishings:	\$0.00	
			Data/Phones:	\$0.00	

RECEIVED

FEB 06 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

 1-31-18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121011166</u>	Exp:	<u>1/31/2019</u>	12
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	<u>T32001981</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

 2-6-18
Authorized Signature Date
Public Works Division

 PS
For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>Heather Field</i>	2/4/18
Reviewed by: <i>CW</i>	2/7/18
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, Nevada 89511 Deanne Wendell P: (775) 688-1526 F: (775) 688-1577 E: dwendell@ndow.org				
Remarks:	Leasing Services negotiated this lease renewal for five (5) years at the current rate of the previous lease.				
Exceptions/Special notes:	Minimum janitorial				
2. Name of Lessor:	RS BS Family Trust dba Burkhart Transportation, Inc.				
3. Address of Lessor:	410 Ranchette Drive Battle Mountain, Nevada 89820				
4. Property contact:	Ron or Sarah Burkhart P: (775) 635-5398 Sarah's cell: (775) 374-1125 Ron's cell: (775) 374-1052 F: (775) 635-2463 E: msbs354@gmail.com				
5. Address of Lease property:	525 Round Mountain Drive Battle Mountain, Nevada 89820				
a. Square Footage:	<input checked="" type="checkbox"/> Rentable	1,000	1,000 rentable square feet of office space including 90 square feet of storage; plus 10,680 square feet of compacted gravel fenced and gated parking lot/storage area with front and rear lighting and 1,110 square foot greenhouse, at no additional charge.		
	<input type="checkbox"/> Usable	1,000			
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$1,050.00	12	\$12,600.00	May 1, 2018 - April 30, 2019	\$1.05
0%	\$1,050.00	12	\$12,600.00	May 1, 2019 - April 30, 2020	\$1.05
0%	\$1,050.00	12	\$12,600.00	May 1, 2020 - April 30, 2021	\$1.05
0%	\$1,050.00	12	\$12,600.00	May 1, 2021 - April 30, 2022	\$1.05
0%	\$1,050.00	12	\$12,600.00	May 1, 2022 - April 30, 2023	\$1.05
c. Total Lease Consideration:		60	\$63,000.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	90	Renewal terms:	One Identical Term	
e. Holdover notice:	# of Days required	30	Holdover terms:	5%/90	
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)			
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
k. Comparable Market Rate:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4461				
6. Purpose of the lease:	To house the Department of Wildlife				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				

a. Estimated Moving Expenses: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

RECEIVED

JAN 31 2018

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes ☒ No ☐ Dec Unit Base

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Liz. O'Brien 1-24-18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20151201599</u>	Exp:	<u>3/31/2018</u>	10
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	<u>T32003487</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

[Signature]
Authorized Signature
Public Works Division

1-29-18
Date

bm

For Board of Examiners

☒ YES

☐ NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	THE WHITING TURNER CONTRACTING COMPANY	GENERAL 50% OTHER: UNIVERSITY SYSTEM FUNDING 50%	\$500,620	Professional Service
	Contract Description:	This is a new contract to provide owner Construction Manager at Risk (CMAR) pre-construction services for the University of Nevada, Las Vegas Medical School Building CIP project to include design progress reviews, subcontractor review and qualifications, development of guaranteed maximum price estimates, development of constructability and value engineering recommendations based on 100% construction document bidding and construction administration services: CIP Project No. 17-C15; SPWD Contract No. 111560.				
	Term of Contract:	03/13/2018 - 06/30/2021	Contract # 19456			
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ETCHEMENDY ENGINEERING, INC.	BONDS	\$71,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Building 1 Air Handling Unit Replacement CIP project, to include design, construction and bid documents, as well as construction administration services for the replacement of three multi-zone rooftop air handlers and one cross-flow air handler: CIP Project No. 17-M49; SPWD Contract No. 111809.				
	Term of Contract:	03/13/2018 - 06/30/2022	Contract # 19667			
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD DBA CR ENGINEERING	BONDS	\$88,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Youth Training Center, Gym Buildings – heating and air conditioning systems renovation CIP project to include design, construction and bid documents, as well as administration services for the removal and replacement of two 500,000 BTUH boilers, heating only air handlers and new digital controls: CIP Project No. 17-M27; SPWD Contract No. 111807.				
	Term of Contract:	03/13/2018 - 06/30/2022	Contract # 19680			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES DBA MECHANICAL ENGINEERS	BONDS	\$132,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Plumbing Fixture/Water Control Renovations CIP project to include design, construction and bid documents, as well as construction administration services to replace plumbing fixture water controls for housing units 1 - 3 and replace plumbing fixtures, showers, water controls, piping, valves and access panels in housing units 4 - 5: CIP Project No. 17-M48; SPWD Contract No. 111804.				
	Term of Contract:	03/13/2018 - 06/30/2021 Contract # 19638				
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD DBA CR ENGINEERING	BONDS	\$102,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Regional Medical Facility - heating and air conditioning system renovation CIP project to include design, construction and bid documents, as well as construction administration services to replace fan powered terminal units and exhaust fans, including associated control modifications: CIP Project No. 17-M46; SPWD Contract No. 111819.				
	Term of Contract:	03/13/2018 - 06/30/2022 Contract # 19687				
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD DBA CR ENGINEERING	GENERAL	\$90,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the State Library and Archives - Central Plant Renovation Advance Planning CIP project, to include design, construction and bid documents to replace two boilers, associated infrastructure and air handler controls for the Carson City facility: CIP Project No. 17-P01; SPWD Contract No. 111808.				
	Term of Contract:	03/13/2018 - 06/30/2022 Contract # 19662				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	ROBERT C. HOOFT DBA HOOFT ARCHITECTURE, LLC	BONDS 80% FEDERAL 20%	\$130,580	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carlin Readiness Center - Central Plant Renovation and Building Remodel CIP project which includes design, construction and bid documents, as well as construction administration services for the complete renovation of plant heating and cooling equipment including the replacement of the existing boilers and cooling towers: CIP Project No. 17-M57; SPWD Contract No. 111836.				
	Term of Contract:	03/13/2018 - 06/30/2022	Contract # 19698			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK	GENERAL	\$20,000	Exempt
	Contract Description:	This is the first amendment to the original contract which provides architectural/engineering services for the Nevada State Library and Archives/Knowledge and Innovation Center CIP project: CIP Project No. 17-S04-1; SPWD Contract No. 111380. This amendment increases the maximum amount from \$49,850 to \$69,850 due to the additional design and layouts not requested in the original scope of work.				
	Term of Contract:	10/08/2017 - 06/30/2021	Contract # 19352			
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	FINNEGAN ERICKSON ASSOCIATES DBA FEA CONSULTING ENGINEERS	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services as needed for CIP Projects: SPWD Contract No. 111753.				
	Term of Contract:	03/13/2018 - 06/30/2019	Contract # 19655			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	PRODIGAL INVESTMENT GROUP, LLC DBA PREMIER INSPECTION SERVICE	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services as needed for CIP projects: SPWD Contract No. 111838.				
	Term of Contract:	03/13/2018 - 06/30/2019	Contract # 19711			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	083	DEPARTMENT OF ADMINISTRATION - PURCHASING	PERISCOPE HOLDINGS, INC.	OTHER: PURCHASING ASSESSMENTS	\$4,205,265	Exempt
	Contract Description:	This is the first amendment to the original contract which provides a single solution for the State's procurement and purchasing business processes (eProcurement). This amendment extends the termination date from April 11, 2018 through April 11, 2024 and increases the maximum amount from \$1,750,000 to \$5,955,265 due to a revised Scope of Work to include Phase II Requisition to Check with integration into the financial accounting system.				
		Term of Contract:	07/05/2017 - 04/11/2024	Contract # 18842		
12.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	AON RISK INSURANCE SERVICES WEST, INC. DBA AON GLOBAL RISK CONSULTING	OTHER: INSURANCE ASSESSMENTS	\$1,750,000	
	Contract Description:	This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Division in structuring and marketing the State's various insurance program need, excluding workers' compensation insurance.				
		Term of Contract:	04/01/2018 - 03/31/2023	Contract # 19647		
13.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	ALLIANT INSURANCE SERVICES, INC.	OTHER: INSURANCE ASSESSMENTS	\$1,750,000	
	Contract Description:	This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Division in structuring and marketing the State's various insurance program need, excluding workers' compensation insurance.				
		Term of Contract:	04/01/2018 - 03/31/2023	Contract # 19646		
14.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	ORGILL SINGER & ASSOCIATES, INC.	OTHER: INSURANCE ASSESSMENTS	\$4,500,000	
	Contract Description:	This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Division in structuring and marketing its workers' compensation insurance program.				
		Term of Contract:	07/01/2018 - 06/30/2023	Contract # 19684		
15.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	WILLIS TOWERS WATSON	OTHER: INSURANCE ASSESSMENTS	\$4,500,000	
	Contract Description:	This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Division in structuring and marketing its workers' compensation insurance program.				
		Term of Contract:	07/01/2018 - 06/30/2023	Contract # 19692		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	WILLIS TOWERS WATSON	OTHER: INSURANCE ASSESSMENTS	\$1,750,000	
	Contract Description:	This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Division in structuring and marketing the State's various insurance program need, excluding workers' compensation insurance.				
		Term of Contract:	04/01/2018 - 03/31/2023	Contract # 19650		
17.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	KPS 3, INC.	GENERAL	\$41,000	
	Contract Description:	This is the second amendment to the original contract which continues ongoing production and distribution of a bimonthly economic development newsletter. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$38,500 to \$79,500 due to the continued need for this service. The increase provides for six additional newsletters to be completed during FY19 and revises the Scope of Work to incorporate updates to projects previously completed by the vendor as well as a revised price list.				
		Term of Contract:	11/16/2016 - 06/30/2019	Contract # 18279		
18.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - NEVADA FILM OFFICE	WAYLAY DESIGN, LLC	OTHER: LODGING TAX - TRANSFER FROM TOURISM	\$115,125	
	Contract Description:	This is the second amendment to the original contract which provides marketing services. This amendment extends the termination date from June 30, 2018 to April 11, 2020 and increases the maximum amount from \$172,875 to \$288,000 due to the continued need for these services.				
		Term of Contract:	04/12/2016 - 04/11/2020	Contract # 17563		
19.	300	DEPARTMENT OF EDUCATION - PROFICIENCY TESTING	DATA RECOGNITION CORPORATION	GENERAL 50% FEDERAL 50%	(\$9,558,964)	
	Contract Description:	This is the fourth amendment to the original contract which provides Nevada Ready Student Assessment System services and support statewide on an as needed basis. This amendment decreases the maximum amount from \$51,968,581 to \$42,209,617.30 and revises the scope of work to eliminate End of Course Examinations.				
		Term of Contract:	08/11/2015 - 08/31/2019	Contract # 16894		
20.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	WESTED	GENERAL	\$100,000	
	Contract Description:	This is a new contract to conduct an external evaluation of the Nevada Assessment System as required per Senate Bill 303 from the 2017 Legislative Session.				
		Term of Contract:	03/13/2018 - 10/31/2018	Contract # 19593		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	EMETRIC, LLC	GENERAL	(\$101,296)	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance support and enhancements to the State's Longitudinal Data System called the Student Accountability Information Network. This amendment decreases the maximum amount from \$3,853,676 to \$3,752,380 and modifies the scope of work to remove the data interaction tool for the High School Proficiency Examination Writing Test and reduce system enhancement hours. Term of Contract: 10/01/2017 - 09/30/2021 Contract # 19139				
22.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT - HEALTH CARE FINANCING & POLICY	CONSUMER CREDIT COUNSELING SERVICE OF SOUTHERN NEVADA	OTHER: FUNDS FOR HEALTHY NEVADA (TOBACCO) 79% FEDERAL 21%	\$122,081	
	Contract Description:	This is the fourth amendment to the original contract which provides the management and operation of the 2-1-1 information and referral center. This amendment increases the maximum amount from \$3,548,151 to \$3,670,232 due to an addition to the scope of work for outreach and education through June 30, 2018. Term of Contract: 07/01/2015 - 06/30/2019 Contract # 16458				
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	MILLIMAN, INC.	GENERAL 50% FEDERAL 50%	\$2,408,495	
	Contract Description:	This is the fifth amendment to the original contract which provides an actuarially sound methodology for capitated rates to be paid to Medicaid managed organizations pursuant to federal mandate 42 CFR 438.6. This amendment extends the termination date from December 31, 2018 to December 31, 2019 and increases the maximum amount from \$3,387,382 to \$5,795,877 due to the increased requirements to complete annual capitation rates and additional analysis requiring actuarial certification. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM C42437. Term of Contract: 12/14/2010 - 12/31/2019 Contract # 11723				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MEDICAL TRANSPORTATION MANAGEMENT, INC.	GENERAL 34.2% FEDERAL 65.8%	\$39,200,881	
	Contract Description:	This is the second amendment to the original contract which provides non-emergency transportation (NET) brokerage services. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$26,809,237 to \$66,010,118 to cover a rate increase from \$1.94 to \$2.35 all-inclusive per eligible member per month. This amendment will revise the scope of work to include managed care organization single case agreements, emergency medical only recipients for dialysis, performance level incentive for NET vendor call center and revise the meal reimbursement rate for individuals and their eligible companions in travel status.				
25.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE DBA MEDSCHOOL ASSOCIATES NORTH	GENERAL	\$858,000	
	Contract Description:	This is a new interlocal agreement that continues ongoing locum tenens services to maintain a standard of care in treating mentally ill consumers during periods of staff shortages.				
26.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	LINCOLN COUNTY DBA LINCOLN COUNTY TREASURER	OTHER: REVENUE	\$77,104	
	Contract Description:	This is a new revenue interlocal agreement that continues individual and family health services utilizing the State's community health nurses.				
	Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17283			
	Term of Contract:	01/01/2018 - 12/31/2019	Contract # 19626			
	Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19465			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES	NEVADA PEP, INC.	GENERAL 60% OTHER: HEALTH NV 11% FEDERAL 29%	\$842,111	
	Contract Description:	This is the fifth amendment to the original contract which provides family-to-family services for both northern and southern Nevada. This amendment increases the maximum amount from \$3,139,155.06 to 3,981,266 due to an increase in hours from 77,262 to 97,988 resulting from an increased need for these services.				
		Term of Contract:	01/01/2012 - 12/31/2019	Contract # 12810		
28.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	OMNI LIMOUSINE, INC.	GENERAL 46% OTHER: PATIENT COLLECTIONS FROM PRIVATE INSURANCE 19% FEDERAL 35%	\$1,158,528	
	Contract Description:	This is a new contract to provide ongoing transportation services for children in Early Childhood Mental Health Services Treatment programs.				
		Term of Contract:	04/01/2018 - 03/31/2022	Contract # 19635		
29.	440	DEPARTMENT OF CORRECTIONS - PRISON DAIRY	NEVADA ORGANICS, LLC	OTHER: REVENUE GENERATING CONTRACT	\$208,992	Exempt
	Contract Description:	This is a new revenue contract to collect reimbursement for the cost to utilize offender labor, provide occupational training for offenders and use land at Silver State Industries (SSI) Prison Ranch for the purpose of compost operations. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF THE STATE PRISON COMMISSIONERS.				
		Term of Contract:	03/13/2018 - 02/12/2022	Contract # 17760		
30.	500	DIVISION OF MINERAL	CLARK COUNTY DBA CLARK COUNTY REAL PROPERTY MANAGEMENT	FEE: MINING CLAIM	\$150,000	
	Contract Description:	This is a new Interlocal Agreement to provide funding for abatement of non-operating mines and access to the necessary portions of county land in order to complete the Arden Mine Complex Closure Project. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM C42446.				
		Term of Contract:	03/13/2018 - 12/31/2018	Contract # 19642		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	OUT OF THE SHELL, LLC DBA LINGS	FEDERAL	\$2,200,000	
	Contract Description:	This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,413,000 to \$3,613,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18022			
32.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	TYSON PREPARED FOODS, INC.	FEDERAL	\$8,000,000	
	Contract Description:	This is the third amendment to the original contract which provides breakfast and lunch products for the National School Lunch and Breakfast Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$5,000,000 to \$13,000,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18023			
33.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	UNIVERSITY OF CINCINNATI	GENERAL	\$266,145	Exempt
	Contract Description:	This is a new contract to provide training and technical assistance associated with the Ohio Risk Assessment System/Risk Assessment Tool, Offender Risk Evaluations and Effective Practices In Community Supervision methods.				
	Term of Contract:	03/13/2018 - 12/31/2019	Contract # 19724			
34.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	BEYOND 20/20	FEDERAL	\$321,950	
	Contract Description:	This is a new contract to provide for the development and implementation of a web-based incident-based crime data/statistics collection and reporting system that will comply with Federal National Incident-Based Reporting System Guidelines. The contract also includes training for system users.				
	Term of Contract:	03/13/2018 - 09/30/2019	Contract # 19709			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	IDEMIA IDENTITY & SECURITY USA LLC DBA MORPHOTRUST USA, LLC	OTHER: REVENUE CONTRACT - RECEIVED FOR SERVICES BY USERS	\$5,000,000	Sole Source
		Contract Description: This is a new revenue contract for the on-going channeling service of electronic applicant transmissions to the Division's Records Bureau for all local government, private agencies and fingerprinting sites to continue efficient processing of fingerprint-based background checks required by law.				
36.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	HALEY SHARPE DESIGN	GENERAL	\$68,000	
		Contract Description: This is a new contract to provide exhibit planning and design services to include project scoping, conceptual design, schematic design and vision documentation for the new Ice Age Fossils State Park.				
37.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	FLIGHT CHECK, LTD	GENERAL	\$55,000	
		Contract Description: This is a new contract to provide ongoing annual onsite training, both ground and flight, to six pilots flying Bell UH-1H series helicopters.				
38.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	SIERRA NEVADA JOURNEYS	FEDERAL	\$90,021	
		Contract Description: This is a new contract to provide watershed education programs to students and educators in northern Nevada to increase stewardship and help reduce non-point source pollution.				
39.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	MATUSKA LAW OFFICES, LTD	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Contract Description: This is a new contract to provide referee/arbitrator services statewide on an as needed basis.				
		Term of Contract:	02/01/2018 - 01/31/2020	Contract # 19584		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	MILLENNIUM SYSTEMS PRODUCTS, INC. DBA LAW OFFICES OF IRA DAVID	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
Contract Description: This is a new contract to provide mediation services statewide on an as needed basis. Term of Contract: 02/01/2018 - 01/31/2020 Contract # 19580						
41.	750	DEPARTMENT OF BUSINESS AND INDUSTRY - TAXICAB AUTHORITY	TRUEPOINT SOLUTIONS, LLC	FEE: TECHNOLOGY	\$1,117,520	
Contract Description: This is a new contract to implement an approved Technology Investment Request for an integrated records management system that will capture all necessary data elements, provide preset and ad-hoc queries and allow for communication between all work areas within the Taxicab Authority. Term of Contract: 03/13/2018 - 02/29/2020 Contract # 19675						
42.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	NDL GROUP, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$326,769	
Contract Description: This is a new contract to provide waterproof coating to the second level parking lot structure at the Hoover Dam locations to eliminate leaking into the stores when it rains. Term of Contract: 03/13/2018 - 12/31/2018 Contract # 19651						

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19456**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1510-68**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **THE WHITING TURNER CONTRACTING COMPANY**Contractor Name: **THE WHITING TURNER CONTRACTING COMPANY**Address: **6720 VIA AUSTI PKWY SUITE 300**City/State/Zip: **LAS VEGAS, NV 89119-3569**Contact/Phone: **702-650-0700**Vendor No.: **T27035303A**NV Business ID: **NV19821000674**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	50.00 % UNIVERSITY SYSTEM FUNDING

Agency Reference #: **111560**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 110 days**4. Type of contract: **Contract**Contract description: **CMAR Pre-Con**

5. Purpose of contract:

This is a new contract to provide owner Construction Manager at Risk (CMAR) pre-construction services for the University of Nevada, Las Vegas Medical School Building CIP project to include design progress reviews, subcontractor review and qualifications, development of guaranteed maximum price estimates, development of constructability and value engineering recommendations based on 100% construction document bidding and construction administration services: CIP Project No. 17-C15; SPWD Contract No. 111560.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,620.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional CMAR Pre-Construction services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

LeFevre, Kent, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	02/06/2018 12:15:58 PM
Division Approval	Imars1	02/06/2018 12:16:01 PM
Department Approval	Imars1	02/06/2018 12:16:04 PM
Contract Manager Approval	Imars1	02/06/2018 12:16:06 PM
Budget Analyst Approval	jrodrig9	02/12/2018 00:11:56 AM
BOE Agenda Approval	hfield	02/14/2018 16:32:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19667**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-40**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ETCHEMENDY ENGINEERING, INC.**Contractor Name: **ETCHEMENDY ENGINEERING, INC.**Address: **10597 DOUBLE R BLVD.**City/State/Zip: **RENO, NV 89521-8937**Contact/Phone: **775-853-1131**Vendor No.: **T29033764**NV Business ID: **NV2011683017**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111809**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 110 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Building 1 Air Handling Unit Replacement CIP project, to include design, construction and bid documents, as well as construction administration services for the replacement of three multi-zone rooftop air handlers and one cross-flow air handler: CIP Project No. 17-M49; SPWD Contract No. 111809.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$71,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/25/2018 12:39:34 PM
Division Approval	Imars1	01/25/2018 12:39:38 PM
Department Approval	Imars1	01/25/2018 12:39:53 PM
Contract Manager Approval	Imars1	01/25/2018 12:39:56 PM
Budget Analyst Approval	jrodrig9	01/26/2018 17:05:48 PM
BOE Agenda Approval	myoun3	01/30/2018 09:49:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19680**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-32**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROUNDS ENGINEERING, LTD DBA CR ENGINEERING**Contractor Name: **ROUNDS ENGINEERING, LTD DBA CR ENGINEERING**Address: **CR ENGINEERING****5434 LONGLEY LN**City/State/Zip: **RENO, NV 89511-1879**Contact/Phone: **775-826-1919**Vendor No.: **T29024113**NV Business ID: **NV20041355601**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111807**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 110 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract that provides professional architectural/engineering services for the Nevada Youth Training Center, Gym Buildings - HVAC Systems Renovation CIP project to include design, construction and bid documents, as well as administration services for the removal and replacement of two 500,000 BTUH boilers, heating only air handlers and new digital controls: CIP Project No. 17-M27; SPWD Contract No. 111807.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$88,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-411

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/30/2018 12:27:36 PM
Division Approval	Imars1	01/30/2018 12:27:39 PM
Department Approval	Imars1	01/30/2018 12:27:42 PM
Contract Manager Approval	Imars1	01/30/2018 12:27:47 PM
Budget Analyst Approval	jrodrig9	02/11/2018 22:58:55 PM
BOE Agenda Approval	hfield	02/14/2018 14:57:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19638**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1550-68**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AINSWORTH ASSOCIATES DBA MECHANICAL ENGINEERS**Contractor Name: **AINSWORTH ASSOCIATES DBA MECHANICAL ENGINEERS**Address: **1420 HOLCOMB AVE SUITE 201**City/State/Zip: **RENO, NV 89502-8003**Contact/Phone: **Steven Ainsworth 775-329-9100**Vendor No.: **T27012245A**NV Business ID: **NV19751005286**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111804**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 110 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Plumbing Fixture/Water Control Renovations CIP project to include design, construction and documents, as well as construction administration services to replace plumbing fixture water controls for housing units 1 - 3 and replace plumbing fixtures, showers, water controls, piping, valves and access panels in housing units 4 - 5: CIP Project No. 17-M48; SPWD Contract No. 111804.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$132,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/19/2018 08:51:08 AM
Division Approval	Imars1	01/19/2018 08:51:11 AM
Department Approval	Imars1	01/19/2018 08:51:14 AM
Contract Manager Approval	Imars1	01/19/2018 08:51:17 AM
Budget Analyst Approval	jrodrig9	01/29/2018 13:15:42 PM
BOE Agenda Approval	myoun3	01/30/2018 09:45:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19687**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1550-67**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROUNDS ENGINEERING, LTD DBA CR ENGINEERING**Contractor Name: **ROUNDS ENGINEERING, LTD DBA CR ENGINEERING**Address: **CR ENGINEERING****5434 LONGLEY LN**City/State/Zip **RENO, NV 89511-1879**Contact/Phone: **775-826-1919**Vendor No.: **T29024113**NV Business ID: **NV20041355601**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111819**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 110 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Regional Medical Facility - HVAC System Renovation CIP project to include design, construction and bid documents, as well as construction administration services to replace fan powered terminal units and exhaust fans, including associated control modifications: CIP Project No. 17-M46; SPWD Contract No. 111819.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	02/01/2018 09:40:21 AM
Division Approval	Imars1	02/01/2018 09:40:25 AM
Department Approval	Imars1	02/01/2018 09:40:32 AM
Contract Manager Approval	Imars1	02/01/2018 09:40:36 AM
Budget Analyst Approval	jrodrig9	02/11/2018 23:55:15 PM
BOE Agenda Approval	hfield	02/14/2018 10:41:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19662**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1558-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROUNDS ENGINEERING, LTD DBA CR ENGINEERING**Contractor Name: **ROUNDS ENGINEERING, LTD DBA CR ENGINEERING**Address: **dba CR ENGINEERING
5434 LONGLEY LN**City/State/Zip: **RENO, NV 89511-1879**Contact/Phone: **775-826-1919**Vendor No.: **T29024113**NV Business ID: **NV20041355601**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111808**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 110 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the State Library and Archives - Central Plant Renovation Advance Planning CIP project, to include design, construction and bid documents to replace two boilers, associated infrastructure and air handler controls for the Carson City facility: CIP Project No. 17-P01; SPWD Contract No. 111808.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nipp, Bruce, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/24/2018 15:16:11 PM
Division Approval	Imars1	01/24/2018 15:16:14 PM
Department Approval	Imars1	01/24/2018 15:16:16 PM
Contract Manager Approval	Imars1	01/24/2018 15:16:19 PM
Budget Analyst Approval	jrodrig9	01/29/2018 12:26:04 PM
BOE Agenda Approval	myoun3	01/30/2018 09:47:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19698**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1577-37**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROBERT C. HOOFT, DBA HOOFT ARCHITECTURE, LLC**Contractor Name: **ROBERT C. HOOFT, DBA HOOFT ARCHITECTURE, LLC**Address: **HOOFT ARCHITECTURE, LLC.
3376 LAVEAGA CT.**City/State/Zip: **SPARKS, NV 89431**Contact/Phone: **775-233-1222**Vendor No.: **T32006092**NV Business ID: **NV20101091896**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	20.00 %	X Bonds	80.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111836**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 110 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Carlin Readiness Center - Central Plant Renovation and Building Remodel CIP project which includes design, construction and bid documents, as well as construction administration services for the complete renovation of plant heating and cooling equipment including the replacement of the existing boilers and cooling towers: CIP Project No. 17-M57; SPWD Contract No. 111836.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$130,580.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? , No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	02/05/2018 09:38:34 AM
Division Approval	Imars1	02/05/2018 09:38:45 AM
Department Approval	Imars1	02/05/2018 09:38:59 AM
Contract Manager Approval	Imars1	02/05/2018 09:39:04 AM
Budget Analyst Approval	jrodrig9	02/14/2018 10:26:44 AM
BOE Agenda Approval	hfield	02/14/2018 10:37:56 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19352**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**Agency Code: **082**Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**Appropriation Unit: **1585-50**Address: **dba TSK**Is budget authority available?: **Yes****314 S WATER ST.**City/State/Zip: **HENDERSON, NV 89015-7311**If "No" please explain: **Not Applicable**Contact/Phone: **702-456-3000**Vendor No.: **T80883470**NV Business ID: **NV19821003232**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111380**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2017**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **3 years and 266 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides architectural/engineering services for the Nevada State Library and Archives/Knowledge and Innovation Center CIP project: CIP Project No. 17-S04-1; SPWD Contract No. 111380. This amendment increases the maximum amount from \$49,850 to \$69,850 due to the additional design and layouts not requested on the original scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,850.00	\$49,850.00	\$49,850.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$69,850.00	Yes - Action
3. New maximum contract amount:	\$69,850.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	02/01/2018 08:45:59 AM
Division Approval	Imars1	02/01/2018 08:46:03 AM
Department Approval	Imars1	02/01/2018 08:46:07 AM
Contract Manager Approval	Imars1	02/01/2018 08:46:11 AM
Budget Analyst Approval	jrodrig9	02/12/2018 00:01:45 AM
BOE Agenda Approval	hfield	02/14/2018 10:47:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19655**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **FINNEGAN ERICKSON ASSOCIATES DBA FEA CONSULTING ENGINEERS**Contractor Name: **FINNEGAN ERICKSON ASSOCIATES DBA FEA CONSULTING ENGINEERS**Address: **FEA CONSULTING ENGINEERS 2821 W HORIZON RIDGE PKWY #200**City/State/Zip: **HENDERSON, NV 89052-4429**Contact/Phone: **Justin Veilleux 702-269-6060**Vendor No.: **T81086339**NV Business ID: **NV20151433352**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: **111753**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 109 days**4. Type of contract: **Contract**Contract description: **Mech/Elect Pln Chk**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services as needed for CIP Projects: SPWD Contract No. 111753.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

Mechanical/electrical plan checking service are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

TJ Dobson, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	01/23/2018 11:03:09 AM
Division Approval	amarangi	01/23/2018 11:03:13 AM
Department Approval	amarangi	01/23/2018 11:03:15 AM
Contract Manager Approval	amarangi	01/23/2018 11:03:17 AM
Budget Analyst Approval	jrodrig9	01/29/2018 13:21:16 PM
BOE Agenda Approval	myoun3	01/30/2018 09:42:49 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19711**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PRODIGAL INVESTMENT GROUP, LLC DBA PREMIER INSPECTION SERVICE
Agency Code:	082	Contractor Name:	PRODIGAL INVESTMENT GROUP, LLC DBA PREMIER INSPECTION SERVICE
Appropriation Unit:	All Appropriations	Address:	DBA PREMIER INSPECTION SERVICE 1045 FOOTHILL BLVD.
Is budget authority available?:	Yes	City/State/Zip	LA CANADA, CA 91011-3249
If "No" please explain:	Not Applicable	Contact/Phone:	GREG POWELL 818-952-8144
		Vendor No.:	T29038702
		NV Business ID:	NV20161658821

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 %

Varies depending upon the project requiring this service

Agency Reference #: 111838

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 109 days**4. Type of contract: **Contract**Contract description: **CODE PL CHCK SERV**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services for CIP projects as required: SPWD Contract No. 111838.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD - Current - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Graham, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	02/12/2018 07:12:18 AM
Division Approval	Imars1	02/12/2018 07:12:21 AM
Department Approval	Imars1	02/12/2018 07:12:26 AM
Contract Manager Approval	Imars1	02/12/2018 07:12:29 AM
Budget Analyst Approval	jrodrig9	02/14/2018 10:03:37 AM
BOE Agenda Approval	hfield	02/14/2018 10:38:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18842**Amendment
Number: **1**Agency Name: **ADMIN - PURCHASING DIVISION**Legal Entity
Name: **PERISCOPE HOLDINGS, INC.**Agency Code: **083**Contractor Name: **PERISCOPE HOLDINGS, INC.**Appropriation Unit: **1358-26**Address: **816 Congress Avenue #1400**Is budget authority
available?: **Yes**City/State/Zip: **Austin, TX 78701**If "No" please explain: **Not Applicable**Contact/Phone: **Mark Didlake 512/717-0682**Vendor No.: **T81097079**NV Business ID: **NV20171351907**To what State Fiscal Year(s) will the contract be charged? **2018-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Internal Service Funds

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/05/2017**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **04/11/2018**Contract term: **6 years and 282 days**4. Type of contract: **Contract**Contract description: **eProcurement**

5. Purpose of contract:

This is the first amendment to the original contract which provides a single solution for the State of Nevada's procurement and purchasing business processes (eProcurement). This amendment extends the termination date from April 11, 2018 through April 11, 2024 and increases the maximum amount from \$1,750,000 to \$5,955,265 due to a revised Scope of Work to include Phase II Requisition to Check with integration.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,750,000.00	\$1,750,000.00	\$1,750,000.00	Yes - Action
2. Amount of current amendment (#1):	\$4,205,265.00	\$4,205,265.00	\$4,205,265.00	Yes - Action
3. New maximum contract amount:	\$5,955,265.00			
and/or the termination date of the original contract has changed to:	04/11/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada requires a statewide single solution for enhanced functionality and technology to support and automate many of the State's procurement and purchasing business processes. This technology will improve customer services, improve cycle times, reduce "off contract" spending, administer and manage contracts and gather statewide information on purchases made.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or software capabilities to provide a statewide procurement solution.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Exempt (Per statute)**

- c. Why was this contractor chosen in preference to other?

NRS 332.195 Authorizes the State of Nevada to join or use a contract that has been competitively bid by another governing body outside of the State.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	02/06/2018 10:31:22 AM
Division Approval	mstewa10	02/06/2018 10:31:25 AM
Department Approval	mstewa10	02/06/2018 10:31:29 AM

Contract Manager Approval	ldeloach	02/06/2018 12:54:26 PM
EITS Approval	lolso3	02/08/2018 13:08:37 PM
Budget Analyst Approval	aurruty	02/13/2018 16:29:29 PM
BOE Agenda Approval	lfree1	02/14/2018 16:56:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19647**Agency Name: **ADMIN - RISK MANAGEMENT DIVISION**Agency Code: **085**Appropriation Unit: **1352-10**Is budget authority available?: **No**

If "No" please explain: Sufficient funding is not budgeted in Category 10 in either FY 18 or FY 19 to pay commission up to 1/5 of contract maximum. However, it is not anticipated that all brokers retained will be used for all non-workers compensation insurance lines.

Legal Entity Name: **AON Risk Insurance Services West, Inc. DBA AON GLOBAL RISK CONSU**Contractor Name: **AON Risk Insurance Services West, Inc. DBA AON GLOBAL RISK CONSU**Address: **1900 16th Street, Suite 1000**City/State/Zip: **Denver, CO 80202**Contact/Phone: **Carlene Patterson 202-429-8507**Vendor No.: **T27026201**NV Business ID: **NV19981287980**To what State Fiscal Year(s) will the contract be charged? **2018-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Insurance Assessments

Agency Reference #: **RFP # 3495GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Prop & Cas Broker**

5. Purpose of contract:

This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Risk Manager in structuring and marketing the State's various insurance program needs, excluding workers' compensation insurance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,750,000.00**

Other basis for payment: commission on various insurance lines as noted in contract language

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Risk Management requires brokers/firm to provide property and casualty insurance services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized project.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

USI Insurance National Inc.
Willis Towers Watson
Alliant Insurance Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 3495, and in accordance with NRS 333, the selected vendor was one of the four highest scoring proposers as determined by an independently appointed evaluation committee

d. Last bid date: 09/28/2017 Anticipated re-bid date: 09/28/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Risk Management, Service satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/22/2018 07:47:25 AM
Division Approval	ssands	01/22/2018 07:47:28 AM
Department Approval	ssands	01/22/2018 07:47:31 AM
Contract Manager Approval	ssands	01/22/2018 07:50:17 AM
Budget Analyst Approval	lfree1	01/30/2018 11:23:06 AM
BOE Agenda Approval	lfree1	01/30/2018 11:28:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19646**Agency Name: **ADMIN - RISK MANAGEMENT DIVISION**Agency Code: **085**Appropriation Unit: **1352-10**Is budget authority available?: **No**

If "No" please explain: Sufficient funding may not be available in Cat 10 in FY 19 to pay the \$80,000 annual fee for property insurance plus the 10% commission on any other lines of insurance, if the Risk Management Division also pays another broker for certain non-workers compensation insurance lines. However, it is not anticipated that all brokers will be used for all non-workers compensation insurance lines.

Legal Entity Name: **Alliant Insurance Services, Inc.**Contractor Name: **Alliant Insurance Services, Inc.**Address: **1301 Dove Street, Suite 200**City/State/Zip: **Newport Beach, CA 92660**Contact/Phone: **Mary Wells 949-660-8125**Vendor No.: **T29035406**NV Business ID: **NV20001224678**To what State Fiscal Year(s) will the contract be charged? **2018-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Insurance Assessments

Agency Reference #: **RFP # 3495GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Prop & Cas Broker**

5. Purpose of contract:

This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Risk Manager in structuring and marketing the State's various insurance program needs, excluding workers compensation insurance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,750,000.00**

Other basis for payment: \$80,000 annual fee for property insurance including boiler and machinery; 10% annual commission for all other lines of insurance

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Risk Management requires brokers/firm to provide property and casualty insurance services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized project.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Willis Towers Watson
Aon Risk Insurance Services West
USI Insurance National, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 3495, and in accordance with NRS 333, the selected vendor was one of the four highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 09/28/2017 Anticipated re-bid date: 09/28/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Risk Management, Service is Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/22/2018 06:47:46 AM
Division Approval	ssands	01/22/2018 06:47:49 AM
Department Approval	ssands	01/22/2018 06:47:52 AM
Contract Manager Approval	ssands	01/22/2018 07:55:40 AM
Budget Analyst Approval	lfree1	01/30/2018 14:36:22 PM
BOE Agenda Approval	lfree1	01/30/2018 14:37:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19684**Agency Name: **ADMIN - RISK MANAGEMENT
DIVISION**Agency Code: **085**Appropriation Unit: **1352-15**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **ORGILL SINGER & ASSOCIATES, INC.**Contractor Name: **ORGILL SINGER & ASSOCIATES, INC.**Address: **8360 West Sahara Ave Ste 110**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **Saundra Krenzer 702-400-8099**Vendor No.: **T81075216**NV Business ID: **NV19861000426**To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Insurance Assessments

Agency Reference #: **RFP #3499GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the division in marketing and structuring its Workers' Compensation insurance program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

Other basis for payment: FY 19: \$426,692 FY 20: \$436,079 FY 21: \$445,673 FY 22: \$455,478 FY 23: 465,499

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Risk Management requires brokers/firms to provide brokers for Workers' Compensation Insurance per NRS 331.184(3).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized project.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Marsh USA Inc
Orgill Singer and Associates
Moreton and Company
Willis Towers Watson

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 3499, and by NRS. 333, the selected vendor was one of the four highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 10/13/2017 Anticipated re-bid date: 11/30/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	02/01/2018 10:24:35 AM
Division Approval	ssands	02/01/2018 10:24:38 AM
Department Approval	ssands	02/01/2018 10:24:42 AM
Contract Manager Approval	ssands	02/01/2018 10:26:20 AM
Budget Analyst Approval	lfree1	02/14/2018 14:59:26 PM
BOE Agenda Approval	lfree1	02/14/2018 15:33:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19692**Agency Name: **ADMIN - RISK MANAGEMENT DIVISION**Agency Code: **085**Appropriation Unit: **1352-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WILLIS TOWERS WATSON**Contractor Name: **WILLIS TOWERS WATSON**Address: **600 University Street Suite 3100**City/State/Zip: **Seattle, WA 98101**Contact/Phone: **206-343-6049**

Vendor No.:

NV Business ID: **NV20111425088**To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Insurance Assessments

Agency Reference #: **RFP # 3499GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the division in marketing and structuring its Workers' Compensation insurance program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

Other basis for payment: Services may include: \$240,000 annual fee for WC brokerage; \$9,000 annual fee for WC actuarial; \$40,000 third party administrator selection process; \$50,000 annual fee TPA oversight; \$210,685 for 220 claims closure solutions; \$200,000 annual fee loss prevention safety programs; \$135,000 annual fee loss prevention health and wellness program; \$65,000 risk process optimization; \$3,000 per 10 claims audits.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Risk Management requires brokers/firm to provide brokers for Workers' Compensation Insurance per NRS331.184(3).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized project.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Marsh USA Inc
Moreton and Company
Willis Towers Watson
Orgill/Singer and Associates

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 3499, and by NRS. 333, the selected vendor was one of the four highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 10/13/2017 Anticipated re-bid date: 11/13/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	02/01/2018 10:37:58 AM
Division Approval	ssands	02/01/2018 10:38:00 AM
Department Approval	ssands	02/01/2018 10:38:04 AM
Contract Manager Approval	ssands	02/07/2018 10:39:26 AM
Budget Analyst Approval	lfree1	02/07/2018 14:48:09 PM
BOE Agenda Approval	lfree1	02/07/2018 14:48:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19650**Agency Name: **ADMIN - RISK MANAGEMENT DIVISION**Agency Code: **085**Appropriation Unit: **1352-10**Is budget authority available?: **No**

If "No" please explain: Sufficient funding is not budgeted in Category 10 in either FY 19 or FY 19 to pay annual fees and/or commission on all possible lines of insurance obtained up to 1/5 of contract maximum. However, it is not anticipated that all brokers will be used for all non-workers compensation insurance lines.

Legal Entity Name: **Willis Towers Watson**Contractor Name: **Willis Towers Watson**Address: **600 University Street, Suite 3**City/State/Zip: **Seattle, WA 98101**Contact/Phone: **Theresa Clune 206-343-6049**

Vendor No.:

NV Business ID: **NV20111425088**To what State Fiscal Year(s) will the contract be charged? **2018-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Insurance Assessments

Agency Reference #: **RFP # 3495GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Prop & Cas Broker**

5. Purpose of contract:

This is a new contract to retain insurance brokers with the appropriate qualifications and experience to assist the Risk Manager in structuring and marketing the State's various insurance program needs, excluding workers compensation insurance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,750,000.00**

Other basis for payment: annual fees or commission as noted in contract language section 6 (Consideration) for all risk property including boiler and machinery, fine arts collections, cyber (primary and excess), aviation and employee dishonesty.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Risk Management requires brokers/firm to provide property and casualty insurance services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized project.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

AON Risk Insurance Services West
Alliant Insurance Service
USI Insurance National Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 3495, and in accordance with NRS 333, the selected vendor was one of the four highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 09/28/2017 Anticipated re-bid date: 09/28/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Risk Management, Service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/22/2018 09:46:04 AM
Division Approval	ssands	01/22/2018 09:46:07 AM
Department Approval	ssands	01/22/2018 09:46:10 AM
Contract Manager Approval	ssands	01/22/2018 09:46:13 AM
Budget Analyst Approval	lfree1	01/30/2018 11:32:14 AM
BOE Agenda Approval	lfree1	01/30/2018 12:59:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18279**Amendment Number: **2**Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT**Legal Entity Name: **KPS 3, INC.**Agency Code: **102**Contractor Name: **KPS 3, INC.**Appropriation Unit: **1526-11**Address: **50 West Liberty Street Suite 640**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89501**

If "No" please explain: Not Applicable

Contact/Phone: **775/686-7415**Vendor No.: **PUR0004720**NV Business ID: **NV19941094961**To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **102**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/16/2016**Anticipated BOE meeting date **02/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **2 years and 225 days**4. Type of contract: **Contract**Contract description: **Marketing Contract**

5. Purpose of contract:

This is the second amendment to the original contract which continues ongoing production and distribution of a bimonthly economic development newsletter. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$38,500 to \$79,500 due to the continued need for this service. The increase provides for six additional newsletters to be completed during FY19 and revises the Scope of Work to incorporate updates to projects previously completed by the vendor as well as a revised price list.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$21,000.00	\$21,000.00	\$21,000.00	Yes - Info
a. Amendment 1:	\$17,500.00	\$17,500.00	\$38,500.00	Yes - Info
2. Amount of current amendment (#2):	\$41,000.00	\$41,000.00	\$79,500.00	Yes - Action
3. New maximum contract amount:	\$79,500.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 231, GOED is charged with diversifying Nevada's economy, measuring performance and communicating results.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

GOED does not have the expertise to produce this type of work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best overall proposal.

d. Last bid date: 11/10/2016 Anticipated re-bid date: 02/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

GOED, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	01/19/2018 08:29:59 AM
Division Approval	bvale1	01/19/2018 08:30:02 AM
Department Approval	bvale1	01/19/2018 08:30:05 AM
Contract Manager Approval	dnovotny	01/19/2018 08:34:54 AM
Budget Analyst Approval	lfree1	01/25/2018 11:46:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17563**Amendment Number: **2**Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT**Legal Entity Name: **WayLay Design, LLC**Agency Code: **102**Contractor Name: **WayLay Design, LLC**Appropriation Unit: **1527-10**Address: **4386 Bramblewood St.**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89147**If "No" please explain: **Not Applicable**Contact/Phone: **Wayne Latham 702-483-9298**Vendor No.: **T29035161**NV Business ID: **NV20091205551**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Lodging Tax - Transfer from Tourism

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2016**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Marketing**

5. Purpose of contract:

This is the second amendment to the original contract which provides marketing services. This amendment extends the termination date from June 30, 2018 to April 11, 2020 and increases the maximum amount from \$172,875 to \$288,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$79,500.00	\$79,500.00	\$79,500.00	Yes - Action
a. Amendment 1:	\$93,375.00	\$93,375.00	\$93,375.00	Yes - Action
2. Amount of current amendment (#2):	\$115,125.00	\$115,125.00	\$115,125.00	Yes - Action
3. New maximum contract amount:	\$288,000.00			
and/or the termination date of the original contract has changed to:	04/11/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency needs to continue to have an effective online marketing campaign to promote Nevada as a premiere location for film, television, music and other multimedia productions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the highly specialized expertise to do this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Best overall proposal.

d. Last bid date: 02/10/2016 Anticipated re-bid date: 12/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently with the Nevada Film Office; quality of service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	01/25/2018 15:57:45 PM
Division Approval	bvale1	01/25/2018 15:57:48 PM
Department Approval	bvale1	01/31/2018 09:29:45 AM
Contract Manager Approval	bvale1	01/31/2018 09:45:20 AM
Budget Analyst Approval	lfree1	02/08/2018 14:16:55 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16894**Amendment Number: **4**Legal Entity Name: **Data Recognition Corporation**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **Data Recognition Corporation**Agency Code: **300**Address: **13490 Bass Lake Rd.**Appropriation Unit: **2697-45**Is budget authority available?: **Yes**City/State/Zip: **Maple Grove , MN 55311**If "No" please explain: **Not Applicable**Contact/Phone: **drussell@datarecognitioncorp.com 763-268-2008**Vendor No.: **T29036572**NV Business ID: **NV20041507280**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2015**Anticipated BOE meeting date **02/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **08/31/2019**Contract term: **4 years and 21 days**4. Type of contract: **Contract**Contract description: **CBT/McGraw-Hill**

5. Purpose of contract:

This is the fourth amendment to the original contract to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis. This amendment decreases the maximum amount from \$51,968,581.00 to \$42,209,617.30 and revises the scope of work to eliminate End of Course Examinations' use for accountability reporting or as a graduation requirement for students.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$51,457,083.00	\$51,457,083.00	\$51,457,083.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$511,498.00	\$511,498.00	\$511,498.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	-\$9,558,963.70	-\$9,558,963.70	-\$9,558,963.70	Yes - Action
3. New maximum contract amount:	\$42,409,617.30			

II. JUSTIFICATION

7. What conditions require that this work be done?

Employees within the state have responsibilities that support programs but certain tasks exceed their expertise. Nevada Revised Statutes (NRS) requires contracting with a nationally recognized testing company for these activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contractor was selected as the best solution by the independent evaluation committee based on pre-determined evaluation criteria. The Nevada Department of Education does not have the necessary manpower or expertise to conduct this Statewide Assessment.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3175, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

- d. Last bid date: 03/10/2015 Anticipated re-bid date: 12/31/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Education 7/1/08 to 6/30/12

Nevada Department of Education 8/2015 to current and they have been deemed satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

amccalla

01/22/2018 16:12:50 PM

Division Approval

amccalla

01/22/2018 16:12:54 PM

Department Approval	amccalla	01/22/2018 16:12:58 PM
Contract Manager Approval	ablackwe	01/24/2018 08:00:28 AM
Budget Analyst Approval	knielsen	01/24/2018 08:01:43 AM
BOE Agenda Approval	sbrown	02/15/2018 10:29:50 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19593**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2697-46**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **WestEd**Contractor Name: **WestEd**Address: **730 Harrison Street**City/State/Zip: **San Francisco, CA 94107-1242**Contact/Phone: **Virgilio Tinio, Jr. 415-565-3012**Vendor No.: **T81012500**NV Business ID: **NV20111743662**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2018**Contract term: **232 days**4. Type of contract: **Contract**Contract description: **Assessmnt Evaluation**

5. Purpose of contract:

This is a new contract to conduct an external evaluation of the Nevada Assessment System as required per Senate Bill 303 from the 2017 Legislative Session.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: upon receipt of detailed invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per SB 303 of the 2017 Legislative Session, the Nevada Department of Education shall develop and carry out a plan to audit the assessment tools and examinations used to monitor the performance of the pupils and schools for kindergarten and grades 1-12, inclusive, in the public schools system in Nevada; requiring the plan to comply with the grant application process set forth in applicable federal law; making an appropriation; and providing other matters properly relating thereto. Sec 2 of this bill requires the NDE to submit the plan to the United States Secretary of Education to apply for a grant of money pursuant to the provisions of the Every Student Succeeds Act. Sec 3 of this bill requires the NDE to submit the plan and the results to the State Board of Education, the Legislative Committee on Education and the Interim Finance Committee.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is a requirement of the United States Department of Education and the Nevada Legislative Council Bureau that this work be completed by an outside entity.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Center for Assessment
PCG Education
WestEd

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 09/25/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

WestEd has previously been under contract with the Department of Education and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Non-Title 7

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Peter Zutz, Administrator ADAM Ph: 775-687-9166

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	01/22/2018 15:55:23 PM
Division Approval	amccalla	01/22/2018 15:55:26 PM
Department Approval	amccalla	01/22/2018 15:55:42 PM
Contract Manager Approval	amccalla	02/16/2018 13:18:09 PM
Budget Analyst Approval	knielsen	02/16/2018 13:28:08 PM
BOE Agenda Approval	sbrown	02/16/2018 15:56:50 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19139**Amendment Number: **1**Legal Entity Name: **eMetric, LLC**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **eMetric, LLC**Agency Code: **300**Address: **211 N. Loop 1604, Suite 170**Appropriation Unit: **2697-45**Is budget authority available?: **Yes**City/State/Zip: **San Antonio, TX 78232**If "No" please explain: **Not Applicable**Contact/Phone: **Dixie Knight 210-496-6500**Vendor No.: **T27000846**NV Business ID: **NV2010526272**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2017**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2021**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Framework Support**

5. Purpose of contract:

This is the first amendment to the original contract which provides continued ongoing maintenance support, and enhancement to the State's Longitudinal Data System called the Student Accountability Information Network. This amendment decreases the maximum amount from \$3,853,676 to \$3,752,380 and modifies the scope of work to remove the data interaction tool for the High School Proficiency Examination Writing Test and reduce system enhancement hours.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,853,676.00	\$3,853,676.00	\$3,853,676.00	Yes - Action
2. Amount of current amendment (#1):	-\$101,296.00	-\$101,296.00	-\$101,296.00	Yes - Action
3. New maximum contract amount:	\$3,752,380.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The department needs to comply with the accountability reporting requirements of the Every Student Succeeds Act (ESSA) and Nevada Revised Statute 385.347 and prepare and disseminate information on state, district, and school performance and progress in an understandable and uniform format starting with school year 2018.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department relies on eMetric, LLC support because the work to further develop the Nevada Data Portal as the state accountability reporting website for SAIN requires programming and system automation expertise that the current staff does not have.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RFP 1987 was conducted in 2012 and this vendor was chosen by the evaluation team as the highest in accomplishing deliverables with the best cost proposal. Contract Extension Justification #175 was approved by State Purchasing on 3/13/2017 to extend the contract with this vendor through 9/30/2021.

d. Last bid date: 06/21/2012 Anticipated re-bid date: 06/21/2021

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Education #13731 - 9/11/2012-9/30/2017 - work has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	russum	02/07/2018 15:12:01 PM
Division Approval	russum	02/07/2018 15:12:06 PM
Department Approval	amccalla	02/07/2018 17:53:42 PM
Contract Manager Approval	amccalla	02/07/2018 17:53:45 PM

EITS Approval
Budget Analyst Approval
BOE Agenda Approval

lolso3
knielsen
sbrown

02/08/2018 09:50:43 AM
02/14/2018 15:16:36 PM
02/15/2018 10:03:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16458**Amendment Number: **4**Agency Name: **DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE**Legal Entity Name: **Consumer Credit Counseling Service of Southern Nevada**Agency Code: **400**Contractor Name: **Consumer Credit Counseling Service of Southern Nevada**Appropriation Unit: **3195-18**Address: **2650 JONES BOULEVARD**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89146-5628**If "No" please explain: **Not Applicable**Contact/Phone: **MICHELE JOHNSON 702-364-0341**Vendor No.: **T29001911B**NV Business ID: **NV19721000540**To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	21.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	79.00 % FUNDS FOR HEALTHY NEVADA (TOBACCO)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**Anticipated BOE meeting date **03/2018**Retroactive? **Yes**

If "Yes", please explain

3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Information Referral**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides the management and operation of the 2-1-1 information and referral center. This amendment increases the maximum amount from \$3,548,151 to \$3,670,232 due to additional scope of work. These additional funds for outreach and education are only available through June 30, 2018.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,400,000.00	\$1,400,000.00	\$1,400,000.00	Yes - Action
a. Amendment 1:	\$164,702.00	\$164,702.00	\$164,702.00	Yes - Action
b. Amendment 2:	\$94,060.00	\$94,060.00	\$94,060.00	Yes - Action
c. Amendment 3:	\$1,889,389.00	\$1,889,389.00	\$1,889,389.00	Yes - Action
2. Amount of current amendment (#4):	\$122,081.00	\$122,081.00	\$122,081.00	Yes - Action
3. New maximum contract amount:	\$3,670,232.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 232.359 requires a system to provide nonemergency information and referrals concerning health, welfare, human and social services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staffing or facilities to run a 24/7, 365 days a year information and referral call center.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Consumer Credit Counseling Service of Southern Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor scored the highest by the evaluation committee.

d. Last bid date: 12/16/2014 Anticipated re-bid date: 06/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor currently has a subgrant with the Department of Health and Human Services Director's Office and the work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vmilazz1	02/06/2018 10:17:59 AM
Division Approval	vmilazz1	02/06/2018 10:18:04 AM
Department Approval	vmilazz1	02/06/2018 10:18:09 AM
Contract Manager Approval	vmilazz1	02/06/2018 10:18:14 AM
Budget Analyst Approval	bwooldri	02/08/2018 11:58:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11723**Amendment Number: **5**Legal Entity Name: **Milliman, Inc.**Agency Name: **HEALTH CARE FINANCING & POLICY**Contractor Name: **Milliman, Inc.**Agency Code: **403**Address: **1301 Fifth Avenue, Suite 3800**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**City/State/Zip: **Seattle, WA 98101**If "No" please explain: **Not Applicable**Contact/Phone: **Timothy Barclay 206-504-5603**Vendor No.: **PUR0005194**NV Business ID: **NV20011420475**To what State Fiscal Year(s) will the contract be charged? **2011-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **403**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2010**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2018**Contract term: **9 years and 19 days**4. Type of contract: **Contract**Contract description: **Actuarial Services**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides an actuarially sound methodology for capitated rates to be paid to Medicaid Managed Organizations pursuant to federal mandate 42 CFR 438.6. This amendment extends the termination date from December 31, 2018 to December 31, 2019 and increases the maximum amount from \$3,387,382 to \$5,795,877 due to the increased requirements to complete annual capitation rates and additional analysis requiring actuarial certification.

THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM C42437.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$700,000.00	\$700,000.00	\$700,000.00	Yes - Action
a. Amendment 1:	\$1,188,365.00	\$1,188,365.00	\$1,188,365.00	Yes - Action
b. Amendment 2:	\$960,000.00	\$960,000.00	\$960,000.00	Yes - Action
c. Amendment 3:	\$539,017.00	\$539,017.00	\$539,017.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	\$2,408,495.00	\$2,408,495.00	\$2,408,495.00	Yes - Action
3. New maximum contract amount:	\$5,795,877.00			

and/or the termination date of
the original contract has
changed to:

12/31/2019

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal mandates for sound actuarial service pursuant to 42 CFR 438.6

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees lack the skills and expertise for the complexity required to establish actuarially sound rates.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing
Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The scoring system for technical and cost proposals placed Milliman on top.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Existing contract with DHCFP that will expire 12/31/10 with satisfactory performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	jkolenut	01/25/2018 14:53:16 PM
Division Approval	ecreceli	01/29/2018 14:01:54 PM
Department Approval	vmilazz1	02/04/2018 13:12:05 PM
Contract Manager Approval	jkolenut	02/06/2018 08:38:06 AM
Budget Analyst Approval	bwooldri	02/08/2018 12:44:11 PM
BOE Agenda Approval	nhovden	02/12/2018 15:09:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17283**Amendment Number: **2**Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**Legal Entity Name: **Medical Transportation Management, Inc.**Agency Code: **403**Contractor Name: **Medical Transportation Management, Inc.**Appropriation Unit: **3243 - All Categories**Address: **16 Hawk Ridge Drive**Is budget authority available?: **Yes**City/State/Zip: **Lake St. Louis, MO 63367**If "No" please explain: **Not Applicable**Contact/Phone: **636-695-5536**Vendor No.: **T32003855**NV Business ID: **NV20071167070**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	34.20 %	Fees	0.00 %
X	Federal Funds	65.80 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3207**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2018**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Non-Emergency Transp**

5. Purpose of contract:

This is the second amendment to the original contract which provides non-emergency transportation (NET) brokerage services. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$26,809,237 to \$66,010,118 to cover a rate increase from \$1.94 to \$2.35 all-inclusive per eligible member per month. This amendment will revise the scope of work to include managed care organization single case agreements, emergency medical only recipients for dialysis, performance level incentive for NET vendor call center and revise the meal reimbursement rate for individuals and their eligible companions in travel status.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$26,809,237.00	\$26,809,237.00	\$26,809,237.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$39,200,881.00	\$39,200,881.00	\$39,200,881.00	Yes - Action
3. New maximum contract amount:	\$66,010,118.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency needs a vendor to provide certain levels of scheduled emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure that individuals can get to and from needed care.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3207 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/01/2015 Anticipated re-bid date: 08/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP has this contract and the vendor has preformed satisfactorily.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	12/27/2017 08:59:25 AM
Division Approval	ecreceli	12/28/2017 09:47:25 AM
Department Approval	vmilazz1	01/03/2018 16:44:43 PM
Contract Manager Approval	jkolenut	01/11/2018 10:47:22 AM
Budget Analyst Approval	bwooldri	01/18/2018 15:24:19 PM
BOE Agenda Approval	nhovden	02/08/2018 09:21:32 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19626**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	UNIVERSITY NEVADA SCHOOL OF MEDICINE DBA MEDSCHOOL ASSOCIATES NORTH
Agency Code:	406	Contractor Name:	UNIVERSITY NEVADA SCHOOL OF MEDICINE DBA MEDSCHOOL ASSOCIATES NORTH
Appropriation Unit:	3162-08	Address:	DBA MEDSCHOOL ASSOCIATES NORTH PENNINGTON MEDICAL BUILDING
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	GAIL SMITH 775-784-6003
		Vendor No.:	T80991321F
		NV Business ID:	GOVERNMENT
To what State Fiscal Year(s) will the contract be charged?	2018-2020		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 16375**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **Yes**

If "Yes", please explain

This contract was to start on January 1, 2018; however, due to an unexpected amount of time of contract negotiations and revisions, contract preparation and submission was regrettably delayed. This vendor provides locum tenens psychiatric and telemed services to consumers at Northern Nevada Adult Mental Health Services and Rural Clinics. The impact on services would be detrimental to consumer health and wellbeing if Psychiatric services were delayed.

3. Termination Date: **12/31/2019**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Psychiatric Services**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing locum tenens services to maintain a standard of care in treating mentally ill consumers during periods of staff shortages.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$858,000.00**

Payment for services will be made at the rate of \$165.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123 the agency may contract with qualified professionals to deliver necessary mental health services. This contract will serve to maintain standard of care for mentally ill consumers during periods of staff shortages.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Standards of care must be maintained during periods of staff psychiatrist shortages, planned or unexpected leave by staff or vacant positions.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

N/A

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2004 to present - NNAHMS - Satisfactory

2016 to present - Rural Clinics - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Greg Kitchingman, Nursing Supervisor Ph: 775-684-5023

Kurt Green, ASO III Ph: 775-688-2030

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	01/31/2018 14:22:26 PM
Division Approval	chadwic1	01/31/2018 14:22:29 PM
Department Approval	vmilazz1	02/02/2018 12:40:07 PM
Contract Manager Approval	rmorse	02/05/2018 08:46:47 AM
Budget Analyst Approval	afrantz	02/15/2018 12:18:54 PM
BOE Agenda Approval	nhovden	02/16/2018 12:12:05 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



JULIE KOTCHEVAR, PhD.
Acting Administrator

LEON RAVIN, MD
Acting Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

4150 Technology Way, Suite 300
Carson City, NV 89706
Telephone: (775) 684-4220 · Fax: (775) 684-4211

January 25, 2018

MEMORANDUM

TO: Nikki Hovden
*Budget Analyst
Budget Division*

THROUGH: Mark Winebarger
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Christina Brooks
*Agency Director
Northern Nevada Adult Mental Health Services*

SUBJECT: REQUEST FOR LATE BUDGET SUBMISSION –MEDSchool Associates North, CETS # 19626

This is a request for a late budget office submission for the contract with Northern Nevada Adult Mental Health Services (NNAMHS) and MEDSchool Associates North, CETS #19626. This request is necessitated by the addition of Rural Clinics (RC) and prolonged contract negotiations and changes. We therefore request a retroactive start date of January 1, 2018 and an expected approval from the Board of Examiner's (BOE) on March 13, 2018.

Psychiatric services will include: direct client care, evaluation, medication prescriptions with management, triage, follow along telephone consultation and staff training as necessary at NNAMHS. Funding will be 100% from General Funds using category 08 professional services.

Negotiations started in September and required multiple contacts requesting changes that required responses from several parties; with the addition of RC, this delayed the contract past the requested date of January 1, 2018. A shortage of psychiatric staffing makes it imperative that the psychiatrists that provide services for NNAMHS and RC continue uninterrupted.

The impact on services would be detrimental to consumer health and wellbeing if Psychiatric services were delayed.

In the future, contract negotiations with the School of Medicine will start sooner to avoid any delays in the contract processing.

Thank you for your consideration in this matter.

CC: Contract Unit
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19465**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3224-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Lincoln County DBA LINCOLN COUNTY TREASURER**Contractor Name: **Lincoln County DBA LINCOLN COUNTY TREASURER**Address: **P.O. Box 90**City/State/Zip: **Pioche, NV 89043**Contact/Phone: **775-962-5671**Vendor No.: **T40267400**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

Agency Reference #: **C 16127**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **03/2018**Retroactive? **Yes**

If "Yes", please explain

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

This is a new revenue interlocal agreement that continues individual and family health services utilizing the state's community health nurses.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$77,104.00**

Payment for services will be made at the rate of \$2,796.00 per Month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing these services to the county.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The state and counties provide services to each other on a continuous basis - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	01/17/2018 08:50:39 AM
Division Approval	rmorse	01/17/2018 08:50:41 AM
Department Approval	vmilazz1	01/30/2018 15:41:47 PM
Contract Manager Approval	rmorse	02/01/2018 15:43:41 PM
Budget Analyst Approval	afrantz	02/13/2018 14:17:54 PM
BOE Agenda Approval	nhovden	02/14/2018 10:11:15 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



AMY ROUKIE, MBA
Administrator

LEON RAVIN, MD
Acting Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

4150 Technology Way, Suite 300
Carson City, NV 89706
Telephone: (775) 684-4220 · Fax: (775) 684-4211

January 26, 2018

MEMORANDUM

TO: **Bessie Wooldridge**
Budget Analyst
Budget Division

THROUGH: **Mark Winebarger**
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: **Tina Gerber Winn – Agency Manager**
Community Health Services

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – 7/1/2017**
(CETS # 19465)

The purpose of this Interlocal Contract is to provide public health services to meet the health needs of rural and frontier communities. This contract has incurred many delays during the County negotiation and revision process concerning deliverables and reimbursement rates charged to them as well as a delay in the signature processes in Lincoln County. Once the contract was signed by Lincoln County it was emailed to a State staff member who had left the program. This was discovered during a follow up call to the county and as such Lincoln County had to have the contract signed again which resulted in additional delays. During all of the negotiations and delays Community Health Services had continued to provide community health services to the residents of Lincoln County and as such this interlocal agreement will need to be approved retroactively so that county can be billed for these services.

We therefore request that this contract be accepted with a retroactive start date of July 1st, 2017.

If the attached contract is denied, the ability of Community Health Services, in collaboration with Lincoln County, to manage infectious diseases per (NRS 439.350, 439.360 and 441A) will be seriously impacted and/or unable to continue with the provision of services.

Thank you for your consideration in this matter.

CC: Contract Unit
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **12810**Amendment Number: **5**Agency Name: **DIVISION OF CHILD AND FAMILY SERVICES**Legal Entity Name: **Nevada PEP, Inc.**Agency Code: **409**Contractor Name: **Nevada PEP, Inc.**
Address: **2101 S. Jones Blvd Suite 120**Appropriation Unit: **3646-04**City/State/Zip: **Las Vegas, NV 89146-3171**Is budget authority available?: **Yes**Contact/Phone: **Karen Taycher 702-388-8899**If "No" please explain: **Not Applicable**Vendor No.: **T80975409**NV Business ID: **NV19931063169**To what State Fiscal Year(s) will the contract be charged? **2012-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	60.00 %	Fees	0.00 %
X	Federal Funds	29.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	11.00 % Health NV

Agency Reference #: **RFP #1936**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2012**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2019**Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **Support Services**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides family-to-family services for both northern and southern Nevada. This amendment increases the maximum amount from \$3,139,155 to 3,981,266 due to an increase in hours from 77,262 to 97,988 and an increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$648,820.03	\$648,820.03	\$648,820.03	Yes - Action
a. Amendment 1:	\$710,781.66	\$710,781.66	\$710,781.66	Yes - Action
b. Amendment 2:	\$209,975.84	\$209,975.50	\$209,975.50	Yes - Action
c. Amendment 3:	\$0.00	-\$0.50	-\$0.50	No
d. Amendment 4:	\$1,569,577.53	\$1,569,577.03	\$1,569,577.03	Yes - Action
2. Amount of current amendment (#5):	\$842,111.40	\$842,110.43	\$842,110.43	Yes - Action
3. New maximum contract amount:	\$3,981,266.46			

II. JUSTIFICATION

7. What conditions require that this work be done?

Families in need of assistance for counseling when not yet in DCFS program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State and Division employees don't provide family counseling.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only bidder, met criteria per Scope of Work

d. Last bid date: 09/01/2011

Anticipated re-bid date: 09/01/2012

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contracted with DCFS since 1999 and the services is satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	01/25/2018 13:54:22 PM
Division Approval	pcolegro	01/30/2018 16:48:23 PM
Department Approval	vmilazz1	01/31/2018 11:42:03 AM
Contract Manager Approval	sknigge	01/31/2018 14:22:21 PM
Budget Analyst Approval	nhovden	02/06/2018 13:39:03 PM
BOE Agenda Approval	nhovden	02/06/2018 13:39:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19635**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-04**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Omni Limousine, Inc.**Contractor Name: **Omni Limousine, Inc.**Address: **1401 Helm Drive**City/State/Zip: **Las Vegas, NV 89119**Contact/Phone: **Stephanie Prasker 718-637-3485**Vendor No.: **T27041980**NV Business ID: **NV20011298789**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	46.00 %	Fees	0.00 %
X	Federal Funds	35.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	19.00 % Patient collections from private insurance

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Transport Services**

5. Purpose of contract:

This is a new contract to provide ongoing transportation services for children in Early Childhood Mental Health Services Treatment programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,158,528.00**Other basis for payment: **As invoiced by the Contractor and approved by the State.****II. JUSTIFICATION**

7. What conditions require that this work be done?

Youth need to be transported to and from program sessions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have staff or equipment to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Corporate Transportation Group
Omni Limousine
Jacob Transportation
Executive Las Vegas
USA Fleet Solutions
Secure Transportation
Silverado Stages

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3496, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/27/2017 Anticipated re-bid date: 09/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	01/18/2018 13:31:50 PM
Division Approval	pcolegro	01/18/2018 15:07:28 PM
Department Approval	vmilazz1	01/30/2018 14:31:15 PM
Contract Manager Approval	sknigge	01/30/2018 15:33:32 PM
Budget Analyst Approval	nhovden	02/06/2018 14:34:35 PM
BOE Agenda Approval	nhovden	02/06/2018 14:34:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17760**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3727-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Nevada Organics, LLC**Contractor Name: **Nevada Organics, LLC**Address: **PO BOX 2713**City/State/Zip: **Jackson, WY 83001**Contact/Phone: **Dane Buk, Owner 307/732-2794**

Vendor No.:

NV Business ID: **NV20171732676**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue Generating Contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/12/2022**Contract term: **3 years and 337 days**4. Type of contract: **Revenue Contract**Contract description: **Inmate Training**

5. Purpose of contract:

This is a new revenue contract to collect reimbursement for the cost to utilize offender labor, provide occupational training for offenders and use land at Silver State Industries (SSI) Prison Ranch for the purpose of compost operations. This contract is contingent upon the review and approval of the Board of State Prison Commissioners during the anticipated meeting date of March 1, 2018.

THIS CONTRACT IS CONTINGENT UPON APPROVAL AT THE MARCH 1, 2018 STATE PRISON COMMISSIONERS MEETING.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$208,992.00**

Payment for services will be made at the rate of \$4,354.00 per Month

Other basis for payment: Inmate labor wages with administrative costs of 30% of total offender wages, utilities reimbursement and workers' compensation reimbursement for offender worker.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 209.461 authorizes the State of Nevada, Nevada Department of Corrections (NDOC), by and through its Director to provide offender work, contractual activity or business activity, subject to the approval of the Board of State Prison Commissioners and the State Board of Examiners. This contract will allow NDOC to provide work and occupational training for offenders through Nevada Organics LLC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue generating contract.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 209.391. This contractor was chosen because they approached NDOC.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

Justin Pope, PI Supervisor 2 Ph: 775-888-8515

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddastal	01/08/2018 19:31:44 PM
Division Approval	amonro1	01/09/2018 08:11:26 AM
Department Approval	sewart	01/09/2018 08:59:15 AM
Contract Manager Approval	mkillia1	02/15/2018 08:46:34 AM
Budget Analyst Approval	bmacke1	02/15/2018 09:35:42 AM
BOE Agenda Approval	hfield	02/16/2018 10:24:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19642**

Agency Name: COMMISSION ON MINERAL RESOURCE Agency Code: 500 Appropriation Unit: 4219-39 Is budget authority available?: No If "No" please explain: Work Program C42348 is adding an additional \$237,710 to Category 39.	Legal Entity Name: CLARK COUNTY DBA CLARK COUNTY REAL PROPERTY MANAGEMENT Contractor Name: CLARK COUNTY DBA CLARK COUNTY REAL PROPERTY MANAGEMENT Address: CLARK CO REAL PROPERTY MNGMNT PO BOX 551825 LAS VEGAS, NV 89155-1825 City/State/Zip: LAS VEGAS, NV 89155-1825 Contact/Phone: 702/455-5889 Vendor No.: T81026920AZ NV Business ID: Exempt To what State Fiscal Year(s) will the contract be charged? 2018-2019
---	---

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Mining Claim
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 3818

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**
 Anticipated BOE meeting date **03/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **293 days**4. Type of contract: **Interlocal Agreement**Contract description: **Clark County Arden**

5. Purpose of contract:

This is a new Interlocal Agreement to provide funding for abatement of non-operating mines and access to the necessary portions of county land in order to complete the Arden Mine Complex Closure Project. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM C42446.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The historic Arden gypsum mine has forty or more open portals which access underground mine workings located on Clark County lands. These underground workings are unsupported and have become a dangerous attraction for local youth and adults. For many years, the Division of Minerals was able to keep people out of these dangerous working using fencing and signage. These are no longer an effective securing method as visitation of these old workings has increased with development nearby. Fences are routinely cut and warning signs removed or vandalized. The Commission of Mineral Resources authorized \$100,000 towards the backfill closures at the Arden Mine Complex in fiscal 2018. The Division estimated the cost of full closure of all mine portals at Arden will cost between \$200,000 - \$250,000. The Division needs access to portions of the County Land in order to close some of the Arden Gypsum Ridge Mines by way of backfilling the mine openings with fill material already in the area using the Division's AML contractor.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Minerals will be managing the backfilling of the Arden due the the expertise and experience in abandoned mine lands work. The Division is also spending \$100,000 of mining claim fees

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Inter-local contract with another government agency (Clark County)

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dvisher	01/31/2018 14:47:33 PM
Division Approval	dvisher	01/31/2018 14:47:37 PM
Department Approval	dvisher	01/31/2018 14:47:41 PM
Contract Manager Approval	rghighie	01/31/2018 14:49:57 PM
Budget Analyst Approval	cmurph3	02/07/2018 15:11:26 PM
BOE Agenda Approval	cmurph3	02/21/2018 10:30:02 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18022**Amendment Number: **2**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity Name: **OUT OF THE SHELL, LLC DBA LINGS**Agency Code: **550**Contractor Name: **OUT OF THE SHELL, LLC DBA LINGS**
Address: **9658 REMER ST**Appropriation Unit: **1362-21**Is budget authority available?: **Yes**City/State/Zip: **SOUTH EL MONTE, CA 91733-3033**

If "No" please explain: Not Applicable

Contact/Phone: **Adriana Briones 909-593-4797**Vendor No.: **T27031199**NV Business ID: **NV20121381639**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$2,200,000 to \$3,613,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,413,000.00	\$1,413,000.00	\$1,413,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$2,200,000.00	\$2,200,000.00	\$2,200,000.00	Yes - Action
3. New maximum contract amount:	\$3,613,000.00			
and/or the termination date of the original contract has changed to:	09/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 09/30/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	02/12/2018 13:55:30 PM
Division Approval	melli2	02/12/2018 13:55:35 PM
Department Approval	melli2	02/12/2018 13:55:42 PM
Contract Manager Approval	melli2	02/12/2018 13:55:50 PM
Budget Analyst Approval	hfield	02/14/2018 16:03:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18023**Amendment
Number: **3**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity
Name: **TYSON PREPARED FOODS, INC.**Agency Code: **550**Contractor Name: **TYSON PREPARED FOODS, INC.**Appropriation Unit: **1362-21**Address: **2200 Don Tyson Parkway**Is budget authority
available?: **Yes**City/State/Zip: **Springdale, AR 72762**If "No" please explain: **Not Applicable**Contact/Phone: **Charles Boger, Director Pricing 479/290-3519**Vendor No.: **T32000901C**NV Business ID: **NV20111130012**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/01/2016**
Examiner's approval?Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **09/30/2018**
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the third amendment to the original contract which provides breakfast and lunch products for the National School Lunch and Breakfast Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$5,000,000 to \$13,000,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,574,400.00	\$4,574,400.00	\$4,574,400.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$425,600.00	\$425,600.00	\$425,600.00	Yes - Action
2. Amount of current amendment (#3):	\$8,000,000.00	\$8,000,000.00	\$8,000,000.00	Yes - Action
3. New maximum contract amount:	\$13,000,000.00			
and/or the termination date of the original contract has changed to:	09/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 09/30/2020

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Tyson is a current vendor for the Department of Agriculture and the services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

melli2

02/12/2018 13:57:21 PM

Division Approval

melli2

02/12/2018 13:57:25 PM

Department Approval

melli2

02/12/2018 13:57:29 PM

Contract Manager Approval
Budget Analyst Approval
BOE Agenda Approval

melli2
hfield
sbrown

02/12/2018 13:57:33 PM
02/16/2018 11:10:57 AM
02/20/2018 08:09:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19724**Agency Name: **DPS-PAROLE & PROBATION**Agency Code: **652**Appropriation Unit: **3740-30**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **UNIVERSITY OF CINCINNATI**Contractor Name: **UNIVERSITY OF CINCINNATI**Address: **51 Goodman Drive****Suite 530**City/State/Zip: **Cincinnati, OH 45221-0222**Contact/Phone: **Amanda Wright 513/556-2868**Vendor No.: **T29024907B**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **1 year and 293 days**4. Type of contract: **Interlocal Agreement**Contract description: **ORAS / EPICS / SRS**

5. Purpose of contract:

This is a new contract to provide training and technical assistance associated with the Ohio Risk Assessment System/Risk Assessment Tool, Offender Risk Evaluations and Effective Practices In Community Supervision methods.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$266,145.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

ORAS / SRS:

Parole and Probation (P&P) has determined that having an effective, evidence based assessment tool is the first step in reducing recidivism. The assessment tool P&P would like to use is the Ohio Risk Assessment System (ORAS). This risk and needs tool is currently used by the Department of Corrections and Parole Board.

Technical assistance will be provided to create an instrument that will conform to the principles of effective intervention by classifying risk levels of offenders in the system, as well as identify criminogenic needs and barriers to treatment and programming.

In order to effectively use ORAS, P&P will need training by staff of the University of Cincinnati (where ORAS was developed).

EPICS:

Research on the principles of effective intervention, coupled with the most recent research on community supervision, provided the impetus for the development of a new model by the University of Cincinnati: Effective Practices in Community Supervision (EPICS).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

ORAS / SRS / EPICS:

This work requires a wide range of specialized expertise, including survey design and implementation, data management and analysis, training and technical assistance, program evaluation, structured treatment curriculum development, correctional program design and redesign, and poly analysis. This training will need to be provided by the University Cincinnati, as they developed ORAS and EPICS.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Exempt - 277.180

Nevada Department Of Corrections has a current contract with the University of Cincinnati to provide this same type of services and/or training.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Division of Corrections

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Tami Beauregard, Management Analyst Ph: (775) 684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	02/08/2018 09:02:03 AM
Division Approval	nkephart	02/08/2018 09:05:44 AM
Department Approval	mcar2	02/08/2018 09:31:23 AM
Contract Manager Approval	mcar2	02/08/2018 09:31:29 AM

Budget Analyst Approval
BOE Agenda Approval
BOE Final Approval

jrodrig9
hfield
Pending

02/14/2018 15:34:04 PM
02/14/2018 15:37:39 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19709**Agency Name: **DPS-RECORDS,
COMMUNICATIONS, AND
COMPLIANCE**Agency Code: **655**Appropriation Unit: **4709-15**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **Beyond 20/20**Contractor Name: **Beyond 20/20**Address: **265 Carling Avenue
#300**City/State/Zip **Ottawa ON Canada, -- K1A2E1**Contact/Phone: **Del Khalife 888-try-2020**

Vendor No.:

NV Business ID: **---**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **03/13/2018**
Examiner's approval?Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2019**Contract term: **1 year and 201 days**4. Type of contract: **Contract**Contract description: **NIBRS**

5. Purpose of contract:

This is a new contract to provide the development and implementation of a web-based incident-based crime data/statistics collection and reporting system that will comply with Federal National Incident-Based Reporting System Guidelines. The contract also includes training for system users.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$321,950.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The work is required as a result of a Federal mandate for the state to be compliant with Incident Based Reporting for crime statistics.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not require the necessary skill set to implement the software needed in accordance with the required time frames.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing
Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This Federal government approved a solicitation waiver and specifically listed this vendor in the grant. See memo and email from Nevada State Purchasing.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Vendor is not currently licensed with the State of Nevada and per the scope of work it is not required due to the limited time of actually doing work in the state; however, the vendor has submitted the necessary paperwork to become licensed within the State and processing is pending.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Vendor is not currently licensed with the State of Nevada and per the scope of work it is not required due to the limited time of actually doing work in the state; however, the vendor has submitted the necessary paperwork to become licensed within the State and processing is pending.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

Vendor is not currently licensed with the State of Nevada.

19. Agency Field Contract Monitor:

Melissa Costa, Management Analyst II Ph: 775.694.6259

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	02/05/2018 15:20:08 PM
Division Approval	nkephart	02/05/2018 15:24:57 PM
Department Approval	mcar2	02/05/2018 15:38:22 PM
Contract Manager Approval	mcar2	02/12/2018 09:34:16 AM
EITS Approval	lolso3	02/12/2018 14:50:19 PM
Budget Analyst Approval	hfield	02/16/2018 09:57:03 AM



U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Statistics

Washington, D.C. 20531

November 3, 2017

Julie Butler, Administrator
Nevada Department of Public Safety
333 West Nye Lane
Carson City, NV 89706-0866

SENT VIA EMAIL ONLY

RE: BJS approval of noncompetitive procurement for supplement to Award 2015-R2-CX-K043

Dear Ms. Butler:

The Bureau of Justice Statistics has approved, through the supplemental application process, the noncompetitive procurement of a NIBRS repository from Beyond 20/20 in the amount of \$313,950. I hope that this information is helpful as you move forward with your NCX-X project. We look forward to continuing to work with and support Nevada's efforts to establish a certified program for reporting crime incident data to the FBI's National Incident Based Reporting System (NIBRS).

If you have any questions or need further information, please contact Kimberly Martin, Grant and Program Manager for the Nevada NCS-X award, by telephone at (202) 598-1179 or by email at Kimberly.Martin@usdoj.gov.

Sincerely,

Erica L. Smith
Unit Chief, Law Enforcement Incident-Based Statistics Unit
Bureau of Justice Statistics
U.S. Department of Justice
(202) 616-3491
Erica.L.Smith@usdoj.gov

Melissa Carr

From: Jeffrey Haag
Sent: Friday, February 02, 2018 12:35 PM
To: Sheri Brueggemann
Cc: Cindy L. Stoeffler; Melissa Carr
Subject: RE: Solicitation Waiver Beyond 20/20

Hi Sheri,

We are in agreement with the letter from the FBI authorizing direct contracting with 20/20, please proceed with State Purchasing's approval.

Thank you
Jeff

Jeffrey Haag | Administrator
Purchasing Division
515 E Musser St, 3rd Floor
Carson City NV 89701
775-684-0170



**Nevada Department
of Administration**
www.admin.nv.gov
Efficient & Responsive State Government

From: Sheri Brueggemann
Sent: Friday, February 02, 2018 8:21 AM
To: Jeffrey Haag
Cc: Cindy L. Stoeffler; Melissa Carr
Subject: FW: Solicitation Waiver Beyond 20/20

Hi Jeff,

We are nearly ready to sign off on the contract 20/20 for which the Federal Granting agency approved a sole source. Cindy indicates below that with documentation it is permissible to go forward with the contract. (Please see below). Our DAG wants to ensure that we have your approval to do this. Would you mind reviewing the email below and replying with an approval if you agree.

Thank you,

Sheri Brueggemann

Senior Fiscal Officer
Administrative Services Officer IV

Department of Public Safety
(775) 684-4536

From: Melissa Carr
Sent: Thursday, February 1, 2018 4:39 PM
To: Sheri Brueggemann
Subject: Solicitation Waiver Beyond 20/20

Sheri,

Here is the email from Purchasing indicating that the Federal Solicitation waiver would supersede the State's Authority.

Thank you,

Melissa K. Carr

Administrative Services Officer
Department of Public Safety
Phone: 775-684-4593
Fax: 775-684-4809
mcarr@dps.state.nv.us



Confidentiality Statement: This e-mail and any attachment(s) are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. Any review, retransmission, dissemination or other use of, or taking any action in reliance upon, this information by anyone other than the intended recipient is not authorized. If you are not the intended recipient and/or you are not entitled to receive attorney client privileged material including attorney work product, the release to you of this privileged information is inadvertent, and the release is not intended to waive the attorney client privilege or the subject matter thereof. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.

From: Cindy L. Stoeffler
Sent: Wednesday, November 01, 2017 2:50 PM
To: Melissa Costa
Cc: Tammy Trio; Mark G. Stewart
Subject: Solicitation Waiver Beyond 20/20

Hello Melissa:

I am in receipt of your solicitation waiver for Beyond 20/20. Unfortunately, the submission may not or cannot be approved based on the following:

Please refer to your answer in #4: It appears the agency is indicating "...the use of Beyond 20/20 (as a Sole Source) was approved by the FBI for DPS under the terms of the grant..." If the Federal Government has indicated in your grant award that you must use Beyond 20/20 at the sole source vendor/provider, that would supersede the State's authority. A waiver from State Purchasing would not be required. You would need to include the portion of your award stating such as an attachment in CETS and as a part of your contract submission to your Budget Analyst/Budget Division and proceed.

Please refer to your answer in #1: The contract amount (\$322,000.00) & term (1 year) indicates State Purchasing would be required to conduct a formal solicitation on behalf of the agency, if the above does not apply.

Please refer to your answer in #5: The RFI processed is a tool used to help agencies to discover what is actually available/out there on the market, to help disclose possibilities that agencies may never have considered or not known existed and to help them write a better and/or more inclusive, detailed scope of work. You cannot use the RFI process to award to a vendor. In this case, the RFP process would need to be conducted.

Please refer to your answer in #7: Again, as a part of your grant award, if the Feds have indicated you are to sole source to Beyond 20/20, a waiver from Purchasing would not be required.

If you have questions, please feel free to reach out,

Best Regards,

**Cindy Stoeffler
State of Nevada
Department of Administration
Tel (775) 684-0173
Fax (775) 684-0188
cstoeffler@admin.nv.gov**

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19691**

Agency Name:	DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE	Legal Entity Name:	Idemia Identity & Security USA LLC
Agency Code:	655	Contractor Name:	Idemia Identity & Security USA LLC DBA MorphoTrust USA, LLC
Appropriation Unit:	4709-00	Address:	296 Concord Road #300
Is budget authority available?:	Yes	City/State/Zip:	Billerica, MA 01821-3487
If "No" please explain:	Not Applicable	Contact/Phone:	877-512-0692
		Vendor No.:	T29030834
		NV Business ID:	NV20121363420
To what State Fiscal Year(s) will the contract be charged?	2018-2019		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X Fees	100.00 % Revenue contract - received for services by users
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2017**Anticipated BOE meeting date **03/2018**Retroactive? **Yes**

If "Yes", please explain

The contract was provided to MorphoTrust LLC on September 21, 2017 however it was not returned to RCCD until November 20, 2017 despite attempts by RCCD to have it returned sooner. Receiving the signed contract at such a late date in November did not allow enough time to secure all required signatures prior to the expiration date of November 30, 2017.

3. Termination Date: **12/31/2018**Contract term: **1 year and 30 days**4. Type of contract: **Revenue Contract**Contract description: **Channeling Services**

5. Purpose of contract:

This is a new revenue contract for the on-going channeling service of electronic applicant transmissions to the division's Records Bureau in Carson City for all local government, private agencies and fingerprinting sites to continue efficient processing of fingerprint-based background checks required by law.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

State law requires fingerprint scanning to verify identification of individuals. This contract provides for the electronic scanning of fingerprints, in lieu of manual scanning of fingerprints, at a lower cost to user agencies and private entities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not have the capacity or ability to submit electronic fingerprint transmissions from local government and private agencies.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 180101

Approval Date: 01/05/2018

c. Why was this contractor chosen in preference to other?

This vendor was originally chosen through Purchasing's established solicitation process and was scored the highest by the evaluating committee.

d. Last bid date: 07/08/2013 Anticipated re-bid date: 08/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Company was recently purchased by Idemia but still does business as MorphoTrust.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Melissa Costa, Management Analyst 2 Ph: 775.684.6259

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	02/06/2018 08:50:36 AM
Division Approval	nkephart	02/06/2018 09:08:37 AM
Department Approval	mcar2	02/06/2018 09:24:55 AM
Contract Manager Approval	mcar2	02/06/2018 09:24:58 AM
Budget Analyst Approval	hfield	02/21/2018 10:37:14 AM
BOE Agenda Approval	hfield	02/21/2018 10:37:18 AM
BOE Final Approval	Pending	



Records, Communications and Compliance Division MEMORANDUM

Date: January 4, 2018

To: James Wells, Director, Governor's Finance Office

Thru: Jim Rodriguez, Budget Analyst, Governor's Finance Office

From: Julie Butler, Administrator

Subject: Retroactive Contract/MorphoTrust LLC

Attached is a contract between the Department of Public Safety – Records, Communications and Compliance Division (RCCD) and MorphoTrust LLC for which the Department is requesting retroactive approval.

As the Criminal Repository for the State of Nevada, RCCD is responsible for submitting fingerprints to the FBI via electronic submission. Upon securing MorphoTrust LLC (a fingerprint channeling vendor) via a Purchasing Division procurement in 2013, fingerprints have been submitted to RCCD electronically from MorphoTrust LLC which not only allows RCCD to better meet State and Federal time frames, it also helps expedite the time it takes to get citizens gainfully employed. Without the services of an electronic fingerprint channeling vendor, RCCD is required to convert hard copy fingerprint cards to electronic data which affects required processing timeframes.

Due to the uniqueness of the fingerprint channeling services, RCCD attempted to secure a Solicitation Waiver and enter into a new contract with MorphoTrust LLC; however, this request was denied as it did not meet all of Purchasing's required criteria for a Sole Source. RCCD submitted a request for a contract extension which was approved by Purchasing on September 15, 2017. RCCD then issued an amendment to MorphoTrust LLC to extend the contract thru June 30, 2018 to allow time for the solicitation process.

This amendment was provided to MorphoTrust LLC on September 21, 2017 however it was not returned to RCCD until November 20, 2017 despite attempts by RCCD to have it returned sooner. Receiving the signed amendment at such a late date in November did not allow enough time to secure all required signatures prior to the contract expiration date of November 30, 2017.

The revenue secured under this contract, approximately \$8,000,000.00 to date (November 2013 - current), would still be generated and received by RCCD due to the requirements of State and Federal laws related to criminal history fingerprinting; however, the inability to enter into a retro-active contract with MorphoTrust LLC will have significant impacts on the citizens of the state attempting to secure employment as a result of the additional time needed to process a hard copy fingerprint card and an impact to RCCD as a result of needing to terminate connectivity with all fingerprint sites currently established with MorphoTrust LLC for electronic fingerprint channeling.

RCCD will be submitting the request to the Purchasing Division for the release of a new solicitation in early January 2018 with anticipation of meeting the October 2018 Board of Examiner's meeting for approval.

Your consideration in approval of this contract is greatly appreciated. If you have questions or if I can be of assistance in any way, please contact myself or Mindy McKay at (775) 684-6262. Thank you.

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:

Approval#: 180101

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM
ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information –		
	Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	Department of Public Safety – Records, Communications and Compliance* <i>*Effective July 1, 2017. (Previous contracts executed for the outlined services have been issued under the Department of Public Safety division name of (1) Records and Technology and (2) General Services Division.)</i>	
	Contact Name and Title		Phone Number
	Email Address		
	Melissa Costa, Management Analyst	775.684.6259	mcosta@dps.state.nv.us
	Erica Souza-Llamas, Program Manager	775.684.6241	esouza@dps.state.nv.us

1b	Vendor Information:	
	Identify Vendor:	MorphoTrust USA, Inc. dba MT USA
	Contact Name:	John Olson
	Address:	296 Concord Road, Billerica, MA 01821-6618
	Telephone Number:	952.945.3307
	Email Address:	---

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	Solicitation Waiver
	Professional Service Exemption:	---

1d	Contract Information:			
	Is this a new Contract?	Yes	xxxxx	No
	Amendment:	---		
	CETS:	---		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	12-01-17	End Date: 12-31-18

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Revenue Contract – fees received for services by users

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$5,000,000.00

	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p>The Nevada Department of Public Safety (DPS) Records, Communications and Compliance Division (RCCD) receives civil applicant fingerprint submissions both electronically and manually for licensing and employment purposes authorized by state statute and/or federal authorities. Fingerprints which are submitted electronically to RCCD are transmitted via LiveScan fingerprint machines from around the state. RCCD requires all private and local governmental agencies who electronically transmit fingerprints for background purposes to transmit their applicant fingerprints through the contracted channeling service vendor.</p> <p>RCCD staff vet fingerprint sites and provide approval and documentation, including site security information, to MorphoTrust who is required to establish Virtual Private Network (VPN) connections individually as well as user access with each fingerprint site. This process requires technical expertise from both the vendor and the fingerprint site. The fingerprint sites may need to hire and pay for technical assistance to help establish the VPN connectivity unless they have in-house technical staff.</p> <p>2 Individual contracts are also established between the vendor and each fingerprint site. The vendor is expected to maintain connectivity between themselves and the connected fingerprint sites and to assist the sites' technical staff if needed to. MorphoTrust is also required to establish and maintain connectivity with RCCD and transmit fingerprints to RCCD on a daily basis, at a time prescribed by RCCD.</p> <p>MorphoTrust is required to establish a website for its customers to track the status of their fingerprint submissions. Should fingerprint submissions fail during the RCCD validation process, the vendor is required to correct the submissions and resubmit them back to RCCD for processing.</p> <p>Additionally, the vendor acts as the "billing agent" between RCCD and the fingerprint sites. Under this structure, the vendor sets up billing accounts with each LiveScan site. Through this, the vendor will bill each site the "per transaction" fee, in addition to the RCCD state and FBI processing fees. The vendor will collect all fees from the fingerprint sites. RCCD will then bill the vendor for the state and FBI processing fees. The vendor will keep the "per transaction" fee for their services and forward the state and FBI processing fees to RCCD.</p>
3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p>The service itself does not have any "unique" features/qualifications; this contract is being requested to ensure services are not interrupted during the State approved procurement process.</p>
4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p>RCCD is requesting the solicitation waiver based on the needs of the service to ensure timely processing of civil applicant fingerprints in accordance with State and Federal laws.</p> <p>The previous contract expired November 30, 2017 due to a delay in receiving the signed amendment to extend from MorphoTrust. The amendment to extend was provided to the vendor for signature on/about September 21, 2017. Although several attempts were made by RCCD to secure the signed amendment from the vendor, it was not received until November 16, 2017 which did not allow enough time to receive all required signatures for execution prior to contract expiration.</p> <p>An RFP is currently being developed for release between February and April of 2018, all dependent on the availability of our assigned Purchasing Agent. The RCCD Contract Manager has spoken with the assigned Purchasing Agent and anticipates contract execution no later than October 2018. RCCD has requested this</p>

	retroactive contract go through December 31, 2018 not only to allow the Purchasing Division sufficient time for the RFP/Solicitation process, but also for a transition period that will allow for the new contracted vendor to get connected and meet all security requirements and not incur a lapse in service with regards to electronic fingerprint transmission.
--	--

5	Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i> Alternatives were not evaluated due the time necessary for a vendor providing this service to establish connectivity with RCCD and meet security requirements. To evaluate other alternatives would require utilizing the State's solicitation process.

6	Has the agency purchased this service or commodity in the past? Check One.			Yes: <input type="checkbox"/>	<input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Note: <i>If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>					
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)	
	11-12-13	11-30-17	\$10,000,000.00	Fingerprint Channeling Services	#2031	
			\$			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	If this Solicitation Waiver is not approved, RCCD is at risk for not processing civil applicant fingerprints in the timeframes required by both State and Federal laws. A delay in processing prolongs the opportunity for citizens to begin gainful employment which is an initiative for the Governor's Office of Economic Development (GOED). In addition to the risk of not processing fingerprints timely, RCCD will be impacted because connectivity with all fingerprint sites currently MorphTrust LLC for electronic fingerprint channeling will have to be terminated immediately.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	N/A

9	Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the Instructions.	Yes: <input type="checkbox"/>	<input type="checkbox"/>	No: <input type="checkbox"/>	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	N/A				

Continued/Approving Signatures on Page 4

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Melissa Costa

Agency Representative Initiating Request

Melissa Costa, Management Analyst II

Print Name of Agency Representative Initiating Request

01.03.18

Date

Julie Butler

Signature of Agency Head Authorizing Request

Julie Butler, Administrator

Print Name of Agency Head Authorizing Request

1/3/18

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Signature]

Administrator, Purchasing Division or Designee

1-5-2018

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19693**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-68**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Haley Sharpe Design**Contractor Name: **Haley Sharpe Design**Address: **75 Sherbourne Street Suite 223
CANADA**City/State/Zip: **Toronto, ON M5A2P9**Contact/Phone: **Jane Statham 416-361-3338**

Vendor No.:

NV Business ID: **In progress**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 109 days**4. Type of contract: **Contract**Contract description: **Design New Park**

5. Purpose of contract:

This is a new contract to provide exhibit planning and design services to include project scoping, conceptual design, schematic design and vision documentation for the new Ice Age Fossils State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$68,000.00**

Other basis for payment: payment made on the percentage of completion on a monthly basis

II. JUSTIFICATION

7. What conditions require that this work be done?

There is a new park that requires planning and development.

GFO Note: Email from 2/6/18, Shirley DeCrona, All funds for the contract are in US Dollars.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Staff does not possess the required expertise for exhibit planning and design for the project of this scale.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Quatrefoil Associates
EDX Seattle
Split Rock Studios

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the highest ranked firm out of six.

d. Last bid date: 12/15/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

The company is in process of applying for the business license.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

They are registering with the Secretary of State's office before they come into Nevada.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

They are in the process of filing.

19. Agency Field Contract Monitor:

Dana Dapolito, Park Planning Program Manager Ph: 775-684-2740

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	02/01/2018 15:07:21 PM
Division Approval	sdecrona	02/01/2018 15:07:24 PM
Department Approval	sdecrona	02/01/2018 15:07:27 PM
Contract Manager Approval	sdecrona	02/02/2018 07:08:54 AM
Budget Analyst Approval	cpalme2	02/06/2018 12:23:07 PM
BOE Agenda Approval	sbrown	02/06/2018 17:04:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19670**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FLIGHT CHECK, LTD**Contractor Name: **FLIGHT CHECK, LTD**Address: **5905 MCCART AVENUE**City/State/Zip: **FORT WORTH, TX 76133-2426**Contact/Phone: **817-994-9111**Vendor No.: **T29030203**NV Business ID: **NV20151234916**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF18-008**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2021**Contract term: **3 years and 30 days**4. Type of contract: **Contract**Contract description: **Pilot Training**

5. Purpose of contract:

This is a new contract to provide ongoing annual onsite training, both ground and flight, to six pilots flying Bell UH-1H series helicopters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,000.00**

Payment for services will be made at the rate of \$2,750.00 per day of training, to include expenses

Other basis for payment: Payable upon satisfactory completion of annual training and receipt/approval of contractor invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Training for pilots is mandatory per federal and state law. The Bell UH-1H helicopters that the Division of Forestry flies have had many modifications to fit the agency's mission. This training is provided in the Division's modified helicopters rather than in a standard UH-1H.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not licensed to provide Bell UH-1H series specific flight and ground school training.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Helicopter Safety Training LLC
Bell Helicopter
Flight Check, Ltd.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected due to previous contract history of providing satisfactory service. Additionally, the other two vendors solicited failed to submit quotes for this contract.

d. Last bid date: Anticipated re-bid date: 12/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Flight Check, Ltd. has been under contract with the Nevada Division of Forestry for this service since 2010 (FY10, FY12, FY13-17) and has provided satisfactory service in previous contracts.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Tom Knight, Aviation Services Manager Ph: 775-782-1422

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	01/26/2018 14:13:06 PM
Division Approval	dprather	01/29/2018 08:57:11 AM
Department Approval	dprather	01/29/2018 08:57:14 AM
Contract Manager Approval	ldunn	01/31/2018 15:34:01 PM
Budget Analyst Approval	cpalme2	02/05/2018 11:46:46 AM
BOE Agenda Approval	cmurph3	02/07/2018 14:30:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19648**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3193-09**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Sierra Nevada Journeys**Contractor Name: **Sierra Nevada Journeys**Address: **190 E. Liberty Street**City/State/Zip: **Reno, NV 89501-2209**Contact/Phone: **Karen Senger 775-355-1688**Vendor No.: **T29015313**NV Business ID: **NV20061807775**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **DEP 18-024**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **293 days**4. Type of contract: **Contract**Contract description: **Watershed Education**

5. Purpose of contract:

This is a new contract to provide watershed education programs to students and educators in northern Nevada to increase stewardship and help reduce non-point source pollution.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,021.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The U.S. Environmental Protection Agency provides federal Clean Water Act Section 319 funds to the State of Nevada, Division of Environmental Protection for the specific purpose of addressing nonpoint source pollution through watershed restoration and environmental education projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Division of Environmental Protection, Nonpoint Source Pollution Management Program issues an annual request for proposals (RFP) for the distribution of federal Clean Water Act Section 319 funds for the implementation of environmental restoration and education projects to control nonpoint source pollution. The local match funds generated through the projects fulfill the State's non-federal match obligation for the federal funds.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Clark County Water Reclamation District
Carson Valley Conservation District
Great Basin Outdoor

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 07/05/2017 Anticipated re-bid date: 07/05/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2/14/2017 through 12/31/2017 - NDEP / Water Quality Planning - Service provided was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Birgit Henson, Env Scientist Ph: 775-687-9550

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	randrews	01/23/2018 15:59:05 PM
Division Approval	pcomba	02/05/2018 16:12:38 PM
Department Approval	pcomba	02/05/2018 16:13:02 PM
Contract Manager Approval	mhilk1	02/06/2018 07:05:54 AM
Budget Analyst Approval	cpalme2	02/06/2018 13:32:02 PM
BOE Agenda Approval	sbrown	02/06/2018 16:50:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19584**Agency Name: **B&I - REAL ESTATE DIVISION**Agency Code: **748**Appropriation Unit: **3820-15**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **MATUSKA LAW OFFICES LTD**Contractor Name: **MATUSKA LAW OFFICES LTD**Address: **2310 S CARSON ST STE 6**City/State/Zip: **CARSON CITY, NV 89701-4529**Contact/Phone: **775-350-7220**Vendor No.: **T29038282**NV Business ID: **NV20111512009**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Licensing and administrative fees.
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **INFORMAL SOLICITATION # CIC-REF-18-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2020**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Referee/Arbitrator**

5. Purpose of contract:

This is a new contract to provide referee/arbitrator services statewide on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: As invoiced, not to exceed \$1,000 per referee proceeding.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct referee/arbitrator services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the specialized training required to perform referee/arbitration services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**MCCULLOUGH & ASSOCIATES LTD
LAW OFFICES OF IRA DAVID**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/22/2017 Anticipated re-bid date: 11/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor had a contract with Nevada Business and Industry, Real Estate Division. The contract was from October 8, 2013 thru June 30, 2017. The work provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	01/08/2018 08:03:17 AM
Division Approval	ghilgar	01/08/2018 08:03:21 AM
Department Approval	jhanse4	01/18/2018 10:39:53 AM
Contract Manager Approval	mbenn	01/18/2018 11:03:44 AM
Budget Analyst Approval	auruty	02/23/2018 14:31:07 PM
BOE Agenda Approval	Pending	
BOE Final Approval	Pending	



DEPARTMENT OF BUSINESS AND INDUSTRY

DATE: February 23, 2018
TO: Andre Unruty, Executive Branch Budget Officer
FROM: Grace L Hilgar-DeVito, Administrative Services Officer, B&I
THROUGH: Dale Hansen, Administrative Services Officer III, B&I
RE: CETS Contracts – 19580 and 19584

The Department of Business and Industry is requesting the retroactive approval for contracts # 19580, Millennium Systems and #19584, Matuska Law. We are requesting approval because the contracts have a start date of February 1, 2018. Through a misunderstanding, The Department did not realize these contracts had to go to the Board of Examiners. However, work has not begun on either one of these contracts yet, and work will not commence until these contracts are approved by the Board of Examiners.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19580**Agency Name: **B&I - REAL ESTATE DIVISION**Agency Code: **748**Appropriation Unit: **3820-15**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**

Legal Entity Name: **MILLENNIUM SYSTEMS PRODUCTS**
 Contractor Name: **MILLENNIUM SYSTEMS PRODUCTS**
 Address: **LLC DBA LAW OFFICES OF IRA DAV**
2549 THORNVIEW ST
 City/State/Zip: **LAS VEGAS, NV 89135-1733**
 Contact/Phone: **IRA DAVID 702-990-0646**
 Vendor No.: **T27023491A**
 NV Business ID: **NV20011184581**

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **INFORMAL SOLICITATION # CIC-MED-18-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2020**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Mediation**

5. Purpose of contract:

This is a new contract to provide mediation services statewide on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: As invoiced, not to exceed \$500 for the first 3 hours of mediation.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the specialized training required to perform mediation services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

MCCULLOUGH & ASSOCIATES LTD
MATUSKA LAW OFFICES, LTDb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor meets the minimum general and technical qualifications.

d. Last bid date: 12/22/2017 Anticipated re-bid date: 11/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor had a contract with Nevada Business and Industry, Real Estate Division. The contract was from October 1, 2013 thru September 30, 2017. The work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	01/05/2018 16:03:26 PM
Division Approval	ghilgar	01/05/2018 16:03:33 PM
Department Approval	jhanse4	01/18/2018 10:44:21 AM
Contract Manager Approval	mbenn	01/18/2018 10:54:18 AM
Budget Analyst Approval	aurrutu	02/23/2018 14:29:02 PM
BOE Agenda Approval	Pending	
BOE Final Approval	Pending	



DEPARTMENT OF BUSINESS AND INDUSTRY

DATE: February 23, 2018
TO: Andre Unruty, Executive Branch Budget Officer
FROM: Grace L Hilgar-DeVito, Administrative Services Officer, B&I
THROUGH: Dale Hansen, Administrative Services Officer III, B&I
RE: CETS Contracts – 19580 and 19584

The Department of Business and Industry is requesting the retroactive approval for contracts # 19580, Millennium Systems and #19584, Matuska Law. We are requesting approval because the contracts have a start date of February 1, 2018. Through a misunderstanding, The Department did not realize these contracts had to go to the Board of Examiners. However, work has not begun on either one of these contracts yet, and work will not commence until these contracts are approved by the Board of Examiners.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19675**Agency Name: **B&I - TAXICAB AUTHORITY**Agency Code: **750**Appropriation Unit: **4130-11**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **TRUEPOINT SOLUTIONS, LLC**Contractor Name: **TRUEPOINT SOLUTIONS, LLC**Address: **774 MAYS BLVD STE 10 PMB 377**City/State/Zip: **INCLINE VILLAGE , NV 89451-9613**Contact/Phone: **KEN JOHNSON 916-259-1293**Vendor No.: **T27041955**NV Business ID: **NV20111143792**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Technology
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/29/2020**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Records Mngmt System**

5. Purpose of contract:

This is a new contract to implement an approved Technology Investment Request for an integrated records management system that will capture all necessary data elements, provide preset and ad-hoc queries and allow for communication between all work areas within the Taxicab Authority.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,117,520.00**

Other basis for payment: Invoices to be submitted and payable within 30-45 days after acceptance of each work product and deliverable identified in the Contractors project plan.

II. JUSTIFICATION

7. What conditions require that this work be done?

The system that the Taxicab Authority currently has is a very outdated software application. This TIR was approved during for the 2015-17 biennium and carried forward into the 2017-19 biennium. Please see IFC WP C41848, approved on 12/7/17.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees in our agency are not qualified to carry out the requested services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Tyler Technologies
Telecommunications Development
GI Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3422, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/12/2017 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lfiguero	02/08/2018 07:47:07 AM
Division Approval	lfiguero	02/08/2018 07:47:11 AM
Department Approval	lfiguero	02/08/2018 07:47:14 AM
Contract Manager Approval	lfiguero	02/08/2018 07:52:09 AM
EITS Approval	lolso3	02/08/2018 09:51:30 AM
Budget Analyst Approval	aurrutu	02/14/2018 15:39:37 PM
BOE Agenda Approval	lfree1	02/14/2018 15:51:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19651**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-14**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **NDL GROUP, INC.**Contractor Name: **NDL GROUP, INC.**Address: **5015 Schuster Street**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **702/258-6000**Vendor No.: **T29040151**NV Business ID: **NV20031460058**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3207-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **293 days**4. Type of contract: **Contract**Contract description: **Hoover Dam**

5. Purpose of contract:

This is a new contract to provide waterproof coating to the second level parking lot structure at the Hoover Dam, Business Enterprise of Nevada locations to eliminate leaking into the stores when it rains.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$326,769.40**

Other basis for payment: Invoice#1 (expected 3/31/18): \$72,542.00; Invoice#2 (expected 4/30/18): \$59,340.24; Invoice#3 (expected 5/31/18): \$178,548.69; Invoice#4: Retainage (expected 6/15/18): \$16,338.47; invoices payable upon approval of authorized BEN staff; total contract not to exceed: \$326,769.40.

II. JUSTIFICATION

7. What conditions require that this work be done?

BEN operates a cafeteria and a gift shop on the Hoover Dam property, on the ground floor of a multi-story parking structure. Damage to the existing surface coating, on the 2nd level, allows for substantial leaking into the cafeteria and gift shop when it rains.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The property is owned by the Federal Bureau of Reclamation and State Public Works Division states that they do not have jurisdiction to perform any work on the building, since the State does not own the building.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

NDL Group
Eberhard Southwest
Commercial Roofers
Floor Coatings Etc
Technicoat

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Most qualified vendor as determined by Evaluation Committee

d. Last bid date: 11/14/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Walter Cuneo, Management Analyst II Ph: 775-687-6864

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	01/23/2018 16:22:42 PM
Division Approval	kdesoci1	01/23/2018 16:25:26 PM
Department Approval	jmcentee	01/31/2018 09:05:11 AM
Contract Manager Approval	jmcentee	01/31/2018 09:05:14 AM
Budget Analyst Approval	tgreenam	02/02/2018 08:40:35 AM
BOE Agenda Approval	sbrown	02/02/2018 10:41:27 AM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	MHM	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is the fourth amendment to the original contract to provide temporary medical related positions. This amendment increases the contract maximum from \$55,000,000 to \$75,000,000, extends the contract termination date from March 31, 2018 to March 31, 2019 to allow time for a new solicitation and transition to the new Master Services Agreement vendor and adds a 1% administration fee.				
	Term of Contract:	10/01/2013 - 03/31/2019	Contract # 14723			
2.		VARIOUS STATE AGENCIES	Insight Public Sector, Inc.	OTHER: VARIOUS	\$0.00	
	Contract Description:	This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and, if applicable, a Technology Investment Request prior to start of services.				
	Term of Contract:	2/7/2018 - 09/15/2026	Contract # 19706			

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14723**Amendment Number: **4**Legal Entity Name: **MHM**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Contractor Name: **MHM**Agency Code: **MSA**Address: **1593 Spring Hill Rd Ste 600**Appropriation Unit: **9999 - All Categories**City/State/Zip: **Vienna, VA 22182**Is budget authority available?: **Yes**Contact/Phone: **Tony Zehring 844-646-2484**If "No" please explain: **Not Applicable**Vendor No.: **PUR00005593**NV Business ID: **NV20141574940**To what State Fiscal Year(s) will the contract be charged? **2014-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: **RFP #3051**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2013**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **03/31/2018**Contract term: **5 years and 182 days**4. Type of contract: **MSA**Contract description: **Temporary Assign Med**

5. Purpose of contract:

This is the fourth amendment to the original contract to provide temporary medical related positions. This amendment increases the contract maximum from \$55,000,000 to \$75,000,000 extends the contract termination date from March 31, 2018 to March 31, 2019 to allow time for a new solicitation and transition to the new Master Services Agreement vendor and to add a 1% administration fee.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000,000.00	\$30,000,000.00	\$30,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$25,000,000.00	\$25,000,000.00	\$25,000,000.00	Yes - Action
2. Amount of current amendment (#4):	\$20,000,000.00	\$20,000,000.00	\$20,000,000.00	Yes - Action
3. New maximum contract amount:	\$75,000,000.00			
and/or the termination date of the original contract has changed to:	03/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for individuals with medical related expertise on a temporary basis. The State is contracting with a temporary employment company so the State is not in a position of being held to be the employer.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not provide temporary employee services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3051, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/16/2013 Anticipated re-bid date: 05/16/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The State Purchasing Division and the services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	02/15/2018 13:44:41 PM
Division Approval	mstewa10	02/15/2018 13:44:45 PM

Department Approval	mstewa10	02/15/2018 13:44:49 PM
Contract Manager Approval	rmille8	02/15/2018 13:45:42 PM
Budget Analyst Approval	aurruty	02/15/2018 14:53:54 PM
BOE Agenda Approval	lfree1	02/15/2018 16:10:27 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19706**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **No**

If "No" please explain: Funding approval will happen during the enactment of a Work Plan, which per the PA is required for each purchase under the contract.

Legal Entity Name: **Insight Public Sector Inc**Contractor Name: **Insight Public Sector Inc**Address: **2250 Pinehurst Blvd., #200**City/State/Zip: **Addison, IL 60101-6100**Contact/Phone: **Pam Potter 480-366-7027**Vendor No.: **PUR0004545**NV Business ID: **NV20021477454**To what State Fiscal Year(s) will the contract be charged? **2018-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3466-GD / AR2485**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/07/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/15/2026**Contract term: **8 years and 221 days**4. Type of contract: **MSA**Contract description: **Cloud Services**

5. Purpose of contract:

This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and if applicable, a Technology Investment Request, prior to start of services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: As invoiced by the Vendor and approved by the State, in accordance with each Work Plan.

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple State agencies and political subdivisions require access to cloud solutions to support the needs of their agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not a Cloud Solutions provider.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NASPO ValuePoint Contract for Cloud Solutions awarded to 32 vendors. State Purchasing Division is signing Participating Addenda with vendor awarded under NASPO contract that provide services that state agencies or political subdivisions have expressed a need for.

d. Last bid date: 12/21/2015 Anticipated re-bid date: 12/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gideon Davis, Purchasing Officer Ph: 775-684-0196

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	02/06/2018 08:14:08 AM
Division Approval	mstewa10	02/06/2018 08:14:11 AM
Department Approval	mstewa10	02/06/2018 08:14:14 AM
Contract Manager Approval	gdavi6	02/06/2018 11:23:48 AM
Budget Analyst Approval	aurruty	02/21/2018 11:12:06 AM
BOE Agenda Approval	lfree1	02/21/2018 11:12:28 AM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

03/05/2018

To: Jim Wells, Director, Governor's Finance Office
From: Mark Stewart, Chief of Procurement Services
Subject: Retroactive Memo

The Nevada Department of Administration, Purchasing Division, has entered into a zero-dollar Participating Addendum with Insight Public Sector, Inc. to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, to allow State agencies and political subdivisions the ability to purchase cloud services.

Purchasing Division submitted the contract for Board of Examiners (BOE) approval on February 6, 2018, for the March BOE meeting with an effective date of "Upon BOE Approval." Due to new processes for zero dollar Master Service Agreements, the requirement for Board of Examiners' approval was inadvertently omitted and the contract was subsequently approved as a Clerk of the Board contract, with an effective date of February 7, 2018. To date, no State agencies have utilized the contract, and no work will commence until this contract has been approved by the Board of Examiners.

We therefore request that this contract be accepted with a retroactive start date of February 7, 2018.

A handwritten signature in black ink, appearing to read "Mark Stewart".

Mark Stewart
Chief of Procurement Services

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GARTNER, INC.	FEDERAL	\$181,819	Professional Service
Contract Description:		This is a new work plan under Master Service Agreement contract #18964 which provides research and advisory services related to information technology. This work plan is for Information Technology Research and Executive Programs Leadership Team Plus services for independent review of the operations and department structure to develop long-term strategic planning.				
Term of Contract:		03/13/2018 - 08/08/2021 Contract # 19727				

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19727**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3274-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 75391-1319**Contact/Phone: **239/561-4815**Vendor No.: **PUR0005339A**NV Business ID: **NV19941112701**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3217-21-IDP**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **03/2018**Retroactive? **Yes**

If "Yes", please explain

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval of the attached research and advisory services work plan with Gartner, retroactive to March 1, 2018.

Unfortunately, due to requesting prior approval from the Department of Labor and staffing issues the contract was not executed on time.

3. Termination Date: **08/08/2021**Contract term: **3 years and 149 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **IT Research/Advisory**

5. Purpose of contract:

This is a new work plan under Master Service Agreement contract #18964 which provides research and advisory services related to information technology. This work plan is for Information Technology Research and Executive Programs Leadership Team Plus services for independent review of the operations and department structure to develop long-term strategic planning.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$181,818.67**

Payment for services will be made at the rate of \$0.00 per Invoice

Other basis for payment: Invoice dates: March 01, 2018 Net 30 \$45,454.67 July 01, 2018 Net 30 \$136,364.00

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR IDP is in need of an independent review of the operations and department structure to develop long-term strategic planning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR IDP does not have the expertise to perform this type of analysis and it needs to be independent.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Gaa, Kimberly, IDP Administrator Ph: 775-684-3949

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	02/12/2018 10:54:15 AM
Division Approval	kdesoci1	02/12/2018 10:54:17 AM
Department Approval	kdesoci1	02/12/2018 15:41:30 PM
Contract Manager Approval	btaylo7	02/12/2018 15:42:24 PM
Budget Analyst Approval	tgreenam	02/12/2018 15:56:00 PM
BOE Agenda Approval	sbrown	02/15/2018 09:38:49 AM
BOE Final Approval	Pending	

OFFICE OF THE DIRECTOR

Financial Management



BRIAN SANDOVAL
Governor

DON SODERBERG
Director

JENNIFER McENTEE
Chief Financial Officer

MEMORANDUM

DATE: February 12, 2018

TO: Tiffany Greenameyer, Budget Analyst IV
Department of Administration

FROM: Don Soderberg, Director

SUBJECT: RETROACTIVE CONTRACT
Gartner

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval of the attached research and advisory services work plan with Gartner, retroactive to March 1, 2018.

Unfortunately, the Department of Labor requires prior approval and this delayed the contract being executed on time.

I apologize for this delay. Thank you for your consideration of this request.

Kitty DeSocio
Deputy Chief Financial Officer, DETR

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ROBSON FORENSIC	OTHER: TORT CLAIM	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness services for the case number CV17-00225.				
		Term of Contract:	01/26/2018 - 01/25/2021	Contract # 19694		
2.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	OTHER: CPM ASSESSMENT	\$35,000	Exempt
	Contract Description:	This is a new contract to provide curriculum design and instructional services for the Nevada Certified Public Managers Program from the UNLV School of Public Policy and Leadership.				
		Term of Contract:	01/31/2018 - 06/30/2018	Contract # 19355		
3.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	CYNTHIA OLSON & ASSOCIATES	OTHER: PERSONNEL ASSESSMENT	\$15,064	Professional Service
	Contract Description:	This is a new contract to provide a beginning professional mediation course designed to familiarize participants with the process and practice of mediation and conflict resolution in the workplace.				
		Term of Contract:	02/07/2018 - 06/30/2018	Contract # 19625		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JCRNO, INC. DBA JANI KING	FEE: BUILDINGS AND GROUNDS RENTAL INCOME	\$11,160	
	Contract Description:	This is the second amendment to the original contract which provides ongoing janitorial services for the Sparks Welfare Support Services Office. This amendment extends the termination date from January 31, 2018 to June 30, 2018 and increases the maximum amount from \$94,800 to \$105,960 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and to cover the additional cost of services for the extended period of time.				
		Term of Contract:	02/01/2014 - 06/30/2018	Contract # 15199		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RENO FORKLIFT, INC. DBA STORAGE SYSTEMS/RENO SCALES	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME	\$45,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services for forklifts/dock levelers and miscellaneous equipment in northern Nevada state-owned buildings.				
		Term of Contract:	02/11/2018 - 11/30/2021	Contract # 19495		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ARRINGTON WATKINS ARCHITECTS, LLC	BONDS	\$39,980	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Summit View Youth Correctional Center - Door & Lock Replacement CIP project to include design, construction and bid documents, as well as construction administration services to upgrade, and or replace, all door and locking devices for the Everest and Sierra housing units; CIP Project No. 17-M32; SPWD Contract No. 111791.				
	Term of Contract:	02/01/2018 - 06/30/2022	Contract # 19678			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS	BONDS	\$19,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Chiller Replacement CIP project, to include design, construction and bid documents, as well as construction administration services for the replacement of the air-cooled chiller, associated central plant equipment and controls for building No. 8: CIP Project No. 17-M42; SPWD Contract No. 111803.				
	Term of Contract:	01/25/2018 - 06/30/2021	Contract # 19641			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK	BONDS	\$30,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Rawson Neal Hospital - Nursing Stations Protective Barriers CIP project to include design, construction and bid documents, as well as construction administration services to install a countertop barrier/framed acrylic window security system to protect staff: CIP Project No. 17-C07; SPWD Contract No. 111822.				
	Term of Contract:	02/01/2018 - 06/30/2022	Contract # 19682			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD DBA CR ENGINEERING	BONDS	\$47,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Wells Conservation Camp - Boiler Plant Upgrades CIP project to include design, construction and bid documents, as well as construction administration services for the installation of two 200,000 BTUH hot water boilers and one water heater with upgrades to the associated infrastructure/controls: CIP Project No. 17-M38; SPWD Contract No. 111801.				
	Term of Contract:	02/01/2018 - 06/30/2022	Contract # 19679			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS	OTHER: AGENCY FUNDS	\$49,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Enterprise Information Technology Services - Cooling System Renovation Advance Planning CIP project, to include design, construction and bid documents for the replacement of the air conditioning system associated with the State Computer Facility Main Server Rooms in Carson City: CIP Project No. 17-P03; SPWD Contract No. 111814.				
	Term of Contract:	01/26/2018 - 06/30/2022	Contract # 19671			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS	BONDS	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Home - Air Handler Renovation CIP project, to include design, construction and bid documents for the HVAC temperature control system upgrade: CIP Project No.17-M51; SPWD Contract No. 111770.				
	Term of Contract:	01/26/2018 - 06/30/2021	Contract # 19617			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TECTONICS DESIGN GROUP	BONDS	\$27,755	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide ADA Improvements CIP project, to include design, construction and bid documents, as well as construction administration services to remove and replace non-ADA compliant sidewalks and landings to multiple building at the Sierra Regional Center in Sparks: CIP Project No. 17-S02-(2); SPWD Contract No. 111820.				
	Term of Contract:	01/25/2018 - 06/30/2022	Contract # 19661			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JENSEN ENGINEERING, INC.	BONDS	\$18,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Communications System Upgrade CIP project to include design, construction and bid documents, as well as construction administration services design upgrades to the facility's telephone, data services and communications backbone: CIP Project No. 17-M45; SPWD Contract No. 111813.				
	Term of Contract:	02/01/2018 - 06/30/2022	Contract # 19676			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	HIGHWAY	\$26,970	Professional Service
	Contract Description:	This is a new contract to provide professional mechanical and electrical engineering services for the Reno Highway Patrol Headquarters - Central Plant and Control System Upgrades CIP project, to include design, construction and bid documents to replace the building's boilers, chiller, control system and associated infrastructure: CIP Project No. 17-M60; SPWD Contract No. 111805.				
	Term of Contract:	01/25/2018 - 06/30/2021	Contract # 19640			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS	BONDS	\$26,950	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Stewart Indian School Cultural and Welcome Center CIP project: CIP Project No. 17-C08; SPWD Contract No. 111360. This amendment increases the maximum amount from \$81,700 to \$108,650 due to the addition of two basement restrooms, revision of the hardwood flooring treatment and consultation for the furnishings, fixtures and equipment.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19218		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	OTHER: AGENCY FUNDED CIP	\$22,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada National Guard Army Aviation Support Facility (AASF) - Aircraft Apron Gates Replacement Agency CIP project, to include design, construction and bid documents, as well as, construction administration services to design and construct an aircraft slide gate replacement for the AASF apron: CIP Project No. 18-A027; SPWD Contract No. 111792.				
		Term of Contract:	01/26/2018 - 06/30/2022	Contract # 19664		
17.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	THE ABBI AGENCY	GENERAL	\$20,000	
	Contract Description:	This is a new contract for the design and development of a new website.				
		Term of Contract:	02/09/2018 - 06/30/2018	Contract # 19666		
18.	300	DEPARTMENT OF EDUCATION - STANDARDS AND INSTRUCTIONAL SUPPORT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	\$20,000	
	Contract Description:	This is a new interlocal agreement for the 2018 State Educational Technology Needs Assessment.				
		Term of Contract:	01/29/2018 - 10/30/2018	Contract # 19597		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	NATIONAL STUDENT CLEARINGHOUSE	FEDERAL	\$40,000	
	Contract Description:	This is a new contract for the National Student Clearinghouse to develop and perform a process that will match data on students graduating from Nevada public education in school years 2015-2016, 2016-2017 and 2017-2018 to student level data in the National Student Clearinghouse's database and will return response files containing the match results for the 2015 and 2016 graduating classes.				
		Term of Contract:	11/15/2017 - 11/14/2019	Contract # 19637		
20.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	DHHS - PUBLIC AND BEHAVIORAL HEALTH	FEDERAL	\$23,748	
	Contract Description:	This is a new intrastate interlocal agreement to provide office space, telephone, computer network services, compensation to Nevada Youth Mental Health First Aid (YMHFA) instructors and contractual administrative support for Project AWARE's YMHFA staff.				
		Term of Contract:	09/30/2017 - 09/29/2018	Contract # 19672		
21.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - COOPERATIVE LIBRARIES AUTOMATED NETWORK (CLAN)	CALIFA GROUP	OTHER: MEMBERSHIP	\$24,836	
	Contract Description:	This is a new contract to perform an operations audit and to develop a strategic plan to create sustainability and efficiencies.				
		Term of Contract:	02/16/2018 - 07/30/2018	Contract # 19639		
22.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	ANYTIME PLUMBING, INC. DBA ABES	GENERAL 54.3% FEDERAL 45.7%	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides plumbing repair and maintenance services. This amendment extends the termination date from March 31, 2018 to March 31, 2020 and increases the maximum amount from \$30,000 to \$40,000 due to the increased need for these services.				
		Term of Contract:	04/01/2016 - 03/31/2020	Contract # 17483		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	RELIANT ELECTRIC, LLC	GENERAL	\$24,000	
		Contract Description: This is a new contract to provide ongoing electrical services and/or repairs to Northern Nevada Adult Mental Health Services and Lake's Crossing Center.				
		Term of Contract:	02/02/2018 - 06/30/2019	Contract # 19441		
24.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	LONE WOLF COMMERCIAL APPLIANCE SERVICE AND REPAIR, LLC	GENERAL	\$24,300	
		Contract Description: This is a new contract to provide ongoing heating, ventilation and cooling repair and maintenance services.				
		Term of Contract:	02/06/2018 - 06/30/2019	Contract # 19586		
25.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	GEN-TECH OF NEVADA, INC.	GENERAL 66% FEDERAL 34%	\$10,380	
		Contract Description: This is a new contract to provide ongoing maintenance services and emergency repairs on the generator.				
		Term of Contract:	02/01/2018 - 01/31/2022	Contract # 19528		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	UNITED LOCK AND SECURITY, INC.	GENERAL 66% FEDERAL 34%	\$40,000	
Contract Description: This is a new contract to provide ongoing preventative, general and specialized locksmith services.						
Term of Contract:			04/10/2018 - 04/09/2022	Contract # 19663		
27.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP DBA SIMPSON COULTER STUDIO	FEDERAL	\$49,500	
Contract Description: This is a new contract to provide professional architectural/engineering services for the development of a Master Development Plan for Nevada Army Guard facilities in southern Nevada in accordance with federal United Facilities Criteria (UFC) 2-100-01 requirements.						
Term of Contract:			01/26/2018 - 06/30/2019	Contract # 19627		
28.	655	DEPARTMENT OF PUBLIC SAFETY - GENERAL SERVICES	GOSERCO, INC.	OTHER: COST ALLOCATION	\$18,113	
Contract Description: This is the first amendment to the original contract which provides digital recording system installation services for the Carson City and Elko dispatch centers. This amendment changes the division name and contact information for the Department of Public Safety, adds Attachment EE - Additional Scope of Work/Trunked Logging Recorder to Section 5 - Incorporated Documents and increases the contract amount from \$262,637 to \$280,750 for the installation of the Trunked Logging Recorder and one year of maintenance for the recorder.						
Term of Contract:			05/13/2014 - 06/30/2018	Contract # 15478		
29.	702	DEPARTMENT OF WILDLIFE - OPERATIONS	ERIN BISHOP, DBA CUSTOM CLEAN ELY	FEE: SPORTSMEN	\$14,400	
Contract Description: This is the first amendment to the original contract which provides janitorial services to the regional office located in Ely. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$14,400 to \$28,800 due to the continued need for these services.						
Term of Contract:			07/15/2016 - 06/30/2020	Contract # 17985		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	702	DEPARTMENT OF WILDLIFE - LAW ENFORCEMENT	WILDLIFE REVOLUTIONS	FEE: SPORTSMEN 60% OTHER: WILDLIFE TRUST FUND 20% FEDERAL 20%	\$20,000	
		Contract Description: This is the first amendment to the original contract which provides taxidermy services. This amendment extends the termination date from March 31, 2018 to February 2, 2019 and increases the maximum amount from \$24,500 to \$44,500 due to additional projects. Term of Contract: 02/02/2015 - 02/02/2019 Contract # 16324				
31.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	FLIGHT CHECK, LTD	FEE: SPORTSMEN	\$22,500	
		Contract Description: This is a new contract to provide annual training for the Department's helicopter pilots. Term of Contract: 02/01/2018 - 01/01/2022 Contract # 19629				
32.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	MATSON'S LABORATORY, LLC	FEDERAL	\$24,600	
		Contract Description: This is a new contract to provide tooth aging of big game animals to determine age at harvest which is essential to determining the age structure of wildlife populations. Term of Contract: 01/26/2018 - 01/08/2022 Contract # 19607				
33.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	CHRISTOPHER R. MCCULLOUGH, LTD DBA MCCULLOUGH & ASSOCIATES	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Contract Description: This is a new contract to provide mediation services statewide on an as needed basis. Term of Contract: 02/01/2018 - 01/31/2020 Contract # 19582				
34.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	MATUSKA LAW OFFICES, LTD	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Contract Description: This is a new contract to provide mediation services statewide on an as needed basis. Term of Contract: 02/01/2018 - 01/31/2020 Contract # 19583				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	753	DEPARTMENT OF BUSINESS AND INDUSTRY - ATTORNEY FOR INJURED WORKERS	JFG SYSTEMS, INC.	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$12,000	
	Contract Description:	This is a new contract to provide outside IT professionals with experience in the preparation and installation of HP Thin Client terminals as well as integration of such machines with the Citrix environment. Additionally, the vendor is to provide design, configuration and installation of one new network server.				
		Term of Contract:	02/05/2018 - 06/30/2018	Contract # 19572		
36.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BISHOP CONTRACTING, INC. DBA BISHOP AIR SERVICE	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$24,500	
	Contract Description:	This is new contract to provide ongoing Heating, Ventilation, and Air Conditioning maintenance and repair service at all existing Business Enterprises of Nevada locations in southern Nevada, including three locations at the Hoover Dam.				
		Term of Contract:	02/16/2018 - 06/30/2020	Contract # 19725		
37.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ENVISE	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$24,500	
	Contract Description:	This is new contract to provide ongoing Heating, Ventilation, and Air Conditioning maintenance and repair service at all existing Business Enterprises of Nevada locations in southern Nevada, including the three locations at the Hoover Dam.				
		Term of Contract:	02/16/2018 - 06/30/2020	Contract # 19726		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	OTHER: BUSINESS ENTERPRISES SET ASIDE AND STATE/FEDERAL VOCATIONAL REHABILITATION GRANT	\$40,000	Exempt
Contract Description: This is a new interlocal contract that continues ongoing services to provide neutral, knowledgeable and experienced attorney Hearing Officer services for hearings as requested. Term of Contract: 02/02/2018 - 06/30/2020 Contract # 19654						
39.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	PEST CONTROL SOLUTIONS, INC.	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUNDS, AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69%	\$10,000	
Contract Description: This is a new contract to provide ongoing pest control services for facilities located in southern Nevada. Term of Contract: 02/05/2018 - 01/31/2020 Contract # 19628						
40.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	KPS3, INC.	OTHER: STATE SUBSIDY 63% PREMIUM REVENUE 37%	\$15,000	Exempt
Contract Description: This is the third amendment to the original contract which provides website redesign for the Program. This amendment extends the termination date from November 1, 2018 to June 30, 2021 and increases the maximum amount of the contract from \$65,775 to \$80,775 in order to enhance the website and support special projects on an as-needed basis. Term of Contract: 11/06/2015 - 06/30/2021 Contract # 17226						

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19694**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Robson Forensic

Contractor Name: **Robson Forensic**Address: **354 North Prince Street**City/State/Zip: **Lancaster, PA 17603**

Contact/Phone: Michael Wetzel 669-273-6440

Vendor No.: pending

NV Business ID: NV20131198256

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Tort claim

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**

Anticipated BOE meeting date 02/2018

Retroactive? **Yes**

If "Yes", please explain

It is in the state's best interest to maintain confidentiality of expert witnesses in ongoing litigation until disclosure date.

3. Termination Date: **01/25/2021**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide ongoing expert witness services for the case number CV17-00225.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: as described in scope of work

II. JUSTIFICATION

7. What conditions require that this work be done?

The state is involved in ongoing litigation that will require the service of the expert witness.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not experts in this field

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Theresa Harr, Sr. Deputy Attorney General Ph: 702-486-3792

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	02/02/2018 13:27:51 PM
Division Approval	cschonl1	02/02/2018 13:27:53 PM
Department Approval	cschonl1	02/02/2018 13:27:55 PM
Contract Manager Approval	cschonl1	02/02/2018 13:27:59 PM
Budget Analyst Approval	myoun3	02/07/2018 09:18:48 AM

ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

J. BRIN GIBSON
First Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

MEMORANDUM

To: Melanie Young, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Date: February 1, 2018

Subject: Retroactive approval for contract #19694 for Robson Forensic

Please accept this request for submission to contract for expert witness services through Robson Forensic. This contract request is being submitted retroactively because it is in the state's best interest to maintain confidentiality of expert witnesses in ongoing litigation until disclosure date.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19355**Agency Name: **ADMIN - DIVISION OF HUMAN
RESOURCE MANAGEMENT**Agency Code: **070**Appropriation Unit: **1363-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNLV**Contractor Name: **BOARD OF REGENTS-UNLV**Address: **UNIVERSITY OF NEVADA-LV
4505 MARYLAND PKWY BOX 451005**City/State/Zip: **LAS VEGAS, NV 89154-1006**Contact/Phone: **702-895-1142**Vendor No.: **D35000815**NV Business ID: **n/a**To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % CPM Assessment

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/31/2018**Anticipated BOE meeting date **12/2017**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **149 days**4. Type of contract: **Interlocal Agreement**Contract description: **CPM Courses**

5. Purpose of contract:

This is a new contract to provide curriculum design and instructional services for the Nevada Certified Public Managers Program from UNLV, School of Public Policy and Leadership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Payment for services will be made at the rate of \$700.00 per day

Other basis for payment: Plus State per diem per day to be billed in accordance with GSA rates for the State of Nevada.

II. JUSTIFICATION

7. What conditions require that this work be done?

The NVCPM program is in a period of substantive transition with the contracted instructors having recently retired and the curriculum needing considerable redesign/updating.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees assigned to the CPM program are working full-time on program administration as well as curriculum redesign and delivery for the introductory level CPM course. UNLV's expertise in public policy and administration is needed to provide curriculum design and instructional delivery of the second half of the program where the topics covered are outside the State employee's areas of expertise.

The UNLV School of Public Policy and Leadership is uniquely qualified to provide this service in an timely manner. The School's commitment to academic excellence and public service meshes well with the NVCPM program focus on applying management theory to practice in the public sector.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per statute NRS 277.080 and SAM 300, this is an interlocal contract, solicitations are not required. A very limited number of vendors have the expertise to teach the Nevada-specific module of the CPM program.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Rebecca Kennard, Employee Development Manager Ph: 702-486-2913

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/06/2017 09:49:11 AM
Division Approval	ddav12	10/06/2017 09:49:17 AM
Department Approval	ddav12	10/06/2017 09:49:20 AM
Contract Manager Approval	ddav12	01/16/2018 15:06:03 PM
Budget Analyst Approval	laaron	01/31/2018 15:12:43 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19625**

Agency Name:	ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT	Legal Entity Name:	Cynthia Olson & Associates
Agency Code:	070	Contractor Name:	Cynthia Olson & Associates
Appropriation Unit:	1363-04	Address:	PO Box 70012
Is budget authority available?:	Yes	City/State/Zip	Albuquerque, NM 87197
If "No" please explain:	Not Applicable	Contact/Phone:	Cynthia Olson 505-573-1417
		Vendor No.:	
		NV Business ID:	NV20181077774
To what State Fiscal Year(s) will the contract be charged?	2018		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Personnel Assessment

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/07/2018**

Anticipated BOE meeting date 02/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **142 days**4. Type of contract: **Contract**Contract description: **Mediation Resolution**

5. Purpose of contract:

This is a new contract to provide a beginning professional mediation course designed to familiarize participants with the process and practice of mediation and conflict resolution in the workplace. The training and certification will be conducted in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,064.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

State employees who are trained mediators, conduct mediations between employees in the workplace. The primary purpose of the Mediation Program is to provide a responsive, informal, confidential, effective means of resolving conflicts as an alternative to formal proceedings.

Mediators are also used to conduct Resolution Conferences which are part of the grievance process.

Additional mediators are needed to replace those that are no longer available or have left State service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No current employees are able to offer this type of training which results in certification.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Phoenix Strategies, Inc.
Mediation Works International
Cynthia Olson & Associates
Mediation Offices of Steven Rosenberg
University of Nevada, Reno
Mediation Training Institute at Eckerd College

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The agency felt that she offered the best program for their needs.

d. Last bid date: 10/31/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Tammy Smith, EEO Officer Ph: 775-684-0104

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	01/11/2018 10:30:56 AM
Division Approval	ddav12	01/11/2018 10:30:59 AM
Department Approval	ddav12	01/11/2018 10:31:02 AM
Contract Manager Approval	ddav12	02/07/2018 09:00:05 AM
Budget Analyst Approval	laaron	02/07/2018 09:30:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15199** Amendment Number: **2**

Legal Entity Name: **JCRNO, Inc.**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **JCRNO, Inc.**

Agency Code: **082** Address: **155 Glendale Ave.**

Appropriation Unit: **1349-12** **SUITE #1**

Is budget authority available?: **Yes** City/State/Zip: **Sparks, NV 89431**

If "No" please explain: Not Applicable Contact/Phone: **Zack Dunnam 775-323-1600**

Vendor No.: **T27037053A**

NV Business ID: **NV20151308003**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2014**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2018**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing janitorial services for the Sparks Welfare Support Services Office. This amendment extends the termination date from January 31, 2018 to June 30, 2018 and increases the maximum amount from \$94,800 to \$105,960 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and to cover the additional cost of services for the extended period of time.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$94,800.00	\$94,800.00	\$94,800.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$11,160.00	\$11,160.00	\$11,160.00	Yes - Info
3. New maximum contract amount:	\$105,960.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings must be kept clean to ensure the safety of the public and employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3055, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/01/2013 Anticipated re-bid date: 09/30/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2012-2013, Buildings and Grounds, Service Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/18/2018 13:28:24 PM
Division Approval	ssands	01/18/2018 13:28:28 PM
Department Approval	ssands	01/18/2018 13:28:32 PM
Contract Manager Approval	ssands	01/22/2018 11:00:00 AM
Budget Analyst Approval	jrodrig9	01/25/2018 16:45:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19495**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RENO FORKLIFT, INC.
Agency Code: 082	Contractor Name: RENO FORKLIFT, INC.
Appropriation Unit: 1349-12	Address: 171 CONEY ISLAND DRIVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89435
If "No" please explain: Not Applicable	Contact/Phone: 775-329-1384
	Vendor No.: PUR0000562B
	NV Business ID: NV19791006438
To what State Fiscal Year(s) will the contract be charged?	2018-2022

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rental Income Revenue

Agency Reference #: ASD 2670968

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/11/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2021**Contract term: **3 years and 293 days**4. Type of contract: **Contract**Contract description: **Forklift maintenance**

5. Purpose of contract:

This is a new contract that provides ongoing maintenance and repair services for forklifts/dock levelers and miscellaneous equipment in Northern Nevada state-owned buildings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$0.00 per hour

Other basis for payment: Dock Leveler; Foreman/mechanic \$75.00 per hr., Helper \$65.00 per hour, Welder \$85.00 per hour; Forklift; Forklift technician \$105.00 per hour. Overtime charges are 1-1/2 times the hourly rate. These rates are for labor only, additional charges for shop supplies, disposal fees, shipping fees, miscellaneous hardware or fluids.

II. JUSTIFICATION

7. What conditions require that this work be done?

All equipment needs to be in working conditions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Requested services are beyond the expertise of B&G personnel.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Reno Forklift
KFC Construction
JMA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of many vendors that repair forklifts. Per SAM 0338.0, each contractor will be contacted to submit bids for specific jobs.

d. Last bid date: 09/01/2017 Anticipated re-bid date: 09/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	02/01/2018 08:30:35 AM
Division Approval	ssands	02/01/2018 08:30:38 AM
Department Approval	ssands	02/01/2018 08:30:42 AM
Contract Manager Approval	ssands	02/01/2018 08:30:46 AM
Budget Analyst Approval	jrodrig9	02/11/2018 22:16:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19678**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	ARRINGTON WATKINS ARCHITECTS, LLC
Agency Code:	082	Contractor Name:	ARRINGTON WATKINS ARCHITECTS, LLC
Appropriation Unit:	1535-34	Address:	5240 N 16TH ST SUITE 101
Is budget authority available?:	Yes	City/State/Zip	PHOENIX, AZ 85016-3214
If "No" please explain:	Not Applicable	Contact/Phone:	602-279-4373
		Vendor No.:	T29005651
		NV Business ID:	NV20041116632

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111791

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Summit View Youth Correctional Center - Door & Lock Replacement CIP project to include design, construction and bid documents, as well as construction administration services to upgrade, and or replace, all door and locking devices is for the Everest and Sierra housing units: CIP Project No. 17-M32; SPWD Contract No. 111791.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,980.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/30/2018 10:42:08 AM
Division Approval	Imars1	01/30/2018 10:42:11 AM
Department Approval	Imars1	01/30/2018 10:42:14 AM
Contract Manager Approval	Imars1	01/30/2018 10:42:17 AM
Budget Analyst Approval	jrodrig9	02/01/2018 01:07:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19641**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-37**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MELROY ENGINEERING, INC. dba**Contractor Name: **MELROY ENGINEERING, INC. dba**Address: **MSA ENGINEERING CONSULTANTS
4599 LONGLEY LANE**City/State/Zip: **RENO, NV 89502**Contact/Phone: **775-828-4889**Vendor No.: **T29022618A**NV Business ID: **NV19971093631**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111803**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/25/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 156 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Chiller Replacement CIP project, to include design, construction and bid documents, as well as construction administration services for the replacement of the air-cooled chiller, associated central plant equipment and controls for building No. 8: CIP Project No. 17-M42; SPWD Contract No. 111803.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/19/2018 10:37:51 AM
Division Approval	Imars1	01/19/2018 10:37:53 AM
Department Approval	Imars1	01/19/2018 10:37:56 AM
Contract Manager Approval	Imars1	01/19/2018 10:37:59 AM
Budget Analyst Approval	jrodrig9	01/25/2018 19:50:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19682**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-23**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD**Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD**Address: **314 S WATER ST.**City/State/Zip **HENDERSON, NV 89015-7311**Contact/Phone: **702-456-3000**Vendor No.: **T80883470**NV Business ID: **NV19821003232**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % **X** Bonds **100.00 %**

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 111822

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Rawson Neal Hospital - Nursing Stations Protective Barriers CIP project to include design, construction and bid documents, as well as construction administration services to install a countertop barrier/framed acrylic window security system to protect staff: CIP Project No. 17-C07; SPWD Contract No. 111822.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Labaj, Mark, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/30/2018 15:26:09 PM
Division Approval	Imars1	01/30/2018 15:26:12 PM
Department Approval	Imars1	01/30/2018 15:26:15 PM
Contract Manager Approval	Imars1	01/30/2018 15:26:17 PM
Budget Analyst Approval	jrodrig9	02/01/2018 01:24:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19679**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1550-66**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROUNDS ENGINEERING LTD. DBA**Contractor Name: **ROUNDS ENGINEERING LTD. DBA**Address: **CR ENGINEERING
5434 LONGLEY LN**City/State/Zip: **RENO, NV 89511-1879**Contact/Phone: **775-826-1919**Vendor No.: **T29024113**NV Business ID: **NV20041355601**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111801**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Wells Conservation Camp - Boiler Plant Upgrades CIP project to include design, construction and bid documents, as well as construction administration services for the installation of two 200,000 BTUH hot water boilers and 1 water heater with upgrades to the associated infrastructure/controls: CIP Project No. 17-M38; SPWD Contract No. 111801.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.m

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/30/2018 11:59:39 AM
Division Approval	Imars1	01/30/2018 11:59:41 AM
Department Approval	Imars1	01/30/2018 11:59:44 AM
Contract Manager Approval	Imars1	01/30/2018 11:59:46 AM
Budget Analyst Approval	jrodrig9	02/01/2018 01:16:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19671**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1558-43**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JBA CONSULTING ENGINEERS, INC.**Contractor Name: **JBA CONSULTING ENGINEERS, INC.**Address: **dba NV5 CONSULTANTS
5155 W PATRICK LN STE 100**City/State/Zip: **LAS VEGAS, NV 89118-2828**Contact/Phone: **Debbie Blodgett 702-362-9200**Vendor No.: **T80928382**NV Business ID: **NV19661000733**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Agency Funds**Agency Reference #: **111814**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 155 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Enterprise Information Technology Services - Cooling System Renovation Advance Planning CIP project, to include design, construction and bid documents for the replacement of the air conditioning system associated with the State Computer Facility Main Server Room's in Carson City: CIP Project No. 17-P03; SPWD Contract No. 111814.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nipp, Bruce, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/26/2018 12:50:26 PM
Division Approval	Imars1	01/26/2018 12:50:29 PM
Department Approval	Imars1	01/26/2018 12:50:31 PM
Contract Manager Approval	Imars1	01/26/2018 12:50:34 PM
Budget Analyst Approval	jrodrig9	01/26/2018 16:46:57 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19617**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1567-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JBA CONSULTING ENGINEERS INC**Contractor Name: **JBA CONSULTING ENGINEERS INC**Address: **DBA NV5 CONSULTANTS
5155 W PATRICK LN STE 100**City/State/Zip: **LAS VEGAS, NV 89118-2828**Contact/Phone: **DEBBIE BLODGETT 702-362-9200**Vendor No.: **T80928382**NV Business ID: **NV20151389633**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111770**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 155 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Home - Air Handler Renovation CIP project, to include design, construction and bid documents for the HVAC temperature control system upgrade: CIP Project No.17-M51; SPWD Contract No. 111770.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Crook, Ron, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	01/25/2018 17:57:05 PM
Division Approval	amarangi	01/25/2018 17:57:07 PM
Department Approval	amarangi	01/25/2018 17:57:10 PM
Contract Manager Approval	amarangi	01/25/2018 17:57:13 PM
Budget Analyst Approval	jrodrig9	01/26/2018 16:52:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19661**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-28**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TECTONICS DESIGN GROUP**Contractor Name: **TECTONICS DESIGN GROUP**Address: **730 SANDHILL ROAD SUITE 250**City/State/Zip: **RENO, NV 89509**Contact/Phone: **775-824-9988**Vendor No.: **T32000404**NV Business ID: **nv20051722323**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111820**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/25/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 156 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Statewide ADA Improvements CIP project, to include design, construction and bid documents, as well as construction administration services to removed and replace non-ADA compliant sidewalks and landings to multiple building at the Sierra Regional Center in Sparks Nevada: CIP Project No. 17-S02-(2); SPWD Contract No. 111820.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,755.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rife, Michael, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/24/2018 14:20:19 PM
Division Approval	Imars1	01/24/2018 14:20:21 PM
Department Approval	Imars1	01/24/2018 14:20:24 PM
Contract Manager Approval	Imars1	01/24/2018 14:20:27 PM
Budget Analyst Approval	jrodrig9	01/25/2018 20:53:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19676**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1590-82**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JENSEN ENGINEERING, INC.**Contractor Name: **JENSEN ENGINEERING, INC.**Address: **9655 GATEWAY DR., STE. A**City/State/Zip: **RENO, NV 89521-2968**Contact/Phone: **775-852-2288**Vendor No.: **T27007578**NV Business ID: **NV19921070456**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % **X** Bonds **100.00 %**

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 111813

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Communications System Upgrade CIP project to include design, construction and bid documents, as well as construction administration services will include design upgrades to the facility's telephone, data services, and communications backbone: CIP Project No. 17-M45; SPWD Contract No. 111813.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Davidow, Clifford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/30/2018 09:54:55 AM
Division Approval	Imars1	01/30/2018 09:54:58 AM
Department Approval	Imars1	01/30/2018 09:55:00 AM
Contract Manager Approval	Imars1	01/30/2018 09:55:03 AM
Budget Analyst Approval	jrodrig9	02/01/2018 00:58:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19640**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PETTY & ASSOCIATES, INC.
Agency Code:	082	Contractor Name:	PETTY & ASSOCIATES, INC.
Appropriation Unit:	1590-83	Address:	1375 GREG ST. SUITE 106
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89431-6077
If "No" please explain:	Not Applicable	Contact/Phone:	Dan L. Danner 775-359-5777
		Vendor No.:	T80580350
		NV Business ID:	NV 19841014622

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

Agency Reference #: 111805

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/25/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 156 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional mechanical and electrical engineering services for the Reno Nevada Highway Patrol Headquarters - Central Plant and Control system Upgrades CIP project, to include design, construction and bid documents to replace the building's boilers, chiller, control system and associated infrastructure: CIP Project No. 17-M60; SPWD Contract No. 111805.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,970.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Donson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/19/2018 09:36:29 AM
Division Approval	Imars1	01/19/2018 09:36:32 AM
Department Approval	Imars1	01/19/2018 09:36:34 AM
Contract Manager Approval	Imars1	01/19/2018 09:36:36 AM
Budget Analyst Approval	jrodrig9	01/25/2018 17:15:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19218**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **HERSHENOW & KLIPPENSTEIN
ARCHITECTS, INC.**Agency Code: **082**Contractor Name: **HERSHENOW & KLIPPENSTEIN
ARCHITECTS, INC.**Appropriation Unit: **1592-25**Address: **dba H+K Architects
5485 RENO CORPORATE DR STE 100**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89511-2262**

If "No" please explain: Not Applicable

Contact/Phone: **775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111360**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/10/2017**
Examiner's approval?Anticipated BOE meeting date **02/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2021**
Termination Date:Contract term: **3 years and 264 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Stewart Indian School Cultural and Welcome Center CIP project: CIP Project No. 17-C08; SPWD Contract No. 111360. This amendment increases the maximum amount from \$81,700 to \$108,650 due to the addition of two basement restrooms, revision of the hardwood flooring treatment, and consultation for the Furnishings, Fixtures and Equipment.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$81,700.00	\$81,700.00	\$81,700.00	Yes - Action
2. Amount of current amendment (#1):	\$26,950.00	\$26,950.00	\$26,950.00	Yes - Info
3. New maximum contract amount:	\$108,650.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/09/2018 09:55:16 AM
Division Approval	Imars1	01/09/2018 09:55:20 AM
Department Approval	Imars1	01/09/2018 09:55:24 AM
Contract Manager Approval	Imars1	01/09/2018 09:55:27 AM
Budget Analyst Approval	jrodrig9	01/29/2018 13:22:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19664**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**
 Agency Code: **082**
 Appropriation Unit: **All Budget Accounts - Category 10**
 Is budget authority available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in agency Account 3650, expenditure category 10, ARMY FACILITIES.

Legal Entity Name: **PURCELL ELECTRICAL PROF CROP**
 Contractor Name: **PURCELL ELECTRICAL PROF CROP**
 Address: **dba PK ELECTRICAL, INC.
681 SIERRA ROSE DR STE B
RENO, NV 89511-2060**
 City/State/Zip: **RENO, NV 89511-2060**
 Contact/Phone: **775-826-9010**

Vendor No.: **T81016802**
 NV Business ID: **NV19961128650**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 100% Agency funded CIP

Agency Reference #: **111792**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**

Anticipated BOE meeting date **03/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **4 years and 155 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Nevada National Guard Army Aviation Support Facility - Aircraft Apron Gates Replacement Agency CIP project, to include design, construction and bid documents, as well as construction administration services to design and construct an aircraft slide gate replacement for the AASF apron: CIP Project No. 18-A027; SPWD Contract No. 111792.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	01/25/2018 09:59:07 AM
Division Approval	Imars1	01/25/2018 09:59:09 AM
Department Approval	Imars1	01/25/2018 09:59:12 AM
Contract Manager Approval	Imars1	01/25/2018 09:59:14 AM
Budget Analyst Approval	jrodrig9	01/26/2018 12:15:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19666**Agency Name: **GOVERNOR'S OFFICE OF
ECONOMIC DEVELOPMENT**Agency Code: **102**Appropriation Unit: **1526-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ABBI AGENCY, THE**Contractor Name: **ABBI AGENCY, THE**Address: **1385 HASKELL ST STE A**City/State/Zip: **RENO, NV 89509-2844**Contact/Phone: **CHRISTOPHER BRUMMER 775/323-2977**Vendor No.: **T27037235**NV Business ID: **NV20081200897**To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2018**

Anticipated BOE meeting date 02/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **140 days**4. Type of contract: **Contract**Contract description: **Website Design**

5. Purpose of contract:

This is a new contract for the design and development of a new website.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Payments will performance based and paid as phases of the project are completed.

II. JUSTIFICATION

7. What conditions require that this work be done?

GOED is charged with diversifying and strengthening Nevada's economy and marketing efforts such as a robust and up-to-date website will further enhance the goals of the agency.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency staff do not have the expertise or skills to complete this work.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Las Vegas Global Economic Alliance
The Abbi Agency
WayLay Designs**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best overall proposal.

d. Last bid date: 01/01/2018 Anticipated re-bid date: 06/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Wildlife currently has a contact with the contractor and the work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brian Baluta, Communications Director Ph: 702-486-2785

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	01/25/2018 15:47:31 PM
Division Approval	bvale1	01/25/2018 15:47:35 PM
Department Approval	bvale1	02/06/2018 08:56:06 AM
Contract Manager Approval	bvale1	02/07/2018 11:53:30 AM
Budget Analyst Approval	lfree1	02/09/2018 11:45:22 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19597**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2675-32**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS - UNR**Contractor Name: **BOARD OF REGENTS - UNR**Address: **Controllers Office M.S. 0325**City/State/Zip: **Reno, NV 89557**Contact/Phone: **Charlene Hart 775-784-4040**Vendor No.: **D35000816**NV Business ID: **EXEMPT - GOV'T ENTITY**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/29/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/30/2018**Contract term: **273 days**4. Type of contract: **Interlocal Agreement**Contract description: **Tech. Needs Assess.**

5. Purpose of contract:

This is a new interlocal agreement for the 2018 State Educational Technology Needs Assessment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: upon receipt of detailed invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The goal of the State Education Technology Needs Assessment (SETNA) as stated in NRS 388.795 (6) is "to conduct an assessment of needs of each school district relating to educational technology." Patterned by the needs assessments conducted in 2008, 2010, 2014, and 2016.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees of the Nevada Department of Education are too involved with grant activities to conduct an objective evaluation. It is common grants management practice for outside evaluators to conduct evaluation on grant activities and projects.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

University of Nevada, Las Vegas
University of Nevada, Reno

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180, the agency is contracting with the Board of Regents - UNR to complete the work. This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has several contracts with the agency, and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Dave Brancamp, Education Programs Director Ph: 775-687-5930

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	01/09/2018 17:52:02 PM
Division Approval	amccalla	01/09/2018 17:54:46 PM
Department Approval	amccalla	01/09/2018 17:54:49 PM
Contract Manager Approval	ablackwe	01/10/2018 07:07:05 AM
Budget Analyst Approval	knielsen	01/29/2018 11:07:41 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19637**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2697-45**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: National Student Clearinghouse

Contractor Name: **National Student Clearinghouse**Address: **P.O. Box 79252**City/State/Zip: **Baltimore, MD 21279**

Contact/Phone: Ricardo D. Torres 703-742-4234

Vendor No.: T29028014A

NV Business ID: NV20111589410

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2017**

Anticipated BOE meeting date 03/2018

Retroactive? **Yes**

If "Yes", please explain

The department had several delays in getting this contract submitted for approvals. The first delay was due to the agency not soliciting bids in a timely manner. Then the vendor wanted language changes on the contract template which required several discussions between our agency's Deputy Attorney General and the vendor's attorneys. These delays have caused the department to risk timely submittal of data reporting and being in compliance with the United States Department of Education.

3. Termination Date: **11/14/2019**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Data Development**

5. Purpose of contract:

This is a new contract for the National Student Clearinghouse to develop and perform a process that will match data on students graduating from Nevada public education in school years 2015-2016, 2016-2017 and 2017-2018 to student level data in the National Student Clearinghouse's database and will return response files containing the match results for the 2015 and 2016 graduating classes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$20,000.00 per fiscal year

Other basis for payment: upon receipt of detailed invoices

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet the United States Department of Education reporting requirements as outlined in the Education Data Exchange Network (EDEN) data files (N160) and required by the State Fiscal Stabilization Fund (SFSF) as signed into law in March 2009.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Department of Education does not have necessary staff, resources, expertise, or the system to perform and process the student data as required.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

National Student Clearinghouse
Sheer ID
Student Data Principles
Indatatum

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

There is no other agency or service around that will allow the Department of Education to gather the required data. The National Student Clearinghouse (NSC) is the only postsecondary data collection agency that works with colleges and universities within Nevada.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Education has contracted with this vendor previously under CETS #12539 and #16237 and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Peter Zutz, ADAM Administrator Ph: 775-687-9255

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	01/22/2018 15:47:36 PM
Division Approval	amccalla	01/22/2018 15:47:40 PM
Department Approval	amccalla	01/22/2018 15:47:42 PM
Contract Manager Approval	ablackwe	01/24/2018 16:21:28 PM
Budget Analyst Approval	knielsen	01/26/2018 09:43:44 AM

BRIAN SANDOVAL
Governor

STATE OF NEVADA

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Superintendent of Public Instruction



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January 22, 2018

MEMORANDUM

TO: James Wells
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Susan Brown
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea McCalla *QMR*
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with National Student Clearinghouse

This memorandum serves as a request for retroactive approval to November 15, 2017, on a contract with the National Student Clearinghouse. The department had several delays in getting this contract submitted for approvals. The first delay was due to the agency not soliciting bids in a timely manner. Then the vendor wanted language changes on the contract template which required several discussions between our agency's Deputy Attorney General and the vendor's attorneys. These delays have caused the department to risk timely submittal of data reporting to the United States Department of Education. If this retroactive contract is not approved, the department will be out of compliance with federal reporting requirements.

We appreciate your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19672**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2721-41**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada Division of Public and Behavioral Health

Contractor Name: **Nevada Division of Public and Behavioral Health**Address: **4150 Technology Way, Suite 100**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: mvalen@hearth.nv.gov 775-684-2236

Vendor No.:

NV Business ID: N/A GOV'T ENTITY

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2017**

Anticipated BOE meeting date 03/2018

Retroactive? **Yes**

If "Yes", please explain

The process of adjusting the financial processes for this project have been delayed due to the exploration by both agencies into which contract vehicle might best serve both agencies. It was eventually determined by the DPBH Attorney General's Office an Intrastate Interlocal Agreement would be best. It is anticipated this adjustment will be continued next fiscal year should funding be approved, which should avoid any future delays.

3. Termination Date: **09/29/2018**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Now is the Time**

5. Purpose of contract:

This is a new intrastate interlocal agreement in which the Office of Suicide Prevention in the Division of Public and Behavioral Health has partnered with the Department to implement Project AWARE and has an ongoing working relationship with the program. The purpose of this contract is to provide office space, telephone, computer network services, compensation to Nevada Youth Mental Health First Aid (YMHFA) instructors and contractual administrative support for Project AWARE's YMHFA staff.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,747.63**

Other basis for payment: monthly upon receipt of billing claim and supporting documentation.

II. JUSTIFICATION

7. What conditions require that this work be done?

Appropriate office space, telephone, computer network services and compensation for YMHFA trainers and contractual Project AWARE YMHFA staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no available State employees in our agency to provide these services. However, the Division of Public and Behavioral Health has the resources to provide services needed.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency is contracting with the Nevada Division of Public and Behavioral Health to complete this service.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

6.1%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Christy McGill, Director SRLE Ph: 775-687-9134

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	01/29/2018 12:41:47 PM
Division Approval	rrussum	01/29/2018 12:41:50 PM
Department Approval	amccalla	01/29/2018 13:50:00 PM
Contract Manager Approval	ablackwe	01/29/2018 13:56:00 PM
Budget Analyst Approval	knielsen	02/05/2018 08:58:01 AM

BRIAN SANDOVAL
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January 25, 2018

MEMORANDUM

TO: James Wells
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Susan Brown
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea McCalla *AM*
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with Nevada Division of Public & Behavioral Health

This memorandum serves as a request for retroactive approval to September 30, 2017 for an Intrastate Interlocal Contract with the State of Nevada Division of Public & Behavioral Health (DPBH).

The Nevada Department of Education was awarded federal funding for the Project AWARE Grant beginning in October 2014 with extensions awarded in subsequent funding cycles continuing into the current fiscal year. The Project AWARE Component II Program – Youth Mental Health First Aid Training – was established as, and continues to be, a collaborative effort between the DPBH-Office of Suicide Prevention (OSP) and the NDE-Office for Safe and Respectful Learning Environments (OSRLE). With oversight of Component II activities falling largely on OSP it was initially anticipated that funding for Component II would be best held by DPBH, and funding has consistently been awarded to DPBH in the form of a subgrant. Unfortunately, the complications of carryover funding and the necessity of two financial approval processes within each state system have created project obstacles which significantly slowed down productivity for Component II, making it more efficient for both agencies to discontinue the sub-award process in-lieu of an Intrastate Interlocal agreement.

The process of adjusting the financial processes for this project have been delayed due to the exploration by both agencies into which contract vehicle might best serve both agencies. It was eventually determined by the DPBH Attorney General's Office an Intrastate Interlocal Agreement would be best. It is anticipated this adjustment will be continued next fiscal year should funding be approved, which should avoid any future delays. We appreciate your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19639**

Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name: Califa Group
Agency Code: 332	Contractor Name: Califa Group
Appropriation Unit: 2895-45	Address: 2471 Flores Street
Is budget authority available?: No	City/State/Zip: San Mateo, CA 94403-2273
If "No" please explain: Work program #C42666 moving funds from category 01 to category 45 is pending April IFC approval.	Contact/Phone: Paula Mackinnon 650-356-2128
	Vendor No.: T32005920
	NV Business ID: NV20171780554
To what State Fiscal Year(s) will the contract be charged?	2018-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Membership Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/16/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/30/2018**Contract term: **163 days**4. Type of contract: **Contract**Contract description: **Consultation Service**

5. Purpose of contract:

This is a new contract to perform an operations audit and to develop a strategic plan to create sustainability and efficiencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,836.00**

Other basis for payment: \$10,000.00 invoiced upon signing contract. \$5,000.00 invoiced on April 30, 2018. \$5,000.00 invoiced May 30, 2018. \$4,836.00 invoiced on July 30, 2018

II. JUSTIFICATION

7. What conditions require that this work be done?

To bridge a significant gap in succession planning, hands on day-to-day oversight is required of the Library Co-Operative operations, with constant communication to all stakeholder groups about tasks accomplished, upcoming, issues thwarting progress and direct communication with responsible parties to what results are needed to resolve issues. Additionally, goals include similar oversight of the Nevada Library Co-Operative assets, resources and obligations through visibility to all budget documents and back up. Finally, direct guidance of organizational steps forward to make sure sustainability of the cooperative and as a system to deliver the best return on investment of our members. Success will depend on working with the Nevada Library Co-Op Board of Directors, the Nevada Library Co-Op Coordinator (new hire), the Nevada State Library, Archives and Public Records (NSLAPR) Administrator and NSLAPR Library Development staff to design, develop, and vigorous project management is required to see our results.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The subject matter expertise to guide this process are not maintained within the agency.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Ruth Metz Associates
Califa Group
CREA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has the experience and was one the highest scoring vendors as selected by the committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Library, Archives and Public Records is contracted with them currently. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jeff Kintop, Administrator Ph: 775-684-3410

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	01/19/2018 09:09:13 AM
Division Approval	ddav12	01/19/2018 09:09:15 AM
Department Approval	ddav12	01/19/2018 09:09:18 AM
Contract Manager Approval	ddav12	01/31/2018 11:05:47 AM
Budget Analyst Approval	cmurph3	02/16/2018 12:17:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17483**Amendment
Number: **1**Agency Name: **DHHS - AGING AND DISABILITY
SERVICES DIVISION**Legal Entity
Name: **ANYTIME PLUMBING INC**Agency Code: **402**Contractor Name: **ANYTIME PLUMBING INC**Appropriation Unit: **3279-07**Address: **4690 W POST RD STE 130**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89118**

If "No" please explain: Not Applicable

Contact/Phone: **Scott Jester 702/362-9300**Vendor No.: **PUR0005090**NV Business ID: **NV19991205584**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	54.30 %	Fees	0.00 %
X	Federal Funds	45.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **04/01/2016**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/31/2018**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Plumbing Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides plumbing repair and maintenance services. This amendment extends the termination date from March 31, 2018 to March 31, 2020 and increases the maximum amount from \$30,000 to \$40,000 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$40,000.00			
and/or the termination date of the original contract has changed to:	03/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 449.6851(1) A facility must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Contracted services are used when required repairs or services exceed the skills of state employees.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Anytime Plumbing
Butter Plumbing
Larkin Plumbing
Red Carpet Plumbing
Pentagon Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor submitted the lowest responsible bid.

d. Last bid date: 01/20/2016 Anticipated re-bid date: 01/20/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2010-2016 Desert Regional Center. Service has been verified as satisfactory. 4-1-2016-current Desert Regional Center, satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	01/24/2018 12:30:45 PM
Division Approval	dbowma1	01/24/2018 12:30:48 PM
Department Approval	vmilazz1	01/30/2018 15:12:17 PM
Contract Manager Approval	khardca1	01/31/2018 12:02:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19441**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	RELIANT ELECTRIC LLC
Agency Code:	406	Contractor Name:	RELIANT ELECTRIC LLC
Appropriation Unit:	3162-07	Address:	685 EDISON WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Wagner 775/342-2900
		Vendor No.:	T29033216
		NV Business ID:	NV20061203512

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16342

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/02/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 147 days**4. Type of contract: **Contract**Contract description: **Electrical Service**

5. Purpose of contract:

This is a new contract to provide ongoing electrical services and/or repairs to Northern Nevada Adult Mental Health Services and Lake's Crossing Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Per Attachment BB

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 333.700, NAC 333.150 and SAM 330.0 contracting for services to maintain building and grounds is required for the safety and well-being of consumers, staff and visitors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current staff does not have the specialized equipment, tools or expertise to perform these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Reliant Electric
Complete Electrical
The Electric Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted the highest quality bid and was willing and able to guarantee rates for 2 years.

d. Last bid date: 09/11/2017 Anticipated re-bid date: 04/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

FY2014 - Nevada State Public Works Board - Satisfactory
FY2016 - Northern Nevada Adult Mental Health Services - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Yeng, Chao, ASO II Ph: 775-688-2033

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	01/18/2018 11:29:13 AM
Division Approval	rmorse	01/18/2018 11:29:17 AM
Department Approval	vmilazz1	01/25/2018 08:24:48 AM
Contract Manager Approval	rmorse	01/25/2018 14:16:42 PM
Budget Analyst Approval	afrantz	02/01/2018 11:03:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19586**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3259-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lone Wolf Commercial Appliance Service and Repair, LLC

Contractor Name: **Lone Wolf Commercial Appliance Service and Repair, LLC**Address: **260 Lakeport Drive**City/State/Zip **Spring Creek, NV 89815-5838**

Contact/Phone: Steve Stanfill 775-777-5663

Vendor No.: T29039794

NV Business ID: NV20151036639

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/06/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 143 days**4. Type of contract: **Contract**Contract description: **HVAC Services**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation and cooling repair and maintenance services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,300.00**

Other basis for payment: \$90 per hour during regular business hours (8:00 am - 4:00 pm); \$135 per hour for after hours and holidays

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to the age of the facility there are times when heating or cooling failures occur that are beyond the staff to properly address and therefore an outside specialist is required. Not performing these can put the health of the youth and staff at risk.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no staff employed that have the expertise or equipment needed for some of the repairs.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Lone Wolf Commercial Appliance
Chester Plumbing and Heating
Snyder Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: 12/11/2017 Anticipated re-bid date: 04/15/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Vern Harlow, Admin Services Officer I Ph: 775-738-7182x224

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	01/02/2018 09:08:32 AM
Division Approval	pcolegro	01/26/2018 07:16:48 AM
Department Approval	vmilazz1	01/30/2018 14:51:49 PM
Contract Manager Approval	sknigge	01/30/2018 15:17:09 PM
Budget Analyst Approval	nhovden	02/06/2018 12:39:17 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19528**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GEN-TECH OF NEVADA, INC.**Contractor Name: **GEN-TECH OF NEVADA, INC.**Address: **4785 COPPER SAGE ST**City/State/Zip: **LAS VEGAS, NV 89115-1896**Contact/Phone: **702/633-6400**Vendor No.: **PUR0003001A**NV Business ID: **NV20001341759**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	66.00 %	Fees	0.00 %
X	Federal Funds	34.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Generator Services**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance services and emergency repairs on the generator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,380.00**

Other basis for payment: \$650 for annual service; \$695 for annual load banking; \$5,000 for unexpected emergencies

II. JUSTIFICATION

7. What conditions require that this work be done?

Desert Willow Treatment Center is a Joint Commission accredited hospital. As part of a Joint Commission standard, the facility is required to run annual generator tests to ensure the hospital has back up resources in the event of a power failure. Additionally, these tests will help ensure that state equipment is running properly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The division does not have any staff with the needed expertise.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Gen-Tech of Nevada
Bell Electrical Systems
AAAA Generators
Power Plus

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to respond.

d. Last bid date: 11/02/2017 Anticipated re-bid date: 11/08/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has contracted with the Division in the past. Service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	12/08/2017 16:05:22 PM
Division Approval	pcolegro	01/18/2018 15:08:20 PM
Department Approval	vmilazz1	01/30/2018 14:43:46 PM
Contract Manager Approval	sknigge	01/30/2018 15:01:56 PM
Budget Analyst Approval	nhovden	02/06/2018 13:00:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19663**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **UNITED LOCK AND SECURITY, INC**Contractor Name: **UNITED LOCK AND SECURITY, INC**Address: **3401 SIRIUS AVE STE 9**City/State/Zip: **LAS VEGAS, NV 89102-8313**Contact/Phone: **Peter Levy 702/258-5625**Vendor No.: **PUR0005649**NV Business ID: **NV20061039362**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	66.00 %	Fees	0.00 %
X	Federal Funds	34.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/09/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new contract to provide ongoing preventative, general and specialized locksmith services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Maintenance and replacement services are needed for door opening devices, lock systems, and security systems generally associated with the safety and security of the facility, employees and youth housed at the facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no employees with the needed expertise.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Commercial Locksmith Services
United Lock and Security Inc.
Las Vegas Lock & Keyb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the only one to respond.

d. Last bid date: 12/28/2017 Anticipated re-bid date: 12/28/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. Contractor has had a contract with the Division previously. Service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	01/25/2018 10:26:48 AM
Division Approval	pcolegro	02/12/2018 09:03:15 AM
Department Approval	vmilazz1	02/19/2018 13:46:14 PM
Contract Manager Approval	sknigge	02/20/2018 09:41:31 AM
Budget Analyst Approval	nhovden	02/21/2018 10:32:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19627**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WELLES PUGSLEY ARCHITECTS LLP**Contractor Name: **WELLES PUGSLEY ARCHITECTS LLP**Address: **dba SIMPSON COULTER STUDIO
151 E WARM SPRINGS RD**City/State/Zip: **LAS VEGAS, NV 89119-4101**Contact/Phone: **Joy Rineer 702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 154 days**4. Type of contract: **Contract**Contract description: **South NV Master Plan**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the development of a Master Development Plan for Nevada Army Guard facilities in southern Nevada in accordance with federal United Facilities Criteria (UFC) 2-100-01 requirements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Army National Guard requires updates to Real Property Development Plan for all Army Guard facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency personnel do not have the necessary qualifications to conduct this study; it requires a professional architect to develop this.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Welles Pugsley Architectsb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	01/24/2018 15:36:59 PM
Division Approval	ctyle1	01/24/2018 15:38:40 PM
Department Approval	ctyle1	01/24/2018 15:38:43 PM
Contract Manager Approval	twollan1	01/24/2018 16:03:10 PM
Budget Analyst Approval	jrodrig9	01/26/2018 16:26:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15478**Amendment
Number: **1**Agency Name: **DPS-RECORDS & TECHNOLOGY**Legal Entity
Name: **Goserco, Inc.**Agency Code: **655**Contractor Name: **Goserco, Inc.**
Address: **7165 E. University Drive
#180**Appropriation Unit: **4702-20**Is budget authority
available?: **Yes**City/State/Zip **Mesa, AZ 85207**

If "No" please explain: Not Applicable

Contact/Phone: **Shawn Andrews 480-964-8911**Vendor No.: **PUR0005456**NV Business ID: **NV20021411265**To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocation

Agency Reference #: **RFP #3097**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **05/13/2014**
Examiner's approval?Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2018**

Termination Date:

Contract term: **4 years and 49 days**4. Type of contract: **Contract**Contract description: **Dispatch Digital Rec**

5. Purpose of contract:

This is the first amendment to the original contract which provides digital recording system installation services for the Carson City and Elko dispatch centers. This amendment changes the division name and contact information for the Department of Public Safety, adds Attachment EE - Additional Scope of Work/Trunked Logging Recorder to Section 5 - Incorporated Documents and increases the contract amount from \$262,637.56 to \$280,750.76 for the installation of the Trunked Logging Recorder and one year of maintenance for the recorder.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$262,637.56	\$262,637.56	\$262,637.56	Yes - Action
2. Amount of current amendment (#1):	\$18,113.20	\$18,113.20	\$18,113.20	Yes - Info
3. New maximum contract amount:	\$280,750.76			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current analog Dispatch Recording System has reached its anticipated shelf life and cannot be repaired. A new digital system is required to ensure accurate and complete the recordings of telephone and radio transmissions for the three DPS Dispatch Centers for public safety purposes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not have the ability or capacity to provide hardware, software, installation, ongoing maintenance and 24/7 support for the provision of a Dispatch Digital Recording System.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3097, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/01/2014 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	02/06/2018 10:18:18 AM
Division Approval	nkephart	02/06/2018 10:35:04 AM
Department Approval	mcar2	02/06/2018 10:44:07 AM
Contract Manager Approval	mcar2	02/06/2018 11:06:03 AM
EITS Approval	lolso3	02/07/2018 08:52:35 AM
Budget Analyst Approval	jrodrig9	02/11/2018 22:46:34 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17985**Amendment
Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4461-10**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **Erin Bishop, DBA**Contractor Name: **Erin Bishop, DBA**Address: **Custom Clean Ely
PO Box 151132**City/State/Zip: **Ely, NV 89315**Contact/Phone: **Erin Bishop 916-812-5551**Vendor No.: **T29037609**NV Business ID: **NV20161304129**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Sportsmen Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **16-73**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/15/2016**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2018**Contract term: **3 years and 351 days**4. Type of contract: **Contract**Contract description: **Ely Janitorial**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services to the regional office located in Ely. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$14,400 to \$28,800 due to the continued need for janitorial services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,400.00	\$14,400.00	\$14,400.00	Yes - Info
2. Amount of current amendment (#1):	\$14,400.00	\$14,400.00	\$28,800.00	Yes - Info
3. New maximum contract amount:	\$28,800.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW office in Fallon requires janitorial services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have the proper supplies or staff to do the janitorial work needed.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nice and Tidy Cleaning
Fallon Window and Carpet Cleaning
Custom Clean Ely

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor could meet all the needs of the department.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	01/08/2018 15:19:19 PM
Division Approval	tdoucett	01/22/2018 08:20:48 AM
Department Approval	eobrien	01/22/2018 17:04:23 PM
Contract Manager Approval	dwendell	01/23/2018 15:20:32 PM
Budget Analyst Approval	hfield	01/26/2018 15:18:29 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16324**Amendment
Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity
Name: **WILDLIFE REVOLUTIONS**Agency Code: **702**Contractor Name: **WILDLIFE REVOLUTIONS**Appropriation Unit: **4463-12**Address: **253 FREEPORT BLVD**Is budget authority
available?: **Yes**City/State/Zip **SPARKS, NV 89431**

If "No" please explain: Not Applicable

Contact/Phone: **Joe Zweifel 775/527-1614**

Vendor No.:

NV Business ID: **NV20111311948**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % **X** Fees **60.00 % Sportsmen****X** Federal Funds **20.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **20.00 % Wildlife trust fund**

Agency Reference #: 15-27

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **02/02/2015**
Examiner's approval?

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/31/2018**
Termination Date:Contract term: **4 years and 1 day**4. Type of contract: **Contract**Contract description: **Taxidermy Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides taxidermy services on an as-needed basis. This amendment extends the termination date from March 31, 2018 to February 2, 2019 and increases the maximum amount from \$24,500 to 44,500 due to additional projects.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,500.00	\$24,500.00	\$24,500.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$44,500.00	Yes - Info
3. New maximum contract amount:	\$44,500.00			
and/or the termination date of the original contract has changed to:	02/02/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale to generating funds.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Department employees are not trained in taxidermy.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Wildlife Revolutions
Headmaster
Red Tail

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

All three vendors were chosen and the agency is working secure contracts with all three.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	01/08/2018 12:23:01 PM
Division Approval	tdoucett	01/22/2018 08:41:20 AM
Department Approval	eobrien	01/22/2018 17:10:43 PM
Contract Manager Approval	dwendell	01/23/2018 15:20:04 PM
Budget Analyst Approval	hfield	01/26/2018 15:02:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19629**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-23**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FLIGHT CHECK, LTD.**Contractor Name: **FLIGHT CHECK, LTD.**Address: **5905 MCCART AVENUE**City/State/Zip: **FORT WORTH, TX 76133-2426**Contact/Phone: **817/346-9220**Vendor No.: **T29030203**NV Business ID: **NV20151234916**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % **X** Fees **100.00 % Sportsmen**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 18-40

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/01/2022**Contract term: **3 years and 335 days**4. Type of contract: **Contract**Contract description: **Pilot Training**

5. Purpose of contract:

This is a new contract to provide annual training for the departments helicopter pilots.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,500.00**

Other basis for payment: As invoiced by the vendor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for flight training for the Department's helicopter pilots. These pilots, flying NDOW-owned helicopters, fly approximately 900 hours annually conducting wildlife surveys under dangerous mountainous conditions. Generally the pilots are accompanied by two NDOW biologists. This annual training is an important safety measure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have certified instructor pilots, proficient in the Eagle Bell 407HP aircraft.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Flight Check, Ltd
Bell Helicopter Training Academy
Helicopter Services**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best Cost and the department is satisfied with training services based upon previous use by NDOW and NDF.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

With the Department of Wildlife and Forestry and has had satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Partnership

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Thielman, Chief Pilot Ph: 775-687-6727

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	01/16/2018 15:54:37 PM
Division Approval	tdoucett	01/22/2018 08:49:40 AM
Department Approval	eobrien	01/24/2018 10:53:28 AM
Contract Manager Approval	dwendell	01/25/2018 08:40:07 AM
Budget Analyst Approval	hfield	02/01/2018 14:15:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19607**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MATSON'S LABORATORY, LLC.**Contractor Name: **MATSON'S LABORATORY, LLC.**Address: **135 WOODEN SHOE LN**City/State/Zip: **MANHATTAN, MT 59741-8391**Contact/Phone: **406/258-6286**Vendor No.: **T81200065**NV Business ID: **NV20161323150**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **18-46**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/08/2022**Contract term: **3 years and 348 days**4. Type of contract: **Contract**Contract description: **Tooth Aging**

5. Purpose of contract:

This is a new contract to provide tooth aging of big game animals to determine age at harvest which is essential to determining the age structure of wildlife populations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,600.00**

Other basis for payment: As invoiced by the vendor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department must obtain an increased understanding of age structure in the state's wildlife population in order to most effectively manage the state's big game resources. Age data from hunter harvested animals is essential to determine age structure of wild populations. Cementum annuli analysis of teeth is the most accurate and widely accepted method for age determination in ungulates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies lack the knowledge, equipment, and expertise to perform these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor could meet the needs of the department.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Pat Jackson, Predator Management Staff Specialist Ph: 775-688-1676

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	01/08/2018 15:35:22 PM
Division Approval	tdoucett	01/22/2018 08:46:05 AM
Department Approval	eobrien	01/22/2018 17:13:28 PM
Contract Manager Approval	dwendell	01/23/2018 15:20:57 PM
Budget Analyst Approval	hfield	01/26/2018 14:18:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19582**Agency Name: **B&I - REAL ESTATE DIVISION**Agency Code: **748**Appropriation Unit: **3820-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHRISTOPHER R MCCULLOUGH LTD**Contractor Name: **CHRISTOPHER R MCCULLOUGH LTD**Address: **DBA MCCULLOUGH & ASSOCIATES
LT****601 S RANCHO DR STE A-10**City/State/Zip: **LAS VEGAS, NV 89106-4898**Contact/Phone: **702-385-7383**Vendor No.: **T27033375**NV Business ID: **NV19901040248**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % **X** Fees **100.00 % Licensing and administrative fees.**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **INFORMAL SOLICITATION # CIC-MED-18-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**Anticipated BOE meeting date **02/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2020**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Mediation**

5. Purpose of contract:

This is a new contract to provide mediation services statewide on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: As invoiced, not to exceed \$500.00 for the first three hours of mediation.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the specialized training required to perform mediation services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**LAW OFFICES OF IRA DAVID
MATUSKA LAW OFFICES, LTD**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the minimum general and technical qualifications.

d. Last bid date: 12/22/2017 Anticipated re-bid date: 11/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor had a contract with Nevada Business and Industry, Real Estate Division. The contract was from October 1, 2013 thru September 30, 2017. The work provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	01/05/2018 16:10:47 PM
Division Approval	ghilgar	01/05/2018 16:10:50 PM
Department Approval	jhanse4	01/18/2018 10:34:47 AM
Contract Manager Approval	mbenn	01/18/2018 10:57:51 AM
Budget Analyst Approval	aurruty	01/31/2018 15:51:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19583**Agency Name: **B&I - REAL ESTATE DIVISION**Agency Code: **748**Appropriation Unit: **3820-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MATUSKA LAW OFFICES LTD**Contractor Name: **MATUSKA LAW OFFICES LTD**Address: **2310 S CARSON ST STE 6**City/State/Zip: **CARSON CITY, NV 89701-4529**Contact/Phone: **775-350-7220**Vendor No.: **T29038282**NV Business ID: **NV20111512009**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % **X** Fees **100.00 % Licensing and administrative fees.**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **INFORML SOLICITATION # CIC-MED-18-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**Anticipated BOE meeting date **02/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2020**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Mediation**

5. Purpose of contract:

This is a new contract to provide mediation services statewide on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: As invoiced, not to exceed \$500.00 for the first three hours of mediation.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the specialized training required to perform mediation services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**MCCULLOUGH & ASSOCIATES LTD
LAW OFFICES OF IRA DAVID**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the minimum general and technical qualifications.

d. Last bid date: 12/22/2017 Anticipated re-bid date: 11/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor had a contract with the Nevada Business and Industry, Real Estate Division. The contract was from March 7, 2014 thru June 30, 2017. The work provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	01/05/2018 16:26:54 PM
Division Approval	ghilgar	01/05/2018 16:26:58 PM
Department Approval	jhanse4	01/18/2018 10:38:10 AM
Contract Manager Approval	mbenn	01/18/2018 11:02:00 AM
Budget Analyst Approval	aurruty	01/24/2018 16:33:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19572**

Agency Name:	B&I - ATTORNEY FOR INJURED WORKERS	Legal Entity Name:	JFG SYSTEMS INC
Agency Code:	753	Contractor Name:	JFG SYSTEMS INC
Appropriation Unit:	1013-26	Address:	2701 NORTHGATE LN STE 5
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89706-1674
If "No" please explain:	Not Applicable	Contact/Phone:	RON BAKER 775/882-5743
		Vendor No.:	PUR0002693
		NV Business ID:	NV20011522418

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/05/2018**

Anticipated BOE meeting date 02/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **144 days**4. Type of contract: **Contract**Contract description: **IT Install & Config**

5. Purpose of contract:

This is a new contract is to provide NAIW with outside IT professionals with experience in the preparation and installation of HP Thin Client terminals as well as integration of such machines with the Citrix environment at its Carson City and Las Vegas offices. Additionally, the vendor is to provide design, configuration and installation of one new network server at NAIW's Carson City office. Contractor will test each newly installed terminal to ensure compatibility with the agency's networked office equipments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Other basis for payment: Billing by Contractor upon completion

II. JUSTIFICATION

7. What conditions require that this work be done?

NAIW has purchased replacement thin clients and will be replacing two servers, in support of their Time Matters Case Management System. These items are to be acquired in accordance with approved FY18 and FY19 budgetary funding and Enterprise Information Technology Services (EITS), replacement schedule. They will require professional assistance with the physical configuration and installation of these devices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no personnel in state employment familiar with the set up, configuration, and installation of the Time Matters system.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Geeks of Nevada
JFG Systems, Inc.
Summit Products

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected based on knowledge, experience and price point.

d. Last bid date: 12/27/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently engaged under contract with NAIW for the maintenance of the thin clients and case management system. They were also the chosen vendor for the initial set up of the system in 2011. NAIW has found them to be reliable, efficient, and reasonable in cost.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Miller, Sheila, Legal Office Manager Ph: 775-684-7553

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	emeckes	12/28/2017 08:31:51 AM
Division Approval	emeckes	01/02/2018 15:11:39 PM
Department Approval	jhanse4	01/30/2018 08:14:13 AM
Contract Manager Approval	emeckes	01/30/2018 08:48:26 AM
EITS Approval	lolso3	01/30/2018 15:10:28 PM
Budget Analyst Approval	aurnuty	02/05/2018 10:46:06 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19725**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BISHOP AIR SERVICE**Contractor Name: **BISHOP AIR SERVICE**Address: **850 S BOULDER HWY
STE 190**City/State/Zip: **HENDERSON, NV 89015-756**

Contact/Phone: Shelley Bishop 702-565-9800

Vendor No.: T29029027

NV Business ID: NV19961085859

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: 3213-20-BEN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/16/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years and 134 days**4. Type of contract: **Contract**Contract description: **Bishop Air**

5. Purpose of contract:

This is new contract to provide ongoing HVAC maintenance and repair service at all existing Business Enterprises of Nevada locations in southern Nevada, including three locations at the Hoover Dam.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Standard: \$84/hr.(M-F 8:00am-5:00pm); All other times: \$126/hr; Hoover Dam parking costs reimbursed upon receipt/approval of ORIGINAL parking receipt; Parts/Materials: maximum of 20% over vendors cost; invoices payable only upon approval by authorized BEN staff; total contract not to exceed \$24,500.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for the maintenance, repair and service of air conditioning units and this service requires trained and experienced technicians.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the required experience and training for these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Enviser
Bishop Air
P1 Group Inc.
AAA Air Filter Co

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen, as they are one of only several qualified to work on the Hoover Dam and to act as backup if other vendors are not available.

d. Last bid date: 12/26/2017 Anticipated re-bid date: 03/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

The vendor has been providing satisfactory services to the DETR and others since 2014.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	02/12/2018 08:31:41 AM
Division Approval	kdesoci1	02/12/2018 12:13:25 PM
Department Approval	jmcentee	02/13/2018 08:23:53 AM
Contract Manager Approval	jmcentee	02/13/2018 08:23:56 AM
Budget Analyst Approval	tgreenam	02/16/2018 15:42:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19726**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ENVISE**Contractor Name: **ENVISE**Address: **680 Pilot Rd****Suite C**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **Steve Martinson 702/777-4000**Vendor No.: **T27038306**NV Business ID: **NV20151201704**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3212-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/16/2018**Anticipated BOE meeting date **04/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years and 134 days**4. Type of contract: **Contract**Contract description: **Envise**

5. Purpose of contract:

This is new contract to provide ongoing HVAC maintenance and repair service at all existing Business Enterprises of Nevada locations in southern Nevada, including the three locations at the Hoover Dam.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Standard Rate: \$80/hr (M-F 7:00am-4:00pm); Rate for all other times: \$120/hr; Extra: Welding (\$45/unit), Recovery (\$75/unit), Vacuum Pump (\$25/unit); Truck Fee: \$40 per site trip; Hoover Dam parking costs reimbursed upon receipt/approval of ORIGINAL parking receipt; Parts/Materials: maximum of 20% over vendors cost; invoices payable only upon approval by authorized BEN staff; total contract not to exceed \$24,500.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for the maintenance, repair and service of air conditioning units and this service requires trained and experienced technicians.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the required experience and training for these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

P1 Group Inc.
Enviser
AAA Air Filter Co
Bishop Air

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen, as they are qualified to work on the Hoover Dam and their prices are the lowest.

d. Last bid date: 12/26/2017 Anticipated re-bid date: 03/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory services to the Dept.of Corrections and others since 2015.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	02/12/2018 08:30:32 AM
Division Approval	kdesoci1	02/12/2018 12:29:12 PM
Department Approval	jmcentee	02/13/2018 08:24:09 AM
Contract Manager Approval	jmcentee	02/13/2018 08:24:11 AM
Budget Analyst Approval	tgreenam	02/16/2018 15:45:36 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19654**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Dept. of Administration

Contractor Name: **Dept. of Administration**Address: **Hearings Division
220 South Rancho Drive #210**City/State/Zip: **Las Vegas, NV 89102**

Contact/Phone: Michelle Morgando 702-486-2535

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Business Enterprises Set Aside and State/Federal VR Grant**

Agency Reference #: 3205-22-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/02/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years and 148 days**4. Type of contract: **Interlocal Agreement**Contract description: **Admin-Hearings**

5. Purpose of contract:

This is a new interlocal contract that continues on-going services to provide neutral, knowledgeable and experienced attorney Hearing Officer services for hearings as requested.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Attorney: \$100/hr; Clerical: \$50/hr; actual costs for transcription, copying and mailing associated with hearing and/or appeals. The total contract shall not exceed \$40,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Rehabilitation Act of 1973, the Randolph-Sheppard Act and NRS 426.610 (1), 29 U.S.C. 722(c)(1) and 34 C.F.R. 361.57(d)(1), NAC 426.455(1), 20 U.S.C. 107d-1 and 34 C.F.R. 395.13a, NRS 615.280(1), require the Rehabilitation Division to provide a fair hearing to recipients or applicants for vocational rehabilitation benefits or blind or visually impaired vendors who are aggrieved by a decision of the Division.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an intrastate interlocal contract with a state agency. All work will be done by state employees.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal Cooperation Act (NRS Per 277.080-277.180)

This is an intrastate interlocal contract with another state agency that provides attorney Hearings Officers already employed by the State of Nevada, Department of Administration to assist with processes involved with regulations as cited above.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory services to Rehabilitation Division since 2007.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	01/24/2018 14:27:58 PM
Division Approval	jmcentee	01/31/2018 09:04:01 AM
Department Approval	jmcentee	01/31/2018 09:04:04 AM
Contract Manager Approval	hbugg	02/02/2018 09:02:30 AM
Budget Analyst Approval	tgreenam	02/02/2018 09:07:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19628**

Agency Name: **DETR - EMPLOYMENT SECURITY**
 Agency Code: **902**
 Appropriation Unit: **All Budget Accounts - Category 04**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **Pest Control Solutions, Inc.**
 Contractor Name: **Pest Control Solutions, Inc.**
 Address: **10620 Southern Highland Pkwy S**
 City/State/Zip: **Las Vegas, NV 89141**
 Contact/Phone: **702-272-2329**
 Vendor No.: **T32004603**
 NV Business ID: **NV20141130865**

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	1.90 %	Fees	0.00 %	
X	Federal Funds	69.00 %	Bonds	0.00 %	
	Highway Funds	0.00 %	X	Other funding	29.10 % BEN, ESD Special Funds, and Career Enhancement Program

Agency Reference #: 3204-20-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/05/2018**

Anticipated BOE meeting date 02/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2020**Contract term: **1 year and 360 days**4. Type of contract: **Contract**Contract description: **Pest Control So. NV**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services for facilities located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: \$70 per Month for 2800 E St. Louis, Las Vegas location and \$40 per month for Every other week for 1001 A Street, Las Vegas location. 24 hours 6 days a week closed Sunday and Holidays (Thanksgiving and Christmas); Standard Working Hours 7:00am-4:00pm Monday thru Saturday, Standard Hourly Rate \$80.00 per hour; Overtime Hourly Rate = \$0, Emergency Response Rate - \$0, Weekend Rate (Sunday) - \$80 per hour; Holiday Rate - Hourly rate (Thanksgiving and Christmas): \$80.00, Material Mark-Up 30% of material cost; Bees Service rate (not and hourly) -below 8ft - \$175, anything above 8ft will require an inspection

II. JUSTIFICATION

7. What conditions require that this work be done?

Need to maintain a pest free environment for the safety and comfort of staff and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or material to perform this service.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Pest Control Solutions, Inc.
Western Exterminator
Southern Nevada Pest Control

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date: 11/30/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Ron Little, LV Facility Supervisor Ph: 702-486-5238

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jben2	01/24/2018 11:03:40 AM
Division Approval	rolso1	01/24/2018 19:39:15 PM
Department Approval	jmcentee	01/31/2018 15:26:31 PM
Contract Manager Approval	jmcentee	01/31/2018 15:26:33 PM
Budget Analyst Approval	tgreenam	02/05/2018 07:36:58 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17226**Amendment Number: **3**Legal Entity Name: **KPS3**Agency Name: **PUBLIC EMPLOYEES' BENEFITS**Contractor Name: **KPS3**Agency Code: **950**Address: **50 W. Liberty Street Ste. 640**Appropriation Unit: **1338-04**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89501**

If "No" please explain: Not Applicable

Contact/Phone: **775/686-7402**Vendor No.: **PUR0004720**NV Business ID: **NV199441094961**To what State Fiscal Year(s) will the contract be charged? **2016-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 63% State Subsidy/ 37% Premium Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2015**Anticipated BOE meeting date **03/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **11/01/2018**Contract term: **5 years and 237 days**4. Type of contract: **Contract**Contract description: **Website Redesign**

5. Purpose of contract:

This is the third amendment to the original contract which provides website redesign for the Program. This amendment extends the termination date from November 1, 2018 to June 30, 2021 and increases the maximum amount of the contract from \$65,775 to \$80,775 in order to enhance the website and support special projects on an as-needed basis.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,800.00	\$48,800.00	\$48,800.00	Yes - Info
a. Amendment 1:	\$16,975.00	\$16,975.00	\$65,775.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$80,775.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP wishes to improve and centralize access to its online services and provide accessibility for mobile users. In addition, for the website to be useful it must be kept current and PEBP needs a platform which will allow easy maintenance by staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

PEBP does not have the resources to perform this level of complex web development.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Exempt (Per statute)**

- c. Why was this contractor chosen in preference to other?

Per NRS 332.195, PEBP is authorized for the joint use of a governmental contract previously awarded by Department of Conservation and Natural Resources.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

1994 to present: Nevada Division of Industrial Relations, Safety Consultation and Training Section, service satisfactory.
1997 to 1999 and 2003 to 2004: Nevada Commission on Economic Development, service satisfactory.
2002 to 2006: Nevada Rangeland Resource Commi8ssion, service satisfactory.
2006 to present: Nevada System of Higher Education, service satisfactory.
2010 to present: Nevada Department of Health and Human Services, service satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	01/31/2018 15:27:01 PM
Division Approval	ceaton	01/31/2018 15:27:04 PM

Department Approval	cglover	02/02/2018 13:59:19 PM
Contract Manager Approval	ceaton	02/02/2018 14:01:58 PM
Budget Analyst Approval	lfree1	02/15/2018 13:38:20 PM

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 SUMMARY (QTR 2)
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, March 13, 2018

CUMULATIVE STATEWIDE TOTALS (QTR 2)

	2016	2017	2018
BASE PAY	\$429,234,087	\$443,221,655	\$491,947,620
OVERTIME PAY + ACCRUED COMP	\$18,215,878	\$22,560,750	\$28,749,193
TOTAL PAY	\$447,449,964	\$465,782,405	\$520,696,813
OT/COMP AS A SHARE OF TOTAL PAY	4.07%	4.84%	5.52%

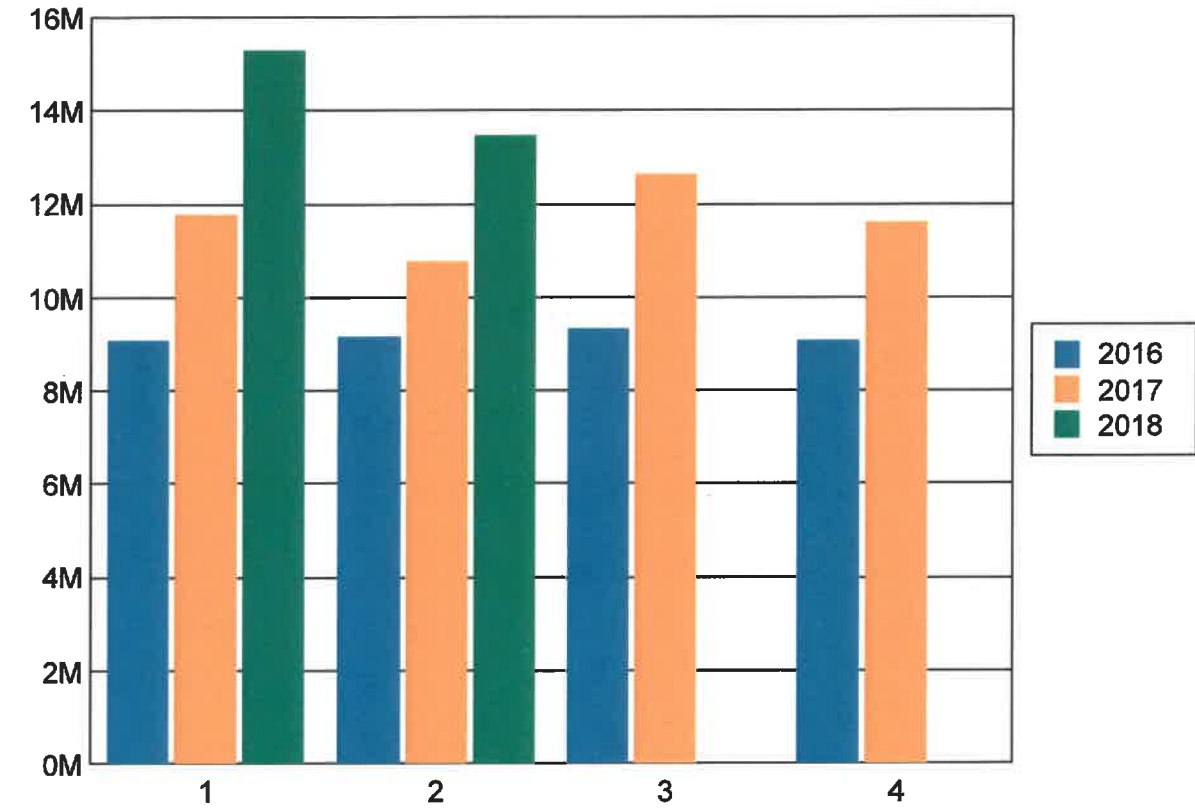
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$5,790,192	13.20%
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,959,078	3.84%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,824,243	7.84%
80	DEPARTMENT OF TRANSPORTATION	\$1,046,722	4.22%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$688,113	6.38%

Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$5,790,192	13.20%
24	DEPARTMENT OF VETERANS SERVICE	\$308,678	9.72%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,824,243	7.84%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$688,113	6.38%
06	CONTROLLER'S OFFICE	\$39,297	5.13%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2016	\$218,457,123	\$210,776,964	\$238,504,584	\$238,044,628
2017	\$223,216,217	\$220,005,438	\$248,459,852	\$250,115,165
2018	\$230,924,552	\$261,023,068	\$0	\$0

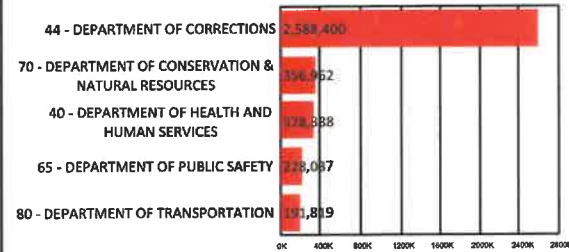
OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 QUARTERLY ANALYSIS vs FY2017
NEVADA DEPARTMENT OF ADMINISTRATION
Tuesday, March 13, 2018

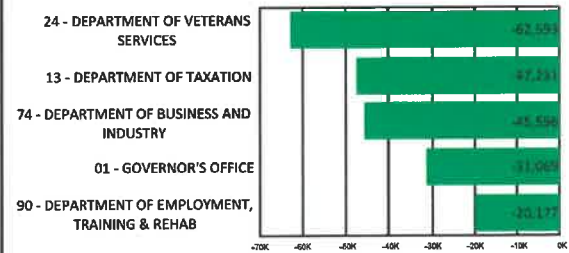


FY2018 - QTR1

Greatest increases in OT/Comp expenditures vs FY2017

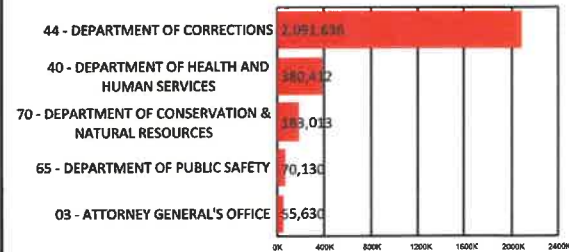


Greatest reductions in OT/Comp expenditure vs FY2017

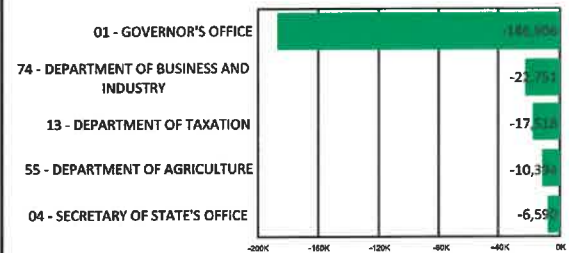


FY2018 - QTR2

Greatest increases in OT/Comp expenditures vs FY2017



Greatest reductions in OT/Comp expenditure vs FY2017



FY2018 - QTR3

Greatest increases in OT/Comp expenditures vs FY2017

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2017

No Data Available

FY2018 - QTR4

Greatest increases in OT/Comp expenditures vs FY2017

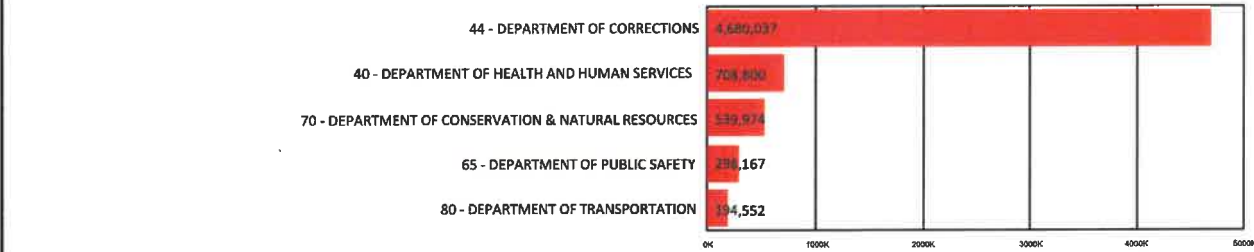
No Data Available

Greatest reductions in OT/Comp expenditure vs FY2017

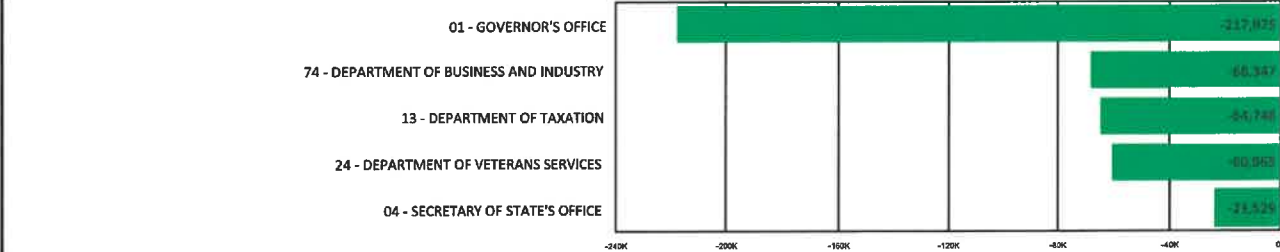
No Data Available

FY2018 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2017



Greatest reductions in OT/Comp expenditure vs FY2017



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 QUARTERLY DETAILED ANALYSIS
NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, March 13, 2018



	FY2018QTR1				FY2018QTR2				FY2018 QTR1-QTR2			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2017 (YTD)
01 - GOVERNOR'S OFFICE	\$300	\$1,386,065	0.02%	\$-31,069	\$300	\$1,727,856	0.02%	\$-186,906	\$599.11	\$3,113,921.28	0.02%	\$-217,975
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$67,337	0.00%	\$0	\$0	\$83,312	0.00%	\$0	\$0.00	\$150,649.57	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$20,646	\$6,029,246	0.34%	\$-3,488	\$66,662	\$7,084,355	0.94%	\$55,630	\$87,307.37	\$13,113,600.93	0.67%	\$52,142
04 - SECRETARY OF STATE'S OFFICE	\$3,548	\$1,656,484	0.21%	\$-16,939	\$364	\$1,896,002	0.02%	\$-6,590	\$3,912.13	\$3,552,485.82	0.11%	\$-23,529
05 - TREASURER'S OFFICE	\$1,308	\$536,564	0.24%	\$268	\$1,797	\$680,672	0.26%	\$-1,032	\$3,104.45	\$1,217,236.29	0.26%	\$-765
06 - CONTROLLER'S OFFICE	\$7,501	\$630,176	1.19%	\$-5,699	\$39,297	\$766,764	5.13%	\$-5,155	\$46,797.60	\$1,396,939.69	3.35%	\$-10,854
08 - DEPARTMENT OF ADMINISTRATION	\$126,567	\$7,324,799	1.73%	\$-15,162	\$105,106	\$8,417,337	1.25%	\$-2,859	\$231,673.05	\$15,742,136.95	1.47%	\$-18,021
09 - JUDICIAL BRANCH	\$2,060	\$6,646,265	0.03%	\$565	\$2,349	\$7,706,026	0.03%	\$957	\$4,408.64	\$14,352,290.85	0.03%	\$1,523
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$5,095	\$1,469,112	0.35%	\$1,177	\$15,637	\$1,732,717	0.90%	\$3,828	\$20,731.84	\$3,201,829.59	0.65%	\$5,005
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$740,216	0.00%	\$0	\$0	\$842,485	0.00%	\$0	\$0.00	\$1,582,701.28	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$35,497	\$4,531,146	0.78%	\$-47,231	\$12,251	\$5,205,637	0.24%	\$-17,518	\$47,748.19	\$9,736,782.75	0.49%	\$-64,748
15 - COMMISSION ON ETHICS	\$0	\$110,080	0.00%	\$0	\$0	\$124,974	0.00%	\$0	\$0.00	\$235,053.68	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$99,941	0.00%	\$0	\$0	\$109,994	0.00%	\$0	\$0.00	\$209,934.80	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$219,352	0.00%	\$0	\$873	\$247,941	0.35%	\$346	\$872.83	\$467,293.23	0.19%	\$346
24 - DEPARTMENT OF VETERANS SERVICES	\$232,502	\$2,676,785	8.69%	\$-62,593	\$308,678	\$3,175,719	9.72%	\$1,627	\$541,180.29	\$5,852,504.00	9.25%	\$-60,965
30 - DEPARTMENT OF EDUCATION	\$64,604	\$2,345,475	2.75%	\$23,955	\$40,764	\$2,645,449	1.54%	\$7,567	\$105,368.00	\$4,990,924.27	2.11%	\$31,522
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$1,526	\$186,142	0.82%	\$-5,774	\$0	\$218,467	0.00%	\$0	\$1,525.88	\$404,609.40	0.38%	\$-5,774
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,813,667	\$67,291,540	4.18%	\$328,388	\$2,959,078	\$77,155,563	3.84%	\$380,412	\$5,772,744.38	\$44,447,102.61	4.00%	\$708,800
43 - ADJUTANT GENERAL	\$59,187	\$1,152,025	5.14%	\$-5,889	\$58,470	\$1,247,987	4.69%	\$7,406	\$117,657.27	\$2,400,011.38	4.90%	\$1,517
44 - DEPARTMENT OF CORRECTIONS	\$5,771,838	\$38,442,259	15.01%	\$2,588,400	\$5,790,192	\$43,851,228	13.20%	\$2,091,636	\$11,562,029.67	\$82,293,486.29	14.05%	\$4,680,037
50 - COMMISSION ON MINERAL RESOURCES	\$18,996	\$217,136	8.75%	\$5,621	\$401	\$202,549	0.20%	\$159	\$19,396.53	\$419,685.59	4.62%	\$5,779
55 - DEPARTMENT OF AGRICULTURE	\$19,890	\$1,746,722	1.14%	\$-10,107	\$16,601	\$1,904,705	0.87%	\$-10,394	\$36,491.29	\$3,651,427.12	1.00%	\$-20,500
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,622,008	0.00%	\$0	\$0	\$2,008,069	0.00%	\$0	\$0.00	\$3,630,076.74	0.00%	\$0
61 - GAMING CONTROL BOARD	\$158,280	\$5,870,044	2.70%	\$52,679	\$166,761	\$6,755,992	2.47%	\$51,241	\$325,041.18	\$12,626,035.66	2.57%	\$103,920
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,226,027	\$20,549,451	10.83%	\$228,037	\$1,824,243	\$23,274,706	7.84%	\$70,130	\$4,050,269.89	\$43,824,156.38	9.24%	\$298,167
69 - COLORADO RIVER COMMISSION	\$819	\$636,261	0.13%	\$262	\$2,118	\$761,878	0.28%	\$-435	\$2,936.77	\$1,398,138.39	0.21%	\$-173
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,898,711	\$11,572,828	16.41%	\$356,962	\$688,113	\$10,778,498	6.38%	\$183,013	\$2,586,824.44	\$22,351,325.85	11.57%	\$539,974
72 - DEPARTMENT OF WILDLIFE	\$54,145	\$3,479,562	1.56%	\$-16,760	\$58,054	\$3,908,006	1.49%	\$-2,507	\$112,199.36	\$7,387,568.49	1.52%	\$-19,266
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$54,068	\$8,151,241	0.66%	\$-45,596	\$54,990	\$9,520,017	0.58%	\$-22,751	\$109,057.37	\$17,671,257.70	0.62%	\$-68,347
80 - DEPARTMENT OF TRANSPORTATION	\$1,392,354	\$25,157,151	5.53%	\$191,819	\$1,046,722	\$24,783,801	4.22%	\$2,733	\$2,439,076.39	\$49,940,951.37	4.88%	\$194,552
81 - DEPARTMENT OF MOTOR VEHICLES	\$133,264	\$12,404,978	1.07%	\$22,839	\$142,667	\$14,370,281	0.99%	\$30,734	\$275,931.47	\$26,775,258.59	1.03%	\$53,573
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$183,846	\$10,678,521	1.72%	\$-20,177	\$60,462	\$10,618,519	0.57%	\$46,955	\$244,307.18	\$21,297,040.29	1.15%	\$26,778
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$376,696	0.00%	\$0	\$0	\$436,433	0.00%	\$0	\$0.00	\$813,128.76	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$207,190	0.00%	\$-2,113	\$0	\$242,077	0.00%	\$-2,113	\$0.00	\$449,267.20	0.00%	\$-4,226
Total	\$15,286,246	\$246,210,798	6.21%	\$3,512,376	\$13,462,947	\$274,486,015	4.90%	\$2,676,115	\$28,749,193	\$520,696,813	5.52%	\$6,188,490

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR2) VS FY2016-FY2017
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, March 13, 2018

	FY 2016 QTR1-QTR2				FY 2017 QTR1-QTR2				FY 2018 QTR1-QTR2			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$3,402	\$2,423,322	0.14%	\$3,402	\$218,574	\$2,651,553	8.24%	\$215,172	\$599	\$3,113,921	0.02%	\$-217,975
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$149,479	0.00%	\$0	\$0	\$159,057	0.00%	\$0	\$0	\$150,650	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$24,100	\$11,459,509	0.21%	\$3,919	\$35,165	\$11,978,744	0.29%	\$11,065	\$87,307	\$13,113,601	0.67%	\$52,142
04 - SECRETARY OF STATE'S OFFICE	\$7,801	\$2,808,472	0.28%	\$-2,183	\$27,441	\$3,014,268	0.91%	\$19,639	\$3,912	\$3,552,486	0.11%	\$-23,529
05 - TREASURER'S OFFICE	\$10,526	\$1,088,666	0.97%	\$-2,019	\$3,869	\$1,195,844	0.32%	\$-6,656	\$3,104	\$1,217,236	0.26%	\$-765
06 - CONTROLLER'S OFFICE	\$52,991	\$1,241,127	4.27%	\$25,069	\$57,652	\$1,252,123	4.60%	\$4,661	\$46,798	\$1,396,940	3.35%	\$-10,854
08 - DEPARTMENT OF ADMINISTRATION	\$133,358	\$13,201,160	1.01%	\$-420,601	\$249,694	\$13,701,315	1.82%	\$116,335	\$231,673	\$15,742,137	1.47%	\$-18,021
09 - JUDICIAL BRANCH	\$4,195	\$13,743,171	0.03%	\$-12,424	\$2,886	\$13,687,559	0.02%	\$-1,309	\$4,409	\$14,352,291	0.03%	\$1,523
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$8,133	\$2,810,851	0.29%	\$-13,662	\$15,727	\$2,761,679	0.57%	\$7,594	\$20,732	\$3,201,830	0.65%	\$5,005
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$1,407,377	0.00%	\$-574	\$0	\$1,380,533	0.00%	\$0	\$0	\$1,582,701	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$34,217	\$7,127,219	0.48%	\$5,658	\$112,497	\$7,961,968	1.41%	\$78,280	\$47,748	\$9,736,783	0.49%	\$-64,748
15 - COMMISSION ON ETHICS	\$0	\$188,657	0.00%	\$0	\$0	\$197,504	0.00%	\$0	\$0	\$235,054	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$155,678	0.00%	\$0	\$0	\$193,002	0.00%	\$0	\$0	\$209,935	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$873	\$467,293	0.19%	\$346
23 - COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$1,762	\$369,387	0.48%	\$-5,321	\$527	\$397,643	0.13%	\$-1,235	\$0	\$0	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$321,632	\$4,735,742	6.79%	\$-128,680	\$602,146	\$5,119,045	11.76%	\$280,513	\$541,180	\$5,852,504	9.25%	\$-60,965
30 - DEPARTMENT OF EDUCATION	\$41,231	\$4,090,942	1.01%	\$-6,761	\$73,846	\$4,596,554	1.61%	\$32,615	\$105,368	\$4,990,924	2.11%	\$31,522
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$1,034	\$305,341	0.34%	\$-479	\$7,300	\$382,662	1.91%	\$6,265	\$1,526	\$404,609	0.38%	\$-5,774
36 - COMMISSION ON POSTSECONDARY EDUCATION	\$2,580	\$102,926	2.51%	\$2,580	\$0	\$92,001	0.00%	\$-2,580	\$0	\$0	0.00%	\$0
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$4,370,998	\$125,216,055	3.49%	\$748,284	\$5,063,945	\$130,899,124	3.87%	\$692,947	\$5,772,744	\$144,447,103	4.00%	\$708,800
43 - ADJUTANT GENERAL	\$132,526	\$2,628,033	5.04%	\$12,881	\$116,140	\$2,709,334	4.29%	\$-16,386	\$117,657	\$2,400,011	4.90%	\$1,517
44 - DEPARTMENT OF CORRECTIONS	\$5,457,215	\$65,181,172	8.37%	\$1,505,401	\$6,881,993	\$67,898,853	10.14%	\$1,424,778	\$11,562,030	\$82,293,486	14.05%	\$4,680,037
50 - COMMISSION ON MINERAL RESOURCES	\$13,482	\$366,435	3.68%	\$-2,867	\$13,617	\$325,455	4.18%	\$135	\$19,397	\$419,686	4.62%	\$5,779
55 - DEPARTMENT OF AGRICULTURE	\$50,012	\$3,226,732	1.55%	\$-8,266	\$56,991	\$3,355,037	1.70%	\$6,980	\$36,491	\$3,651,427	1.00%	\$-20,500
58 - PUBLIC UTILITIES COMMISSION	\$0	\$3,299,799	0.00%	\$0	\$0	\$3,142,969	0.00%	\$0	\$0	\$3,630,077	0.00%	\$0
61 - GAMING CONTROL BOARD	\$245,782	\$11,288,292	2.18%	\$31,465	\$221,121	\$11,397,683	1.94%	\$-24,661	\$325,041	\$12,626,036	2.57%	\$103,920
65 - DEPARTMENT OF PUBLIC SAFETY	\$3,248,664	\$37,421,440	8.68%	\$309,339	\$3,752,103	\$38,851,643	9.66%	\$503,439	\$4,050,270	\$43,824,156	9.24%	\$298,167
69 - COLORADO RIVER COMMISSION	\$7,788	\$1,184,097	0.66%	\$3,817	\$3,109	\$1,282,411	0.24%	\$-4,679	\$2,937	\$1,398,138	0.21%	\$-173
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,334,860	\$18,159,789	7.35%	\$288,559	\$2,046,850	\$19,721,950	10.38%	\$711,991	\$2,586,824	\$22,351,326	11.57%	\$539,974
72 - DEPARTMENT OF WILDLIFE	\$165,791	\$6,504,557	2.55%	\$32,362	\$131,466	\$6,715,508	1.96%	\$-34,325	\$112,199	\$7,387,568	1.52%	\$-19,266
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$128,408	\$15,616,780	0.82%	\$-51,887	\$177,405	\$15,885,533	1.12%	\$48,997	\$109,057	\$17,671,258	0.62%	\$-68,347
80 - DEPARTMENT OF TRANSPORTATION	\$1,994,400	\$46,240,830	4.31%	\$169,450	\$2,244,524	\$47,717,522	4.70%	\$250,124	\$2,439,076	\$49,940,951	4.88%	\$194,552
81 - DEPARTMENT OF MOTOR VEHICLES	\$169,351	\$22,767,957	0.74%	\$528	\$222,359	\$23,495,134	0.95%	\$53,008	\$275,931	\$26,775,259	1.03%	\$53,573
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$245,771	\$19,761,140	1.24%	\$-105,766	\$217,530	\$20,493,375	1.06%	\$-28,241	\$244,307	\$21,297,040	1.15%	\$26,778
92 - DEFERRED COMPENSATION	\$0	\$34,365	0.00%	\$0	\$48	\$41,588	0.12%	\$48	\$0	\$0	0.00%	\$0
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$813,129	0.00%	\$0
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$716,424	0.00%	\$-177	\$0	\$741,397	0.00%	\$0	\$0	\$0	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$3,867	\$427,043	0.91%	\$3,867	\$4,226	\$384,836	1.10%	\$359	\$0	\$449,267	0.00%	\$-4,226
Total	\$18,215,878	447,449,964.37	4.07%	\$2,384,912	\$22,560,750	465,782,404.89	4.84%	\$4,344,872	\$28,749,193	520,696,812.79	5.52%	\$6,188,490



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: February 5, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

FISCAL YEAR 2018 – 2ND QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2018 second quarter overtime report by department.

Additional Information:

As of the second quarter of fiscal year 2018, overtime pay and accrued compensatory leave accounted for a total of approximately \$28.749 million, or 5.52% of total pay, a 27.4% increase from fiscal year 2017.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for 2nd quarter FY18 accounted for 91.4% of the total:

1. Department of Corrections – \$5.790 million
2. Department of Health & Human Services – \$2.959 million
3. Department of Public Safety – \$1.824 million
4. Department of Transportation – \$1.047 million
5. Department of Conservation & Natural Resources – \$688,000

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 2nd quarter FY18 were:

1. Department of Corrections – 13.20%
2. Department of Veterans Services – 9.72%

3. Department of Public Safety – 7.84%
4. Department of Conservation & Natural Resources – 6.38%
5. Controller's Office – 5.13%

At the Department of Corrections, overtime and comp time was driven by the large correctional centers and medical personnel. Overtime and comp time for 2nd quarter FY18 were highest at these 7 locations, which accounted for 86.0% of the total overtime for the department:

1. High Desert – \$1.669 million
2. Ely – \$926k
3. Northern Nevada Correctional Center – \$678k
4. Prison Medical – \$463k
5. Southern Desert – \$442k
6. Lovelock – \$430k
7. Florence McClure – \$374k

Overtime increased by approximately \$18,000 (0.32%) from 1st quarter FY18 to 2nd quarter FY18. By event code, the highest four causes accounted for 75.9% of the overtime for 2nd quarter FY 2018:

1. Covering vacant shifts – \$1.903 million
2. Hospital coverage – \$1.176 million
3. Covering holiday shifts – \$1.048 million
4. Covering sick leave – \$267k

At the Department of Health and Human Services, overtime was driven by Public & Behavioral Health (\$1.203 million - primarily in Southern Nevada Adult Mental Health (\$792k) and Facility for the Mental Offender (\$305k) budget accounts), Child and Family Services (\$897k) and Aging and Disability Services (\$480k – primarily at Desert Regional Center). By event code, the highest four causes accounted for 71.5% of the overtime:

1. Covering vacant shifts – \$827k
2. Covering 24 hour shifts – \$553k
3. Covering holiday shifts – \$391k
4. Reducing backlog – \$345k

REVIEWED: 

INFO ITEM: _____



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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Date: January 29, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer *CP*
Executive Branch Budget Officer

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, the Division is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 1st quarter of Fiscal Year 2018.

Additional Information:

- 1989 Tahoe Basin Act
There were no transfers of lands or interest in lands during the quarter.
- Lake Tahoe Mitigation Program
The agency reports one land acquisition of 7.67 acres during the quarter at a cost of \$1,250,000 and paid from mitigation and restoration funds.

Statutory Authority:

NRS 321.5954

REVIEWED: _____

cmj

INFO ITEM: _____

BRADLEY CROWELL
Director

Department of Conservation
and Natural Resources

CHARLES DONOHUE
Administrator

BRIAN SANDOVAL
Governor



State Land Office
State Land Use Planning Agency
Nevada Tahoe Resource Team
Conservation Bond Program -Q1

Address Reply to

Division of State Lands
901 S. Stewart St. Suite 5003
Carson City, Nevada 89701-5246
Phone (775) 684-2720
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Web www.lands.nv.gov

STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
Division of State Lands

January 17, 2018

MEMORANDUM

TO: James R. Wells, Clerk
Nevada State Board of Examiners

FROM: Charles Donohue, Administrator
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT AND
LAKE TAHOE MITIGATION PROGRAM – 2nd QUARTER FY 2018
BOARD OF EXAMINERS MEETING DATE OF MARCH 13, 2018**

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below. **There was no activity under the Tahoe Basin Act.**

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending December 31, 2017.

- There was one acquisition of land in this quarter. On November 30, 2017 the Nevada Division of State Lands acquired a 7.67 acre parcel in the Lower Kingsbury area of South Stateline Nevada for \$1,250,000.00. Mitigation and restoration funds were used to secure the purchase. This parcel contains classes 1a, 1b, 2, 4 & 6 for a total of 22,483 square feet of coverage. The Nevada Land Bank plans to deed restrict this parcel from development and plans to retire 95% of the coverage while retaining 5% of the coverage to be offered for sale to the public. The location of this parcel is closely aligned to the goals of our Land Management Plan and is bordered on the south by a 10 acre tract of land owned by the State and is bordered on the west by United States Forest Service property. In addition, Edgewood Creek runs through the lower portion of this parcel. Restoration will begin in the Spring of 2018 and the land will be managed as open space.
- There were no transfers of lands or interests in land during this quarter.

In the event you have any questions or would like additional information please contact Brenda Swart, Land Agent
@ 775-684-2735.

CD/bs

cc: Bradley Crowell, Director, Department of Conservation and Natural Resources




**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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Date: February 21, 2018

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Jim Rodriguez, Executive Branch Budget Officer 
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORK DIVISION

Agenda Item Write-up:

As requested, the State Public Works Division is submitting a report to the Board of Examiners regarding the status of various maintenance projects currently under way at the Grant Sawyer State Office Building in Las Vegas.

Additional Information:


At the February 13, 2018 Board meeting, Secretary of State, Barbara Cegavske requested a status report on the various maintenance projects for the Grant Sawyer building. The following is a list of projects currently in progress for that facility:

1. **HVAC Renovation Project** – Replacement of the central plant equipment and controls was approved in the 2017 CIP Bill and is currently estimated to be 65 percent complete.
2. **Ceiling Repairs** – This project will repair damage caused by leaks in the heating and cooling system. The project is schedule to be completed by the end of May 2018.
3. **Mold Investigation/Remediation Project** – First tests results returned negative results for elevated levels of mold spores in the building. However, to due ongoing concerns, on January 17 and 18, 2018 a second set of tests/samples were conducted. A final report on those results will be available mid-April, 2018.

4. **Roof Repair Project** – In mid-May a project will begin to replace the roof and roof drains. This project is scheduled to be completed by the end of July, 2018.
5. **Pigeon Abatement Activity** – Due to potential health concerns, the SPWD is currently contracting with a consultant to remove the pigeons from the roof area. This activity will be ongoing.
6. **Odor Issues** - Due to complaints regarding a sewer odor in some of the restroom areas, on January 17, 2018 the SPWD conducted tests of the sewer vent system to identify possible leaks in the system. Those tests revealed a seal failure in the second floor restroom. That seal has been replaced.
7. **General Housekeeping and Maintenance** - Deficiencies in the housekeeping and maintenance of this building have been highlighted by the recent issues identified above. The division has completed an assessment of the facilities' overall maintenance and cleaning needs. As a result of that assessment, the division has devoted additional short-term and long-term maintenance resources to this facility. The division expects the immediate one-time maintenance efforts necessary to bring the facility up to acceptable maintenance standards should be completed by the end of June 2018. Ongoing maintenance and cleaning levels will be maintained from there on.

Statutory Authority:

NRS 321.5954

REVIEWED: 
INFO ITEM: _____



Carson City Office:
515 East Musser Street, Suite 102
Carson City, Nevada 89701-4263
(775) 684-4141 | Fax (775) 684-4142

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
2300 McLeod Street
Las Vegas, Nevada 89104-4314
(702) 486-5115 | Fax (702) 486-5094

MEMORANDUM

Date: February 21, 2018

To: Board of Examiners

From: Chris Chimits, R.A., Interim Administrator 

Subject: Assessment of Conditions & Work at Grant Sawyer State Office Building

This communication is intended to provide a complete assessment of conditions and the work being conducted by the Department of Administration - DOA to improve conditions and address the concerns of occupants at Grant Sawyer Building - GSB.

- **HVAC Project:** The 2017 Legislature approved two CIP projects for replacing major components of the heating, ventilation, and air conditioning (HVAC) system in the building that are currently 65% complete. These projects replace the central plant equipment, digital controls, and valves as well as rebalancing of the whole system. Both projects will be completed by the first week of May and should substantially improve conditions in the building in advance of warmer weather.
- **Ceilings:** Water damaged ceiling tiles were identified throughout the building. The primary cause of this water damage relates to heating and cooling system leaks. The inspection identified leaking valves. All of the valves which serve the variable air volume boxes are being replaced as part of the heating and cooling central plant upgrade. This work will be completed by the end of May. Occupants may notice buckets placed temporarily under water pipes in a concerted effort to

prevent water damage to the building while staff work in these areas to replace the network of valves.

- **Mold:** The water damaged ceiling tiles have contributed to building occupant concerns about mold exposure. Some occupants have reported building related symptoms (BRS) marked by upper respiratory tract, mucous membrane inflammation, fatigue, headaches, and decreased ability to concentrate. The term, "building related" describes a reversible set of symptoms which predictably occur when occupants are inside their offices, and which promptly resolves when they are away from the building at night, on weekends and vacations.

In response, the State Public Works Division - SPWD brought in a certified industrial hygienist (CIH) to investigate in December, 2017. Inspections were made and interviews conducted with occupants on the 3rd and 5th floors. Indoor air quality tests performed at that time found no elevated levels of mold spores in those offices.

Subsequently, Risk Management Division contracted with a second CIH/M.D., that routinely conducts building wide indoor air quality investigations and sampling. Housekeeping was temporarily interrupted while samples were taken in twenty locations on January 17 & 18, 2018 under the direction of the CIH/M.D. Laboratory testing results of those samples takes several weeks and a final report will not be available until mid April. Once this report is complete, it will be made available to all occupants of the GSB.

Last week, a small patch of what appears to be mold was discovered on pipe insulation in the ceiling on the 4th floor. Air samples have been collected in the work area below and the pipe insulation has been removed. These sample results will be combined and presented together with the building wide investigation. When pipe leaks are found that have dark stains on the insulation, Buildings and Grounds – B & G will notify Public Works' project manager to inspect, sample and abate as necessary. Immediately following, B & G will follow

up and fix the leak and replace the pipe insulation. Every effort will be made to get this process done within a week of the initial notification.

Mold is naturally occurring and is found in virtually every environment and can be detected, indoors and outdoors, year round. It can become a health concern based both on the type of mold and the quantity of spores present in the air breathed by individuals, who can vary in their reaction. Nevertheless, we acknowledge the leaking valves noted above are a potential source of mold growth and their expeditious replacement is a priority and underway. Any mold detected will be sampled and then abated as described above.

- **Roofing Systems:** Roof leaks were identified, repairs were completed on 1/23/18, and this work has been inspected. Ongoing roof inspections will be conducted, especially during rain events, to verify that leaks have been properly addressed. In mid May, a project will begin to replace the roof and roof drains. It should be completed by the end of July, 2018.
- **Pigeon Activity:** Some building occupants have asked questions about the pigeons that roost on the building's roof and any potential health concern. SPWD contracted with a subject matter expert (C.I.H & M.D.) to conduct an assessment and concluded there is no evidence the presence of pigeons is related to the self-reported building specific symptoms. However, in an abundance of caution, SPWD is currently engaging a consultant to remove the pigeons from the roof area. A live trap, transport, and release strategy is to begin in March and will continue until the new roofing project starts. This project noted above will incorporate a long term pigeon control system.
- **Odor Issues:** There were reports of sewer odor in some restroom areas. A smoke test of the sewer vent system was conducted to identify leaks as part of the indoor air quality assessment. This test was conducted the night of 1/17/18 so access to the restroom facilities was not hindered during business hours. The smoke test identified one seal failure in a second floor restroom. This seal was replaced.

- **Housekeeping and Maintenance:** These issues have brought to our attention needed improvements in housekeeping and maintenance. Resources are being reallocated to conduct thorough cleaning through-out the building. Our new Deputy Administrator for Buildings and Grounds (a section of SPWD), has been in Las Vegas with a team from Carson City to thoroughly review housekeeping and the status of maintenance and requests for service. All cleaning services including vacuuming of carpet will re-commence on 2-21-18 except for carpet shampooing. This must wait until the final testing report is completed in mid April. During a tour of the building on the week of February 12th, the B & G leadership team discovered many toilets, sinks and urinals which are not operating correctly. B & G is putting a plan together to have them all replaced by the end of June, 2018. This work will include using a snake camera to evaluate the plumbing lines which serve these fixtures.