

Governor Brian Sandoval
Chairman

Paul Nicks
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:

November 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 October 9, 2018 Minutes** (For possible action)

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 – Food and Nutrition Division	1	\$25,468
Department of Agriculture – Division of Plant Industry	1	\$38,138
Department of Corrections	1	\$800
Department of Conservation and Natural Resources – Environmental Protection Division	1	\$26,700
Department of Veteran Services	1	\$49,612
Peace Officers Standard & Training Commission	3	\$6,625
Total	8	147,343

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

A. Department of Administration – Administrative Services Division

Pursuant to NRS 333.705, subsection 1, the Department requests to contract with former employee, Janet Murphy to provide fiscal training specific to State of Nevada budgeting, work programs, legislative process, funding, and fiscal management. Ms. Murphy will be hired through Talent Framework, a temporary employment agency.

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

Pursuant to NRS 333.705, subsection 1, the Department requests to contract with former employee, Rodney Sutherland, to administer direct-care staff training in behavioral safety at the intermediate care facility located at Desert Regional Center. This request is for a one year period beginning November 9, 2018 for approximately 40 hours per month.

6. Request for Approval to Pay a Claims From the State Claims Account
(For possible action)

**A. Department of Health and Human Services –
Aging and Disability Services Division –
Home and Community Based Services**

Pursuant to NRS 353.097, subsection 4, the Division requests approval to pay \$58,832.75 from the General Fund, State Claims Account, for fiscal year 2018 invoices from All Valley Home Care for Personal Assistance Services.

**B. Department of Health and Human Services – Division of Child
and Family Services – Clark County Child Welfare**

Pursuant to NRS 353.097, subsection 4, the Division requests approval to pay \$93,187 from the General Fund, State Claims Account, for a fiscal year 2018 invoice from Clark County Department of Family Services.

7. Request for Approval 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 - \$475,000

The Department is requesting a settlement in the total amount of \$475,000 to fully resolve an eminent domain action to acquire approximately 12,137 square feet of property needed for Project Neon and a 1,728 square foot temporary construction easement from a vacant 1.45 acre parcel located along Martin Luther King Jr. Blvd (“MLK”) in Las Vegas Nevada. NDOT previously deposited with the courts \$167,000 to resolve all related counter claims and issues raised in two and a half years of litigation. NDOT now requests \$475,000 to resolve the action. Approval of the additional amount of \$475,000 would bring the total to \$642,000.

8. Request for a Recommendation of Approval to the Interim Finance Committee for an Expenditure from the Fund for New Construction of Facilities for Prison Industries (For possible action)

Pursuant to NRS 209.192 the Department requests the Board's positive recommendation to the Interim Finance Committee for an expenditure of \$233,315 from the Fund for New Construction of Facilities for Prison Industries to purchase or lease additional prison industry equipment and to expand the Prison Ranch industrial programs through the remainder of fiscal year 2019.

9. Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account (For possible action)

A. Department of Education – Special Education Contingency

Pursuant to NRS 353.268, subsection 1, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$114,425 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account.

B. Department of Public Safety – Parole and Probation Division

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for an allocation of \$457,308 from the Interim Finance Committee Contingency Account to provide the General Fund cost share associated with the Nevada Shared Radio System Upgrade.

10. Establishment of Schedule of Daily Resident Rates for the Department of Veteran Services – Northern Nevada State Veterans Home (For possible action)

Pursuant to NRS 417.147(2), the Board shall establish the schedule of rates to be charged for the occupancy of rooms at each veterans’ home in the State for the following fiscal year. In setting the rates, the Board shall consider the recommendations of the Director of the Department of Veteran Services. The Director recommends the following schedule of rates to be charged for occupancy of 96 rooms at the Northern Nevada State Veterans Home.

Resident	Current Rate Per Day	Proposed Rate Per Day	Difference Per Day	% Difference
Veteran		\$173		
Spouses/Gold Star Family Members		\$280		

- 11. [Approval of Proposed Leases](#) (For possible action)
- 12. [Approval of Proposed Contracts](#) (For possible action)
- 13. [Approval of Proposed Master Service Agreements](#) (For possible action)
- 14. [Approval of Proposed Work Plans](#) (For possible action)
- 15. [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 September 18, 2018 through October 22, 2018.

16. Information Item – Reports

A. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, Subsection 2, the Department 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 July 1, 2018 and ending September 30, 2018.

B. Governor’s Finance Office – Budget Division

Pursuant to NRS Chapter 353, the Governor’s Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of October 19, 2018.

TORT Claim Fund	\$ 7,018,481.83
Statutory Contingency Account	\$ 2,575,595.00
Stale Claims Account	\$ 604,584.16
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 9,557,867.00
IFC Unrestricted Contingency Fund General Fund	\$ 6,510,592.49
IFC Unrestricted Contingency Highway Fund	\$ 1,595,502.35
IFC Restricted Contingency Fund General Fund	\$14,144,627.00
IFC Restricted Contingency Highway Fund	\$ 2,220,935.00

17. 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).

18. 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: October 9, 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
Paul Nicks, Clerk of the Board

OTHERS PRESENT:

Lisa Zastrow, Member of the Public
Michelle Morgando, Senior Appeals Officer, Department of Administration,
Victims of Crime Program
Rebecca Salazar, Program Manager, Department of Administration,
Victims of Crime Program
Kasey KC, Administrator, Division of Forestry
Amy Davey, Division Administrator, Department of Public Safety,
Office of Traffic Safety
Victoria Huan, Grants and Projects Analyst 2, Department of Public Safety,
Office of Traffic Safety
Rodolfo Malfabon, Director, Department of Transportation
Dennis Gallagher, Chief Deputy Attorney, Attorney General's Office
Ward Patrick, Administrator, Department of Administration, State Public Works
Eric Johnson, Administrator, Department of Conservation and Natural Resources,
Nevada State Parks Division

1. Call to Order / Roll Call

Governor: Good morning ladies and gentlemen, I will call the Nevada State Board of Examiners (BOE) Meeting to order. Can you hear us loud and clear in Las Vegas?

Secretary of State: Yes, we can Governor. Good morning.

Governor: Good morning, thank you. All members are present.

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'll move on to agenda item number 2, Public Comment. Is there any member of the public present in Carson City that would like to make public comment to the Board? I hear and see no one. Is there anyone present in Las Vegas that would like to provide public comment?

Secretary of State: Yes, Governor. We have somebody that would like to testify.

Lisa Zastrow: *[Written public comment attached]*

Governor: I'll ask you to start to wrap up because we typically only allow three minutes of public comment. So, if you would please windup and then if you would also leave a copy of your statement and the exhibits that you've referenced so that we have those for the record.

Lisa Zastrow: I appreciate the extended time. I had others to finish but my last statement was, respectfully, thank you for your attention.

Governor: Thank you very much.

Secretary of State: We have no one else here, Governor.

Governor: No further public comment from Las Vegas.

Secretary of State: Thank you, I'll keep the records.

Governor: Thank you, if we could make sure that that's made a part of the record for this meeting.

3. Approval of the September 11, 2018 Minutes (For possible action)

Governor: We'll move to agenda item number 3, which is Approval of the September 11, 2018 Meeting minutes. Secretary Cegavske, you were excused for that meeting.

Secretary of State: That's correct.

Governor: Attorney General Laxalt, have you had the opportunity to review the minutes and do you have any changes?

Attorney General: I move to approve, Governor.

Governor: Attorney General has moved to approve the minutes of September 11, 2018. I second the motion. All in favor please say aye. That motion passes 2-0 and with your permission Madam Secretary, may I have you marked as abstaining from the vote?

Secretary of State: Yes, thank you, Governor.

Governor: Thank you.

4. Request to Adopt, Rescind and Amend Rules – Department of Administration – Victims of Crime Program (For possible action)

NRS 217.130 empowers the Director of the Department of Administration, with the approval of the Board, to adopt, rescind and amend rules prescribing the procedures to be followed in the filing of applications and proceedings regarding compensation for certain victims of criminal acts.

Governor: Next agenda item is number 4, Request to Adopt, Rescind and Amend Rules, Department of Administration, Victims of Crime Program. Mr. Nicks, good morning.

Clerk: Good morning Governor and Members of the Board. Item 4 is a request from the Department of Administration, Victims of Crime Program for approval of their policies pursuant to NRS 217.130. There are some formatting inconsistencies that will be addressed prior to the final document being posted. Representatives from the Department are here to answer any questions Board Members may have.

Governor: Could I ask a representative to just briefly make a record of the changes, please?

Michelle Morgando: Good morning Governor, Madam Secretary, Mr. Attorney General. Michelle Morgando, Coordinator for the Victims of Crime Program. In a letter dated September 10th, to Mr. Nicks, we highlighted the changes. Would you like for me to read from that?

Governor: I know some of them are just, as you said, grammar and perfunctory changes but if you would just talk about some of the more substantive ones, briefly, so that we have a verbal record within the minutes.

Michelle Morgando: One that is important after October 1st event, clarifying what occurs after a claim closes and subrogation because obviously, there are going to be quite a few lawsuits filed as a result of that, and we have, according to our Legislative Counsel Bureau (LCB) audit, as well, implemented much stricter subrogation policies, even after closure, so that we can track it.

Governor: Just a quick question on that point, with regard to the subrogation, you would only subrogate in a lawsuit, you wouldn't subrogate against a victim who received compensation from another independent source, would you?

Michelle Morgando: Referring to the GoFundMe, Vegas Strong types of accounts. No, we've been on the record, we will not subrogate against those.

Governor: Okay, thank you.

Michelle Morgando: That's probably the biggest highlight, I think.

Governor: How about this first one? Do you have any comment with removing references to residency requirements for non-citizens, pursuant to Assembly Bill 122?

Michelle Morgando: Yes, it was required we do that because we can no longer deny benefits based upon the absence of citizenship.

Governor: So, that will allow for non-citizens to be eligible to receive Victims of Crime funds, if they're the victim of a crime.

Michelle Morgando: That is correct.

Governor: While you're there, and you know, we've all mourned again – given the anniversary of October 1, we had put out a release to make the victims aware that the Victim of Crime funds were available. My understanding is that there was a very good response to that, is that accurate?

Rebecca Salazar: Yes, Governor. This is Rebecca Salazar, Program Manager. We had almost 1,100 applications received over that last weekend. In total, we have close to 6,500 received. That number may change because we have not input all the applications yet, so, that's a changing number but that's where we are now. We had a very good response to that.

Governor: I'm happy about that and Ms. Salazar, a follow-up question, did anybody call after that deadline that we had to reject?

Rebecca Salazar: Our statute allows for acceptance of applications beyond one year for good cause. So, we are still receiving inquiries and we will address them on a case-by-case basis.

Governor: So far, the ones that you've received, have they been approved? Have you made a determination on those?

Rebecca Salazar: We have not, only because they're not in the system yet. We're maintaining a list and as we get them into our system, we'll address each one.

Governor: Thank you and I'm sure you'll give serious consideration to all of those that apply, even if they do apply after the one year.

Rebecca Salazar: Yes, of course, we will.

Governor: Okay, thank you. Board Members, any questions with regard to agenda item number 4?

Secretary of State: We have none, thank you, Governor and thank you, ladies.

Governor: Thank you. If there are no further questions, the Chair will accept a motion to adopt, rescind, and amend the rules for the Department of Administration, Victims of Crime Program as presented in agenda item number 4.

Secretary of State: So moved that we adopt and rescind the items that are in number 4, and amend, I'm sorry, I forgot the amendment.

Attorney General: I second.

Governor: Secretary has moved to approve the request to adopt, rescind and amend the rules for the Victims of Crime Program as presented in agenda item number 4. The Attorney General has seconded the motion. Any questions or discussion on the motion? I hear none. All in favor say aye. That motion passes 3-0.

Ms. Salazar and Ms. Morgando, I want to personally thank you for all of your hard work and taking care of not only the victims of October 1 but everyone else. It's a very meaningful program. I had the opportunity to speak with someone, a family member related to someone who was murdered, and you were very helpful to them. They were very thankful. I truly appreciate your work, and its hard work, and its emotional work thank you very much.

Rebecca Salazar: Thank you.

Michelle Morgando: Thank you, Governor.

5. 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 Business and Industry – Division of Industrial Relations – Occupational Safety and Health Administration	1	\$41,505
Department of Business and Industry – Division of Industrial Relations – Safety Consultation and Training – Contingent on IFC Work Program #44613 approval	7	\$159,705
Department of Public Safety – State Fire Marshal’s Office - Contingent on IFC Work Program #44588 approval	1	\$36,203
Total	9	\$237,413

Governor: We’ll move to agenda item number 5 which is Request to Purchase State Vehicles. Mr. Nicks.

Clerk: There are three requests for nine vehicles in this agenda item. The agenda shows the Fire Marshal’s vehicle purchase contingent on a Work Program, which is incorrect. The work programs are for both Business and Industry’s purchases. The work programs will be addressed with the specific requests.

The first request is from the Department of Business and Industry, Division of Industrial Relations, Occupational Safety and Health Administration to purchase a new vehicle using grant funds. The request is contingent upon Work Program C44613.

The second request is from the Department of Business and Industry, Division of Industrial Relations, Safety Consultation and Training to purchase seven replacement vehicles using grant funds. The vehicles being replaced have met the age requirements in the State Administrative Manual (SAM). The request is contingent upon Work Program C44588.

The third request is from the Department of Public Safety, State Fire Marshal’s Office to purchase one replacement vehicle. The vehicle being replaced has met the mileage and age requirements in the SAM and was included in the agency’s legislatively approved budget.

Representatives from the departments are available to answer any questions the Board may have.

Governor: Thank you Mr. Nicks. What was the change? You said there was a change.

Clerk: The two changes we had were: the addition of Work Program C44613 to the first request from the Department of Business and Industry; and the replacement of the previous work program (C44613) with Work Program C44588 to the second request.

Governor: Thank you. The amounts stayed the same?

Clerk: Correct.

Governor: I have no questions on this agenda item. Board Members, any questions on agenda item number 5?

Attorney General: I move to approve.

Governor: Attorney General has moved to approve the request to purchase State vehicles as presented in agenda item number 5 and as amended by Mr. Nicks. Is there a second?

Secretary of State: I'll second, Governor.

Governor: Seconded by the Secretary of State. Any questions or discussion on the motion? I hear none. All in favor, say aye. That motion passes 3-0.

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

A. Department of Health and Human Services – Division of Health Care Financing and Policy

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with a former employee, Marta Jensen, to provide administrative duties until a new Administrator is hired. Relates to Contract Agenda Item #15, Contact Number 20995.

B. Department of Transportation (3)

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Brad Durski. HDR Engineering, Inc. has hired Mr. Durski and plans to utilize him to fill an engineering position to use his expertise in performing a constructability review of the bidding documents, specifically a check of the structural elements on the Centennial Bowl project (US-95 NW Phase 3) Agreement.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Matthew Goodson. HDR Engineering, Inc. plans to utilize Mr. Goodson as an office manager in the Full Administration of District II Betterment projects.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former Nevada Highway Patrol employee, Dennis Osborn. Kimley – Horn & Associates, Inc. is proposing to engage Mr. Osborn's expertise in the Nevada Strategic Highway Safety Plan's Impaired Driving Task Force by assisting with developing and implementing effective strategies and action steps towards Nevada's goal of Zero Fatalities.

C. Governor's Finance Office

Pursuant to NRS 333.705, subsection 1, the Governor's Finance Office, Budget Division requests to contract with former employee, James R. Wells to assist with the preparation of the Governor's Executive Budget, as needed, during the 2019 legislative session.

Governor: We'll move to agenda item number 6 which is Authorization to Contract with a Current and/or Former State Employee. Mr. Nicks.

Clerk: Item 6 includes five requests to contract with current and/or former employees pursuant to NRS 333.705, subsection 1.

The first request is from the Department of Health and Human Services, Division of Health Care, Financing and Policy to contract with a former employee to provide administrative duties until a new administrator is hired. Once a new administrator is hired, the employee will provide consulting services on a part-time basis. The employee will retire in October 2018. This request is related to proposed contract item 15.

The second, third and fourth requests are from the Department of Transportation to allow contracted vendors to use former employees on projects awarded to the vendor. The second request is for an engineer to perform constructability review of the bidding documents for the Centennial Bowl project. The employee will retire in October 2018. The third request is for an office manager in the Full Administration of District 2 Betterment projects. The employee retired in August 2018. The fourth request is for a team member on the Nevada Strategic Highway Safety Plan's Impaired Driving Task Force. The employee retired from the Nevada Highway Patrol in July of 2017. The former employees did not have any influence or authority over the contracts with the vendors.

The fifth request is from the Governor's Finance Office to contract with a former State employee who retired in July of 2018 to assist with the preparation of the Governor's Executive Budget and special projects. The contractor will work approximately 20 hours per week from October through early January and on an as-needed basis through June 2019.

Representatives from the Departments are available to answer any questions the Board Members may have.

Governor: Thank you, Mr. Nicks. These are all very straightforward and actually, pretty important, all of them, with regard to the ongoing operation of State government. Board Members, any questions with regard to agenda item number 6?

Attorney General: Move to approve agenda item number 6.

Governor: Thank you, Mr. Attorney General. The Attorney General has moved to approve the authorizations to contract with a current and/or former State employee as presented in agenda item A, B and C. Is there a second?

Secretary of State: I'll second it, Governor, thank you.

Governor: Thank you, Madam Secretary. The Secretary has seconded the motion. Any questions or discussion? There are none. All in favor, say aye. That motion passes 3-0.

7. Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account (For possible action)

A. Department of Conservation and Natural Resources – Division of Forestry

Pursuant to NRS 353.268, the Division requests an allocation of \$3,000,000 from the Interim Finance Committee General Fund Contingency Account to fund emergency response activities.

B. Department of Public Safety – Office of Traffic Safety

Pursuant to NRS 353.268, the Division requests an allocation of \$72,639 from the Interim Finance Committee Highway Fund Contingency Account to cover the cost of hiring a Program Officer II in support of the initial implementation of reporting requirements for interlocking devices set forth in Senate Bill 259 of the 2017 Legislative Session establishing the Nevada Ignition Interlock Program.

Governor: Agenda item number 7, Request for Recommendation of Approval to the IFC for an Allocation Amount from the Contingency Account. Mr. Nicks.

Clerk: Item 7 has two requests for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268 for one allocation from the General Fund Contingency Account and one from the Highway Fund Contingency Account. The General Fund Contingency Account has an approximate balance of \$12.4 million and the Highway Fund Contingency has an approximate balance of \$1.7 million to cover unanticipated costs for the remainder of the 2017-19 biennium. If these items are approved the remaining balances of the account are \$9.4 million and \$1.6 million respectively.

The first request is for the General Fund contingency account. The request is from the Department of Conservation and Natural Resources, Division of Forestry in the amount of \$3 million to fund emergency response activities. This initial request will allow the Division to operate through December 2018, at which time, an additional request will be made to enable them to operate until a supplemental appropriation can be requested. The Agency has revised their estimated need and will address the new request.

The second request is for the Highway Contingency Account. The request is from the Department of Public Safety, Office of Traffic Safety in the amount of \$72,639 to fund a Program Officer 2 who will be hired to support the initial implementation of reporting requirements for interlocking devices set forth in Senate Bill 259 of the 2017 Legislative Session. The Agency has revised their estimated need and will address the new request.

Governor: Thank you. We will take agenda item 7-A, first. Ms. KC, obviously, I have no questions regarding the need for all of this; but perhaps, a little background on why it costs so much. Essentially, I'll just call it a wicked fire season that we've had and the largest fire in Nevada history, in my understanding. Please proceed.

Kasey KC: Thank you, good morning Governor, Members of the Committee. First, I would like to just start with thanking your Finance Office staff and the Legislative Council Bureau staff for helping us the last two years to find creative solutions to this issue. We have been before you, it's almost like Groundhog's Day, numerous times in the past year requesting funds to cover the fire season. Last year was the third worst on the record. We did pay back all of the money we had asked for last year, just to put that on the record. I don't know that we'll have the funds that we bring in to do that this year but hopefully we will.

Just as we had talked, last year was the third highest on record. The Forest Service just sent out a new paper on shared stewardship and how we're going to get through these challenges, both from a natural resource management, and a cost of firefighting standpoint. What's interesting is, 2017, from nationwide, was one of our most devastating on record. Not only from firefighters and public that were killed during these fire sieges, but also acres lost. We were at 10 million acres nationwide last year in 2017, 1.3 million of which were in the State of Nevada. I think that that's notable.

This year, thus far in our fire season, we are at 607 fires, a little over 1.1 million acres. Just as we had talked in your Governor's Fire Briefing, the graph we showed, and I know as firefighters we're continually telling you that every year is going to be the worst year, but science shows that it's always worst in the years following, and we're following that exactly and as we had anticipated.

This year, notably, a difference in the types of fires we're seeing, 324 of the 607, 53%, were human-caused, the acreage is about 57% on human-caused. At this point last year, we had surpassed that number in lightning-caused. The Martin Fire was the largest fire in recorded history in the State of Nevada. We had two fires relatively close to each other, the Martin and the South Sugarloaf, where we had runs of almost 90,000 acres in one day, which is fire behavior like we've never seen before. Unfortunately, I think this may be our new norm with what's happening in our ecosystems and the fuel loads that we have out there.

Something also to point out is the rising cost of fighting fires. There are many more aircraft in our arsenals now because they are very effective in those first hours of the initial attack. They can dump much more on a fire than our firefighters on the ground, though both are necessary to win that battle. Also, last year in 2017, as these are the figures we have readily available, there were over 12,000 homes destroyed nationwide, which, in up to 2001, there were less than 900 nationwide. It shows that we're moving further and further into these wildland-urban interfaces and it's going to take a lot more for us to suppress these fires because more value is at risk.

As you've seen for us this year, unfortunately, a lot of the fires burned in critical sage-grouse habitat, I believe a little over one million acres. Last year, nearly one million acres of sage-grouse habitat burned. Some of that will have natural recovery, it's in a highly resilient landscape where it will come back on its own. Most areas will have issues and will need to be helped in our rehabilitation efforts as we move forward as the threat of cheatgrass will be very prominent.

Hopefully, that has answered questions or I'm happy to answer.

Governor: First and foremost, thank you, to you and the men and women who work with you in fighting these fires, that, as you've said, are some of the most extreme conditions that you could ever imagine and they're trying to protect life and homes and keep things safe and protect the landscape, as you mentioned.

You mentioned the ecosystem and the ecosystem has lent itself to more of these larger, intense fires. Is that because of the onset of invasive species, invasive weeds?

Kasey KC: It is partially due to that, yes. There is far more cheatgrass in the northern portion of the state and brome grass in the south than we've ever seen before. It's also due to years, 150 years, of fire exclusion in these ecosystems that have allowed them to become much denser than they ever were historically. If you look at the stumps of the Comstock in our State parks, up in Tahoe, you would see our trees were much more sparsely populated. They weren't as dense as they are today. There are a lot of contributing factors, as well as the number of homes in those inter-spaces.

Governor: When you say, 'fire exclusion,' I've not heard you use that term before, does that mean the fires that you set to prevent fires later are prohibited?

Kasey KC: That and fire exclusion, it went to full suppression. Historically there was a lot of fire used, started as prescribed fires. Then there were also natural starts that were allowed to burn into some areas, as they were intended to burn. The historical fire regimes were much larger because they were a lot lower intensity cleaning up the forest floors. As you know now, we're not able to do that without a lot of work ahead of time because we have to get those stocking levels down in order to be able to safely prescribe fire or use a natural start to do what we intend to do on the landscape.

Governor: Last for me, obviously the sage-grouse is a big concern. Now we've lost close to a million acres of habitat, what is the plan to revegetate?

Kasey KC: We look at every fire individually. As a group, there's usually a Burned Area Rehab Effort (BARE) team called in, a multi-agency, local government, state, federal, looking at what areas will come back on their own, so we don't put forth a lot of effort, as each has small pockets of money and resources to put toward this. We're looking at the areas where we'll have the most success. Considering each fire individually, we're looking at resilience, what will come back on its own, what it's going to take for us, what type of seeding will be most receptive and duration and the long-term plans. Of every fire, the large ones have BARE teams and the small ones are just governments working together to try and get those things done. This is a big focus of ours this year and has been every year because it's how you win the war of eventually getting these invasive species not coming in by getting in our native or adapted species, that are better at progression, into these areas before the cheatgrass comes in.

Governor: Just back to the business of this agenda item, and perhaps Mr. Nicks has said and I just missed it, what was the exact amount that you are seeking?

Kasey KC: We are seeking \$3.8 million today and that is the money needed to process outstanding vendor and local jurisdiction payments, not including payments that we have to our federal cooperators and partners as we are pushing those out a little bit further. These are bills we know of that need to be paid as of today. As you know, some of these smaller vendors don't have the money to float this, neither do our local jurisdictions. Those are our priority, as they have been in the past and then we're pushing the other payments forward. There will be more requested as we go forward but what we're asking for now is what we know we have as far as payments, as of today.

Governor: Is any of that reimbursable down the line from the federal government?

Kasey KC: Yes, some portion of it could be.

We have not been successful in getting grants this year from the Fire Management Assistance Grant Program. We have filed an appeal for one and we'll see if that happens. Some may be reimbursable through cost-share. The lion's share of the acres burned are federal acres. When we adjudicate, unfortunately, many of the starts were on state and private land and that puts us as the ones paying the bills up front. All will be adjudicated in the cost-share at the end.

Governor: Finally, this money is exclusively for Nevada fires, it's not for any of our resources when we went and helped in other states?

Kasey KC: It's for Nevada fires. The resources that we sent to California were our resources. Category one authority can override and we've already paid our employees and that's the bulk of the expense when we send our people to California. This is for vendors on fires in the State of Nevada.

Governor: Thank you very much. Board Members, any further questions with regard to agenda item 7-A?

Attorney General: No Governor, thank you.

Governor: Madam Secretary, any questions for you?

Secretary of State: No, Governor, thank you. I just want to thank the Forestry Division for all their hard work and echo your comments to them and thank them for everything they've been doing.

Governor: I don't want to jinx anything, Ms. KC but do you, and pardon the pun, are we out of the woods now, do you think?

Kasey KC: No, though I would like to think we are. We are going to release fire restrictions statewide fairly soon. The amount of moisture we had in the last week or so has not returned our fuel moistures to the level you'd want so we are still susceptible. Although, fires would probably be smaller, depending on conditions, because we're getting nighttime recovery of relative humidity. In the last two years, we've seen fires in November, December, January and February. It all depends upon the moisture to come because what we've had has not allowed us out of the woods quite yet.

Governor: So, you continue Public Service Announcements just to keep the public informed to be careful?

Kasey KC: Yes, and we're hitting that pretty hard this year. With the number of fires we've had that are human-caused, our agency is always looking to communicate and speak the same language, that we're all on board with the same message. We will continue to hit that hard next year.

Governor: Thank you very, very, much.

Secretary of State: Governor?

Governor: Yes.

Secretary of State: I'm sorry, I do have one question on 7-A. I believe, Ms. KC, you had indicated that \$3.8 million is what you needed but in our notes it says \$3 million.

Governor: Yes, as part of the motion, that's a good catch Madam Secretary, when, or if, you make a motion, or the Attorney General makes a motion if you could make an amended one, for the \$3.8 million, which is what the Agency needs and seeks.

Secretary of State: So moved for 7-A, that we would move it to \$3.8 million instead of the \$3 million that's in there for the Department of Conservation, Natural Resources, Division of Forestry.

Governor: Do you want to include 7-B in your motion as well, Madam Secretary?

Secretary of State: If that's alright. I thought you wanted to take them separately.

Governor: Just for the purpose of the record, Mr. Nicks just informed me that there is a revision to 7-B as well. Yes, Madam Secretary, if you would please proceed with a motion on agenda item 7-A.

Secretary of State: Just what I said, do you want me to repeat it?

Governor: No. The Secretary of State has moved to approve the request for a recommendation of approval to the IFC for an allocation amount from the Contingency Account for the Department of Conversation and Natural Resources, Division of Forestry in the sum of \$3.8 million. Is there a second?

Attorney General: I second.

Governor: Thank you, Mr. Attorney General. The Attorney General has seconded the motion. Any questions or discussion? There's none. All in favor say aye. That motion passes 3-0.

Governor: We'll move to agenda item 7-B. Mr. Nicks.

Clerk: The second request is for the Highway fund contingency account. The request is from the Department of Public Safety, Office of Traffic Safety in the amount of \$72,639 to fund a Program Officer 2 who will be hired to support the initial implementation of reporting requirements for interlocking devices set forth in Senate Bill 259 of the 2017 Legislative Session. The Agency has revised their estimated need and will address the new request.

Governor: Good morning.

Amy Davey: Good morning. I'm Administrator Amy Davey with the Nevada Office of Traffic Safety in the Department of Public Safety. We're bringing to you a request for contingency funds this morning to fund a position to meet the agency's new statutory requirements that came out of the 2017 Legislative Session related to the implementation of ignition interlock reporting and increased ignition interlock use.

We do have a revised request this morning. Based on an amended hire date, we request \$53,387. I did prepare some information for you but I'll leave it at your discretion if you would like more information about this request.

Governor: Is it anything you think is important to make as part of the record?

Amy Davey: I would like to if you don't mind. Thank you.

Governor: Thank you.

Amy Davey: Senate Bill (SB) 259 from the 2017 Legislative Session specified that reports of ignition interlock device violation would be provided by the Department of Public Safety (DPS) to courts to assist with determination of the period for which a driver who is convicted of driving under the influence (DUI) must use the ignition interlock device. Currently, courts send DUI conviction information to the Department of Motor Vehicles (DMV) to provide them with the terms for which an ignition interlock device is required. The DPS does not receive arrest, conviction or driver's license information and we must establish a new process by which to collect violation reports and distribute them to the courts.

Additionally, new requirements were assigned to the Committee on Testing for Intoxication to adopt regulations related to installation, removal, inspection, calibration, maintenance and operation of devices. The implementation date of the new ignition interlock requirements occurred on October 1, 2018. The Office of Traffic Safety has been working with courts, DMV, ignition interlock providers and law enforcement for several months to provide education and training on ignition interlocks, as well as researching other state's program models and recommendations for program administration. We also received technical assistance from the Traffic Injury Research Foundation.

The DPS originally estimated staffing requirements during the Legislative Session of up to seven positions. Now, with several months of research, we feel that a program officer position will allow us to meet our statutory requirements while continuing work is done on this legislation to determine which state agency will have overall program authority.

Governor: Just to be clear, you only need one position to run this program?

Amy Davey: We looked very closely at what the DPS requirements for administrative oversight of violation reporting. We're working with the Department of Motor Vehicles and with courts right now to talk about one of the assessment recommendations that came out of the Traffic Injury Research Foundation evaluation of this statute is that the State established clear program authority for this program. That is not currently contained in statute. DPS does have some reporting requirements, however, overall program authority is not clear for many elements of the program, which is why we're in conversations with the courts and with the Department of Motor Vehicles because they really are the conduits for information to pass back and forth.

As you know, ignition interlock is typically administered through the driver's licensing process or through the court sentencing process. Having the DPS involved in violation reporting is a little out of our scope right now, so, we're focusing only on what the DPS is required to do, which is violation reporting.

Governor: Have you received any violations in the past eight days?

Amy Davey: This is our Impaired Driving Program Manager, Victoria Hauan.

Victoria Hauan: Good morning. The driver or the person who has ignition interlock would take their car into the service center at the end of the month where all of the data is uploaded to the manufacturer's server, so that information won't come in until the end of the month.

Governor: I know I signed this bill, but if you would refresh my memory – if somebody gets a DUI as of October 1 of this year, it applies to them, but does it apply to those that were convicted prior to October 1?

Victoria Hauan: That question has come up multiple times from some of the judges that I'm in communication with and it's subject to interpretation, as far as, I think, DMV's Nevada Revised Statute (NRS) says that any time a license is suspended for driving under the influence, that they may be able to install part of the device and Senate Bill 259 allowed someone to voluntarily install the device as a condition to get their license reinstated, so I anticipate there could be demand and requests to do that to benefit the driver in that instead of driving on a suspended license, they can drive legally.

Governor: We're all ready to go as those start to come in?

Amy Davey: We're developing our process as we go. It's a manual process right now and we will automate the process when we have a good understanding of how information will flow as we work with our partners. We really want an understanding of what the courts need, what the DMV needs, where that information is so, it's a manual process, to begin with but we're working our way through it in close contact with vendors, courts and the DMV.

Governor: Yes, well, I think it goes without saying, this was a really good bill.

Amy Davey: Yes.

Governor: I'm hopeful that we'll be ready as those come in and that they can get installed because I think it's going to make it safer for people on the roads.

Victoria Hauan: I just wanted to add that the manufacturers also have an online web portal, so anyone that really needs that information, we'll have access to it, such as courts, Parole and Probation and DMV. We're working to get those approval processes in place as well so that the people that need the information will get the information.

Governor: Okay, thank you. Board Members, any other questions with regard to agenda item 7-B?

Secretary of State: We have none, Governor, thank you.

Governor: Thank you for the information, that was very helpful. If there are no further questions, the Chair will accept a motion to approve the request for a recommendation of approval to the IFC for an allocation amount from the Contingency Account to the Department of Public Safety, Office of Traffic Safety in the amount of \$53,387.

Secretary of State: So moved.

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

Attorney General: I second.

Governor: Seconded by the Attorney General. Any questions or discussion on the motion? I hear none. All in favor say aye. That motion passes 3-0.

8. Request to Pay a Cash Settlement – Department of Transportation

– Administration - \$75,000 (For possible action)

Pursuant to Article 5, Section 21 of the Nevada Constitution, the Department requests settlement approval to fully resolve an inverse condemnation action currently on appeal to the Nevada Supreme Court.

Governor: Agenda item number 8, Request to Pay a Cash Settlement, Nevada Department of Transportation.

Clerk: Item 8 includes a request for approval of a cash settlement from the Department of Transportation relating to the I-15 Interchange at Cactus Avenue in Las Vegas. The request in the amount of \$75,000 will fully resolve an inverse condemnation action currently on appeal at the Nevada Supreme Court. Representatives from the Department of Transportation are available to answer any questions the Board may have.

Governor: Good morning, Director Malfabon.

Rudy Malfabon: Good morning Governor, Rudy Malfabon, Director of Nevada Department of Transportation. In this particular case, we acquired a property at Cactus Interchange that included some improvements, a billboard. We felt that we fully compensated the landowner but they filed an inverse condemnation case requesting \$1 million. That went to District Court. We won on a summary motion to dismiss that case, which the landowner wants to appeal. We felt that a proposed settlement of \$75,000 addresses any concerns with a possibility of putting the case back to District Court for reconsideration and then having any other issues overturning the previous decision of the Court. So, we felt that it was a good settlement in the public's interest and Dennis Gallagher, our Chief Deputy Attorney General is able to answer any legal questions about it.

Governor: Thank you, Director Malfabon and good morning Mr. Gallagher. I'm familiar with having sat yesterday on the Board of Transportation. In any event, I would just assume that this is out of prudence because as Director Malfabon said, there's the risk of reversal and remand back to the District Court and associated with that would be the litigation risk of further exposure as well as costs and fees. That this settlement amount would be far below that and mitigate and eliminate actually any risk.

Dennis Gallagher: Dennis Gallagher, Counsel for the Department. To summarize Governor, you are correct. This will minimize any risk, it will eliminate risk for any additional cost – potential litigation expenses, time and attorney's fees. We believe it's in the best interest of the Department, therefore, the best interest of the State, for your approval of this settlement amount.

Governor: Thank you, Mr. Gallagher, that's a dismissal with prejudice?

Dennis Gallagher: Correct, Governor.

Governor: Thank you. Board Members, any questions with regard to agenda item number 8?

Attorney General: Move to approve agenda item number 8.

Governor: Attorney General has moved to approve the request to pay a cash settlement by the Nevada Department of Transportation in the sum of \$75,000 as presented in agenda item number 8. Is there a second?

Secretary of State: I'll second it, Governor.

Governor: Thank you, Madam Secretary. The Secretary of State has seconded the motion. Any questions or discussion? There are none. All in favor, please say aye. That motion passes 3-0. Thank you and good result, very well done.

9. Approval of Proposed Leases *(For possible action)*

Governor: Agenda item number 9, Approval of Proposed Leases. Mr. Nicks.

Clerk: There are eight leases on agenda item 9 for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: Thank you, Mr. Nicks. I have no questions. Board Members, any questions with regard to agenda item number 9?

Attorney General: Move to approve agenda item number 9.

Governor: Attorney General has moved to approve the leases presented in agenda item number 9. Is there a second?

Secretary of State: I'll second it, thank you, Governor.

Governor: The Secretary of State has seconded the motion. Any questions or discussion? There are none. All in favor, please say aye. That motion passes 3-0.

10. Approval of Proposed Contracts *(For possible action)*

Governor: We'll move to agenda item number 10, Approval of Proposed Contracts. Mr. Nicks.

Clerk: There are 32 contracts in agenda item 10 for approval by the Board this morning. Members have requested additional information on Contract number 7 between the Department of Administration, State Public Works and the Core Construction Services of Nevada, Inc.

Governor: Thank you, Mr. Nicks. I had asked agenda item number 7 to be held out only because it's great news with regard to the construction of a new engineering building at the University of Nevada, Reno (UNR). I just want to get some background on what's going on and what are the schedules going to be and when we think we're going to be finished.

Ward Patrick: Thank you, Governor. Ward Patrick, Administrator for the State Public Works Division. This is our project number 17-C06, UNR, Engineering Building. This contract is to extend some work on the project. We're looking to have the project completed in the summer of 2020. We started work on this project on July 16th and there's been some serious earthwork completed. That's going ahead of schedule. Thank you.

Governor: What is the total all-in cost for the building?

Ward Patrick: The total amount of the contract right now is \$80 million for our guaranteed maximum price. The overall project budget is approximately \$85 million.

Governor: It's an exciting construction project. Thank you.

Are there any questions from Board Members? There are none. If there are no further questions on the contracts presented in agenda item number 10, the Chair will accept a motion.

Attorney General: Move to approve.

Governor: The Attorney General has moved to approve the proposed contracts presented in agenda item number 10, is there a second?

Secretary of State: I'll second it.

Governor: Second by the Secretary of State. Any questions or discussion on the motion? I hear none. All in favor, please say aye. That motion passes 3-0.

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

Governor: We'll move on to agenda item 11, Approval of Proposed Master Service Agreements. Mr. Nicks.

Clerk: There are 19 master service agreements in agenda item 11 for approval by the Board this morning. Sixteen of these agreements replace existing provider agreements as explained at the June BOE meeting. No additional information has been requested by any of the Members.

Governor: Thank you Mr. Nicks. Are there any questions, Board Members?

Attorney General: No, Governor, thank you.

Governor: Is there a motion to approve?

Attorney General: I move to approve agenda item number 11.

Governor: The Attorney General has moved to approve the proposed master service agreements presented in agenda item number 11, is there a second?

Secretary of State: I'll second it Governor, thank you.

Governor: Thank you, Madam Secretary. The Secretary of State has seconded the motion. Any questions or discussion? I hear none. All in favor, please say aye. That motion passes 3-0.

12. 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 August 21, 2018 through September 17, 2018.

Governor: We'll move on to agenda item 12, which is an information item, the Clerk of the Board Contracts. Mr. Nicks.

Clerk: There were 31 contracts under the \$50,000 threshold approved by the Clerk between August 21, 2018 and September 17, 2018. This item is informational only. Members have requested additional information on information contract number 24 between the Department of Conservation and Natural Resources, State Parks and Far Western Anthropological Research Group, Inc.

Governor: Contract 24, good morning Mr. Johnson.

Eric Johnson: Eric Johnson, Administrator for Nevada Division of State Parks. In brief summary, this contract provides cultural survey services for Ice Age Fossil State Park. We've done some preliminary surveys to look at where our trail system is going to go and the building site location. This is a more formal process required by the fact that it's a federal undertaking. As you know, we try and take one general fund dollar and turn it into two, on the ground, using Land and Water Funds. So, that makes it a federal undertaking and subject to these requirements. So, this simply satisfies that. It's been quite frankly, some time since a real formal survey was done, going back to the 1960s.

Governor: What does a survey include, what do they do?

Eric Johnson: It's a site survey where archeologists or those trained with archeologists walk through the site, physically, and cover as much ground as they can to see if over time anything else has been exposed through erosion, wind, etcetera, just to get a real accurate picture of what's out there.

Governor: It's all over the place, the fossils are, as you know, and I'm sure you can expand on that.

Eric Johnson: Yes, Governor. As you're aware, you've been to the site, this 315-acre site is paleontologically rich. It's, littered isn't the right word, but there are fossils everywhere on this location. What we want to do is, we want to strategically place our trails and our building site locations so that we're not inappropriately or adversely affecting the locations of some of these artifacts, and then so we can move some, and display them, if they are where we need to create a trail or build.

Governor: You can name them better than I if you would go through the roster of the fossils that are there, it's pretty impressive.

Eric Johnson: Yes, Governor, there's a lot of invertebrate fossils, shells, but the ones that are interesting, at least to me personally, are the Camelops, which is a gigantic cameloid, are found on the site. Saber-tooth Tigers have been found in the area as well as the American Lion and the Giant Sloth. We have yet to find evidence of man's coexistence with these animals but we may be on the cusp of finding that. I don't want to divulge something that could be in a scientific journal pretty soon, but we've got some pretty exciting news coming up.

Governor: You just did. But no, I didn't even know that.

Eric Johnson: That's very new information, Governor.

Governor: That's exciting. This is a bit of an infomercial, but it is a wonderful new state park that is under development and is literally across the street from Shadow Ridge High School, so it's accessible. To the urban area, there's going to be a partnership with the University of Nevada, Las Vegas (UNLV) or there already is a partnership. The high school is going to be involved as well, but literally, a state park that is rich with those types of fossils in the backyard.

Eric Johnson: Absolutely, Governor. It's unique to Nevada and it's unique to the world, quite frankly. There aren't a lot of these resources that aren't privately owned and that are as accessible as the place will be.

A quick update if you'd like. We're going to go out to bid on the utilities for the Visitor's Center this month. Followed shortly thereafter by the bid for the building construction which will be I think very impressive looking when it's done.

Governor: While I have you, Mr. Johnson, any update on East Walker, the new State Park in Lyon County?

Eric Johnson: Yes, Governor. We had a ribbon-cutting event, which you attended, it was, I thought a fantastic day, followed by the first public opening day, which was the Saturday, following. I was actually just directing traffic that day, but 700-800 people attended. The public reaction was tremendous. People were just excited to have a new opportunity, particularly a water-based opportunity in their backyard. So, it was just a very positive day. The public liked what they saw. They're looking forward to the continuation of the second campground loop, which is actually out to bid right now.

Governor: Another bit of an infomercial, but 13,000 acres of three former ranches, private ranches that were in private hands since the 1860s that now make available almost 30 miles of river for anglers, for kayakers, for what have you. It's just a beautiful, beautiful place where if you want to be alone, you can be alone and if you want to hike or, it's a free-range zoo with the antelope and turkeys and deer and it's just really an experience for those that love the outdoors. So, thank you for your hard work with regard to that.

Finally, Mr. Johnson, I did have a little bit of method in asking you to come forward. As you may or may not be aware that Mr. Johnson is retiring from State service. In a public forum, I wanted to personally thank you, on behalf of the people of the great State of Nevada, for your commitment and dedication and passion to our state park system and making it what an amazing, amazing resource it is. I've had the privilege of being able to work with you and see you in action and I just wanted to thank you for what you've done and wish you the best in whatever you choose to do.

Eric Johnson: Thank you, Governor. It's been a pleasure and an honor. I thank you for your support. You've made the last few years, years of growth for Nevada State Parks and I appreciate it.

Governor: I have something for you, Mr. Johnson.

Eric Johnson: I'm not sure if I should be nervous or not.

Governor: Well, this is a proclamation that proclaims October 16, 2018 a day in honor of Eric Johnson.

Eric Johnson: Thank you very much Governor.

Secretary of State: And, congratulations, Mr. Johnson.

Eric Johnson: Thank you, Madam Secretary, I appreciate it.

Attorney General: Congratulations.

Eric Johnson: Thank you Mr. Attorney General. I don't think I'd trade my career for anything.

Governor: So, Mr. Johnson, if I could present you with this proclamation and again, congratulations on a job well done. My sincere thanks and we really appreciate your service.

Eric Johnson: Thank you Governor. Appreciate it.

[applause]

Governor: Any other questions with regard to agenda item number 12?

13. Information Item – Reports

Department of Public Safety – Division of Emergency Management

Pursuant to NRS 353.2755, the Division hereby submits notice to the Board of Examiners of Mineral County's intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of grants and/or loans from the Disaster Relief Account to cover a portion of the expenses associated with repairs to public infrastructure necessitated due to flash flooding events that July 21 – 22, 2018.

Governor: So, we'll move on to agenda item 13, another information item for reports. Mr. Nicks.

Clerk: This item is a notification from the Division of Emergency Management of intent to request allocations from the Disaster Relief Account pursuant to NRS 353.2755. Pursuant to Statute, State agencies and local governments can request a grant or loan through the Division of Emergency Management from the Disaster Relief Account if, because of the Disaster, the local government is unable to pay for an expense from available funds. Applicants must submit their intention to apply not later than 60 days after the Governor or the governing body of a local government determines an event constitutes a disaster.

The Division must then notify the Board of Examiners and the Fiscal Analysis Division of the Legislative Counsel Bureau of the intent within 18 months of the determination an event constitutes a disaster. The state agency or local government must submit their final request to the Division of Emergency Management and the Department of Taxation, including whether the request is for a loan or a grant and the final amount of the request.

The Division of Emergency Management and the Department of Taxation are required to review the requests and submit reports to the Board of Examiners who will make a recommendation to the Interim Finance Committee on the proposed amount and the determination of a grant or loan.

This notification is just the first step in the process. The application will come to the Board for approval of a recommendation to the Interim Finance Committee at a later date. This notification is for the thunderstorm and subsequent flash-flooding in Mineral County on July 21st and 22nd, 2018.

Governor: Thank you, Mr. Nicks. Are there any questions, Board Members?

Attorney General: No Governor, thank you.

14. 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'll move on to agenda item number 14, which is Public Comment. I'll begin in Southern Nevada, is there any public comment from Southern Nevada?

Attorney General: None here, Governor.

Governor: Is there any public comment from Northern Nevada? The only thing I'll say is, we have recently had installed in this room the flags of each and every County. The point here is a reminder for all of us, as public servants, who we serve. We're really proud of this. The flags are in chronological order and then those counties that were approved at the same time, in alphabetical order, so that no one can claim one county was favored over the other. It's just really important. For me, it's a reminder that the people of our state are constantly with us and counting on us to do our jobs and to do it well on their behalf. I really want to thank everybody who was associated with installing the flags. I think they look fabulous. I just finished signing thank you letters to the Chairpersons of Counties in the State, who submitted a new flag, so that we could have a really nice quality exhibit here. I think that it finishes this room in just an amazing, amazing way.

15. Adjournment (For possible action)

Governor: Is there a motion to adjourn?

Attorney General: Move to adjourn.

Governor: Attorney General has made a motion to adjourn. Is there a second?

Secretary of State: I'll second it, Governor.

Governor: Thank you, Madam Secretary. She has seconded the motion. All in favor say aye. That motion passes 3-0. This meeting is adjourned. Thank you ladies and gentleman.

Public Comment
October 9, 2018

Statement of Lisa J. Zastrow, Esq.
October 9, 2018

Governor Sandoval, Attorney General Laxalt and Madam Secretary, good morning. My name is Lisa Zastrow. I am an attorney at Lipson Neilson and my primary practice is defending professionals before Nevada regulatory bodies, including disciplinary Boards. I am here today as counsel for the Las Vegas Dental Association. The Las Vegas Dental Association is a grass roots Association formed to take on abusive practices by the Board Staff, including counsel, at the Nevada State Board of Dental Examiners (“Dental Board”).

A few years ago, the Las Vegas Dental Association asked the Sunset Subcommittee of the Nevada Legislature to investigate financial and due process abuses at the Dental Board. The Legislative Audit was released in May 2016 and it was absolutely scathing. The Audit can be summed up in revealing the Board Staff is the preverbal tail wagging the dog. The Dental Board members have delegated nearly all of their authority to the point of rendering their positions meaningless, all of their statutory duties have been unlawfully delegated to Board Staff, contract investigators called Disciplinary Screening Officers (“DSO”) and Board counsel. The result – a total lack of oversight, excessive spending and a failure to insure due process of law in the disciplinary process. The key findings from the May 2016 Legislative Audit are as follows:

- The Dental Board overcharged 50% of Licensees for discipline related investigative costs, mainly to reimburse outside legal counsel and Licensees belonging to the Nevada Dental Association that solely conducted all investigations as Disciplinary Screening Officers (“DSO”), and the overcharges were likely due to the Dental Board lacking an effective process for accurately determining the amount of costs for individuals;
- The Dental Board paid approximately \$200,000 more in legal fees than shown in its financial statements in 2014 & 2015. This was accomplished as the Board Executive Director, who is still the Executive Director, Debra Shaffer-Kugel failed to disclose the excessive payments in Board financial statements. Notably, Licensees have addressed this with the Board seeking return of fees and accountability and to date, no action has been taken by the Dental Board;

- The Audit also uncovered Dental Board legal contract approved in 2013 for outside legal counsel was to not exceed \$175,000, yet payments exceeded \$300,000 in both 2014 and 2015;
- The conclusions of the DSO's are not (and are not) reviewed by the Dental Board;
- The Dental Board has a fiduciary duty to be an effective steward of public resources which has not occurred;
- Board Members are not reviewing specific documentation;
- The Dental Board needs to provide greater oversight of the disciplinary complaint process as conducted by DSO's;
- Without a review process of DSO findings there is increased risk that investigations could result in Licensees being treated too harshly or lightly;
- The Audit also found a grossly disproportionate amount of investigations were assigned to specific DSO's; and
- The Audit also revealed one Dental Board Member, Dr. Pisani, collaborating with then counsel for the Board, John Hunt, Esq. and the Board Executive Director, Ms. Debra Shaffer-Kugel, orchestrated requiring a target of a disciplinary complaint, Dr. Ting, donate \$25,000.00 to a private charity as a term of discipline. This contribution was unlawful and absolutely outside the Nevada Board's authority.

After the Audit was released, the Dental Board hired General Counsel and created a Review Panel. Both of these actions were recommended by the Legislative Auditors, but neither resulted in the protections the Auditors were seeking to insure. In fact, the Review Panel has been in place for approximately 10 months and is merely reinforcement for the bully tactics of DSO's and Board Staff as the Review Panel simply rubber stamp DSO findings. The Review Panel has no real authority

as all matters are directly returned to the DSO after the DSO's findings and conclusions regarding discipline are determined.

As noted above, the Dental Board is made up entirely of Nevada Dental Society members. The Nevada Dental Society is not the Dental Board – the Dental Society is a non-profit organization of dental professionals. The Nevada Dental Society has no statutory powers. We believe Licensees who are non-Dental Society members are more harshly treated during the disciplinary process.

Specifically, when a disciplinary matter is raised against a member of the Nevada Dental Society, the matter is triaged by a Nevada Dental Society Member at the Board, including the Board's Executive Director Ms. Shaffer-Kugel and is often referred to the Nevada Dental Society for what is called "Peer Review Dispute Resolution." I have attached a screen shot from the Board's website which expressly defers and encourages citizens in Nevada to even take complaints directly to the Nevada Dental Society. The process creates fees for the Nevada Dental Society and results in non-discipline for Nevada Dental Society members who are the target of complaints when the matter is resolved during the Peer Review Dispute Process.

100 percent of the Nevada state paid DSO's are Nevada Dental Society members. Notably this position of DSO was created by the Board's long term private counsel, John Hunt. This Board has heard about the manner in which John Hunt controlled the Dental Board, with help from Board Staff, until he resigned one day after a lawsuit was filed against him here in Clark County. The Nevada Dental Society, through Dental Board Staff and DSO's, unlawfully exercise unilateral control as to whether a verified public complaint progresses. The Dental Society member, through Board Staff and DSO's, can even unilaterally dismiss a verified public complaint without any Dental Board Member ever knowing that a verified complaint was filed. I have also attached a Flow Chart from the Dental Board's website that demonstrates the disciplinary process.

NRS 631.363(1) mandates the Dental Board to investigate all verified citizen complaints. As recently as this year we have evidence that verified complaints against Nevada Dental Board members were not investigated, rather Board Staff and counsel at the Board insured the complaints were dismissed – without Nevada Dental Board member knowledge. This is alarming and certainly does nothing to protect the citizens in Nevada. As you can see, complete control is given to Dental Board Staff and DSO's. This is contrary to state law and exceptionally unfair to non-

Dental Association Members who are receive overwhelmingly more discipline at the Dental Board and whom also never receive the benefit of this Peer Review Dispute Resolution process offered by the Nevada Dental Society.

Our evidence shows only half of the licensed dentists in Nevada pay the \$1800 yearly membership fee of the Nevada Dental Society are therefore members. While only half of Nevada dentists are members, 100 percent of the Nevada Dental Board members are members of the Nevada Dental Society. The Legislative Audit assisted in our determination that an alarming 85% of all Licensees disciplined were non-Nevada Dental Society members.

On November 8, 2016 matters came before This Board regarding the approval of contracts for legal fees between the Dental Board and attorney John Hunt. At that meeting many local Licensed Dentists and Nevada citizens spoke about these serious abuses with the Dental Board including the lack of due process in the disciplinary process and excessive legal fees incurred without Board knowledge during the disciplinary process. Notably, no one who appeared at the November 2016 meeting from the Dental Board mentioned to you Governor that the Legislative Audit had issued its findings, which uncovered clear financial and other abuses. At that November 2016 Board Meeting, Governor, you recognized that in your years as Attorney General and also as Governor you had never seen a group of professionals so upset. The Minutes from that meeting indicate that you stated “without exception, there has never been a constituency as upset as those that are subject to the jurisdiction of the Dental Board.” You further indicated that you were hopeful something could be done.

Nothing has been done.

In fact, the Nevada Dental Board is now even further shielded from the disciplinary process as they have unwittingly delegated their duties to Board Staff, including the new General Counsel, to the point that the Board’s role is rendered entirely pointless. In fact, the 2016 Audit findings were shielded from Board Members until recently.

The disciplinary process is conducted in such an arbitrary and capricious manner, without any consideration for due process of law. The Board’s General Counsel has taken the formal position that Licensees are not entitled to due process of law during any investigation, in spite of the fact that the investigator DSO acts as the final arbitrator of fact – in clear violation of Nevada law.

Where the Board Staff finds gaps in the Nevada Administrative Code which encroaches on their unbridled power, they immediately amend the NAC to suit their game of keeping all disciplinary matters entirely confidential from the Board. Additionally, and perhaps more concerning to this Board, legal fees have not decreased and we have overwhelming evidence of bias against Licensees who are not members of the Nevada Dental Society – the Society in which each Board Member belongs.

This Board – the Board of Examiner’s - website lists its stated values with the acronym “WE CARE” - noting the “CARE” represents:

- Consistent application of state laws and regulations;
- Advanced ethical behaviors;
- Respectful and courteous treatment of everyone; and
- Encouraging innovation and efficiency.

Keeping these values in mind, the Las Vegas Dental Association asks you for a formal investigation into the disciplinary process at the Nevada Dental Board – soup to nuts. We are entitled to know how many citizen complaints were sent to the Dental Board in the last several years and diverted to the Dental Society’s Peer Review process. A full investigation is key to determine the bias against non-Nevada Dental Society Members, ongoing excessive spending and a lack of accountability and most importantly to my clients an utter failure in fairness, a lack of due process of law in the investigative process, and the unlawful complete delegation of power by the Board to the Board Staff, Nevada Dental Society DSO’s and Board counsel.

We are asking Governor Sandoval to consider the replacement of at least three Board members who are failing to live up to the standards of this Board by not being effective stewards of public resources and who have turned a blind eye to the abuses by the Board Staff. My clients seek the replacement of Board members Dr. Pinther, Dr. Blasco and Dr. Pisani. We would request these Board Members be replaced with Licensed Dentist Members of the Las Vegas Dental Association. I have attached a letter sent to the Washington state Dental Board drafted by the State of Nevada’s highest medical authority last year, former Chief Medical Officer John DiMuro, wherein he advises the State of Washington that our Nevada Dental Board’s discipline process is unreliable. He directly advises the State of Washington that the Nevada State Dental Board’s disciplinary process fails Licensees. The letter is exceptionally telling.

We further implore the Board of Examiners review current Deputy Attorney General's oversight and handling of ongoing matters at the Dental Board. We have observed the current AG's involvement as nothing more than a further strong arm against citizen complaints, bias against non-Dental Society members and in assisting the Board Staff and DSO's in their unlawful practices.

Finally, we recommend the Dental Board institute a formal Alternate Dispute Resolution program – at the Dental Board - so that members of the public can resolve their differences with their dentists at greater success and much, much lower cost. ADR is a proven efficient program for regulatory bodies. ADR would also remove current conflicts between Nevada Dental Society members overwhelmingly determining the fate of non-Dental Society Members.

The 2016 Legislative Audit was proof positive of the abuses and to date none of the abuses have been remedied. Thank you for your attention.

 CONSUMER FREQUENTLY ASKED QUESTIONS

1. I have a problem with my dentist. How do I lodge a complaint?

Our office, the State Board of Dental Examiners, is charged with the authority of taking action against a dentist's/dental hygienist's license when he/she is found to be in violation of state law. Our authority does not extend to mediation or resolution of fee disputes. If you feel that a violation may have occurred, you may file a [Complaint Form](#) with the Board. A second option is to file a complaint with either the Northern Nevada Dental Society, Reno (775-337-0296) or the Southern Nevada Dental Society, Las Vegas (702-733-8700) for action by the local Peer Review Committee.

2. I am considering going to a new dentist. How can I find out more about his background?

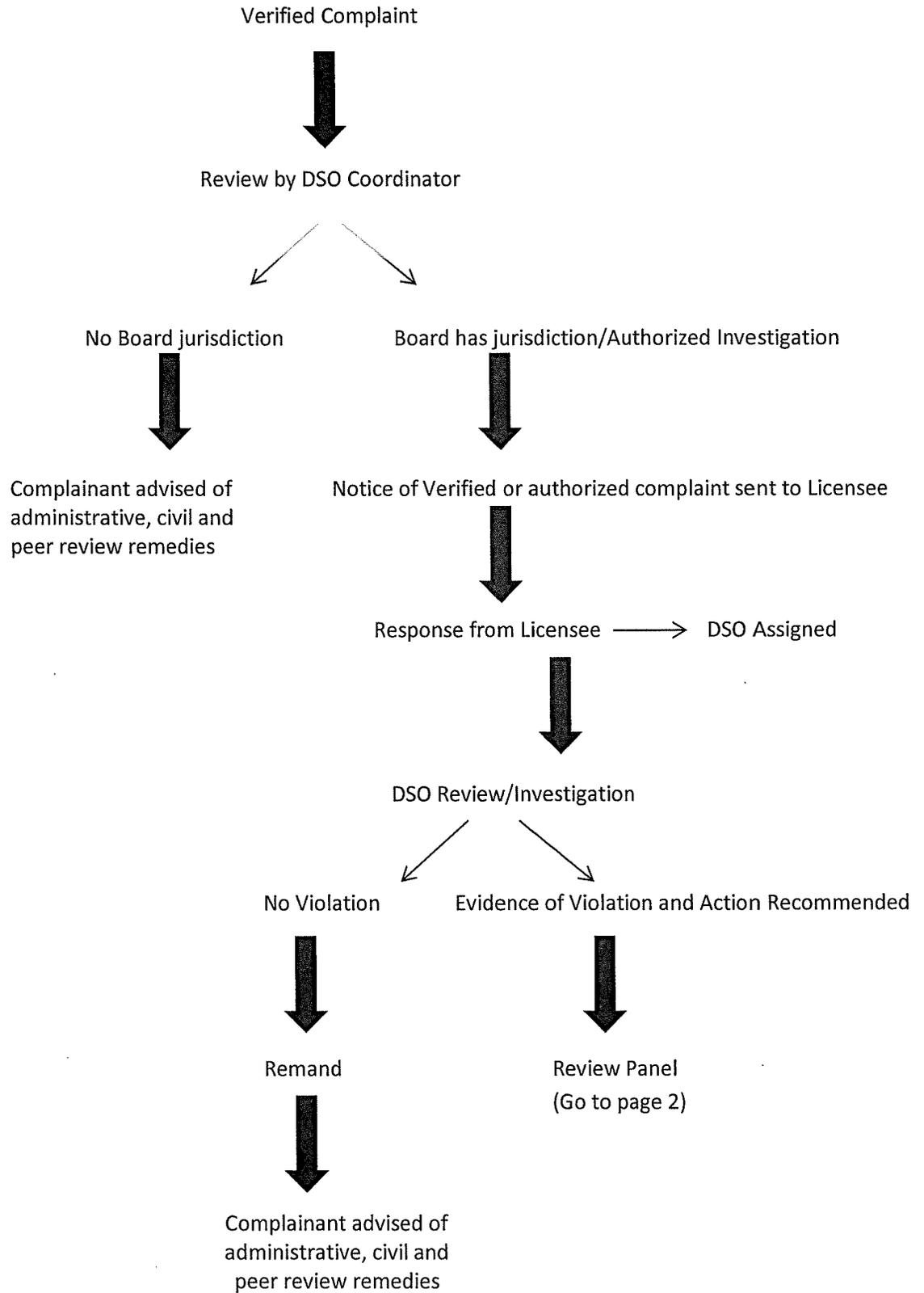
Although the Board does not make recommendations or referrals, you can inquire about a dentist you are considering. The Board office provides information on license status, dental school attended, and whether or not action has been taken against his/her license. You may obtain this information by telephone (800-337-3926) or online through our website under the ['License Verification'](#) section.

3. My Dentist office has refused to give me a copy of my records. Is this legal?

No. Nevada statute [NRS 629.061](#) requires that health care practitioners provide a copy of patient records at the request of the patient or the patient's representative. A nominal fee may be charged for copies; however, a dentist may not withhold records due to an outstanding balance. You may contact the Board office if you need assistance in obtaining your records.

Complaint, Investigation & Disciplinary Flow Chart

Page 1



STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



CODY L. PHINNEY, MPH
Administrator, DPBH

JOHN M. DIMURO, DO, MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4200 · Fax: (775) 687-7570

March 13, 2017

Washington State Board of Dentistry
No address or contact information easily available on website

Re: **Dr. Scott Brooksby**
Washington Credentialing No.: DENT.BE.60450842

Dear Washington Dental Board:

I am writing today in support of Dr. Scott Brooksby's dental licensure application with the State of Washington. The State of Nevada has significant ongoing issues with the Nevada Dental Board including serious concerns regarding the overreach by the Board's attorney, Mr. John Hunt. I have received no less than 75 direct communications from both licensees *and the general public* regarding the "extortion" by the Dental Board and the threat of license suspension to dentists in the event stipulations are not signed as written and the arbitrary fees assigned to the case paid in full to the Board's attorney, Mr. Hunt. Of note, Mr. Hunt ran an unsuccessful campaign for State Attorney General against our current Governor Sandoval back in 2002. These Dental Board actions remain under investigation by Governor Sandoval and our AG.

Additionally, the State of Nevada Legislative Auditor published their findings from a performance audit for the Nevada State Board of Dental Examiners which may be found here: <https://www.leg.state.nv.us/division/audit/Full/BE2016/LA16-14%20Board%20of%20Dental%20Examiers%20Report.pdf>. This 66-page document clearly outlines numerous violations of existing Nevada Revised Statute ("NRS") codes by the Nevada Dental Board.

From my investigation into this matter, I am concerned regarding the significant internal workings of the Nevada Dental Board and will await response from Governor Brian Sandoval in this matter. I would highly recommend that the State of Washington judge Dr. Brooksby on his own merits without any prejudice from issues stemming from the Nevada Dental Board. Dr. Brooksby has been an exemplary dentist in Nevada for many years and I hope that he will consider returning to Nevada once the issue with the Dental Board has been appropriately addressed.

Please feel free to contact me with any questions or concerns.

Respectfully,

A handwritten signature in black ink, appearing to read "John M. DiMuro".

John M. DiMuro, DO, MBA
Nevada Chief Medical Officer
JDiMuro@health.nv.gov

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: October 22, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Matthew Tuma, 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.

DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Agriculture, Food and Nutrition Division, requests approval to purchase one replacement vehicle for a total amount not to exceed \$25,468 in fiscal year 2019.

Additional Information:

The request is to purchase one vehicle to replace a 2001 Chevrolet Silverado Truck with an excess of 135,000 miles and meets the Vehicle Replacement Policy of SAM 1316. The agency was budgeted for a replacement vehicle in E711 for \$28,271 during the 2017-2019 legislative session.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: 
ACTION ITEM: _____

BRIAN SANDOVAL
Governor

STATE OF NEVADA

JERRI CONRAD
Interim Director



Las Vegas Office:
2300 E. St. Louis Ave.
Las Vegas NV 89104-4211
(702) 668-4590
Fax (702) 668-4567

Elko Office:
4780 E. Idaho Street
Elko NV 89801-4672
(775) 738-8076
Fax (775) 738-2639

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
Website: <http://www.agri.nv.gov>

October 19, 2018

MEMORANDUM

TO: Board of Examiners
FROM: Jerri Conrad, Interim Director – Nevada Department of Agriculture
RE: Approval to purchase vehicle – FY19

This memorandum will serve to advise that the Nevada Department of Agriculture is requesting approval to purchase a new vehicle which will service the Food and Nutrition Division. This vehicle is Legislatively approved in the SFY19 budget and will be purchased utilizing federal grant funds specifically provided for this purpose.

This vehicle was budgeted in the amount of \$28,271.00. The current estimated amount of \$26,739.90 is sufficient for the type of vehicle required by this program; a quote for an extended cab vehicle was used in the budgeting process.

Thank you for your consideration.

A handwritten signature in black ink, appearing to be "J. Conrad".

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: Nevada Department of Agriculture	Budget Account #: 1362
Contact Name: Celeste D. Arnold	Telephone Number: (775) 353-3616
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>\$25,467.25</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.: Pickup Mission of the requested vehicle(s): This vehicle is assigned to the Las Vegas warehouse and will be used to facilitate food distribution programs.	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: DU E711 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>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. The vehicle being requested for purchase is a pickup, not a passenger sedan.	
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: 2001 Odometer Reading: 135,840 Type of Vehicle: Pick Up-Chevy Silverado	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes <hr/> 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	Fiscal Administrator _____ Title
	9/14/18 _____ Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

~ STATE AGENCIES ONLY ~
VEHICLE ORDER JUSTIFICATION SHEET
(This form must accompany requisition)

Agency Nevada Dept of Agriculture RX No. _____

Contact Celeste D. Arnold Phone No. (775) 353 - 3616

Pursuant to NRS 333.340 if an agency is not purchasing from the lowest responsible dealer, the Purchasing Division must notify the dealer with the lowest price for the vehicle type you have requested of the reasons for this purchase.

Please check all that apply below:

- Dealer is located in close proximity to the area of vehicle deployment for service, parts and warranty support to the agency
- Dealer has historically provided favorable service to the agency concerning cost of ownership issues
- Vehicle is compatible with other agency vehicles providing for standardized operation and maintenance including parts management
- Vehicle requested is best suited for the purpose to be used
- Vehicles of this make have a good cost of ownership record within the agency
- If this vehicle does not meet "Smart Way or Smart Way Elite" requirements, agency must provide detailed justification
The Nevada Department of Agriculture is requesting the purchase of a pick up not a passenger sedan.

____ Other justification

-----State Purchasing use only-----

___ Approved ___ Disapproved by _____ date _____

If disapproved awarded dealer _____

Reason _____

STANDARD PAGE - FLEET VEHICLES 8475

(Use separate page for each package)

FINDLAY CHEVROLET

2.16 TRUCK: 3/4 Ton; Full Size; Extended Cab; Long Bed		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Silverado, 2019, CC25953	\$25,838.00	\$25,438.00
Provide MSRP pricing: \$38,895.00		
State vehicle miles per gallon (MPG): not listed		
State manufactures warranty: 3YR OR 36K BASIC - 5YR OR 100K DRIVETRAIN & ROADSIDE		
Specify engine size and emission rating: Vortec 6.0L Variable Valve Timing V8 SFI, E85		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions: (Refer to page 6 of bid)		
Single-slot CD/MP3 player ONLY AVAILABLE ON LT MODEL AND ABOVE (STD)		
Exterior Color: List available colors:		
Red Hot, Silver Ice Metallic, Summit White, Black, Havana Metallic, Graphite Metallic		
\$395 up charge - Deep Ocean Blue Metallic		
Seats, Cloth: List available colors:		
Jet Black, Dark Ash seats with Jet Black interior accents		
GVW: 9500	WHEELBASE: 158.10	
<small>(When Applicable)</small>	<small>(When Applicable)</small>	

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.:	2.16 Chevrolet Silverado ¾ ton; Full Size Extended Cab Long Bed; 2019 CC25953		
Dealer Name:	Findlay Chevrolet		
Delivery Location:	2300 E St. Louis Ave, Las Vegas NV 89104		
Vehicle Colors:	Exterior: White	Interior: Dark Ash	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 25,438	\$25,438
SPECIFY OPTIONS: (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$25,467.25

Registered Owner:	Agency Name & Address: Nevada Department of Agriculture
Legal Owner:	Agency Name & Address: Nevada Department of Agriculture
County Vehicle Based In:	Clark
Name & Phone of Person to contact when vehicle is ready for delivery:	Celeste D. Arnold, ASO II (775) 353-3616

Department of Agriculture
Food and Nutrition
Budget Account 1362
Vehicle Quote and Budget for SFY 2019

Las Vegas Truck **Replaces EX52273, 2001 Chevy, Odometer 135,840**

	Current Contract	5% ⁽¹⁾	Net
Base	\$ 25,438.00	\$ 1,271.90	\$ 26,709.90
Diesel	\$ -	\$ -	\$ -
4x4	\$ -	\$ -	\$ -
Cab Steps	\$ -	\$ -	\$ -
Trailer Brake Controller	\$ -	\$ -	\$ -
Spray-In Bedliner	\$ -	\$ -	\$ -
Hands Free Sync	\$ -	\$ -	\$ -
Extra Key Fob	\$ -	\$ -	\$ -
Subtotal Dealer Options/Add-ons	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Total Dealer \$ 25,438.00 \$ 1,271.90 \$ 26,709.90

Total DMV Fees \$ 30.00 \$ 30.00

Additional Options Added (after delivery from Dealer):

Camper Shell - Aftermarket			\$ -
Grand Total	<u>\$ 25,468.00</u>	<u>\$ 1,271.90</u>	<u>\$ 26,739.90</u>

Budget/Authority

L01 - Base	\$ 28,271.00
L01 - Options	\$ -
L01 - Grand Total	<u>\$ 28,271.00</u>

L01 vs Actual Difference \$ 1,531.10

Notes:

1) 5% additional added to current pricing as contracts are under negotiation, as per State Purchasing (see copy of email.)

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: October 22, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Matthew Tuma, Executive Branch Budget Officer
Budget Division

A handwritten signature in blue ink, appearing to be "MT", next to the name Matthew Tuma.

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 AGRICULTURE
DIVISION OF PLANT INDUSTRY

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Agriculture, Division of Plant Industry, requests approval to purchase one replacement vehicle for a total amount not to exceed \$38,138 in fiscal year 2019.

Additional Information:

The request is to purchase one vehicle to replace a 2005 Chevrolet Silverado Truck with an excess of 109,000 miles and meets the Vehicle Replacement Policy of SAM 1316. This vehicle was originally approved to be replaced in fiscal year 2018. The total purchase price for one vehicle is \$38,138. The agency was budgeted for a replacement vehicle in E711 for \$36,363 during the 2017-2019 legislative session which is not sufficient due to pricing increases. Work Program C45484 has been submitted to fund the additional amount, with the entire vehicle cost supported by U.S. Department of Agriculture grant funds.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: <u>cm</u>
ACTION ITEM: _____

BRIAN SANDOVAL
Governor

STATE OF NEVADA

JAMES R. BARBEE
Director



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2300 McLeod Street
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Elko Office:
4780 E. Idaho Street
Elko NV 89801-4672
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DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
Website: <http://www.agri.nv.gov>

October 9, 2018

MEMORANDUM

TO: Board of Examiners
FROM: Jerri Williams-Conrad, Interim Director
RE: Approval to purchase vehicle

This memorandum will serve to advise that the Division of Plant Industry, Budget Account 4552 – Pest, Plant Disease, Noxious Weed is requesting approval to purchase a new vehicle which will service the Mormon Cricket Program with required inspections and surveys. This vehicle was Legislatively approved in the FY18/19 budget and will be purchased utilizing Grant Funds specifically provided for this purpose.

The Legislatively approved amount of \$36,363 is not sufficient due to pricing increases. Work Program C45484 is being submitted to the Governor's Office of Finance to increase the current authority.

Thank you for your consideration.

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: Department of Agriculture	Budget Account #: 4552
Contact Name: Mike Geissinger	Telephone Number: 775-353-3727
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:	
\$38,138 ^{10/27/18}	
Number of vehicles requested: 1	Amount of the request: \$40,013.00
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>SUV</u>	
Mission of the requested vehicle(s): This vehicle will be utilized for Mormon Cricket and Grasshopper Surveys in accordance with the Federal Grant.	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 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"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u> </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.	
The requested vehicle is an SUV and is not required to comply with Smart Way or Smart Way Elite requirements.	
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>2005</u> Odometer Reading: <u>109,300</u> Type of Vehicle: <u>Chevrolet Silverado Truck</u> <small>2005 Chevrolet Silverado - mileage = 109,300 - Pickup</small>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. <u>Yes - mileage exceeds 100,000 and major mechanical repairs are required.</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	 _____ Title
_____ Date <u>10/9/18</u>	
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *5.3 - Sport Utility Vehicle; 1/2 Ton; 4X4 ; 4 Door ; 5-6 Passengers*

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2019 Chevrolet Tahoe - CK15706</i>	<i>\$37,976.00</i>	<i>\$38,276.00</i>
State vehicle miles per gallon (MPG): <i>15 CITY / 22 HIGHWAY</i>		
Manufactures Suggested Retail Price(MSRP): <i>\$ 46,795.00</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>5.3L ECOTEC3 FLEX FUEL V-8</i> <i>Federal Emission</i>		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
<i>Black, Summit White, Silver Ice Metallic, Shadow Gray Metallic, Satin Steel Metallic, Blue Velvet Metallic, Pepperdust Metallic, Siren Red Tintcoat + \$495.00</i>		
Seats, Cloth: List available colors:		
<i>Jet Black</i>		
GVW: 7300	WHEELBASE: 116.00	

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *5.3 - Sport Utility Vehicle; 1/2 Ton; 4X4 ; 4 Door ; 5-6 Passengers*

Option Package Name/Code: *1LS* \$2,001.00

List Equipment Features Below:

*18" Aluminium Wheels, Side Impact Airbags, Deep Tint Glass,
Premium Cloth Seats, 40/20/40 Bench Seat with Underseat Storage, Carpeted Floor,
Third Row Seat, Onstar*

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 5.3 - Sport Utility Vehicle; 1/2 Ton; 4X4 ; 4 Door ; 5-6 Passengers

ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Bluetooth for Phone	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Carpeted Floor w/Mats	\$190.00	\$- N/A
Deep Tint Glass	\$295.00	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Keys, 6 Additional	\$95.00	\$- N/A
Keyless Entry w/Fob	\$ STD	\$- N/A
Locking Rear Differential	\$ STD	\$- N/A
Onstar	\$85.00	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors	\$ STD	\$- N/A
Power Locks (Includes Keyless Entry)	\$ STD	\$- N/A
Power Seat(Driver Only)	\$ STD	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player	\$ STD	\$- N/A
Rear Vision Camera	\$ STD	\$- N/A
Rear Window Defogger	\$ STD	\$- N/A
Remote Start	\$300.00	\$- N/A
Seat, Third Row	\$392.00	\$- N/A
Skid Plate	\$132.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$ STD	\$- N/A
Trailer Tow Package	\$ STD	\$- N/A

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 375.00 flat.

Department of Agriculture
Plant Industry
Budget Account 4552 - Pest, Plant Disease, Noxious Weed
Vehicle Quote and Budget for SFY 2019

Mormon Cricket and Grasshopper Program Replaces EX46337 Odometer = 109,300

	Current Contract	5%⁽¹⁾	Net
Base	\$ 37,976.00	\$ 1,898.80	\$ 39,874.80
Skid Plate	\$ 132.00	\$ 6.60	\$ 138.60
4x4	Incl	\$ -	\$ -
Hands Free Sync	Incl	\$ -	\$ -
Subtotal Dealer Options/Add-ons	<u>\$ 132.00</u>	<u>\$ 6.60</u>	<u>\$ 138.60</u>
Total Dealer	\$ 38,108.00	\$ 1,905.40	\$ 40,013.40
Total DMV Fees	\$ 30.00		\$ 30.00
Budget/Authority	<u>\$ 38,138.00</u>		
L01 - Base			\$ 36,363.00
L01 - Options	<u>36363.00</u>		<u>\$ -</u>
L01 - Grand Total	<u>1775.00</u>		<u><u>\$ 36,363.00</u></u>
L01 vs Actual Difference			\$ (3,650.40)

Notes:

1) 5% additional added to current pricing as contracts are under negotiation, as per State Purchasing (see copy of email.)

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 16, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Mackey-Garrison.

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 334.010 the Department of Corrections requests approval to purchase one replacement vehicle for a total amount not to exceed \$800 during Fiscal Year 2019.

Additional Information:

The request is to purchase a 2007 Ford Expedition from State Purchasing surplus. This vehicle will be used by the Chief Engineer and will replace the existing 2004 Ford Taurus with current mileage of 161,985. The 2004 Ford Taurus will be surrendered to State Purchasing for surplus upon the acquisition of the 2007 Ford Expedition. The Chief Engineer will use the vehicle for daily commutes along with frequent visits to institutions and camps which may require long driving distances due to the remote location of many the facilities.

The agency plans to fund the 2007 Ford Expedition in fiscal year 2019 through cost avoidance of the needed repairs to the 2004 Ford Taurus totaling \$2,084.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____
ACTION ITEM: _____

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



**State of Nevada
Department of Corrections**

Brian Sandoval
Governor

James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

Date: October 4, 2018

To: Bridgette Mackey-Garrison, Executive Branch Budget Officer I
Governor's Finance Office

From: Scott J. Ewart *Scott Ewart*
Chief of Fiscal Services

Subject: NDOC Request to Purchase Surplus Vehicle from State Purchasing

The NV Department of Corrections (NDOC) is seeking favorable approval to acquire a 2007 Ford Expedition from State Purchasing surplus for \$800. This vehicle will be used by the NDOC Chief Engineer and will replace the existing 2004 Ford Taurus with current mileage of 161,985. The 2004 Ford Taurus will be surrendered to State Purchasing for surplus upon the acquisition of the 2007 Ford Expedition.

While the 2004 Ford Taurus has been maintained per the manufactures maintenance schedule, major repairs outside normal maintenance have exceeded \$1,600 over the past two years, with additional repairs needed totaling \$2,084. While the vehicle is driven daily on short commutes, the vehicle reliability due to age and mileage have discouraged usage outside the Las Vegas metropolitan area. Position responsibilities of the NDOC Chief Engineer require frequent visits to NDOC institutions and camps requiring long driving distances due to the remote location of many NDOC facilities.

The NDOC has submitted a cost of ownership proposal to the Governor's Finance Office for consideration. The NDOC has proposed to fund the 2007 Ford Expedition in fiscal year 2019 through cost avoidance of the needed repairs to the 2004 Ford Taurus totaling \$2,084.

All indications regarding the reliability of the 2007 Ford Expedition through maintenance history records received from State Purchasing are favorable. Vehicle records provided to State Purchasing by the NV Department of Transportation indicate that the replacement vehicle will be reliable and able to fulfill the transportation requirements of the NDOC Chief Engineer.

Please let me know if you have any questions.

Thank you

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: Corrections	Budget Account #: 3710	
Contact Name: Scott Ewart	Telephone Number: 887-3210	
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: 1	Amount of the request: \$800.00	
Is the requested vehicle(s) new or used: Used		
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SUV		
Mission of the requested vehicle(s): Primary assigned vehicle to the NDOC Chief Engineer to be used in the scope of position responsibilities pertaining to the maintenance and engineering of NDOC facilities statewide.		
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? Cost avoidance of current agency vehicle repairs.	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): Replacement <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 1 Replacement		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Unknown.		
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: 2004 Odometer Reading: 161,985 Type of Vehicle: Intermediate Sedan Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. Yes 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:		
	<i>Chief of Fiscal Services</i>	<i>10-4-18</i>
Agency Appointing Authority	Title	Date
BOARD OF EXAMINERS' APPROVAL:		
Approved for Purchase Not Approved for Purchase		
_____		_____
Board of Examiners		Date

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: October 1, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Curtis Palmer, Executive Branch 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
ENVIRONMENTAL PROTECTION DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Environmental Protection Division, requests approval to purchase one replacement vehicle for a total amount not to exceed \$26,700.

Additional Information:

The request is to purchase one vehicle to replace a 2007 Ford Explorer with an excess of 165,000 miles and meets the Vehicle Replacement Policy of SAM 1316. The total purchase price for the one vehicle is \$26,700. The agency was budgeted for a replacement vehicle in E710 for \$31,005 during the 2017-2019 legislative session.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: <i>cm</i>
ACTION ITEM: _____



NEVADA DIVISION OF
**ENVIRONMENTAL
 PROTECTION**

STATE OF NEVADA
 Department of Conservation & Natural Resources
 Brian Sandoval, Governor
 Bradley Crowell, Director
 Greg Lovato, Administrator

DATE: September 28, 2018

TO: Curtis Palmer, Budget Officer
 Governor's Finance Office

FROM: Brandon Beach, Administrative Assistant
 NDEP Bureau of Water Pollution Control

SUBJECT: State Vehicle Purchase

The Nevada Department of Conservation and Natural Resources, Division of Environmental Protection, is seeking approval from the State Board of Examiners pursuant to NRS 334.010 to purchase the following 1 vehicle as approved by the 2017 Legislative Session:

DU	Cat	GL	Equipment Type	Qty	Leg App Rate	Revised Rate	Pur Qty	Actual Cost
E710	78	8310	SUV	1	\$31,005	\$26,700	1	\$26,700
				1			1	\$26,700

Thank you in advance for your consideration of this request. If you have any questions, please call me at 775-687-9421.

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: DCNR -NDEP-Bureau Water Pollution Control	Budget Account #: 3186
Contact Name: Brandon Beach	Telephone Number: 775-887-9421
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>\$31,005.00</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.: SUV Mission of the requested vehicle(s): For Inspectors and Permit Writers to attend inspections/meet and greets/meetings/etc.	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E710 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>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. 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: 2007 Odometer Reading: 165,431 Type of Vehicle: Ford Explorer 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. Yes 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	 _____ Title
_____ Date	
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

STANDARD PAGE - FLEET VEHICLES 8475

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

Specify State's Vehicle Item Number: 5.2B JEEP GRAND CHEROKEE 4X4		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
JEEP GR CHEROKEE, 2019, WKJH74	\$26,700.00	\$27,000.00
State vehicle miles per gallon (MPG): 17/24		
State manufactures warranty: 3/36,000 MILE COMP AND 5/100,000 POWERTRAIN		
Specify engine size and emission rating: 3.6 LITER V-6; 8 spd Auto		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Billet Silver, White, Black, Granite, Velvet Red, Walnut Brown		
Seats, Cloth: List available colors:		
Black or Black/Lt Frost Beige		
GVW: 6500 #	WHEELBASE: 114.8	
(When Applicable)	(When Applicable)	

ITEMIZED OPTION PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

		DEDUCT AMOUNT
ABS Brake System	STD	\$-
Air Conditioning	STD	\$-
Cruise Control	STD	\$-
Diesel Engine	N/A	\$-
Engine Block Heater (23E Package Only)	\$85.00	\$-
Four Wheel Drive (4x4)	INCLUDED	\$-
Heavy Duty Alternator	See Group	\$-
Hitch Receiver	SEE Group	\$-
Integrated Trailer Brake (3/4 ton only)	N/A	\$-
Keyless Entry w/Fob (must have power door locks)	STD	\$-
Limited Slip Differential	N/A	\$-
Paint, Metallic	SEE PAINTS	\$-
Power Mirrors	STD	\$-
Power Locks	STD	\$-
Power Seats	See Group	\$-
Power Windows	STD	\$-
Radio; AM/FM Stereo, Cassette Player	Audio Inputs	\$-
Radio; AM/FM Stereo, Cassette Player, CD	Audio Inputs	\$-
Rear Window Wiper	STD	\$-
Seats, Vinyl	N/A	
Vinyl Colors:		
Skid Plate	N/A	\$-
Tilt Steering	STD	\$-
Tire, Spare, Full Size	\$134.00	\$-
Trailer Tow Mirrors	N/A	\$-
Trailer Tow Package	N/A	\$-
Daytime Running Lamps	STD	
Uconnect Communications	STD	
ParkView Back Up Camera	STD	
Rear Park Assist	STD	\$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$300.00 per unit.

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 16, 2018
To: Paul Nicks, Clerk of the Board
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer,
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Mackey-Garrison.

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

DEPARTMENT OF VETERAN SERVICES

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Veteran Services requests approval to purchase a 2018 Ford Transit X2C-XL Van with side wheelchair lift for a total amount not to exceed \$49,612 during Fiscal Year 2019.

Additional Information:

The purpose of the vehicle is to transport Northern Nevada State Veterans Home residents to medical appointments, activities, and other events. Funding for the purchase of a new vehicle is provided in the agency's 2017-19 legislatively approved budget (decision unit E275) in the amount of \$18,682 for a 4-door sedan. After discussions with Avalon, the contract management company, it was determined that this type of vehicle would not accommodate the needs of the residents. The requested vehicle is a 5 passenger van with 3 wheelchair positions. If the wheelchair positions are not used, the van can accommodate 11 passengers. The agency will cover the extra cost of the vehicle with the savings from the phone system budgeted at \$124,824 actual cost \$32,832 total savings of \$91,992.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: 
ACTION ITEM: _____

BRIAN SANDOVAL
Governor



STATE OF NEVADA
**NEVADA DEPARTMENT OF VETERANS
SERVICES**

6630 S. McCarran Blvd., Bldg C – Suite 204
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

October 9, 2018

MEMORANDUM

To: Bridgette Mackey-Garrison, Executive Branch Budget Officer
From: Katherine Miller, Director, Department of Veterans Services
Subject: Request for Approval to Purchase a State Vehicle

The Department of Veterans Services is requesting approval to purchase a 2018 Ford Transit X2C-XL Van with side wheelchair lift for the Northern Nevada State Veterans Home. This van is a 5 passenger van with 3 wheelchair positions. If the wheelchair positions are not used, the van can accommodate 11 passengers.

The purpose of the vehicle is to transport residents to medical appointments, activities, and other events.

The budgeted amount was \$18,682 for a 4-door sedan. After discussions with Avalon, the contract management company, it was determined that this type of vehicle would not accommodate the needs of the Northern Nevada State Veterans Home during the start-up phase. The difference of \$30,930 from the budgeted amount to the amount requested is from a savings on the phone system that was budgeted as well. The budgeted amount was \$124,824 and the cost of the phone system was \$32,832, totaling a savings of \$91,992.

"Serving Nevada's Heroes"



Proven Quality.
Trusted Name.

Quote #NQ44430

8/1/2018
Steve Luce p 419.836.2835
sluce@tescobus.com f 419.836.8460

6401 Seaman Rd. www.tescobus.com
P.O. Box 167230 419.836.2835
Oregon OH 43616-7230

Avalon Health Care Group
206 N 2100 West,
Salt Lake City UT 84116

Jessie Alexander
(801) 596-8844
jessie.alexander@avalonhealthcare.com



X2C XL Black Grill

Picture is from a similar vehicle

Qty: 1

2018 Ford Transit X2C-XL

5/3 pass. with 3 w/c positions & driver

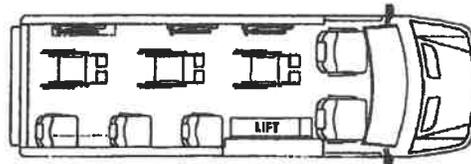
Engine: 3.7L
Wheelbase: 148
GVWR: 9250

Standard Chassis Equipment

- Medium height roof (55" inch headroom)
- 3.7L TI-VCT V6 gasoline engine
- 6-speed SelectShift with overdrive transmission
- Brakes - 4-wheel disc with ABS
- Heavy duty alternator
- 25 gallon fuel tank capacity
- Cruise control
- Full-size spare tire and wheel
- AM/FM stereo with 6 speakers
- Windows all around
- Black grille
- Sliding passenger side door
- Back-up camera
- Halogen headlamps
- AdvanceTrac with Roll Stability Control
- 16" silver steel wheels with hubcaps
- Side-wind stabilization
- SOS Post-Crash Alert System

- Cloth headliner
- Vinyl flooring in driver area
- AM/FM stereo with aux port
- Safety canopy side-curtain airbags

Body and Chassis Standard Equipment is subject to change without notice and may be replaced by Options Included on next page.



X2C - 5 passenger + 3 wc or 11 passenger

Standard Body Equipment

- 2-way manual driver and co-pilot seats with recline and armrest
- Pewter vinyl driver and co-pilot seats
- Power door locks
- Power windows
- Front air conditioning (rear also on most models)
- Power adjustable mirrors
- Remote keyless entry system
- Tilt/telescoping steering column
- Rear view camera
- 12-volt powerpoints - 3



Proven Quality.
Trusted Name.

Quote #NQ44430
 8/1/2018
 Steve Luce p 419.836.2835
 sluce@tescobus.com f 419.836.8460
 6401 Seaman Rd. www.tescobus.com
 P.O. Box 167230 419.836.2835
 Oregon OH 43616-7230

Avalon Health Care Group

206 N 2100 West,
Salt Lake City UT 84116

Jessie Alexander
 (801) 596-8844
 jessie.alexander@avalonhealthcare.com

Options Included | **Trades**

Waldoch Upfit

Transit X2C-XL Upfit Per Floorplan (5 pass 3 W/C)

Optional Equipment

Terms: Net 30 Days
 Valid For: 30 Days
 Delivery: 6 to 8 Weeks ARC

Sales Tax Not Included

 Sales Rep. Purchaser Fed Tax ID # Date

Unit Price	\$58,362.00
Mobility Rebate	(\$1,000.00)
Rebate KP949	(\$5,500.00)
Discount	(\$2,250.00)
Delivery	None
Unit Total	\$49,612.00
Ext. Total	\$49,612.00
Trade-in(s)	\$0.00
Net Total	\$49,612.00



Welcome to NEBS
Nevada Executive Budget System

Last Action: 10/16/18 5:40 PM
Current User: agarland
Site Help Logoff

Home NEBS Activity Budget Work Program BDR SFYE Reports DataMart Messages

Budget Account Version - Equipment Schedule

Page Help

Budget Account Version - Equipment Schedule Details

Budget Period: 2017-2019 Biennium (FY18-19)
Budget Account: 2569 NDV5 - NORTHERN NEVADA VETERANS HOME ACCOUNT
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

Schedule Details Additional Text

Decision Unit Filter:

Status:

Equipment Schedule

LIna #	DU	Catg	GL	Equipment Type	Priority	Year 1			Year 2		
						Count	Rate	Total	Count	Rate	Total
<input checked="" type="checkbox"/>	1	E275	04	8360 VEHICLE-FLEET-RNO/CC-1.1 SEDAN: FULL-SIZE, 4 DOOR; 6 PASSENGERS	0	0	18,682.00	0	1	18,682.00	18,682
<input checked="" type="checkbox"/>	2	E275	04	8310 VEHICLE-FLEET-RNO/CC-4.2 4WD PASSENGER VAN:12 PASS	0	0	0.00	0	1	0.00	0
<input checked="" type="checkbox"/>	3	E275	04	8241 OFFICE FURNITURE-SECRETARIAL *** ENTIRE UNIT ***	0	1	2,336.00	2,336	0	2,336.00	0
<input checked="" type="checkbox"/>	4	E275	26	7771 SOFTWARE-MICROSOFT OFFICE SUITE PRO	0	4	330.00	1,320	39	330.00	12,870
<input checked="" type="checkbox"/>	5	E275	26	8370 HARDWARE-CISCO 3850 LAYER 3 ROUTER METRO ETHERNET SITES	0	0	11,300.00	0	1	11,300.00	11,300
<input checked="" type="checkbox"/>	6	E275	26	8271 HARDWARE-LCD PROJECTOR HIGH END 3500 + LUMENS	0	0	1,500.00	0	1	1,500.00	1,500
<input checked="" type="checkbox"/>	7	E275	26	8371 HARDWARE-CISCO ETHERNET 48 PORT SWITCH 100/1000 NON-POE	0	0	4,195.00	0	5	4,195.00	20,975
<input checked="" type="checkbox"/>	8	E275	26	7771 SOFTWARE-MICROSOFT WINDOW 2012 SERVER	0	0	1,146.00	0	2	1,146.00	2,292
<input checked="" type="checkbox"/>	9	E275	26	7771 SOFTWARE-WINDOWS CLIENT ACCESS LICENSE (CALs)	0	0	22.00	0	100	22.00	2,200
<input checked="" type="checkbox"/>	10	E275	26	8371 HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	0	4	1,355.00	5,420	29	1,355.00	39,295
<input checked="" type="checkbox"/>	11	E275	26	8371 HARDWARE-FLAT PANEL MONITOR 19"	0	0	172.00	0	5	172.00	860
<input checked="" type="checkbox"/>	12	E275	26	8371 HARDWARE-LAPTOP PC WITH OPERATING SYSTEM	0	0	1,585.00	0	10	1,585.00	15,850
<input checked="" type="checkbox"/>	13	E275	26	8371 HARDWARE PRINTER NETWORK LASER JET MONO LITE DTY	0	0	675.00	0	3	675.00	2,025
<input checked="" type="checkbox"/>	14	E275	26	8371 HARDWARE-PRINTER LOCAL LASER JET MONO (B & W)	0	0	160.00	0	18	160.00	2,880
<input checked="" type="checkbox"/>	15	E275	26	8371 HARDWARE-SURGE PROTECTOR W/ BATTERY BACKUP	0	0	60.00	0	45	60.00	2,700
<input checked="" type="checkbox"/>	16	E275	26	8370 HARDWARE-SERVER SITE FILE PRINT / MEDIUM AGENCY	0	0	10,243.19	0	2	10,243.02	20,486
								Equipment Schedule Total:	9,076		153,915
								Grand Total (Includes Other Amounts Below):	12,336		859,365

Other Amounts

Line #	DU	Catg	GL	Description	Priority	Year 1			Year 2		
						Quantity	Rate	Total	Quantity	Rate	Total
<input checked="" type="checkbox"/>	1	E275	04	8291 DIGITAL TELEPHONE	0	0	0	0	30	250	7,500
<input checked="" type="checkbox"/>	2	E275	04	8291 ANALOG TELEPHONE	0	0	0	0	75	10	750
<input checked="" type="checkbox"/>	3	E275	04	8291 CONFERENCE ROOM SPEAKER PHONE	0	0	0	0	1	780	780
<input checked="" type="checkbox"/>	4	E275	04	8290 AVAYA PBX SYSTEM	0	0	0	0	1	124,824	124,824
<input checked="" type="checkbox"/>	5	E275	05	8270 JANITORIAL & HOUSEKEEPING EQUIPMENT	0	0	0	0	1	7,000	7,000
<input checked="" type="checkbox"/>	6	E275	05	8270 LAUNDRY EQUIPMENT	0	0	0	0	1	8,100	8,100
<input checked="" type="checkbox"/>	7	E275	05	8270 HEALTHCARE EQUIPMENT	0	0	0	0	1	56,724	56,724
<input checked="" type="checkbox"/>	8	E275	05	8270 FLOORCARE EQUIPMENT	0	0	0	0	1	13,500	13,500
<input checked="" type="checkbox"/>	9	E275	05	8270 RESIDENTIAL APPLIANCES	0	0	0	0	1	45,588	45,588
<input checked="" type="checkbox"/>	10	E275	05	8270 THERAPY TUB	0	0	0	0	1	32,480	32,480
<input checked="" type="checkbox"/>	11	E275	05	8270 GENERAL MAINTENANCE EQUIPMENT	0	0	0	0	1	6,100	6,100
<input checked="" type="checkbox"/>	12	E275	05	8270 KITCHEN EQUIPMENT	0	0	0	0	1	28,536	28,536
<input checked="" type="checkbox"/>	13	E275	05	8270 THERAPY EQUIPMENT	0	0	0	0	1	29,000	29,000
<input checked="" type="checkbox"/>	14	E275	05	8270 ENTERTAINMENT EQUIPMENT	0	0	0	0	1	62,524	62,524
<input checked="" type="checkbox"/>	15	E275	26	8371 10' USB CABLE	0	0	0	0	33	15	495
<input checked="" type="checkbox"/>	16	E275	26	8371 ERGOTRON WALL MOUNT FOR TOUCH SCREEN KIOSK	0	0	0	0	6	50	300
<input checked="" type="checkbox"/>	17	E275	26	8371 MOUSE	0	0	0	0	10	15	150

<input type="checkbox"/>												
<input type="checkbox"/>	18	E275	26	8371	25' USB CABLE	0	0	0	0	5	20	100
<input type="checkbox"/>	19	E275	26	8371	NETWORK ATTACHED STORAGE DEVICE	0	0	0	0	1	10,000	10,000
<input type="checkbox"/>	20	E275	26	8371	TAPE LIBRARY	0	0	0	0	1	10,000	10,000
<input type="checkbox"/>	21	E275	26	8371	3000 VA 30AMP UPS BACKUP BATTERY	0	0	0	0	3	1,500	4,500
<input type="checkbox"/>	22	E275	26	8371	TOUCH SCREEN KIOSK	0	0	0	0	6	1,700	10,200
<input type="checkbox"/>	23	E275	26	8371	PRIVACY SCREEN COVER	0	0	0	0	37	50	1,850
<input type="checkbox"/>	24	E275	26	8371	KEYBOARD	0	0	0	0	10	40	400
<input type="checkbox"/>	25	E275	26	8371	FIBER OPTIC PATCH CABLE	0	0	0	0	15	30	450
<input type="checkbox"/>	26	E275	26	8371	10' ETHERNET PATCH CABLE	0	0	0	0	100	5	500
<input type="checkbox"/>	27	E275	26	8371	KENSINGTON LOCK, LAPTOP	0	0	0	0	10	50	500
<input type="checkbox"/>	28	E275	26	8371	DIGITAL CAMERA	0	0	0	0	4	500	2,000
<input type="checkbox"/>	29	E275	26	8371	LAMINATOR	0	0	0	0	1	200	200
<input type="checkbox"/>	30	E275	26	8371	3" ETHERNET PATCH CABLE	0	0	0	0	150	3	450
<input type="checkbox"/>	31	E275	26	8371	CISCO WIRELESS ROUTER	0	0	0	0	15	1,000	15,000
<input type="checkbox"/>	32	E275	26	8371	CISCO 12 PORT FIBER SWITCH	0	0	0	0	1	15,898	15,898
<input type="checkbox"/>	33	E275	26	8371	WIRELESS MICROPHONE SYSTEM	0	0	0	0	1	200	200
<input type="checkbox"/>	34	E275	26	7460	STEREO RECEIVER	0	0	0	0	1	900	900
<input type="checkbox"/>	35	E275	26	7771	WEBSense	0	0	0	0	75	73	5,475
<input type="checkbox"/>	36	E275	26	7771	ADOBE ACROBAT PRO	0	3	447	1,341	0	0	0
<input type="checkbox"/>	37	E275	26	7771	MEDICAID INTERMEDIARY	0	0	0	0	1	3,036	3,036
<input type="checkbox"/>	38	E275	26	8371	PROJECTION SCREEN	0	0	0	0	1	2,500	2,500
<input type="checkbox"/>	39	E275	26	8371	AMPLIFIER FOR MEDIA CENTER	0	0	0	0	2	900	1,800
<input type="checkbox"/>	40	E275	26	7771	DAMEWARE	0	0	0	0	1	450	450
<input type="checkbox"/>	41	E275	26	7771	MEDICAL RECORDS SOFTWARE	0	0	0	0	1	165,000	165,000
<input type="checkbox"/>	42	E275	26	7771	ISUPPORT TECH SUPPORT SOFTWARE	0	1	1,919	1,919	0	0	0
<input type="checkbox"/>	43	E275	26	7771	CA ARCSERVE BACKUP LICENSE	0	0	0	0	1	3,575	3,575
<input type="checkbox"/>	44	E275	26	8371	1500 VA 20AMP UPS BACKUP BATTERY	0	0	0	0	3	750	2,250
<input type="checkbox"/>	45	E275	26	7771	VMWARE LICENSE	0	0	0	0	1	4,965	4,965
<input type="checkbox"/>	46	E275	26	8371	VIDEO CONFERENCE SYSTEM	0	0	0	0	1	18,000	18,000
<input type="checkbox"/>	47	E275	26	7460	CD/DVD PLAYER	0	0	0	0	6	150	900
										Other Amounts Total: 3,260		705,450

Done

Reno VA IT Price Budget

Updated: 10-15-2018

Networking

		Qty	Unit	Tax (6.85%)	Total
Barracuda F280	NG-F280	1	\$4,986.31	\$341.56	\$5,327.87
Netgear 48-Port PoE+	GS752TPP	6	\$959.99	\$65.76	\$6,154.48
Tripp Lite UPS Smart 1500VA	SMART1500RM2U	4	\$580.13	\$39.74	\$2,479.48
HPE Aruba Access Points	AP-305	34	\$396.73	\$27.18	\$14,412.80
Patch Cables (Cat 6)	3'	100	\$3.00	\$0.21	\$320.55
Patch Cables (Cat 6)	10'	50	\$10.00	\$0.69	\$534.25
5-Port Workgroup Switch	GS105NA	5	\$40.00	\$2.74	\$213.70
Patch Cables (Cat 6)	50'	2	\$12.99	\$0.89	\$27.76

Sub-Total \$29,470.89

Computers

Dell Optiplex 3050	i3, 4GB RAM, 128GB SSD	15	\$625.00	\$42.81	\$10,017.19
Dell Latitude 3490	i3, 4GB RAM, 128GB SSD	15	\$629.00	\$43.09	\$10,081.30
Dell Latitude 7490	i5, 8GB Ram, 256GB SSD	7	\$1,326.00	\$90.83	\$9,917.82
Dell USB Dock	D3100	6	\$120.00	\$8.22	\$769.32
Dell 65-Watt AC Adapter	65W NTBK-AC	3	\$55.00	\$3.77	\$176.30
ViewSnic	VX2257-MHD	24	\$128.00	\$8.77	\$3,282.43
Keyboard/Mouse Combo	MK270	20	\$16.00	\$1.10	\$341.92
iPad (9.7" 32GB) w/ Case	Price waiting conf	3	\$350.00	\$23.98	\$1,121.93
iPad Charging Station	Price waiting conf	1	\$75.00	\$5.14	\$80.14
Windows 10 Pro OEM Lic	Price waiting conf	20	\$189.00	\$12.95	\$4,038.93

Sub-Total \$39,827.27

Printers

HP M402dns B&W	M402dns	2	\$299.00	\$20.48	\$638.96
HP M521dn MFP B&W	M521dn	2	\$899.00	\$61.58	\$1,921.16
HP M577dn MFP Color	M577dn	4	\$1,999.00	\$136.93	\$8,543.73

Sub-Total \$11,103.85

Audio/Video

Res Room Toshiba 32" LED TV	32L220U19	96	\$120.00	\$8.22	\$12,309.12
Toshiba 5 Year Warranty	6188536	96	\$30.00	\$2.06	\$3,077.28
Display TCL 65" LED	65S405	16	\$575.00	\$39.39	\$9,830.20
TCL 5 Year Warranty	6188547	16	\$130.00	\$8.91	\$2,222.48
Display Insignia 55" LED	55D510NA	16	\$280.00	\$19.18	\$4,786.88
Insignia 5 Year Warranty	6188540	16	\$60.00	\$4.11	\$1,025.76
Universal Flat Wall Mount	SF650	16	\$52.00	\$3.56	\$888.99
PTZ Camera (Various)	Price waiting conf	2	\$1,499.00	\$102.68	\$3,203.36

Sub-Total \$37,344.08

Telephone

NEC Univerge SV9100		1	\$32,832.00	\$2,248.99	\$35,080.99
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Donated

OK

*Per Tony
Ron C.
System Pricing Manual
Chassis bill
w/ ETS*

DTZ-12D 12 Button Phone	Included	57	\$0.00	\$0.00	\$0.00
DCZ-60 Attendant Console	Included	1	\$0.00	\$0.00	\$0.00
MedPat Analog Phones	Included	70	\$0.00	\$0.00	\$0.00
Polycom Conference Phone	<i>Price waiting conf</i>	1	\$395.00	\$27.06	\$422.06

Sub-Total \$35,503.05

ISP/Voice/Video Delivery
TBD

Grand Total \$153,249.14

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 16, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Mackey-Garrison.

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

Peace Officers Standard & Training Commission - (POST)

Agenda Item Write-up:

Pursuant to NRS 334.010 the Peace Officers Standard & Training Commission (POST) requests approval to purchase three replacement vehicles for a total amount not to exceed \$6,625 in fiscal year 2019.

Additional Information:

Funding for the purchase of the replacement vehicles was provided in the agency's FY18-19 legislatively approved budget (decision unit E713) in the amount of \$8,636. The current quoted purchase price totals \$6,625 from the Nevada Highway Patrol Surplus.

The requested vehicle replacements will support the Commission's ongoing emergency vehicle operation training which familiarizes and trains individuals to drive safely during pursuits and other advance driving situations.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: 
ACTION ITEM: _____

BRIAN SANDOVAL
Governor

STATE OF NEVADA

PATRICK CATES
Director



JENNIFER CARTWRIGHT
Administrator

**DEPARTMENT OF ADMINISTRATION
ADMINISTRATIVE SERVICES DIVISION
209 E. Musser Street, Room 304
Carson City, Nevada 89701-4204
(775) 684-0273
Fax (775) 684-0275**

MEMORANDUM

TO: Bridgette Mackey-Garrison, Executive Branch Budget Officer
FROM: Marilyn Ashurst-Murray, BA II, ASD
DATE: October 10, 2018

SUBJECT: Vehicle Approval for November 2018 BOE

POST is looking for approval from the BOE for the attached vehicle purchases

**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: Peace Officers Stand & Train POST	Budget Account #: 3774
Contact Name: Tim Bunting	Telephone Number: 775-687-3326
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>\$9,625</u> Is the requested vehicle(s) new or used: <u>Used</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Mission of the requested vehicle(s):	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Decision Unit E713 FY 18-19	If yes, please provide the decision unit number: 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"/> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. N/A	
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>Ford Sedan 2003: 116,269 Miles</small> <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <small>Ford Sedan 2003: 69,840 Miles</small>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. N/A 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: <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;"> Michael Sherlock, Executive Director Title </div> <div style="text-align: center;"> 10/10/2018 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: 60%;"> Board of Examiners </div> <div style="width: 30%;"> Date </div> </div>	

Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010
Cont'd Page 2 of 2
Peace Officers Stand & Train POST #3774

Section: Please Complete for Replacement Vehicles Only:

Vehicle #1 Model: Ford 2003
Odometer Reading: 118,868
Type of Vehicle: Sedan

Vehicle #2 Model: Ford 2003
Odometer Reading: 93,840
Type of Vehicle: Sedan

Vehicle #3 Model Year: Ford 2004
Odometer Reading: 93,554
Type of Vehicle: Sedan

Published on *ASD Business Site* (<http://adminsvs-ads1.admin-ad.state.nv.us>)

[Home](#) > [Printer-friendly](#) > [Printer-friendly](#)

2011 Crown Victoria

Tue, 10/02/2018 - 9:56am — Kathy Floyd

Vendor: Nevada Highway Patrol/DPS

PO Manager: Sue Sands

Agency: 230 POST

Vendor Selection: >= \$5,000, RXQ required

Budget Account: 3774 POST

Account Coding: 3774/05/8340/OHGN/\$1,485

Amount: \$1,485.00

Budget Approval: Approved

Status: Doc Prep

Attachment(s):  [11-076.xls](#) [1]

 [11-076 turn in.pdf](#) [2]

Budget Approval Date:

Tuesday, October 2, 2018 - 1:45pm

Approving Budget Analyst:

Marilyn Ashurst-Murray

Source URL: <http://adminsvs-ads1.admin-ad.state.nv.us/node/2830637>

Links:

[1] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/11-076.xls>

[2] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/11-076%20turn%20in.pdf>

Published on *ASD Business Site* (<http://adminsvs-ads1.admin-ad.state.nv.us>)

[Home](#) > [Printer-friendly](#) > [Printer-friendly](#)

2013 Ford Utility Vehicle

Tue, 10/02/2018 - 9:55am — Kathy Floyd

Vendor: Nevada Highway Patrol/DPS

PO Manager: Sue Sands

Agency: 230 POST

Vendor Selection: >= \$5,000, RXQ required

Budget Account: 3774 POST

Account Coding: 3774/05/8340/OHGN/\$4,145

Amount: \$4,145.00

Budget Approval: Approved

Status: Doc Prep

Attachment(s):  [13-117.xls](#) [1]

 [13-117 turn in.pdf](#) [2]

Budget Approval Date:

Tuesday, October 2, 2018 - 1:45pm

Approving Budget Analyst:

Marilyn Ashurst-Murray

Source URL: <http://adminsvs-ads1.admin-ad.state.nv.us/node/2830636>

Links:

[1] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/13-117.xls>

[2] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/13-117%20turn%20in.pdf>

Published on *ASD Business Site* (<http://adminsvs-ads1.admin-ad.state.nv.us>)

[Home](#) > [Printer-friendly](#) > Printer-friendly

2008 Ford Crown Victoria

Tue, 10/02/2018 - 9:54am — Kathy Floyd

Vendor: Nevada Highway Patrol/DPS

PO Manager: Sue Sands

Agency: 230 POST

Vendor Selection: >= \$5,000, RXQ required

Budget Account: 3774 POST

Account Coding: 3774/05/8340/OHGN/\$995

Amount: \$995.00

Budget Approval: Approved

Status: Doc Prep

Attachment(s):  [08-007.xls](#) [1]

 [08-007 turn in.pdf](#) [2]

Budget Approval Date:

Tuesday, October 2, 2018 - 1:45pm

Approving Budget Analyst:

Marilyn Ashurst-Murray

Source URL: <http://adminsvs-ads1.admin-ad.state.nv.us/node/2830635>

Links:

[1] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/08-007.xls>

[2] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/08-007%20turn%20in.pdf>

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 2, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

Handwritten initials "CB" in blue ink.

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

Department of Administration – Administrative Services Division

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Administrative Services Division requests to contract with former employee, Janet Murphy to provide fiscal training specific to State of Nevada budgeting, work programs, legislative process, funding, and fiscal management. Ms. Murphy will be hired through Talent Framework, a temporary employment agency

Additional Information:

Training will begin with Administrative Services Division (ASD) staff, but may be extended to other agencies/entities as needed. This is a temporary position to provide training. Due to turnover, this position will provide the training essential to the future success of ASD. Ms. Murphy has a current contract (CETS 20186) with the Governor's Finance Office (GFO) effective from September 1, 2018 through January 7, 2019 for work specific to budget building/assisting GFO. The contract is part time, and efforts have been made to coordinate Ms. Murphy's allocation of time between ASD and GFO.

Statutory Authority:

NRS 333.705

REVIEWED: <u> <i>sb.</i> </u>
ACTION ITEM: <u> </u>



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

Authorization to Contract with a Former Employee

Employee Information

Former Employee Name:	Janet Murphy
Former Employee ID Number:	19360
Former Job Title:	U4305 Deputy Director
Former Employee Agency:	Governor's Finance Office
Former Class and Grade:	E80H
Former Employment Dates:	08/23/1999-10/13/2017
Contracting Agency:	Administrative Services Division

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BUDGET DIVISION

Please check which of the following applies:

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all the contracted services. Please complete all steps a-l below.

a. Summarize scope of contract work.

Provide fiscal training specific to State of Nevada budgeting, work programs, legislative process, funding, and fiscal management. Training will begin with Administrative Services Division (ASD) staff, but may be extended to other agencies/entities as needed.

b. Document former job description.

Ms. Murphy retired from state service as the Deputy Director of the Governor's Finance Office. She was responsible for collaborating with executive branch agencies to produce the Governor's Executive Budget, as well as working in partnership with senior state leaders on budget guidelines based on the Governor's priorities. Additionally, Ms. Murphy oversaw the day-to-day operations and management of the Budget Division. Ms. Murphy has over 18 years of experience with the State of Nevada, and is extremely well qualified to provide training to current fiscal staff. She was uniquely positioned as the Deputy Director of the GFO to see, learn, and/or understand the budgeting processes of nearly all agencies within the State of Nevada.

c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?

Ms. Murphy is being hired because of her specialized knowledge of the budgeting and fiscal management operations specific to the State of Nevada. The entire purpose of her scope of services is to transfer this specialized knowledge to current state employees working in fiscal management and/or budgeting capacities.

d. Explain why existing State employees within your agency cannot perform this function.

The Administrative Services Division has almost entirely new budget and management staff. All of the following positions have new incumbents within the last 2 years, and therefore none of these employees have completed a full budget build from Agency Request through Legislatively Approved with their current budget assignments. All are new to the Administrative Services Division, and those with an asterisk are new to State service:

Administrator
Administrative Services Officer IV
Administrative Services Officer III*
Administrative Services Officer II
Budget Analyst III*
Budget Analyst III (currently vacant)
Budget Analyst II*
Budget Analyst II
Budget Analyst II (underfilling as Budget Analyst I)

Training is essential to the future success of the Administrative Services Division. With the recent turnover in staff, there is nobody available within the Division with the required knowledge to train on the wide array of topics necessary to better understand the state budgeting and fiscal management processes and nuances.

e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate [NAC 284.750](#).

The Administrative Services Officer III will oversee the contractor and is not related to the contractor.

f. List contractor's hourly rate.

\$84.70 per hour

g. List the range of comparable State employee wages.

Administrative Services Officer IV Grade 44 \$53.51/hr, Overtime at time and half is \$80.27

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?

The contract rate is within 10% of the equivalent overtime rate for state employees. Note that any training provided by State staff would most likely be at the overtime rate due to current workloads. Primary State employee candidates would be those located within the GFO, who are all working overtime right now and don't have the time to dedicate to training of an outside Division.

i. Document justification for hiring contractor.

Budgeting and fiscal management in the State of Nevada is much different to the same activities in the private sector due to underlying processes; Governor's Finance Office analysis; legislative approvals; understanding the duties and powers of agencies and their authority to collect/spend; and the absence of "equity" or "loss write-offs" for aging infrastructure, or other ways to supplement income for internal services. It is important for staff to understand the processes, complexities, and nuances in order to properly service their budget accounts and provide proper information to the GFO, Legislative Counsel Bureau, Board of Examiners, Interim Finance Committee, and the Legislature. There is currently no structured fiscal training for state employees specific to State of Nevada budgeting and fiscal processes.

The vast majority of training is on-the-job training conducted by managers and co-workers of new employees.

ASD manages 71 budget accounts for the Department of Administration, Governor's Office, and a variety of other client agencies. Many budgets have service rates that must be calculated and managed, and most accounts have Reserves. The Division also manages the Statewide Cost Allocation process to charge state agencies for services provided by other state agencies. Service rates, reserves, and cost allocation adds an additional layer of complexity. The majority of ASD fiscal and management staff are new to their positions (see d. below): All 4 senior managers and 5 out of 6 Budget Analysts have been hired within the past 2 years, leaving only one Budget Analyst II with any state fiscal/budgeting experience beyond 2 years.

The scope of work for Ms. Murphy will involve training for ASD staff in order to quickly bring their knowledge up to a level typically only obtained by long tenure in state budget/fiscal positions and extensive on-the-job training.

j. Will the employee be collecting PERS at any time during the contract?

Yes

k. What is the duration of the contract with the former employee? (include start and end date)

The employee will be contracted via a temporary staff agency – such agencies are part of a Master Services Agreement with the State. The anticipated duration of Ms. Murphy's assignment is 6 months November 13, 2018 through May 13, 2019, with possible extension for an additional 6 months. The estimated total number of training hours is 60 hours for each 6-month period.

Please note that Ms. Murphy also has a Contract (CETS 20186) with the Governors Finance Office effective from September 1, 2018 through January 7, 2019 for work specific to budget building/assisting GFO. That contract is part time, and efforts have been made to coordinate Ms. Murphy's allocation of time between ASD and GFO.

l. Will the former employee be working FT/PT? If PT how many hours

Part-Time- estimated up to 60 hours in 6 months (average 10 hours per month), with the possibility of extending for an additional 6 months/60 hours.

Comments:

 10/2/18

Contracting Agency Head's Signature and Date

 02 Oct 18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date



**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: October 9, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bessie J. Wooldridge, Executive Branch Budget Officer
Governor's Finance Office, Budget Division *BW*
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 to NRS 333.705, subsection 1, the Department of Health and Human Services, Aging and Disability Services Division requests to contract with former employee, Rodney Sutherland, to administer direct-care staff training in behavioral safety at the intermediate care facility located at Desert Regional Center. This request is for a one year period beginning November 9, 2018 for approximately 40 hours per month.

Additional Information:

Desert Regional Center does not have a dedicated behavioral safety instructor, but is required by code of Federal Regulations for Intermediate Care Facilities, Title 42, Chapter 4, Part 486, Subpart I, Section 483.450, to develop and implement written policies and procedures for the management of conduct between staff and clients. Mr. Sutherland is a retired State of Nevada employee who worked for Desert Regional Center from 1988 to 2017. This former employee has experience with training direct-care staff in behavioral safety. His knowledge and background in this specific style of instruction will lend itself to ensure client dignity and safety.

Statutory Authority:
NRS 333.705

REVIEWED: <u> <i>BW</i> </u>
ACTION ITEM: _____

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Desert Regional Center
1391 South Jones Boulevard
Las Vegas, NV 89146-1200
Telephone (702) 486-6200 • Fax (702) 486-6334
adsd@adsd.nv.gov

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

October 2, 2018

MEMORANDUM

To: Paul Nicks, Acting Director, Governor's Finance Office

From: Dena Schmidt, Administrator, Aging and Disability Services Division *DS*

Through: Richard Whitley, MS, Director, Department of Health and Human Services *High PD for RW*

Subject: Request Approval for Authorization to Contract with Former Employee

The Aging and Disability Services Division would like to request to contract with a former employee, as per NRS 333.705 and NRS 286.520 subsection 1 paragraph c. This request is on behalf of the Desert Regional Center (DRC) program to administer direct-care staff training in Behavioral Safety at our Intermediate Care Facilities (ICF). Desert Regional Center (DRC) does not have a dedicated Behavioral Safety instructor but is required by the code of Federal Regulations for Intermediate Care Facilities Title 42, Chapter 4, Part 486, Subpart I, Section 483.450 to develop and implement written policies and procedures for the management of conduct between staff and clients. Behavioral Safety address the promotion of growth, development and independence of the client and addresses the extent to which client choice will be accommodated in daily decision-making, emphasizing self-determination and self-management, to the extent possible.

Rodney Sutherland is a retired State of Nevada employee who worked for Desert Regional Center from 1988 to 2017. This former employee has experience with training Desert Regional Center's direct-care staff in Behavioral Safety. His knowledge and background in this specific style of instruction will lend itself to ensuring client dignity and safety.

After receiving BOE authorization approval, ADSD will move forward with approval of the Temporary Contract with Rodney Sutherland for this service. Estimated up to 40 hours per month at \$27.00 per hour beginning on BOE approval date and continuing for one year.

The Authorization to Contract with a Former Employee form is attached for review and consideration. Should you have any questions, please contact Marina Valerio at (702) 486-8088.



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

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Rodney Sutherland
Former Employee ID Number:	002091
Former Job Title:	Developmental Support Technician IV
Former Employee Agency:	Desert Regional Center
Former Class and Grade:	Class 10.339/Grade 29
Former Employment Dates:	11/04/1988 to 12/15/2017
Contracting Agency:	Desert Regional Center
Please check which of the following applies:	
<input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
<i>To train and certify agency staff in the Safety Care Behavioral Management System. The Safety Care System will provide the skills and competencies necessary to effectively prevent, minimize, and manage behavioral challenges with dignity, safety, and the possibility of change. Provide our staff with strategies for not only preventing and managing behavioral challenges, but also effectively teaching replacement behaviors that are appropriate for individuals experiencing developmental, neurologic, psychiatric or other impairments. Provide a more positive reinforcement-based approach, the development of new skills, and fewer restraints.</i>	
b. Document former job description.	
<i>Developmental Support Technician IV, 1) Work under direction of the program coordinator and provide training and supervision for subordinate Developmental Support Technicians. Supervisory responsibilities include assigning and reviewing work, preparing and conducting performance evaluations, and recommending disciplinary action. Incumbents are assigned to a residential home and have responsibility for monitoring purchases such as residential home supplies, clothing, and food in accordance with established budget; monitoring the internal control of client funds; and assisting in the development of residential home programs and client support plans. In addition, they coordinate staffing, maintenance and transportation issues; respond to emergencies, contact senior management and community resources which may include the police and fire departments; assist in the development of policies and procedures; and may manage the staffing and operational budgets for the residential home; or 2) Work under direction of the residential director and oversee the operation of all residential homes on campus during the graveyard shift. Incumbents provide on-site supervision for technicians assigned to each home and make periodic checks on client welfare and technician activities. They also respond to any unusual situations and determine appropriate action such as summoning nursing staff or public safety authorities in emergencies. In addition, they may directly supervise staff by assigning and reviewing work, providing training, performing or contributing to performance evaluations, and recommending disciplinary action as appropriate.</i>	

- c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?

The former employee is being hired because of the specific knowledge base and experience in training and teaching of the Safety Care Behavioral Management System acquired during previous employment with Desert Regional Center.

- d. Explain why existing State employees within your agency cannot perform this function.

An employee must be certified by QBS, Inc, the proprietor of the Safety Care System that is used by Desert Regional Center, to provide on-site behavioral safety training. Due to staffing requirements and the increased need for continuous training it has become necessary to appoint one person as the dedicated on-site behavioral safety trainer. DRC's behavioral safety trainers have historically been a member of the Direct Support Technician IV staff. As this position is supervisory in nature and as the position duties are evolving to be more direct care involved, a dedicated trainer will eliminate the need to remove a Direct Support Technician IV from direct care thereby aids in maintaining the required appropriate staffing ratios.

By providing a dedicated contractor to take on the role of Behavioral Safety Trainer, the Desert Regional Center ICF will be better able to concentrate on providing the highest level of care to the ICF population.

- e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.

The individuals overseeing or establishing the contract ARE NOT related to the contractor.

- f. List contractor's hourly rate.

The hourly rate will be \$27.00 per hour up to 40 hours per month.

- g. List the range of comparable State employee wages.

<i>Developmental Support Technician I</i>	<i>Grade 23</i>	<i>\$29,586.96 - \$42,553.44</i>
<i>Developmental Support Technician II</i>	<i>Grade 25</i>	<i>\$37,646.64 - \$46,311.84</i>
<i>Developmental Support Technician III</i>	<i>Grade 27</i>	<i>\$34,681.68 - \$50,508.72</i>
<i>Developmental Support Technician IV</i>	<i>Grade 29</i>	<i>\$37,646.64 - \$55,039.68</i>

- h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?

Contract rate does not exceed the maximum employee/employer rate.

- i. Document justification for hiring contractor.

The code of Federal Regulations for Intermediate Care Facilities Title 42, Chapter 4, Part 486, Subpart I, Section 483.450, Condition of participation: Client Behavior and Facility Practices states (a) Standard: Facility practices—Conduct toward clients. (1) The facility must develop and implement written policies and procedures for the management of conduct between staff and clients. These policies and procedures must—(i) Promote the growth, development and independence of the client;(ii) Address the extent to which client choice will be accommodated in daily decision-making, emphasizing self-determination and self-management, to the extent possible;(iii) Specify client conduct to be allowed or not allowed; and (iv) Be available to all staff, clients, parents of minor children, and legal guardians. And (b) Standard: Management of Inappropriate Client Behavior. (1) The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior. These policies and procedures must be consistent with the provisions of paragraph (a) of this section. These procedures must—(i) Specify all facility approved interventions to manage inappropriate client behavior;(ii) Designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive;(iii) Insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.

j. Will the employee be collecting PERS at any time during the contract?

Yes. Per NRS 286.520 Employment of retired employee: Consequences; notice; exemptions. Section 1, part c states "If a retired employee accepts employment with an employer who is not a public employer under this System, the employee is entitled to the same allowances as a retired employee who has no employment."

k. What is the duration of the contract with the former employee? (include start and end date)

The duration of the contract will begin at BOE approval and commence for 1 year.

l. Will the former employee be working FT/PT? If PT how many hours

The former employee will be working part-time, with total hours not to exceed 40 hours per calendar month.

Comments:

Maura Valerie DenSchmidt 10/2/18
Contracting Agency Head's Signature and Date

Bonnie Woodruff 10/11/18
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

STALE CLAIM REQUEST

To: Bessie Wooldridge
 Governor's Finance Office, Budget Division

From: Anil Manocha-ASO II
402-Aging and Disability Services

Subject: Stale Claim for State Fiscal Year 2018

Date: 9/18/2018

RECEIVED

SEP 26 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: All Valley Home Care

Vendor/Employee Number: T81086597 C **Invoice Term Date:** 07/2017, 08/2017, 05/2018

Invoice Number: 0000002872, 2874, 2916 **Invoice/Claim Amount:** 58,832.75

Coding from original obligation

Fund	Budget	Category	Amount
101	3266	08	19,911.25
101	3266	08	19,516.00
101	3266	08	19,405.50
Total			58,832.75

Coding used to pay Stale Claim

Fund	Budget	Category	Amount
101	4888	10	19,911.25
101	4888	10	19,516.00
101	4888	10	19,405.50
Total			58,832.75

Request to pay from current fiscal year account?

-If yes, full or partial payment from current year funds?

-If partial payment from current year funds, how much? (Provide details below)

YES NO
 FULL PARTIAL
 \$

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:

The invoices from All Valley Home Care were received during SFY 2018 year end closing. All Invoices have been researched and found not to have been paid in FY 2018. Services were provided in July and August 2017 and May 2018.

 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

BILLING CHECK LIST

Provider Name: Medical Services of Nevada dba All Valley Reno

T81086597C

SAMS INVOICE #: 0000002872

Received Date: _____

7/10/2018

CARSON

ELKO

LAS VEGAS

RENO

COPE

HMKR TITLE XX

HMKR TOBACCO

PAS

Billing Dates: 07/01/17 - 07/31/17

Sent to Fiscal Date: _____

7/13/2018

- Provider name, address and phone number on summary and invoice(s)
- Provider signature on summary and invoice(s)
- Client(s) eligibility for services
- Units/Hours verified
- Timesheet(s) matches invoice(s) units/hours
- Unit times rate equals total
- Verify amount(s) to equal Grand Total
- Total on summary matches the invoice total
- Total in SAMS match total on provider billing

FISCAL BILLING

RECEIVED

JUL 13 2018

AGING SERVICES
FISCAL UNIT

POSTED
9/18/18 SWS
Smiley W.
3 invoices

HOMEMAKER:

Title XX Total: _____

Tobacco Total: _____

HOMEMAKER GRAND TOTAL: \$0.00

Initials: _____

COPE: GRAND TOTAL: _____

Initials: _____

PAS: GRAND TOTAL: \$19,911.25

Initials: JP

#2872

RECEIVED

JUL 10 2018

CBC
AGING AND DISABILITY
SERVICES DIVISION

Billings Summary
All Valley Reno ~ PAS -7-2017 ~A

BILL TO:	FROM PROVIDER# 3016090	BILLING DATES
	Remit To:	7/1/17-7/31/17
Division for Aging Services	Medical Service of Nevada INC	RATE PER UNIT
3416 Goni Rd D-132 Carson City, NV 89706	1325 Airmotive Way St 262 Reno, Nv 89502 Billing Phone #: 775-828-6420	Pas \$4.25

BILLING CODE

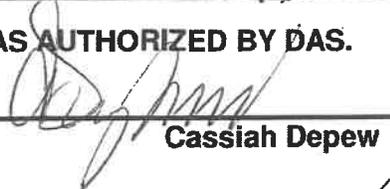
PAS

All Valley Reno ~7-2017

CLIENT:	PAS	RESPITE	PAS	RESPITE	AMOUNT DUE
	UNITS		AMOUNT		
	88		\$ 374		\$ 374
	588		\$ 2499.00		\$ 2499.00
	102 108		213.50	\$ 289.00	\$ 213.50
	160		\$ 680.00		\$ 680.00
	466		\$ 1980.50		\$ 1980.50
	319		\$ 1355.75		\$ 1355.75
	259		\$ 1100.75		\$ 1100.75
	268		\$ 1139.00		\$ 1139.00
	376		\$ 1598.00		\$ 1598.00
	426 449		1,810.50	1,908.25	\$ 1,810.50
	422		\$ 1793.50		\$ 1793.50
	52		\$ 221.00		\$ 221.00
	218		\$ 926.50		\$ 926.50
	452		\$ 1921.00		\$ 1921.00
	500		\$ 2125.00		\$ 2125.00
TOTAL	4685	0	\$ 19,911.25	\$ -	\$ 19,911.25

DELIVERED AS AUTHORIZED BY DAS.

BY:


Cassiah Depew

DATE:

8/10/2017

OK to Pay 
7-13-18

RECEIVED

JUL 13 2018

AGING SERVICES
FISCAL UNIT

BILLING CHECK LIST

Provider Name: Medical Services of Nevada dba All Valley Reno

T81086597 C

SAMS INVOICE #: 0000002874

Received Date: _____

7/10/2018

CARSON

ELKO

LAS VEGAS

RENO

COPE

HMKR TITLE XX

HMKR TOBACCO

PAS

Billing Dates: 08/01/17 - 08/31/17

Sent to Fiscal Date: _____

7/13/2018

- Provider name, address and phone number on summary and invoice(s)
- Provider signature on summary and invoice(s)
- Client(s) eligibility for services
- Units/Hours verified
- Timesheet(s) matches invoice(s) units/hours
- Unit times rate equals total
- Verify amount(s) to equal Grand Total
- Total on summary matches the invoice total
- Total in SAMs match total on provider billing

FISCAL

BILLING

RECEIVED

JUL 13 2018

AGING SERVICES
FISCAL UNIT

HOMEMAKER:

Title XX Total: _____

Tobacco Total: _____

HOMEMAKER GRAND TOTAL: \$0.00

Initials: _____

COPE: GRAND TOTAL: _____

Initials: _____

PAS: GRAND TOTAL: \$19,516.00

Initials: JP

2874

RECEIVED

JUL 13 2018

CBC
AGING AND DISABILITY
SERVICES DIVISION

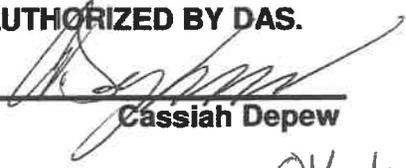
Billings Summary
All Valley Reno ~ PAS -8-2017~A

BILL TO:	FROM PROVIDER#	BILLING DATES
	Remit To:	8/1/17-8/31/17
Division for Aging Services	Medical Service of Nevada INC	RATE PER UNIT
3416 Goni Rd D-132 Carson City, NV 89706	1325 Airmotive Way St 262 Reno, Nv 89502 Billing Phone #: 775-828-6420	Pas \$4.25

BILLING CODE **PAS** **All Valley Reno ~8-2017**

CLIENT:	PAS	RESPITE	PAS	RESPITE	AMOUNT DUE
	UNITS		AMOUNT		
	78		\$ 331.50		\$ 331.50
	* 634		\$ 21694.50		\$ 21694.50
	160		\$ 680.00		\$ 680.00
	463		\$ 1,967.75		\$ 1,967.75
	281		\$ 1194.25		\$ 1194.25
	240		\$ 1020.00		\$ 1020.00
	264		\$ 1,122.00		\$ 1,122.00
	352		\$ 1491.00		\$ 1491.00
	441		\$ 1874.25		\$ 1874.25
	450		\$ 1912.50		\$ 1912.50
	258		\$ 1,096.50		\$ 1,096.50
	417		\$ 1772.25		\$ 1772.25
	504		\$ 2354.50		\$ 2354.50
TOTAL	4592	0	\$ 19511.00	\$ -	19511.00

DELIVERED AS AUTHORIZED BY DAS.

BY: 
Cassiah Depew

DATE: 7/2/2018

RECEIVED
JUL 13 2018
AGING SERVICES
FISCAL UNIT

OK to Pay
7-13-18

BILLING CHECK LIST

Provider Name: Medical Service of Nevada dba All Valley Reno

T81086597C

SAMS INVOICE #: 0000002916

Received Date: 7/13/2018

- | | | | |
|---------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> CARSON | <input type="checkbox"/> ELKO | <input type="checkbox"/> LAS VEGAS | <input checked="" type="checkbox"/> RENO |
| <input type="checkbox"/> COPE | <input type="checkbox"/> HMKR TITLE XX | <input type="checkbox"/> HMKR TOBACCO | <input checked="" type="checkbox"/> PAS |

Billing Dates: 05/01/18 - 05/31/18

Sent to Fiscal Date: 7/17/2018

- Provider name, address and phone number on summary and invoice(s)
- Provider signature on summary and invoice(s)
- Client(s) eligibility for services
- Units/Hours verified
- Timesheet(s) matches invoice(s) units/hours
- Unit times rate equals total
- Verify amount(s) to equal Grand Total
- Total on summary matches the invoice total
- Total in SAMs match total on provider billing

FISCAL BILLING

RECEIVED

JUL 17 2018

AGING SERVICES
FISCAL UNIT

HOMEMAKER:	Title XX Total: _____	Tobacco Total: _____
HOMEMAKER GRAND TOTAL:	<u>\$0.00</u>	Initials: _____
COPE:	GRAND TOTAL: _____	Initials: _____
PAS:	GRAND TOTAL: <u>\$19,405.50</u>	Initials: <u>JP</u>

CLAIM #	NAME OF CLAIMANT	BOE	INVOICE #	INVOICE DATE	AMOUNT OF CLAIM	REVERSION AVAILABLE
1	1ST ADVANCE HOME CARE		2990	Jun-18	\$ 5,057.50	\$692,316.00
2	702 CAREGIVERS		2929	Aug-17	\$ 1,389.75	\$687,258.50
3	A CARING FRIEND		2918/3101	05/20/18-06/20/18	\$ 6,028.75	\$685,868.75
4	ADL HOME CARE		2958	Jun-18	\$ 2,473.50	\$679,840.00
5	ADVANCED HOME HEALTH CARE		2882	Jun-18	\$ 2,652.00	\$677,366.50
6	ADVANCED HOME HEALTH CARE -WVWB		3001/3002	Jun-18	\$ 14,828.25	\$674,714.50
7	ALL VALLEY HOME CARE		2954/2969	03/20/18-06/20/18	\$ 32,096.00	\$659,886.25
8	ALL VALLEY HOME CARE		2872/2874/2916	07/17/08/17/05/18	\$ 58,832.75	\$627,790.25
9	ALL VALLEY HOME CARE		2885	Jun-18	\$ 2,295.00	\$626,957.50
10	AM PM PERSONAL CARE		3067/3068	04/18, 05/18	\$ 3,060.00	\$623,602.50
11	AMERICAN HOME COMPANION		2931	Jun-18	\$ 1,598.00	\$622,004.50
12	CONSUMER DIRECT		2951/2972/3066	05/16/06/18	\$ 38,254.25	\$623,750.25
13	DIGNIFIED CARE		2933	Jun-18	\$ 7,021.00	\$516,729.25
14	FREEDOM HOME HEALTH		2982	Jun-18	\$ 4,067.25	\$512,662.00
15	IMMEDIATE PERSONAL CARE		3007	Jun-18	\$ 306.00	\$512,356.00
16	LOVES HOME HEALTH CARE		3153/3155	May-18	\$ 2,011.50	\$510,344.50
17	LOVES HOME HEALTH CARE		2943	Apr-18	\$ 1,445.00	\$508,899.50
18	SILVER STATE PERSONAL CARE		2977	Jun-18	\$ 18,899.75	\$489,999.75
19	VISITING ANGELS		2990	May-18	\$ 321.25	\$489,678.50
20						\$489,678.50
21						\$489,678.50
22						\$489,678.50
23						\$489,678.50
24						\$489,678.50
25						\$489,678.50
26						\$489,678.50
TOTAL					\$ 202,637.50	

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: October 12, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Nikki Hovden, Executive Branch Budget Officer 
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 HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES – CLARK COUNTY CHILD WELFARE

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Division of Child and Family Services requests approval to pay \$93,187 from the General Fund, State Claims Account, for a fiscal year 2018 invoice from Clark County Department of Family Services.

Additional Information:

The division seeks approval to pay the state claim invoice for the remaining amount of the state incentive payment for fiscal year 2018 that was not initially paid. The final invoice was not submitted until after the close of fiscal year.

Statutory Authority:

NRS 353.097, subsection 4.

REVIEWED: 
ACTION ITEM:

Nevada Department of Health and Human Services

ROUTING FORM

Date:	10/12/2018
Date Division Needs Document Returned:	
To:	Nikki Hovden, Executive Branch Budget Officer II Governor's Finance Office
Through:	
From:	Katrina Nielsen <i>KN</i> DHHS/DCFS 775-684-4414 KNielsen@dcfs.nv.gov
Subject/Re:	BOE Action Item: Clark County Department of Family Services SFY18 Stale Claim
Point of Contact (for questions regarding document content):	Katrina Nielsen DHHS/DCFS 775-684-4414 KNielsen@dcfs.nv.gov

RECEIVED
OCT 12 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

For Director's Office Use

To be Reviewed & Initialed by:	Name:	Initial:	Date:
	Date:		
To be Approved & Signed by:	Name:		
	Date:		
Return to:	Name:		
	Date:		
Comments/Notes:			

Date Stamp Received:



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 TECHNOLOGY WAY, SUITE 300
CARSON CITY, NV 89706
Telephone (775) 684-4400 • Fax (775) 684-4455
dcfs.nv.gov

MEMORANDUM

TO: Nikki Hovden, Executive Branch Budget Officer II

THROUGH: Richard Whitley, Director *WR Per RW*
Department of Health and Human Services

FROM: Katrina Nielsen, Administrative Services Officer IV *Katrina Nielsen*
Division of Child and Family Services

SUBJECT: Request for Board of Examiners' Approval of a Stale Claim

DATE: October 11, 2018

Pursuant to NRS 353.097, subsection 4, the Department of Health and Human Services, Division of Child and Family Services hereby requests Board of Examiners' approval to pay a stale claim from the Stale Claim account for a SFY18 fiscal incentive invoice from Clark County Department of Family Services in the amount of \$93,187.

Per NRS 432B.2175, September 1st is the county deadline to submit their Agency Incentive Program End of Year Results report demonstrating whether their state approved incentive goals were achieved. Although the report and invoice were submitted timely in accordance with statute, there was not ample time for the final report to be reviewed, the outcomes confirmed, and the invoice to be paid prior to fiscal year end closing. In an effort to prevent future stale claims, we have implemented additional follow-up processes but a statutory change may ultimately be necessary.

Thank you.

STALE CLAIM REQUEST

To: Nikki Hovden
Governor's Finance Office, Budget Division

From: Marian Henderson, Management Analyst IV
Division of Child and Family Services

Subject: Stale Claim for State Fiscal Year 2018

Date: 10/11/18

RECEIVED
OCT 12 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: Clark County Department of Family Services

Vendor/Employee Number: T81026920A **Invoice Term Date:** 8/30/18

Invoice Number: 5 - FY18 FI Final **Invoice/Claim Amount:** 93,187.00

Coding from original obligation

Fund	Budget	Category	Amount
101	3142	15	93,187.00
Total			93,187.00

Coding used to pay Stale Claim

Fund	Budget	Category	Amount
101	4888	10	93,187.00
Total			93,187.00

Request to pay from current fiscal year account? YES NO

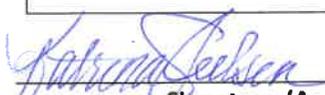
-If yes, full or partial payment from current year funds? FULL PARTIAL

-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:

Clark County submitted the invoice for the balance of their fiscal incentive on 8/30/18, which is after the Controller's Office deadline to process SFY18 transactions. DCFS did not have adequate time to review, approve and process the invoice prior to the SFY18 budget account closing.



 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

Attention: Marian Henderson
SFY 2018

DCFS Central Office Accounting
4126 Technology Way, 3rd Floor
Carson City, NV 89706

Date 30-Aug-18

Invoice # 15

Clark County Department of Family Services
121 S Martin Luther King Blvd
Las Vegas, NV 89106-4309

Request for the period of State Incentive FY18

Back up documentation must clearly justify the amount being requested.

Vendor #: T81025920A

Budget Authority	Budget FY 2018	Total Prior Requests	General Fund Request this Period	***Federal Funds Request This Period	Total Request this Period	Total Requested YTD
Category 09 - Subsidized Adoptions - Base	\$ 33,302,564	\$ 33,302,564			\$ -	\$ 33,302,564
Category 09 - Non-Recurring	\$ 111,836	\$ 32,694			\$ -	\$ 32,694
Category 09 - Subsidized Adoptions - M201	\$ 3,945,135	\$ 3,556,719			\$ -	\$ 3,556,719
Category 12 - Child Welfare Maint - Capped	\$ 13,426,568	\$ 13,426,568			\$ -	\$ 13,426,568
Category 12 - Child Support - Maint	\$ 10,721	\$ (2,022)			\$ -	\$ (2,022)
Category 12 - Child Welfare Admin - Capped	\$ 16,802,603	\$ 16,659,481			\$ -	\$ 16,659,481
Category 12 - CW Admin -Outside CAP & PQAs	\$ -437,722	\$ -1,081,661			\$ -	\$ 1,081,661
Category 12 - Block Grant (GF)	\$ 28,066,818	\$ 28,006,818			\$ -	\$ 28,006,818
Category 12 - Child Welfare SFC & AFC (GF)	\$ 1,469,147	\$ 1,469,147			\$ -	\$ 1,469,147
Category 12 - Child Welfare SFC & AFC (GF)	\$ 1,829,405	\$ -			\$ -	\$ -
Category 12 - Child Welfare SFC & AFC (IV-E)	\$ 1,049,940	\$ -			\$ -	\$ -
Category 12 - Adoption Admin (IV-E)	\$ 3,812,184	\$ 2,762,394			\$ -	\$ 2,762,394
Category 12 - Guardianship (IV-E)	\$ 28,296	\$ 312,447			\$ -	\$ 312,447
Maintenance Payments IVB-1	\$ 186,015	\$ 186,015			\$ -	\$ 186,015
Category 15 - Fiscal Incentive Program	\$ 5,250,000	\$ 5,156,813	\$ 93,186		\$ 93,186	\$ 5,250,000
Total	\$ 107,880,134	\$ 105,951,299	\$ 93,186	\$ -	\$ 93,186	\$ 108,044,485

***Federal Fund Requests must be made on the proper Request for Funds.
State Incentive FY18

AUTHORIZED SIGNATURE

Marian Henderson for Ekwan Washington 8/30/18
Date

STATE FISCAL APPROVAL

Marian Henderson 10/11/18
Date

Program Approval: *Kevin Powell*



Department of Family Services

121 S. Martin Luther King Blvd • Las Vegas NV 89106-4309
(702) 455-7200 • (702) 385-2999 • Hotline (702) 399-0081

Tim Burch, Director

Jill Marano, Assistant Director • Eboni Washington, Assistant Director • Paula Hammack, Assistant Director

CLARK COUNTY INTEGRATION INVOICE - State General Fund

Division of Child and Family Services
4126 Technology Way 3rd floor
Carson City, NV 89706
Attn: Marian Henderson
Note on Remittance: State Incentive FY 2018

Invoice No: 2018 - State Incentive
Date: 08/30/18
Request for Funds No: 3
Type of Funds Requested: State General Fund
Billing Period: FY 2018

Clark County Contact: Karen Clark
Phone Number: (702) 455 - 0844
FAX Number: (702) 382 - 2004

Total Appropriations	General Fund (Request this Period)	Total (Requested YTD)	Remaining
5,250,000	93,188 <i>77 KN</i>	5,250,000	0

State Budget # 3142 - Category 12
State Vendor: T81026920 A

Amount Requested \$ 93,188 *77 KN*

V. Malone
Vicki Malone, Principal Management Analyst
Or Eboni Washington, Assistant Director

8/30/18
(date)



Department of Family Services

121 S Martin Luther King Blvd • Las Vegas NV 89106-4309
(702) 455-7200 • Fax (702) 385-2999 • Hotline (702) 399-0081

Timothy Burch, Administrator
Paula Hammack, Assistant Director
Jill Marano, Assistant Director
Eboni Washington, Assistant Director

August 28, 2018

Ross Armstrong, Administrator
State of Nevada
Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706

**RE: Clark County Department of Family Services - SFY 2018 Agency Incentive Program
End of Year Results**

Pursuant to NRS 432B.2175 Clark County Department of Family Services respectfully submits for your review the results of the Incentive Payment Program for State Fiscal Year 2018.

As indicated in the application Clark County established the following goals in SFY2018:

SFY 2018 Incentive Payment Program		
Goal	Methods	Amount
Increase leadership and performance of supervisory personnel.	Provision of training, and increase the percent of cases with monthly supervisory oversight.	Permanency Cases (a) \$1,312,500
		Investigation Cases (b) \$1,312,500
Increase the total number of licensed homes willing to accept foster placements.	Recruitment, training, improved family assessment and increased licensing.	\$2,625,000
TOTAL		\$5,250,000

BOARD OF COUNTY COMMISSIONERS
STEVE SISOLAK, Chairman, CHRIS GIUNCHIGLIANI Vice Chair
MARILYN KIRKPATRICK • SUSAN BRAGER • LAWRENCE WEEKLY • LARRY BROWN • JIM GIBSON
YOLANDA KING, County Manager

Incentive Goal 1: Increase leadership and performance of supervisory personnel.

Methodology:

Per DFS policy in effect during the reporting year, investigative cases and permanency cases have different expectations for supervisory consultation. The methods of measurement are therefore unique to the program area. This goal was further separated into subparts by program area with each sub-goal associated with a benchmark and corresponding award.

Incentive Goal 1 Part A measures the percentage of permanency cases with at least 1 supervisory consultation during the month.

The agreed upon measurement methodology is as follows:

The Department calculates performance toward this expectation by collecting a count of all cases open at least 27 days during the reporting period (denominator), and then counting the number of those cases that have at least 1 case note with a case note type of: "7DAYSPRVSRVW," "15DAYSPRVSRVW," "21DAYSPRVSRVW," "25DAYSPRVSRVW," "45DAYSPRVSRVW," "SPVSYCONTACT," or "SUPERVISION" (numerator). The numerator is then divided by the denominator and the resulting quotient is multiplied by 100 to obtain a percent.

The agreed upon benchmark for this goal during SFY 2018 was 66%.

The Department's records indicate that during SFY 2018 there were a total of 2,537 eligible cases (denominator) and of those cases 1,781 had a monthly supervisory consultation (numerator). This indicates that during SFY 2018 the Department's performance on this measure was 70.2%.

Incentive Goal 1 Part A Outcome
Established Benchmark: 66%
SFY 2018 Performance: 70.2%
Result: Benchmark surpassed

Incentive Goal 1 Part B measured the percentage of investigative cases that had at least 1 supervisory consultation during the month.

The agreed upon measurement methodology is as follows:

Count of distinct cases open and assigned to investigation for at least 21 days during the review period that also have at least 1 case note with the case note type of: "7DAYSPRVSRVW," "21DAYSPRVSRVW," or "25DAYSPRVSRVW," in the month (numerator) divided by the total count of distinct cases open and assigned for investigation for at least 21 days during the month (denominator). The resulting quotient is then multiplied by 100 to capture a percent achieved.

The agreed upon benchmark for this goal was 71%.

Using the above methods, the Department records indicate that for the 7-day supervisory contact, 8,894 eligible cases had a 7-day supervisory note (numerator) out of a total 10,187 eligible cases (denominator). This indicates 87.3% of applicable cases had a 7-day supervisory note.

Regarding the 21-day supervisory consultation, the numerator is 7,722 cases with 21-day consult and the denominator is 9,365 applicable cases total. This works out to a rate of 82.4% of cases had a 21-day supervisory consultation.

Incentive Goal 1 Part B Outcome:

Established Benchmark: 73%

SFY 2018 Performance: 87.3% (7-day) and 82.4% (21-day)

Result: Benchmark surpassed

Incentive Goal 2: Increase the number of licensed homes willing to take foster placements.

This goal aims to increase the total number of regular foster home licenses willing to take placements.

Methodology:

The agreed upon methodology is as follows:

The total count of regular foster care licenses as of close of business on June 30, 2017 subtracted from the count of regular foster care licenses as of close of business on June 30, 2018 (numerator), divided by the count of regular foster home licenses as of close of business on June 30, 2017(denominator). The resulting quotient is then multiplied by 100 to obtain percent growth.

The agreed upon benchmark for this goal was a growth rate of 6.7% of regular foster home licenses willing to take placement over the course of SFY 2018.

As of close of business on June 30, 2017 the Department reports a count of 579 regular foster care licenses. Over the course of SFY 2018, the Department added 285 new regular foster care licenses and closed 238 regular foster care licenses. This indicates a positive net change of 47 regular foster care licenses, for an ending count of 626 regular foster care licenses. This translates to a growth rate of 8.1% of regular foster care licenses.

Incentive Goal 2 Outcome

Established Benchmark: 6.7%

SFY 2018 Performance: 8.1%

Result: Benchmark surpassed

The Department is pleased to report these results and will provide additional clarification or details if requested.

Respectfully,

Timothy Burch, Administrator
Clark County, Nevada
Department of Family Services

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 17, 2018

To: Paul Nicks, Clerk of the Board

From: Bridgette Mackey-Garrison, Executive Branch Budget Officer,
Governor's Finance Office, Budget Division

A handwritten signature in blue ink, likely belonging to Bridgette Mackey-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. 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 - \$475,000

The Nevada Department of Transportation (NDOT) is requesting a settlement in the total amount of \$475,000 to fully resolve an eminent domain action to acquire approximately 12,137 square feet of property needed for Project Neon and a 1,728 square foot temporary construction easement from a vacant 1.45 acre parcel located along Martin Luther King Jr. Blvd ("MLK") in Las Vegas Nevada. NDOT previously deposited with the courts \$167,000 to resolve all related counter claims and issues raised in two and a half years of litigation. NDOT now requests \$475,000 to resolve the action. Approval of the additional amount of \$475,000 would bring the total to \$642,000.

Additional Information:

Upon payment of the funds, NDOT will receive a Final Judgement and Final Order of Condemnation and the issue of "pre-condemnation damages" currently pending via a

Petition for Writ of Mandamus or Prohibition to the Nevada Supreme Court will be dismissed.

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 \$642,000 (\$475,000 in "new money"), resolving the action in its entirety as among all parties, inclusive of all attorneys' fees, costs and interest.

NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:

BOE approval required pursuant to Article 5, Section 21

REVIEWED: _____
ACTION ITEM: _____



ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA

J. BRIN GIBSON
First Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

OFFICE OF THE ATTORNEY GENERAL
Transportation Division
1263 S. Stewart Street, Room 315
Carson City, Nevada 89712

October 3, 2018

Hand Delivered

RECEIVED

OCT - 3 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Budget and Planning Division
Board of Examiners
209 East Musser Street, Rm 200
Carson City, Nevada 89701

Re: Agenda Item for November 13, 2018 Meeting of the Board of Examiners
Proposed Settlements of Eminent Domain Action
State of Nevada, ex rel. Department of Transportation v. Jackson, et al.
NSC 76033; 8th JD Case No. A-16-731822-C

Enclosed is the Nevada Department of Transportation's submittal for the November 13, 2018 Board of Examiners board agenda. This proposed settlement memorandum has been signed by the Director of the Nevada Department of Transportation, Rudy Malfabon, and Chief Deputy Attorney General, Dennis Gallagher.

Should you have any questions regarding this information, please don't hesitate to call our office and speak to Dennis Gallagher at 775-888-7423.

Sincerely,

By

A handwritten signature in blue ink that reads "Alice G. Coffman".

Alice G. Coffman
Supervising Legal Secretary
Transportation Division
775-888-7412

/agc
Enclosure



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7420
Fax: (775) 888-7309

MEMORANDUM

DATE: September 28, 2018

TO: Board of Examiners
Governor Brian Sandoval
Attorney General Adam Paul Laxalt
Secretary of State Barbara K. Cegavske

FROM: Rudy Malfabon, Director, Nevada Department of Transportation
Dennis Gallagher, Chief Deputy Attorney General
Janet Merrill, Senior Deputy Attorney General
Joe Vadala, Special Counsel

SUBJECT: Proposed Settlement of a Condemnation Action
State of Nevada, ex rel. Department of Transportation v Jackson, et al.
Nevada Supreme Court Case No. 76033
Eighth Judicial District Court Case No. A-16-731822-C

SUMMARY

The Nevada Department of Transportation ("NDOT") is requesting approval of an eminent domain settlement in the total amount of \$642,000. Through this settlement, NDOT is acquiring approximately 12,137 square feet of property needed for Project Neon, a 1,728 square foot temporary construction easement and is resolving all related counterclaims and issues raised in two and a half years of litigation. NDOT's proposed settlement would require \$475,000 in "new money" as \$167,000 had previously been deposited with the Court. Upon payment of the funds, NDOT will receive a Final Judgment and Final Order of Condemnation and the issue of "precondemnation damages" currently pending via a Petition for Writ of Mandamus or Prohibition to the Nevada Supreme Court will be dismissed.

THE ACTION

In furtherance of Project Neon, on February 16, 2016, NDOT filed an eminent domain action to acquire 12,137 s/f as a fee acquisition and a 1,728 s/f temporary construction easement from a vacant 1.45 acre parcel located along Martin Luther King Jr. Blvd ("MLK") in Las Vegas Nevada. This taking and realignment of MLK left the Landowners with an approximate 1.17 acre parcel. NDOT deposited with the Court the sum of \$167,000 as its estimate of just compensation for the taking and took immediate occupancy of the property required to allow construction to begin (which is now completed). The Landowners withdrew the money, but contested the amount owed as compensation for the property taken and asserted a counterclaim for "precondemnation damages" for NDOT's activities prior to filing the action in February 2016.

According to the Landowners, NDOT had "frozen" their ability to develop their property starting in 2010 when NDOT published maps indicating a portion of their property would be needed for Project Neon and again in November 2012 when NDOT's Transportation Board passed a condemnation resolution for a portion of the property. The design plans

for the MLK realignment changed and the 2012 resolution was ultimately rescinded in 2015. The Landowners sought damages of over \$1,200,000 related to the uncertainty caused by the initial condemnation resolution, its rescission and the subsequent different condemnation resolution and eminent domain action over and above the \$220,000 they sought as the fair market value of the property being acquired by NDOT. The Landowner also sought to recover "temporary damages" of \$125,000 they allege were caused by NDOT's temporary construction easement and also sought to recover severance damages to the 1.17 acre remaining parcel in the sum of \$455,000. Altogether, Landowners were seeking about two million dollars.

NDOT successfully obtained summary judgment on the \$1,200,000 precondemnation damages claim and the Landowners sought a Writ of Mandamus or Prohibition to the Nevada Supreme Court requesting the Court to intervene prior to trial to reverse that summary judgment grant. The Supreme Court has ordered NDOT to file an Answer to that Petition, which will be avoided through this proposed settlement.

POINTS THAT FAVOR SETTLEMENT

The Landowners are three individuals who allege that they were in the process of developing this vacant land with an office building when NDOT's actions halted their ability to move forward. There were years of delay as NDOT's designs changed, which they claimed continued to preclude them from utilizing their property. While NDOT prevailed at the district court level in categorizing these purported damages as speculative, the Nevada Supreme Court might address it differently. NDOT prevailed upon a motion for summary judgment, meaning that the district court found there were no issues for a jury to consider. These are the types of rulings that are often reversed upon appeal. If reversed and presented to a jury, the facts might reasonably lead them to side with the Landowners. Although NDOT believes that the district court reached the correct precondemnation damages result, if reversed, the exposure is substantial (a potential additional million dollars above the settlement amount). Given that in eminent domain cases, NDOT must pay all reasonable and necessary costs of the Landowners, it makes the proposed settlement, which is all-inclusive, deemed to be reasonable.

RECOMMENDATION

NDOT has considered the benefits of settlement and has determined that settlement is reasonable, prudent, and in the public interest. NDOT requests the authority to settle the matter in its entirety, including all issues pending before the Nevada Supreme Court, for a total amount of \$642,000 (\$475,000 in "new money"), resolving the action in its entirety, inclusive of all attorney's fees, costs and interest.

FISCAL NOTE STATEMENT

NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 16, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Bridgette Mackey-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.

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 209.192 the Department requests the Board's positive recommendation to the Interim Finance Committee for an expenditure of \$233,315 from the Fund for New Construction of Facilities for Prison Industries to purchase or lease additional prison industry equipment and to expand the Prison Ranch industrial programs through the remainder of fiscal year 2019.

Additional Information:

The Department is requesting to purchase feeder steers and fund the start-up operations to raise game birds along with the purchase of additional equipment to be utilized throughout Prison Industries in the Garment Shop, Auto Shop, Metal Shop, Mattress Shop, and Furniture Shop. Expansions to these program will provide valuable offender job training. Additionally, Prison Industries received the appropriate approvals from the Committee on Industrial Programs during their June 22, 2018 and September 21, 2018 meetings.

Per NRS 209.459 and 209.461, the Director of the Department of Corrections is required

to obtain a detailed written analysis on the estimated impact of the new industry on private industry in Nevada. Attached are reports and emails from the Department of Employment, Training and Rehabilitation (DETR), the Governor's Office of Economic Development (GOED), the Department of Business and Industry, and representatives of organized labor in Nevada.

Upon approval by the Board of Examiners, the department will submit work program C45140 in non-Executive budget account 3728 – Prison Industry Capital Project.

Statutory Authority:

BOE approval required pursuant to NRS 209.192.

<p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p>
--

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9938



Brian Sandoval
Governor

James Dzurenda
Director

**State of Nevada
Department of Corrections**

DATE: August 21, 2018
TO: Committee on Industrial Programs
FROM: James E. Dzurenda, Director
SUBJECT: Impact studies for Animal Breeders

*Approved at
Sept. 21, 2018 CIP
meeting.*

*Archived video meeting
approval Time slot
53:15 - 54:46*

The Prison Ranch would like to expand their operations to include raising feeder steers and game birds. The Ranch would like to purchase steers and fund start-up operations to raise game birds out of the Prison Industries capital improvement fund.

Per NRS 209.459 and 209.461, the Director of the Department of Corrections is required to obtain a detailed written analysis on the estimated impact of the new industry on private industry in Nevada. SSI has reached out to the Department of Employment, Training and Rehabilitation (DETR), the Governor's Office of Economic Development, the Department of Business and Industry, and Representatives of organized labor in Nevada.

The written analysis must include, without limitation:

1. The number of private companies in this State currently providing the types of products and services offered in the proposed contract.
2. The number of residents of this State currently employed by such private companies.
3. The number of offenders that would be employed under the contract.
4. The skills that the offenders would acquire under the contract.

Attached are reports and e-mails from the Department of Employment, Training and Rehabilitation (DETR), the Governor's Office of Economic Development (GOED), the Department of Business and Industry, and representatives of organized labor in this State.

DETR estimated that there are 1,800 animal breeders in the Carson City area. Those breeders earn a \$20.98 per hour mean wage and \$12.30 per hour 10th percentile wage. The Ranch is projecting that they would work two offenders with the feeder steer program and two offenders with the game bird program.

The Governor's Office on Economic Development has provided the following information on Animal Breeders:

GOED determined that by adding four jobs in the Animal Production category would result in an initial effect of \$124,378, a \$15,678 direct effect, a \$2,902 indirect effect, and a \$16,049 induced effect. This would produce a \$159,008 change in earnings with four initial jobs in the state. The effect on taxes on production and imports from adding the four jobs is \$12,410 locally, \$8,761 to the state, and \$2,751 federally. Scenario results showed that four jobs would be created in the Agriculture, Forestry, Fishing and Hunting, two in Management occupations and two jobs in Farming, Fishing, and Forestry occupations.

The Department of Business and Industry does not perform Impact Studies and referred us to DETR. Organized labor does not have any objections with the Ranch operating a feeder steer program and a game bird program.

The offenders would learn about breeding, customer service, interpersonal skills, oral communication, diversity, a work ethic, responsibility, dependability, teamwork, strategic thinking, motivation, planning/organizing, professionalism, the importance of quality and quantity, safety and security, adaptability, initiative, etc.

These programs would provide valuable offender job training and would assist the Nevada Department of Corrections with room and board as deductions are taken out of the workers' pay. Additionally, more contributions would be made to the Victims of Crime fund and Prison Industries' Capital Improvement fund. PI's financial position would also be enhanced.

Prison Industries strives to reduce government operating costs, provide offenders the skills necessary to successfully re-enter society, and enhance the safe operation of correctional facilities.

Parameters

Regions

Code	Description
16180	Carson City, NV

Industry Scenario

Code	Description	Change Type	Change Value
112000	Animal Production	Jobs	4

Input-Output Year

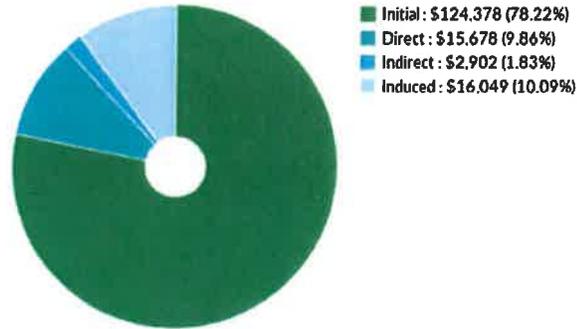
2017

Changes to Animal Production

\$159,008	5	\$24,922
Change in Earnings	Change in Jobs	Change in Taxes on Production and Imports (TPI)
1.28 Multiplier	1.21 Multiplier	

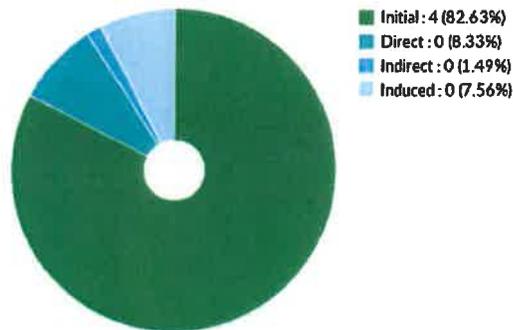
Effect on earnings from adding 4 jobs to Animal Production

\$124,378 Initial 1.00 Multiplier	\$15,678 Direct 0.13 Multiplier	\$2,902 Indirect 0.02 Multiplier	\$16,049 Induced 0.13 Multiplier
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Effect on jobs from adding 4 jobs to Animal Production

4 Initial 1.00 Multiplier	0 Direct 0.10 Multiplier	0 Indirect 0.02 Multiplier	0 Induced 0.09 Multiplier
--	---------------------------------------	---	--



Effect on taxes on production and imports from adding 4 jobs to Animal Production

\$12,410 Local	\$9,761 State	\$2,751 Federal
--------------------------	-------------------------	---------------------------

Scenario Results - Industry

NAICS	Industry	Change in Jobs
11	Agriculture, Forestry, Fishing and Hunting	4 
21	Mining, Quarrying, and Oil and Gas Extraction	0 ↓
22	Utilities	0 ↓
23	Construction	0 ↓
31	Manufacturing	0 ↓
42	Wholesale Trade	0 ↓
44	Retail Trade	0 ↓
48	Transportation and Warehousing	0 ↓
51	Information	0 ↓
52	Finance and Insurance	0 ↓
53	Real Estate and Rental and Leasing	0 ↓
54	Professional, Scientific, and Technical Services	0 ↓
55	Management of Companies and Enterprises	0 ↓
56	Administrative and Support and Waste Management and Remediation Services	0 ↓
61	Educational Services	0 ↓
62	Health Care and Social Assistance	0 ↓
71	Arts, Entertainment, and Recreation	0 ↓
72	Accommodation and Food Services	0 ↓
81	Other Services (except Public Administration)	0 ↓
90	Government	0 ↓

Scenario Results - Occupation

SOC	Occupation	Change in Jobs
11-0000	Management Occupations	2 
13-0000	Business and Financial Operations Occupations	0
15-0000	Computer and Mathematical Occupations	0
17-0000	Architecture and Engineering Occupations	0
19-0000	Life, Physical, and Social Science Occupations	0
21-0000	Community and Social Service Occupations	0
23-0000	Legal Occupations	0
25-0000	Education, Training, and Library Occupations	0
27-0000	Arts, Design, Entertainment, Sports, and Media Occupations	0
29-0000	Healthcare Practitioners and Technical Occupations	0
31-0000	Healthcare Support Occupations	0
33-0000	Protective Service Occupations	0
35-0000	Food Preparation and Serving Related Occupations	0
37-0000	Building and Grounds Cleaning and Maintenance Occupations	0
39-0000	Personal Care and Service Occupations	0
41-0000	Sales and Related Occupations	0
43-0000	Office and Administrative Support Occupations	0
45-0000	Farming, Fishing, and Forestry Occupations	2 
47-0000	Construction and Extraction Occupations	0
49-0000	Installation, Maintenance, and Repair Occupations	0
51-0000	Production Occupations	0
53-0000	Transportation and Material Moving Occupations	0
55-0000	Military-only occupations	0
99-0000	Unclassified Occupation	0

Scenario Results - Demographics

Demographics	Change in Jobs
Female 14-18	0
Male 14-18	0
Female 19-21	0
Male 19-21	0
Female 22-24	0
Male 22-24	0
Female 25-34	0
Male 25-34	1 
Female 35-44	0
Male 35-44	1 
Female 45-54	0
Male 45-54	1 
Female 55-64	0
Male 55-64	1 
Female 65-99	0
Male 65-99	1 

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



**State of Nevada
Department of Corrections**

Brian Sandoval
Governor

James Dzurenda
Director

Date: September 24, 2018

To: Board of Examiners

From: James E. Dzurenda, Director

Subject: Equipment Purchase Approval

A handwritten signature in blue ink, appearing to read "James E. Dzurenda", is written over the "From:" line.

Per NRS 209.192, Prison Industries (PI) is required to obtain approval for expenditures from its Prison Industries Capital Improvement Fund from the Committee on Industrial Programs, the Board of Examiners, and the Interim Finance Committee. PI obtained approval from the Committee on Industrial Programs and is now asking for the Board of Examiners approval. Attached is a spreadsheet detailing the proposed expenditures. We would be happy to provide any additional information needed and would appreciate your approval.

Silver State Industries Proposed Purchases from CIP Fund

Proposed Equipment	Shop	Total Dollar Amount	Description	Number of Additional Offenders	Skills Learned
Feeder Steers	SCC Ranch	\$ 75,000	Feeder Steers would be raised for approximately six months before sold for a profit. Goal is to increase their weight by 1.9 lbs. per day.	2	Calif health & care, range management, facility maintenance, horsemanship, equipment operation
Barn Relocation	SCC Ranch	\$ 30,000	Currently using tents to house calves. A permanent structure would get the calves out of the wind. China Springs Youth Camp has a barn in Gardnerville that they would donate to us. Funds would go towards dismantling the barn, transportation, site assessment and preparation, and erecting the structure on Ranch property.	4 to 5 during dismantling & resurrection	General construction processes, equipment/tool operation
Game Birds	SCC Ranch	\$ 7,500	Raising game birds would need initial start-up costs of birds and site development. Birds would be purchased at young age and would be sold to the public once matured.	2	Best practices for raising game birds, producing viable stock for sale while keeping death loss to a minimum
Bar tack Machines	Garment LCC	\$ 9,080	Two each bar tack machines used to reinforce stress points on all products manufactured by the Garment factory.	2	Use and development of skills with an industry standard sewing machine.
Button Holler	Garment LCC	\$ 4,505	Buttonholler would be utilized on pant and shirt line to expedite production.	1	Use and development of skills with an industry standard sewing machine.
Off Arm Machine	Garment LCC	\$ 3,720	Off arm machine used for pants, jumpsuits, boxers, and scrubs to assist with production increase.	1	Use and development of skills with an industry standard sewing machine.
Off Arm Machine	Garment LCC	\$ 7,440	Two each off arm machine to expand t-shirt production line.	2	Use and development of skills with an industry standard sewing machine.
Cutting Knife	Garment LCC	\$ 2,800	Cutting knife will be utilized on private production lines to increase daily production.	1	Use and development of skills with an industry standard sewing machine.
Waistbander	Garment LCC	\$ 2,690	Products require waistbanders to attach waistbands to boxers, jumpsuits, and other clothing to assist with production increase.	1	Use and development of skills with an industry standard cutting machine.
Ultra Overlock HS	Garment LCC	\$ 2,840	Two each overlock machines surges together material using multiple lines to create durable seam. Will assist with t-shirt production.	2	Use and development of skills with an industry standard sewing machine.
Cover stitch flat machine	Garment LCC	\$ 3,790	Two each cover stitch machine seams together layers of fabric with a double stitch in a crisscross pattern for maximum durability.	2	Use and development of skills with an industry standard sewing machine.
Top/Bottom Cover stitch	Garment LCC	\$ 4,180	Two each top/bottom cover stitch machines would assist with keeping up with production.	2	Use and development of skills with an industry standard sewing machine.
Task Station Chairs	Garment LCC	\$ 1,450	Ten each chairs for offender workers to accompany new machines.	0	Used for the garment factory machines above
Sewing Stations	Garment LCC	\$ 5,620	Ten each sewing stations for offender workers to accompany new machines.	0	Used for the garment factory machines above
Plasma Cutter	SDCC Auto	\$ 600	Current plasma cutter is 10-years-old and past its useful life. It is needed for auto restoration jobs.	0	Plasma cutter skills pertaining to automotive body repair.
MIG Welder	SDCC Auto	\$ 2,935	Current MIG welder is 10-years-old and past its useful life. It is needed for auto restoration jobs.	0	Welding skills pertaining to automotive body repair. Possibly obtain welding certification.
TIG Welder	SDCC Auto	\$ 2,839	Current TIG welder is 10-years-old and past its useful life. It is needed for auto restoration jobs.	0	Welding skills pertaining to automotive body repair. Possibly obtain welding certification.

Computers	SDCC Auto	\$ 1,500	Two computer workstations @ \$500 each and one server @ \$500. Current computers are approximately ten-years-old and well past their useful life. Computers are needed to conduct day-to-day operations in the auto shop.	0	Computer skills, generate quotes, help track materials for jobs
Tape Edge Head	NNCC Mattress	\$ 7,990	Sewing machine head for Tape Edge machine which applies seam tape to connect border and panel on a mattress would improve quality of mattress products.	0	Sewing machine skills and procedure for border and tape edging on mattresses.
Sewing Machine	NNCC Mattress	\$ 2,995	Current single needle sewing machine is approximately 20-years-old and beyond its useful life. Will assist with production of products.	0	Sewing machine skills and different types of sewing applications.
Box Spring Binder Machine	NNCC Mattress	\$ 16,044	Applies mattress tape for box spring cover. Current machine is approximately 20-years-old and has outlived its useful life. Repairs are costly and result in loss of productivity.	0	Different types of sewing applications.
Dust Collection System	NNCC Furniture	\$ 1,204	Collects wood chips and saw dust from all machines being used in shops. Currently they are forced to unattach and reattach fittings to different machines. Will assist with cleaning the air and reduces dust contamination. Will result in increased safety for all workers.	0	Assists with keeping offenders healthy and reduces respiratory claims. This is a health issue. Could prevent respiratory medical claims in the future.
Heavy Duty Filtration System	NNCC Furniture	\$ 1,429	Four each air filters for shops. This would assist with the elimination of dust problems. Collects particles throughout the shop. Reduces health hazards.	0	Assists with keeping offenders healthy and reduces respiratory claims. This is a health issue. Could prevent respiratory medical claims in the future.
High Pressure Steamer	NNCC Furniture	\$ 392	Steamer revives foam on old furniture and takes wrinkles out of materials. Current model has exceeded its life expectancy. Have large customer that requires steamer to work with their product.	2	Produce and manufacture better quality products.
Heavy Duty Mortise Machine	NNCC Furniture	\$ 1,664	Dedicated Mortise machine allows for consistent and accurate mortising on all wood work. Currently use chisel. Will allow for more production of custom and existing products.	1	Current technology and more precise manufacturing and production.
Saw Stop Cabinet Saw	NNCC Furniture	\$ 4,790	Table saw with safety integrated. Detects human contact and stops saw blade to prevent or reduce injury. Would reduce personal injury, provide safer wood cutting environment.	1	How to cut materials in a safer manner and produce quality products.
Baileigh Box and Pan Brake	NNCC Metal	\$ 9,987	Allows for precision bends on sheet metal. The metal shop currently outsources any materials that require precision bends. Allows PI to manufacture more products and to reduce costs from outsourcing.	1	Precision bends at different angles and produce quality products.
Full Pen Prep Plate	NNCC Metal	\$ 2,410	Used for preparation of structural wide flange beams to be full penetration welded. Will result in uniform product and will save considerable time. Will reduce labor cost and that time would allow us to produce more product.	2	Obtain AWS Full Penetration Welding Certification.
MIG Welders	NNCC Metal	\$ 8,901	Two at \$4,450.38 each welders would replace worn out welders which are constantly breaking down and require costly parts, resulting in a loss of production.	1	Welding skills. May obtain an AWS Welding certification
Pressure Abrasive Blaster	NNCC Metal	\$ 725	Sandblaster unit used in preparation of products to be powder coated and painted. Current sandblaster has outlived its useful life and continues to need costly repairs. Increase production of product for preparation of powder coating and painting.	1	Prepare products to be powder coated or painted.
Roller Conveyors	NNCC Metal	\$ 660	Four each conveyors would allow larger beams to move safely in and out of horizontal saw would result in added safety for maneuvering large flange beams to be moved and prepared for precision cuts with our horizontal beam saw.	1	Create safer environment and how to make a more precise cut.

Air Compressor	NNCC Metal	\$ 4,550	Compressor for sandblaster unit. Currently using compressor for other functions that have to be stopped when sandblasting. Needed in unison with pressure abrasive blaster and current compressors. Existing compressors are beyond capacity. Would allow to operate all functions that require air in auto shop, auto body paint, and upholstery shop.	0	Prepare products to be powder coated and painted.
Welding Gun	NNCC Metal	\$ 1,085	Welding gun specific for use in aluminum welding. Current equipment produces dirty welds which require extensive labor to clean and make cosmetically pleasing. We have been approached by customers to weld aluminum products.	1	Work on specialty metal welding. May obtain an AWS welding certification.
Total requests		\$ 233,315			

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 11, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "CB", located to the right of the "From:" field.

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

DEPARTMENT OF EDUCATION – SPECIAL EDUCATION CONTINGENCY

Agenda Item Write-up:

Pursuant to NRS 353.268, subsection 1, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$114,425 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account.

Additional Information:

The Department allocated an amount of \$114,525 from the Special Education Contingency Account in fiscal year 2018. This account was funded at \$5,000,000 in fiscal year 2018, of that funding \$3,000,000 is required to balance forward to the Distributive School Account and be distributed to public schools for special education purposes. The remaining funds in the account balance forward and a balance of \$2,000,000 is legislative approved for the account. This request will replenish the account to balance forward funds to maintain the balance in the contingency account.

Statutory Authority:
NRS 353.268(1)

REVIEWED: _____

ACTION ITEM: _____

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent
of Public Instruction

STATE OF NEVADA



DEPARTMENT OF EDUCATION
700 E. Fifth Street
Carson City, Nevada 89701-5096
(775) 687 - 9200 · Fax: (775) 687 - 9101
<http://www.doe.nv.gov>

SOUTHERN NEVADA OFFICE
9890 S. Maryland Parkway, Suite 221
Las Vegas, Nevada 89183
(702) 486-6458
Fax: (702)486-6450
www.doe.nv.gov/Educator_Licensure

October 8, 2018

TO: Paul Nicks, Clerk of the Board of Examiners
State of Nevada Board of Examiners

THRU: Andrea Osborne, ASO III *AO*
Department of Education

FROM: Roger Rahming, Deputy Superintendent
Department of Education

SUBJECT: Special Education Contingency Account

The Department of Education asks approval from the Board of Examiners to request funds in the amount of \$114,425 from the Interim Finance Committee Contingency Account to replenish the Contingency Account for Special Education to the amount reflected in the legislatively approved budget of \$2.0 million.

During the 2017 Session, the Legislature approved a change to the special education contingency funding from \$5.0 million in FY 2017, balancing forward \$3.0 million into the Distributive School Account (BA 2610), and \$2.0 million to the new Contingency Account for Special Education (BA 2619).

The funding expended in FY 2018 was used to reimburse school districts for extra-ordinary special education expenditures, as follows:

Carson City School District	\$ 28,352.21
Douglas County School District	\$ 10,612.97
Storey County School District	\$ 36,477.24
Washoe County School District	\$ 38,983.22
	<u>\$114,425.64</u>

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 12, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Jim Rodriguez, 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 PUBLIC SAFETY – PAROLE AND PROBATION DIVISION

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for an allocation of \$457,308 from the Interim Finance Committee Contingency Account to provide the General Fund cost share associated with the Nevada Shared Radio System Upgrade.

Additional Information:

The Nevada Shared Radio System (NSRS) is a public private partnership between the State of Nevada, Washoe County, and NV Energy. The Department of Transportation, as the lead agency on behalf of the State of Nevada, is working to replace the existing land mobile radio system, as the current system has reached end of life and is no longer supported by the vendor. The state portion of the system supports over 6,100 users and plays a vital role in public safety.

The State has selected Harris Communications to be the primary vendor for this project. The state contract with Harris Communications was approved by the Transportation Board on October 8, 2018. This request for funding represent the General Fund share of the estimated FY19 infrastructure upgrade costs. Other state agency funding source in support of this project is provide in the table below:

Summary by Fund:

Row Labels	TOTAL	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
101 - General Fund	7,198,765	457,308	1,769,412	1,876,577	1,439,753	1,079,815	575,901
245 - Taxicab Authority Fund	\$ 240,467	\$ 15,276	\$ 59,105	\$ 62,685	\$ 48,093	\$ 36,070	\$ 19,237
Fee Funded	\$ 173,234	\$ 11,005	\$ 42,580	\$ 45,159	\$ 34,647	\$ 25,985	\$ 13,859
710 - Buildings & Grounds Rate	\$ 464,258	\$ 29,492	\$ 114,112	\$ 121,023	\$ 92,852	\$ 69,639	\$ 37,141
Grand Total	\$ 8,076,723	\$ 513,081	\$ 1,985,208	\$ 2,105,443	\$ 1,615,345	\$ 1,211,508	\$ 646,138

The Highway Fund share of the FY19 funding need is estimated to be \$5,981,614 or approximately 92.1 percent of the estimated FY19 project costs.

Work Program C45547 has been prepared by the agency in support of this action.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: 
ACTION ITEM: _____

Brian Sandoval
Governor



James M. Wright
Director

Director's Office

555 Wright Way
Carson City, Nevada 89711-0525
Telephone (775) 684-4808 • Fax (775) 684-4809

Memorandum

DATE: October 15, 2018
TO: Jaime Rodriguez, Executive Branch Auditor, Governor's Office of Finance
FROM: Sheri Brueggemann, ASO IV
SUBJECT: Radio System Replacement Project Contingency Request

Please accept this request for General Fund Contingency to fund the general fund portion of the new Nevada Shared Radio System (NSRS) for \$457,308 for SFY 2019. Work Program C45547, along with companion work programs from Capitol Police (C45030), Building & Grounds, (C45652) and the Nevada Department of Transportation (NDOT), (C45644).

The NSRS is a public-private partnership between the State of Nevada, Washoe County, and NV Energy. NDOT is the lead agency on behalf of the State of Nevada, is working to replace the existing land mobile radio system as the current system has reached its end of life and is no longer supported by the vendor.

Capitol Police • Office of Criminal Justice Assistance • Emergency Management/Homeland Security
State Fire Marshal • Records, Communications and Compliance • Highway Patrol • Investigations • Parole and Probation •
Office of Professional Responsibility • Office of Traffic Safety • Training • Office of Cyber Defense Coordination •
Emergency Response Commission

Estimated Non-Highway Fund Budget Breakdown Including Subscriber Equipment

AGENCY	FUND	BUDGET ACCOUNT	STATE OF NEVADA USERS	RADIO/COU	USAGE (MINUTE)	USAGE (% MINUTE)	Non-HF Minutes	% of Non-Highway Fund	TOTAL	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
552	101 - General Fund	3740	DEPARTMENT OF PUBLIC SAFETY - PAROLE & PROBATION	562	56,651	3.0%	56,651	38.0%	\$ 3,071,633	\$ 156,128	\$ 754,388	\$ 800,714	\$ 614,327	\$ 460,745	\$ 245,731
555	101 - General Fund	4702	DEPARTMENT OF PUBLIC SAFETY - ROC	3	46,820	2.5%	46,820	31.4%	\$ 2,538,576	\$ 161,265	\$ 623,566	\$ 661,757	\$ 507,715	\$ 380,786	\$ 203,056
350	101 - General Fund	2987	UNIVERSITY OF NEVADA, LAS VEGAS	681	12,923	0.7%	12,923	8.7%	\$ 700,689	\$ 44,512	\$ 172,225	\$ 182,656	\$ 140,138	\$ 105,103	\$ 56,055
550	101 - General Fund	3743	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATIONS	105	4,123	0.2%	4,123	2.8%	\$ 223,561	\$ 14,202	\$ 54,560	\$ 59,278	\$ 44,712	\$ 33,534	\$ 17,885
408	101 - General Fund	3263	DIVISION OF CHILD AND FAMILY SERVICES - YOUTH PAROLE	41	3,742	0.2%	3,742	2.5%	\$ 202,892	\$ 12,889	\$ 49,970	\$ 52,890	\$ 40,578	\$ 30,434	\$ 15,231
704	101 - General Fund	4162	CONSERVATION & NATURAL RESOURCES - STATE PARKS	84	3,278	0.2%	3,278	2.2%	\$ 174,535	\$ 11,087	\$ 42,900	\$ 45,488	\$ 34,907	\$ 26,100	\$ 13,963
170	101 - General Fund	2631	LEGISLATIVE COUNCIL BUREAU - POLICE	43	3,046	0.2%	3,046	2.0%	\$ 165,155	\$ 10,492	\$ 40,594	\$ 43,053	\$ 33,031	\$ 24,773	\$ 12,212
556	101 - General Fund	3816	DEPARTMENT OF PUBLIC SAFETY - STATE FIRE MARSHALL	12	1,273	0.1%	1,273	0.9%	\$ 69,022	\$ 4,395	\$ 15,565	\$ 17,993	\$ 13,804	\$ 10,363	\$ 5,522
431	101 - General Fund	3650	OFFICE OF THE MILITARY	104	972	0.1%	972	0.7%	\$ 52,702	\$ 3,348	\$ 12,354	\$ 13,738	\$ 10,540	\$ 7,905	\$ 4,216
551	201 - Highway Fund	4713	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL	1,338	1,665,821	62.1%			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
555	201 - Highway Fund	4702	DEPARTMENT OF PUBLIC SAFETY - ROC	22	354,721	18.9%			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
800	201 - Highway Fund	4600	DEPARTMENT OF TRANSPORTATION	2,596	187,051	10.0%			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
800	201 - Highway Fund	4660	DEPARTMENT OF TRANSPORTATION - FREEWAY SERVICE PA	18	18,483	1.0%			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
751	201 - Highway Fund	3622	BUSINESS AND INDUSTRY - TRANSPORTATION AUTHORITY	18	2,472	0.1%			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
750	245 - Taxicab Authority Fund	4130	BUSINESS AND INDUSTRY - TAXI CAB AUTHORITY	49	4,435	0.2%	4,435	3.0%	\$ 240,467	\$ 15,276	\$ 59,105	\$ 62,865	\$ 48,093	\$ 36,070	\$ 19,237
557	710 - Buildings & Grounds Rate	4727	DEPARTMENT OF PUBLIC SAFETY - CAPITOL POLICE	51	8,562	0.5%	8,562	5.7%	\$ 464,258	\$ 29,492	\$ 114,112	\$ 121,023	\$ 92,852	\$ 69,639	\$ 37,411
550	Fee Funded	4546	DEPARTMENT OF AGRICULTURE	17	3,195	0.2%	3,195	2.1%	\$ 173,234	\$ 11,005	\$ 42,580	\$ 45,169	\$ 34,647	\$ 25,985	\$ 13,859
TOTALS									\$8,076,723	\$513,081	\$1,985,208	\$2,105,443	\$1,615,345	\$1,211,508	\$646,138
TOTALS									5,744	1,877,510	100.0%	148,981	100.0%	\$1,211,508	\$646,138
TOTALS									7.9%						

Note: DPS Highway Patrol includes NHP and Academy in the user numbers and minutes.

Users with usage less than 0.1 percent.

CY	FUND	ACCOUNT	STATE OF NEVADA USERS	USER COUNT	USAGE (MINUTES)	USAGE (%)
030	101 - General Fund	Various	ATTORNEY GENERAL NORTH	44	177	0.01%
030	101 - General Fund	Various	ATTORNEY GENERAL SOUTH	61	109	0.01%
440	101 - General Fund	3710	DEPARTMENT OF CORRECTIONS	20	145	0.01%
706	101 - General Fund	4195	DIVISION OF FORESTRY	2	11	0.00%
810	201 - Highway Fund	4740	DEPARTMENT OF MOTOR VEHICLES - COMPLIANCE ENFORCEM	31	832	0.04%
657	101 - General Fund	4727	DEPARTMENT OF PUBLIC SAFETY - CAPITOL POLICE	4	672	0.04%
810	Fee Funded	4722	DEPARTMENT OF MOTOR VEHICLES - POLLUTION ENFORCEM	17	555	0.03%
650	201 - Highway Fund	3743	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATIONS	3	118	0.01%
654	101 - General Fund	3673	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEME	63	551	0.03%
180	721 - Information Services Fund	1388	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICE	25	334	0.02%
409	101 - General Fund	3229	DEPARTMENT OF HEALTH AND HUMAN SERVICES - RURAL NUF	72	275	0.01%
040	101 - General Fund	1050	SECRETARY OF STATE	10	0	0.00%
090	101 - General Fund	1494	SUPREME COURT MARSHALLS OFFICE	7	174	0.01%
			Subtotal	359	3,952	
			Grand Total	6,103	1,881,462	

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 16, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Mackey-Garrison.

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

DEPARTMENT OF VETERAN SERVICES

Agenda Item Write-up:

Pursuant to NRS 417.147(2), the Board shall establish the schedule of rates to be charged for the occupancy of rooms at each veterans' home in the State for the following fiscal year. In setting the rates, the Board shall consider the recommendations of the Director of the Department of Veteran Services. The Director recommends the following schedule of rates to be charged for occupancy of 96 rooms at the Northern Nevada State Veterans Home.

Additional Information:

Based on the initial Medicaid rate and the market rate for the Northern Nevada area, the Department of Veterans Services proposes the following rates for the Northern Nevada Veterans Home:

- \$173/day for veterans
- \$280/day for spouses & Gold Star family members

The new Northern Nevada State Veterans home which will provide 24-hour skilled nursing care to veterans, spouses and Gold Star parents is located in Sparks Nevada (96 beds) and is currently under construction. The ribbon-cutting is scheduled for December 17, 2018. Certification through Centers for Medicare and Medicaid (CMS) and the U.S. Department of Veterans Affairs will begin in January 2019 with the full opening scheduled for mid-March 2019.

Statutory Authority:

NRS 417.147 (2).

REVIEWED: _____
ACTION ITEM: _____

BRIAN SANDOVAL
Governor



STATE OF NEVADA
**NEVADA DEPARTMENT OF VETERANS
SERVICES**

6630 S. McCarran Blvd., Bldg C – Suite 204
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

October 9, 2018

MEMORANDUM

To: Bridgette Mackey-Garrison, Executive Branch Budget Officer
From: Katherine Miller, Director, Department of Veterans Services

Subject: Rate Establishment for Northern Nevada State Veterans Home

In accordance with NRS 417.147 (2), the Department of Veterans Services shall recommend to the State Board of Examiners a schedule of rates to be charged for occupancy of rooms at each veteran's home in this State during the following fiscal year.

Based on the initial Medicaid rate and the market rate for the Northern Nevada area, the Department of Veterans Services proposes the following rates for the Northern Nevada State Veterans Home:

- \$173/day for veterans
- \$280/day for spouses & Gold Star family members

"Serving Nevada's Heroes"

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INSURANCE	BLUNT TRAUMA, LLC, F. ABRUZZO, LLC, GREGORY ERRICO AND ROBERT ENTWISTLE	\$1,981,296
		This is an extension of an existing lease.	
	Term of Lease:	10/01/2018 – 09/30/2023	Located in Carson City
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION	NYE COMMUNITIES COALITION	\$10,930
		This lease is to co-locate with Nye Communities Coalition in order to provide better services to the community.	
	Term of Lease:	06/18/2018 – 06/30/2021	Located in Pahrump
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	KIETZKE OFFICE PLAZA, LLC	\$1,382,699
		This lease replaces the month to month agreement with a build to suit space and consolidates the program into one central area.	
	Term of Lease:	01/01/2019 – 12/31/2028	Located in Reno
4.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	1785 OFFICE CENTER, LLC	\$1,370,384
		This is an extension of an existing lease which includes additional space with tenant improvements to accommodate relocated staff.	
	Term of Lease:	11/01/2018 – 10/31/2024	Located in Las Vegas
5.	NEVADA STATE BOARD OF NURSING	5011 MEADOWOOD MALL WAY, LLC	\$528,565
		This is an extension of an existing lease.	
	Term of Lease:	12/01/2018 – 11/30/2023	Located in Reno

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
6.	NEVADA FUNERAL BOARD	GRIFFIN PRO, LLC	\$55,560
		This is an extension of an existing lease.	
	Term of Lease:	02/01/2019 – 01/31/2022	Located in Reno
7.	PUBLIC UTILITIES COMMISSION OF NEVADA	TIERRA PARTNERS III, LLC	\$2,310,629
		This is an extension of an existing lease.	
	Term of Lease:	12/01/2019 – 11/30/2024	Located in Las Vegas
8.	SILVER STATE HEALTH INSURANCE EXCHANGE	COFFEE ROAD INVESTMENTS, LLC	\$818,784
		This is an extension of an existing lease.	
	Term of Lease:	01/01/2019 – 12/31/2026	Located in Carson City
9.	NEVADA COMMISSION OF JUDICIAL DISCIPLINE	AVALON NEVADA INVESTMENTS, LLC	\$110,583
		This is an extension of an existing lease.	
	Term of Lease:	09/01/2020 – 08/31/2025	Located in Carson City
10.	NEVADA STATE BOARD OF DISPENSING OPTICIANS	ROBERT BARENGO	\$19,800
		This is an extension of an existing lease.	
	Term of Lease:	03/01/2018 – 02/28/2021	Located in Reno

AP 10/11/18

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 Business and Industry
Division of Insurance
1818 East College Parkway, Suite 103
Carson City, Nevada 89706
Laurie Squartsoff
(775) 687-0789 Fax: (775) 687-0787 lsquartsoff@doi.nv.gov

Remarks: Leasing Services negotiated this lease renewal maintaining current terms to include new paint, replacement of carpet, electrical and HVAC repair and relocation of break room plumbing and cabinetry.

Exceptions/Special notes:

2. Name of Lessor: Blunt Trauma, LLC, F. Abruzzo, LLC, Gregory Errico, and Robert Entwistle

3. Address of Lessor: c/o F Abruzzo LLC
1717 Powell Street, Suite 210
San Francisco, California 94133

4. Property contact: NAI Alliance, Alliance Commercial Real Estate Management Services
5345 Kietzke Lane, Suite 100
Reno, Nevada 89511
Marcus Clark
(775) 336-4600 Fax: (775) 336-4699 Direct: (775) 336-4675 mclark@naialliance.com

5. Address of Lease property: 1818 East College Parkway, Suites 103, 103A, 200
Carson City, Nevada 89706

a. Square Footage: Rentable 20,700
 Usable

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$ 32,499.00	12	\$389,988.00	October 1, 2018 - September 30, 2019	\$1.57
0% \$ 32,499.00	12	\$389,988.00	October 1, 2019 - September 30, 2020	\$1.57
2% \$ 33,149.00	12	\$397,788.00	October 1, 2020 - September 30, 2021	\$1.60
0% \$ 33,149.00	12	\$397,788.00	October 1, 2021 - September 30, 2022	\$1.60
2% \$ 33,812.00	12	\$405,744.00	October 1, 2022 - September 30, 2023	\$1.63

Increase %

c. Total Lease Consideration: 60 \$1,981,296.00

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes: Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.68 - \$2.03 - Carson City Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3813, 3818, 4684

6. Purpose of the lease: To house the Business and Industry, Division of Insurance

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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SEP 11 2018 OCT 23 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

C44322, C44382, C44388

 _____ Date 9/7/18

Authorized Agency Signature

Date

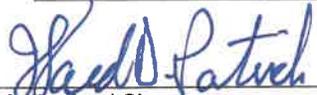
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20161165430</u>	Exp:	<u>3/31/2019</u>	75
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>T29037715</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

 _____ Date 9/18/18

Authorized Signature
Public Works Division

Date

 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>[Signature]</i>
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 email: lrtuttle@adsd.nv.gov

Remarks: Leasing Services negotiated this lease to colocate with Nye Communities Coalition in order to provide better services to the community.

Exceptions/Special notes:

2. Name of Lessor: Nye Communities Coalition

3. Address of Lessor: 1020 East Wilson Road
Pahrump, Nevada 89048

4. Property contact: Tammi Odegard
(775) 727-9970 x224 Fax: (775) 537-2322 email: tammi@nyecc.org

5. Address of Lease property: 1020 East Wilson Road, Room 1
Pahrump, Nevada 89048

a. Square Footage: Rentable Usable 137

b. Cost:

cost per month	# of months in time frame	cost per term	time frame	Approximate cost per square foot
\$130.00	13 Days	\$130.00	retroactive June 18, 2018 - June 30, 2018	\$2.19
\$300.00	12	\$3,600.00	July 1, 2018 - June 30, 2019	\$2.19
0% \$300.00	12	\$3,600.00	July 1, 2019 - June 30, 2020	\$2.19
0% \$300.00	12	\$3,600.00	July 1, 2020 - June 30, 2021	\$2.19

Increase %

c. Total Lease Consideration: 36 \$10,930.00

d. Option to renew: Yes No 0 Renewal terms: NONE

e. Holdover notice: # of Days required 0 Holdover terms: NONE

f. Term: Three (3) years and Thirteen (13) days

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord 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: 3279

6. Purpose of the lease: To house the Aging and Disability Services Division, Rural Regional Center

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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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

J. Shuyk for Dawn Schmidt 9/21/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20021504003	Exp: N/A - Charity			
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input checked="" type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>	<input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO	
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:	T27003317				

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

David Petuch *9/26/18*
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.

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Child and Family Services
 Northern Nevada Child and Adolescent Services
 2655 Enterprise Road
 Reno, Nevada 89512
 Jason Holm
 775.688.2415 Fax: 775.688.1616 j.holm@dcfs.nv.gov

Remarks: Leasing Services negotiated this lease to replace the month to month agreement with a build to suit space at this location. This location will consolidate the program into one central area.

Exceptions/Special notes:

2. Name of Lessor: Kietzke Office Plaza, LLC

3. Address of Lessor: 4600 Kietzke Lane, Suite G-170
 Reno, Nevada 89502

4. Property contact: Lorrie Desiderio
 775.825.5311 Fax: 775.825.5396 lorrie@desprop.net

5. Address of Lease property: 4600 Kietzke Lane, Suite D-135
 Reno, Nevada 89502

a. Square Footage: Rentable
 Usable 7,796

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 10,836.44	12	\$130,037.28	January 1, 2019 - December 31, 2019	\$1.39
0%	\$ 10,836.44	12	\$130,037.28	January 1, 2020 - December 31, 2020	\$1.39
3%	\$ 11,148.28	12	\$133,779.36	January 1, 2021 - December 31, 2021	\$1.43
0%	\$ 11,148.28	12	\$133,779.36	January 1, 2022 - December 31, 2022	\$1.43
3%	\$ 11,538.08	12	\$138,456.96	January 1, 2023 - December 31, 2023	\$1.48
0%	\$ 11,538.08	12	\$138,456.96	January 1, 2024 - December 31, 2024	\$1.48
3%	\$ 11,849.92	12	\$142,199.04	January 1, 2025 - December 31, 2025	\$1.52
0%	\$ 11,849.92	12	\$142,199.04	January 1, 2026 - December 31, 2026	\$1.52
3%	\$ 12,239.72	12	\$146,876.64	January 1, 2027 - December 31, 2027	\$1.57
0%	\$ 12,239.72	12	\$146,876.64	January 1, 2028 - December 31, 2028	\$1.57

c. Total Lease Consideration: 120 \$1,382,698.56

d. Option to renew: Yes No 90 Renewal terms: One Identical Term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Ten (10) Years

g. Pass-thrus/CAM/Taxes: Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$2.68 - \$2.11 - Reno Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3281

6. Purpose of the lease: To house MCRT / WIN

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$2,000.00 Furnishings: \$0.00 Data/Phones: \$6,000.00

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 No _____ Dec Unit Rise

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Mandi Davis
Authorized Agency Signature

9/18/18
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071118750</u>	Exp:	<u>8/31/2019</u>	41
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>T27020158</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

Shawn Patrick
Authorized Signature
Public Works Division

9/21/18
Date

For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: ARE	9-28-18
Reviewed by: AM	
Reviewed by:	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services
 Division of Public and Behavioral Health
 Southern Nevada Adult Mental Health Services
 4150 Technology Way, Third Floor
 Carson City, Nevada 89706
 Debbie Ohi
 775.684.5915 Fax: 775.684.4211 dlohi@health.nv.gov

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BUDGET DIVISION

Remarks:

Leasing Services negotiated this extension including expansion space, at existing terms, to accommodate relocated staff. Renewal includes new paint, repair/replace carpet, four additional covered parking spaces and free rent for 3,910sf additional space from November 1, 2018 through January 31, 2019.

Exceptions/Special notes:

2. Name of Lessor:

1785 Office Center, LLC

3. Address of Lessor:

c/o Virtus Commercial
 1333 North Buffalo Drive, Suite 120
 Las Vegas, Nevada 89128

4. Property contact:

Chris Emanuel
 702.787.0123 x401 Fax: 702.463.0123 chris@virtusco.com

5. Address of Lease property:

1785 East Sahara Avenue, Suites 125 (10,667 sf) and 225 (3,910 sf)
 Las Vegas, Nevada 89104

a. Square Footage:

Rentable
 Usable 14,577

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 13,653.76	3	\$40,961.28	November 1, 2018 - January 31, 2019	\$0.94
0%	\$ 18,658.56	9	\$167,927.04	February 1, 2019 - October 31, 2019	\$1.28
2%	\$ 19,095.87	12	\$229,150.44	November 1, 2019 - October 31, 2020	\$1.31
0%	\$ 19,095.87	12	\$229,150.44	November 1, 2020 - October 31, 2021	\$1.31
2%	\$ 19,387.41	12	\$232,648.92	November 1, 2021 - October 31, 2022	\$1.33
0%	\$ 19,387.41	12	\$232,648.92	November 1, 2022 - October 31, 2023	\$1.33
2%	\$ 19,824.72	12	\$237,896.64	November 1, 2023 - October 31, 2024	\$1.36

c. Total Lease Consideration:

72 \$1,370,383.68

d. Option to renew:

Yes No 90 Renewal terms: One identical term

e. Holdover notice:

of Days required 30 Holdover terms: 5% / 90

f. Term:

Six (6) years

g. Pass-thrus/CAM/Taxes

Landlord Tenant

h. Utilities:

Landlord Tenant

i. Janitorial:

Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs:

Major: Landlord Tenant Minor: Landlord 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:

3161

6. Purpose of the lease:

To house the DPBH, Southern Nevada Adult Mental Health Services

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses:

Moving: \$0.00 Furnishings: TBD Data/Phones: TBD

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

[Signature] 9-20-18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV2016170238</u>	Exp:	<u>12/31/2018</u>	58
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>T32004504</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] 9/26/18
Authorized Signature Date
Public Works Division

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:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Nevada State Board of Nursing
5011 Meadowood Mall Way, Suite 300
Reno, Nevada 89502
Fred Olmstead
775-687-7728 F: 775-687-7707 foimstead@nsbn.state.nv.us

Remarks: Leasing Services negotiated this lease renewal at reduced yearly increases from over 6% to 2%, and rate that is well below the Comparable Market Rate.

Exceptions/Special notes:

2. Name of Lessor: 5011 Meadowood Mall Way, LLC

3. Address of Lessor: PO Box 3532
Saratoga, California 95070

4. Property contact: Eugene Burger Management Corporation
5011 Meadowood Mall Way, Suite 200
Reno, Nevada 89502
Kelly Siefert-McKenzie
775-398-5329 (Direct) 775-826-5970 (Main line) F: 775-828-2677 kellysiefert@ebmc.com

5. Address of Lease property: 5011 Meadowood Mall Way, Suite 300
Reno, Nevada 89502

a. Square Footage: Rentable
 Usable 5,000

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$ 8,670.00	12	\$104,040.00	December 1, 2018 - November 30, 2019	\$1.73
0% \$ 8,670.00	12	\$104,040.00	December 1, 2019 - November 30, 2020	\$1.73
2% \$ 8,843.40	12	\$106,120.80	December 1, 2020 - November 30, 2021	\$1.77
0% \$ 8,843.40	12	\$106,120.80	December 1, 2021 - November 30, 2022	\$1.77
2% \$ 9,020.27	12	\$108,243.24	December 1, 2022 - November 30, 2023	\$1.80

Increase %

c. Total Lease Consideration: 60 \$528,564.84

d. Option to renew: Yes 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: Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$2.01 - \$2.10 - Reno Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: B017

6. Purpose of the lease: To house the Nevada State Board of Nursing

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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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

Cathy Denavie 10-01-18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20001042605</u>	Exp:	<u>5/31/2019</u>	17
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 type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>Exempt</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

David Patrick 10/3/18
Authorized Signature Date
Public Works Division

BM
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

LEASE INFORMATION

Nevada Funeral Board
 3740 Lakeside Drive, Reno, NV 89509
 Jennifer Kandt 775.825.5535 fax 775.825-5535 nvfuneralboard@fb.nv.gov

- 1. Name of Landlord (Lessor):
- 2. Address of Landlord:
- 3. Property contact:
- 4. Address of Lease property:

Griffin Pro, LLC
 P.O. Box 4199
 Incline Village, Nevada 89450
 Ryan Johnson Ryan@johnsongroup.net 775-823-8877
 3740 Lakeside Drive #201
 Reno, Nevada 89509

- a. Square Footage:
- b. Cost:

XRentable 924 Square Feet				
Usable				
cost per month	# of months in time frame	cost per month	time frame	Approximate cost per square foot
\$1498.00	12	\$1498.00	February 1, 2019-January 2020	1.62
\$1543.00	12	\$1543.00	12 months - 2/1/20 - 1/31/21	1.66
\$1589.00	12	\$1589.00	12 months - 2/1/21 - 1/31/22	1.71

- c. Total Lease Consideration:
- d. Option to renew:
- e. Holdover notice:
- f. Term:
- g. Pass-thrus & CAMS
- h. Utilities:
- i. Janitorial:
- j. Major repairs:
- k. Minor repairs:
- l. Taxes:
- m. Comparable Market Rate

Yes No Renewal terms:

of Days required Holdover terms: None

3 Years

None

Landlord Tenant

Landlord Tenant 3 day 5 day

Landlord Tenant

Landlord Tenant

Landlord Tenant

- n. Specific termination clause in lease: Breach/Default lack of funding
- o. Lease will be paid for by Agency Budget Account Number: B009

- 5. Purpose of the lease: To house the Funeral and Cemetery Services Board
- 7. This lease constitutes:
 - An extension of an existing lease
 - An addition to current facilities (requires a remark)
 - A relocation (requires a remark)
 - A new location (requires a remark)
 - Remodeling only
 - Other

Total Rent over lease term = \$55,365

a. Estimated moving expenses: \$0.00 Furnishings: Data/Phones:

Remarks:

Exceptions/Special notes:

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GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20101825415</u>			
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	<input checked="" type="radio"/> LLC	INC	CORP	LLP
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="radio"/> YES			<input checked="" type="radio"/> NO
d. Is the Contractor's Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="radio"/> YES			<input type="radio"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="radio"/> YES			<input type="radio"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="radio"/> YES			<input type="radio"/> NO
g. State of Nevada Vendor number:	<u>N/A - Board paid</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="radio"/> YES	<input type="radio"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="radio"/> YES	<input type="radio"/> NO


 Authorized Signature - Agency

9/17/18
 Date

II
 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:	AP 9/25/18
Reviewed by:	
Reviewed by:	9/25

STATEWIDE LEASE INFORMATION

1. Agency: Public Utilities Commission of Nevada
 1150 East William Street
 Carson City, Nevada 89701
 Stephanie Mullen
 775.684.6177 fax: 775.684.6161 smullen@puc.nv.gov

Remarks: Leasing Services negotiated this lease extension, creating a savings of \$58,171.68 over the term of the lease.

Exceptions/Special notes:

2. Name of Lessor: Tierra Partners III, LLC ✓

3. Address of Lessor: 3220 Lakeside Village Drive
 Prescott, Arizona 86301

4. Property contact: Tierra Management
 3220 Lakeside Village Drive
 Prescott, Arizona 86301
 Jamie Howard
 928.445-0911 fax: 928.445.0936 jamie@tierramanagement.com

5. Address of Lease property: 9075 West Diablo Drive, Suite 250 ✓
 Las Vegas, Nevada 89148 ✓

a. Square Footage: Rentable
 Usable 14,014 ✓

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$36,436.40 ✓	12	\$437,236.80	December 1, 2019 - November 30, 2020 ✓	\$2.60
2.75%	\$37,417.38 ✓	12	\$449,008.56 ✓	December 1, 2020 - November 30, 2021 ✓	\$2.67
2.75%	\$38,538.50 ✓	12	\$462,462.00 ✓	December 1, 2021 - November 30, 2022 ✓	\$2.75
2.75%	\$39,519.48 ✓	12	\$474,233.76 ✓	December 1, 2022 - November 30, 2023 ✓	\$2.82
2.75%	\$40,640.60 ✓	12	\$487,687.20 ✓	December 1, 2023 - November 30, 2024 ✓	\$2.90

c. Total Lease Consideration: 60 \$2,310,628.32 ✓

d. Option to renew: Yes 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 Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord 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: 3920

6. Purpose of the lease: To house the Public Utilities Commission

7. This lease constitutes:
- An extension of an existing lease
 - An addition to current facilities (requires a remark)
 - A relocation (requires a remark)
 - A new location (requires a remark)
 - Remodeling only
 - Other

a. Estimated Expenses: Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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SEP 14 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


Authorized Agency Signature Date 9.11.18

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141454824</u> ✓	Exp:	<u>7/31/2019</u>	39
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>T27035641</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


Authorized Signature Date 9/13/18
Public Works Division

 For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	
Reviewed by:	

10/4/18
7M

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Silver State Health Insurance Exchange
2310 South Carson Street, Suite 2
Carson City, Nevada 89701
Christina Hadwick
(775) 687-9703 Fax: (775) 687-9932 email: ckhadwick@exchange.nv.gov

Remarks: Leasing Services negotiated this renewal to consolidate two leases at this location.

Exceptions/Special notes:

2. Name of Lessor: Coffee Road Investments, LLC

3. Address of Lessor: 133 Old Wards Ferry Road, Suite G
Sonora, California 95370

4. Property contact: Scot L. Patterson
(209) 743-9934 Fax: (209) 533-3160 email: scot@calgolddevelopment.com

5. Address of Lease property: 2310 South Carson Street, Suites 2, 3A and 3B
Carson City, Nevada 89701

a. Square Footage: Rentable
 Usable 5,686

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 8,130.98	12	\$97,571.76	January 1, 2019 - December 31, 2019	\$1.43
0%	\$ 8,130.98	12	\$97,571.76	January 1, 2020 - December 31, 2020	\$1.43
3%	\$ 8,415.28	12	\$100,983.36	January 1, 2021 - December 31, 2021	\$1.48
0%	\$ 8,415.28	12	\$100,983.36	January 1, 2022 - December 31, 2022	\$1.48
3%	\$ 8,642.72	12	\$103,712.64	January 1, 2023 - December 31, 2023	\$1.52
0%	\$ 8,642.72	12	\$103,712.64	January 1, 2024 - December 31, 2024	\$1.52
3%	\$ 8,927.02	12	\$107,124.24	January 1, 2025 - December 31, 2025	\$1.57
0%	\$ 8,927.02	12	\$107,124.24	January 1, 2026 - December 31, 2026	\$1.57

c. Total Lease Consideration: 96 \$818,784.00

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90

f. Term: Eight (8) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.68 - \$2.03 - Carson City Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 1400

6. Purpose of the lease: To house the Silver State Health Insurance Exchange

7. This lease constitutes:
- An extension of an existing lease
 - An addition to current facilities (requires a remark)
 - A relocation (requires a remark)
 - A new location (requires a remark)
 - Remodeling only
 - Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Nevada Commission of Judicial Discipline
808 West Nye Lane, Suite 204
Carson City, Nevada 89703
Valerie Carter
775.687.4017 Fax: 775.687.3607 vmcarter@judicial.nv.gov

Remarks: This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: Avalon Nevada Investments, LLC

3. Address of Lessor: c/o John Uhart Commercial Real Estate Services
301 West Washington Street, Suite 1
Carson City, Nevada 89703

4. Property contact: John Uhart
775.884.1896 Fax: 775.884.4896 jfuhart@ccim.net

5. Address of Lease property: 808 West Nye Lane, Suite 204
Carson City, Nevada 89703

a. Square Footage: Rentable
 Usable 1,392

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 1,792.57	12	\$21,510.84	September 1, 2020 - August 31, 2021	\$1.29
0%	\$ 1,792.57	12	\$21,510.84	September 1, 2021 - August 31, 2022	\$1.29
4%	\$ 1,864.27	12	\$22,371.24	September 1, 2022 - August 31, 2023	\$1.34
0%	\$ 1,864.27	12	\$22,371.24	September 1, 2023 - August 31, 2024	\$1.34
2%	\$ 1,901.56	12	\$22,818.72	September 1, 2024 - August 31, 2025	\$1.37

c. Total Lease Consideration: 60 \$110,582.88

d. Option to renew: Yes 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 Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.68 - \$2.03 - Carson City Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 1497

6. Purpose of the lease: To house the Commission on Judicial Discipline

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

RECEIVED

OCT - 4 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

 9/28/18
Authorized Agency Signature Date

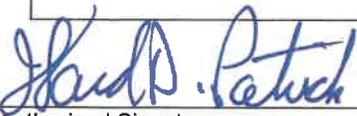
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20001123053</u>	Exp:	<u>12/31/2018</u>	5
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: *If yes, please explain in exceptions section	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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>T32002712</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

 10/4/18
Authorized Signature Date

Public Works Division

PS For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee): Nevada State Board of Dispensing Opticians

Purpose: Office space for conducting day-to-day business of the board

Exceptions/Special Lease Terms: This is a renewal of a previously executed least for one identical (3 year) term, *with the exception of relocation from one suite to another*

2. Name of Landlord (Lessor): Robert Barengo

3. Address of Landlord: 4747 Caughlin Parkway; Reno, NV 89519; Suite 4

4. Property Contact: Robert Barengo; (775) 329-6275; bob@barengo.com

5. Address of Lease Property: 4747 Caughlin Parkway, Suite 8

a. Square Footage or Unit Description: ~~120 sq ft~~ 120 sq ft

b. Cost:

	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase %	\$500	12	\$6000	3/1/2018-2/28/2019	\$4.17
	\$550	12	\$6600	3/1/2019-2/29/2020	\$4.58
	\$600	12	\$7200	3/1/2020-2/28/2021	\$5.00

c. Total Lease Consideration:

d. Option to Renew: Yes No Renewal Terms: 90-day notice in writing

e. Holdover Notice: # of Days Required 30 Holdover Terms: 3 months at current rate; 5% increase after

f. Term:

g. Pass-thrus/CAM/Taxes: Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 Day Rural 5 Day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$4/square foot

l. Specific termination clause in lease: Breach/Default/Lack of Funding Sec 1: LOF; Sec 15 Breach/default

m. Lease will be paid for by Agency Budget Account Number or BOC Number: N/A

6. BOE Threshold: N/A

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only

a. Estimated Moving Expenses: \$ none Furnishings: \$ 0 Data/Phones: \$ 0

PROPERTY OR STORAGE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE 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

C. Fedran

04/06/2018

Authorized Agency Signature

Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20051593171</u>	Exp: <u>09/30/2018</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC. <input type="checkbox"/> CORP. <input type="checkbox"/> LP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>N/A</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

Please Note: Dates for lease commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE – DEPARTMENT OF PUBLIC SAFETY - GRANTS UNIT	STACS DNA, INC.	FEDERAL	\$495,401	
	Contract Description:	This is a new contract to implement an approved technology investment to provide software that will allow the tracking of Sexual Assault Kits within the State of Nevada.				
		Term of Contract:	11/13/2018 - 11/30/2021	Contract # 21142		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BRUCE'S CARPET CLEANING, INC.	OTHER: BUILDING AND GROUNDS RENT INCOME REVENUE	\$100,000	
	Contract Description:	This is a new contract to provide ongoing carpet cleaning services to state-owned buildings in Carson City and Reno.				
		Term of Contract:	11/14/2018 - 10/31/2022	Contract # 21058		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JOSE GUZMAN & SABRINA TELLEZ DBA RIGHT ON TIME CARPET & UPHOLSTERY	OTHER: BUILDING AND GROUNDS BUILDING RENT INCOME REVENUE	\$45,000	
	Contract Description:	This is the first amendment to the original contract which provides carpet cleaning for state-owned buildings in northern Nevada. This amendment will increase the maximum amount from \$40,000 to \$85,000 due to a higher than anticipated need for these services.				
		Term of Contract:	08/15/2016 - 07/31/2020	Contract # 18036		
4.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIRECTOR'S OFFICE - ADMINISTRATION	WASHOE COUNTY HUMAN SERVICES AGENCY	OTHER: NO COST	\$0	
	Contract Description:	This is a new interlocal agreement allowing Washoe County to lease space at no cost on the Department of Health and Human Services, Northern Nevada Adult Mental Health Services campus located at 605 South 21st Street and 480 Galletti Way, Sparks.				
		Term of Contract:	11/13/2018 - 09/30/2033	Contract # 21145		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	PALCO, INC.	GENERAL 82% FEDERAL 18%	\$230,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing fiscal management services for children whose families/guardians choose to direct their own services and support through the state-funded, self-directed program and to veterans who qualify for the veteran-directed home and community based services. This amendment extends the termination date from March 31, 2019 to March 31, 2020 and increases the maximum amount from \$2,750,000 to \$2,980,000 due to the continued need for these services.				
		Term of Contract:	04/01/2018 - 03/31/2020	Contract # 19470		
6.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	QBS, INC.	GENERAL 53% FEDERAL 47%	\$7,800	
	Contract Description:	This is the third amendment to the original contract which provides training and certification services to staff in advanced skills for use in working with individuals who may exhibit severe self-injurious or violent behaviors. This amendment increases the maximum amount from \$43,800 to \$51,600 due to an increase in the number of staff to be certified to provide this training on behalf of the Centers for Medicare & Medicaid Services.				
		Term of Contract:	03/10/2015 - 02/28/2019	Contract # 16364		
7.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	CARSON CITY SCHOOL DISTRICT	OTHER: REVENUE	\$1,834,816	
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing receipt of non-federal share for school based Medicaid services, medical screening, and diagnostic services for children who are Nevada Medicaid/Check Up eligible with Individualized Education Programs and enrolled in the school district's Special Education Program.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21083		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	CHURCHILL COUNTY SCHOOL DISTRICT	OTHER: REVENUE	\$885,000	
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing receipt of the non-federal share for school-based Medicaid services, medical screening, and diagnostic services for children who are Nevada Medicaid/Check Up eligible with Individualized Education Programs and enrolled in the school district's Special Education Program.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21081		
9.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	MYERS AND STAUFFER, LC	GENERAL 50% FEDERAL 50%	\$129,914	Exempt
	Contract Description:	This is the second amendment to the original contract which provides audit services for managed care organizations, patient trust funds and cost reports of nursing facilities. This amendment increases the maximum amount from \$8,319,375 to \$8,449,289 due to the addition of cost report training and desk reviews of the certified community behavioral health clinics.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18630		
10.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	WASHOE COUNTY	FEDERAL	\$948,126	Exempt
	Contract Description:	This is the first amendment to the original interlocal contract to provide ongoing Medicaid and Nevada Check Up targeted case management and other administrative services to children in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual. This amendment increases the maximum amount from \$2,007,000 to \$2,955,126 due to an increase in administrative claiming.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16866		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	GENERAL 50% OTHER: COST ALLOCATION 50%	\$102,276	Sole Source
	Contract Description:	This is a new contract that provides ongoing cost allocation development, maintenance, support and reporting services.				
		Term of Contract:	11/01/2018 - 10/31/2019	Contract # 20991		
12.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	BOARD OF REGENTS- NEVADA SYSTEM OF HIGHER EDUCATION OBO-UNIVERSITY OF NEVADA, RENO	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$21,500,000	
	Contract Description:	This is a new interlocal agreement that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20881		
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	BIG PICTURE RESEARCH AND CONSULTING, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$3,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20867		
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	CHANGE AND INNOVATION AGENCY, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$4,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20882		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	DAVIDSON & BELLUSO, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$3,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20884		
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	DP VIDEO PRODUCTIONS, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$20,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20886		
17.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	DEBRA CAMPBELL & ASSOCIATES, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$1,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20885		
18.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	GKB STRATEGIES DBA THE BLUEPRINT COLLABORATIVE	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$21,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20905		
19.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	HEALTH MANAGEMENT ASSOCIATES, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$14,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20887		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	HEALTHINSIGHT OF NEVADA	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$10,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20889		
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	IMMUNIZE NEVADA	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$13,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20890		
22.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	KPS3, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$8,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20891		
23.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	LEAH LAMBORN DBA CREATIVE CONSULTING SOLUTIONS	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$23,000,000	
	Contract Description:	This is a new Master Service Agreement contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20883		
24.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	MERCER HEALTH & BENEFITS, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$11,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20892		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	NEVADA PUBLIC HEALTH, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$12,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20893		
26.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	PUBLIC CONSULTING GROUP, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$23,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20895		
27.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	PERLINSKI AND COMPANY	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$6,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20894		
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	QUANTUMMARK, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$9,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20896		
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	SOCIAL ENTREPRENEURS, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$18,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20898		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	STRATEGIC PROGRESS, LLC	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$14,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20902		
31.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	TURNING POINT, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$13,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20916		
32.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	THE LEADING EDGE GROUP, INC.	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	\$23,000,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 20911		
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES – SUMMIT VIEW YOUTH CENTER	BOARD OF REGENTS- NEVADA SYSTEM OF HIGHER EDUCATION OBO-UNIVERSITY OF NEVADA, RENO	GENERAL 29% OTHER: COUNTY REIMBURSEMENTS 19% FEDERAL 52%	\$212,537	Exempt
	Contract Description:	This is a new interlocal agreement to continue to provide training, professional development, technical assistance, data collection and management to facilitate the continued implementation of a Positive Behavioral Interventions and supports system for the Juvenile Justice and Children's Mental Health programs.				
		Term of Contract:	07/01/2018 - 06/30/2019	Contract # 21169		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	MYERS AND STAUFFER, LC	GENERAL 50% FEDERAL 50%	\$297,000	Professional Service
	Contract Description:	This is a new contract to develop, draft and justify a Section 1915(c) Medicaid waiver application for therapeutic foster care services.				
		Term of Contract:	Upon Approval - 09/30/2019	Contract # 21181		
35.	702	DEPARTMENT OF WILDLIFE – WILDLIFE CIP-NON-EXEC	MORRIS AG AIR & SONS, INC.	BONDS 15% OTHER: 10% HERITAGE, 18% DREAM TAG GRANT 1% TRUST FUND 18% HABITAT ENHANCEMENT FEDERAL 38%	\$400,000	
	Contract Description:	This is the second amendment to the original contract which provides statewide aerial seeding, herbicide and pesticide application services to maintain wildlife foraging. This amendment increases the maximum amount from \$1,000,000 to \$1,400,000 due to an increased number of wildfires which created an increased need for rehabilitation.				
		Term of Contract:	08/11/2015 - 07/31/2019	Contract # 16898		
36.	702	DEPARTMENT OF WILDLIFE - HABITAT	WALKER RIVER CONSTRUCTION, INC.	FEE: SPORTSMEN 50% OTHER: WILDLIFE HERITAGE 10% FEDERAL 40%	\$100,000	
	Contract Description:	This is a new contract to provide fence construction and removal for resources protection and enhancement.				
		Term of Contract:	11/13/2018 - 04/10/2021	Contract # 21178		
37.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP-NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR	OTHER: BASIN FUNDS -PASS THROUGH 63% FEDERAL 37%	\$415,560	
	Contract Description:	This is a new joint funding agreement for a hydrology monitoring program of water resources in southern and eastern Nevada.				
		Term of Contract:	10/01/2018 - 09/30/2019	Contract # 21151		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - INDUSTRIAL SITE CLEANUP	BROADBENT & ASSOCIATES, INC.	OTHER: SETTLEMENT INCOME	\$1,141,748	
	Contract Description:	This is the third amendment to the original contract which provides professional services for the environmental cleanup project at the Black Mountain Industrial Complex. This amendment increases the maximum amount from \$4,800,000 to \$5,941,748 due to an increased volume of services.				
	Term of Contract:	07/01/2014 - 06/30/2020	Contract # 15556			
39.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	BROADBENT & ASSOCIATES, INC.	FEE: HAZARDOUS WASTE/PETROLEUM FUND 66% OTHER: INTERIM FLUID MANAGEMENT TRUST 20% FEDERAL 14%	\$7,000,000	
	Contract Description:	This is a new contract to provide ongoing environmental mitigation, assessment and remediation services. This contract provides technical oversight assistance which is required to protect public welfare and/or restore natural resources when a responsible party is unable or unwilling to perform site characterization and cleanup of identified environmental contamination.				
	Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21136			
40.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	TERRAPHASE ENGINEERING, INC.	FEE: HAZARDOUS WASTE/PETROLEUM FUND 66% OTHER: INTERIM FLUID MANAGEMENT TRUST 20% FEDERAL 14%	\$7,000,000	
	Contract Description:	This is a new contract to provide ongoing environmental mitigation, assessment and remediation services. This contract provides technical oversight assistance which is required to protect public welfare and/or restore natural resources when a responsible party is unable or unwilling to perform site characterization and cleanup of identified environmental contamination.				
	Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21137			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	810	DEPARTMENT OF MOTOR VEHICLES – POLLUTION CONTROL	HAGER ENVIRONMENTAL & ATMOSPHERIC TECHNOLOGIES	FEE: EMISSION CONTROL	\$60,000	
	Contract Description:	This is a new contract to provide remote sensing of motor vehicle emissions in the Clark County area as part of an enhanced emission program and a means for department to develop on-road vehicle emission profiles for specific areas that can be used as a tool to gauge the effectiveness of the motor vehicle inspection and maintenance program.				
	Term of Contract:	Upon Approval - 12/28/2020	Contract # 21224			
42.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS- NEVADA SYSTEM OF HIGHER EDUCATION OBO-UNIVERSITY OF NEVADA, RENO	GENERAL 21.3% FEDERAL 78.7%	\$691,200	
	Contract Description:	This is a new interlocal agreement to provide soft skills training to eligible clients of the Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired to support their efforts in finding and maintaining a job.				
	Term of Contract:	01/01/2019 - 12/31/2021	Contract # 20683			
43.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$160,000	
	Contract Description:	This is the first amendment to the original interlocal agreement that evaluates the skills and bus route training for all eligible clients in southern Nevada. This amendment increases the maximum amount from \$80,000 to \$240,000 due to an increase in the expected number of clients who wish to utilize the service.				
	Term of Contract:	05/08/2018 - 12/31/2022	Contract # 19841			
44.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	MORNEAU SHEPELL, LTD	FEE: 67% STATE SUBSIDY 33%PREMIUM REVENUE	\$1,802,334	
	Contract Description:	This is the third amendment to the original contract to provide enrollment and eligibility services to Public Employees Benefits Program. This amendment extends the contract termination date from December 31, 2021 to December 31, 2023 and increases the maximum amount of the contract from \$7,198,250 to \$9,000,584 due to changing the scope of work to provide an enhanced enrollment and eligibility platform offering voluntary insurance products and adding \$100,000 for change orders and/or special projects. This amendment increases the effective per participant per month from \$1.78 to \$1.97.				
	Term of Contract:	Upon Approval - 12/31/2021	Contract # 15941			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	B026	LICENSING BOARDS & COMMISSIONS - OSTEOPATHIC MEDICINE	BERKLEY & BERKLEY CPAS, LLC	FEE: LICENSING	\$16,000	
	Contract Description:	This is the fifth amendment to the original contract to provide accounting services. This amendment extends the termination date from December 31, 2018 to December 31, 2021 and increases the maximum amount from \$106,294 to \$124,294 due to the continued need for these services.				
	Term of Contract:	Upon Approval - 12/31/2021	Contract # 10420			

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: **21142**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: STACS DNA, INC
Agency Code: 030	Contractor Name: STACS DNA, INC
Appropriation Unit: 1040-20	Address: 2255 ST-LAURENT BLVD
Is budget authority available?: Yes	STE 206
If "No" please explain: Not Applicable	City/State/Zip: OTTAWA, ONTARIO, CA K1g4k3
	Contact/Phone: JOCELYN TREMBLAY 887-774-7822
	Vendor No.: F00000413
	NV Business ID: NV20181681926
To what State Fiscal Year(s) will the contract be charged?	2019-2022

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2021**

Contract term: **3 years and 18 days**

4. Type of contract: **Contract**

Contract description: **SAKI tracking softwa**

5. Purpose of contract:

This is a new contract to implement an approved technology investment to provide software that will allow the tracking of Sexual Assault Kits within the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$495,401.23**

Other basis for payment: \$300,000 FUNDED THROUGH AGO GRANT. REMAINDER BALANCE FUNDED BY DPS.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Attorney General (OAG) received a Sexual Assault Forensic Evidence-Inventory Tracking and Reporting (SAFE-ITR) grant to establish a sexual assault kit tracking system for the metropolitan areas of Washoe and Clark Counties. In 2017, Assembly Bill 97 was passed in which the Attorney General was required to designate a department or division to establish a statewide sexual assault forensic evidence kit tracking program. Through the recommendation of the Sexual Assault Kit Working Group, the Attorney General designated the Department of Public Safety (DPS). In an effort to increase efficiency, the OAG and DPS have worked together to maximize grant funding to meet both the requirements for the grant and Assembly Bill 97 and have chosen this vendor to execute the project.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This company is specialized in this software and State employees do not have this expertise

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):

STACS DNA, Inc
Sockeye Business Solutions, Inc
ThincIT LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #03AG-S240, 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: 06/26/2018 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:

Washoe County Sheriff's Office March 2012 through December 2012. 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:

Debbie Tanaka, MAIV Ph: 775-684-1110

Mindy McKay, Records Bureau Chief Ph: 775-684-6205

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	09/27/2018 09:43:05 AM
Division Approval	cschon1	09/27/2018 09:43:10 AM
Department Approval	cschon1	09/27/2018 09:43:13 AM
Contract Manager Approval	cschon1	09/27/2018 09:43:15 AM
EITS Approval	lolso3	10/18/2018 14:34:25 PM
Budget Analyst Approval	hfield	10/19/2018 15:36:52 PM
BOE Agenda Approval	hfield	10/19/2018 15:36:55 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

MEMORANDUM

DATE: October 24, 2017

TO: Catherine Krause, Information Technology Chief, AG

CC: Governor's Finance Office
Lisa Bausell, SAFE-ITR, Project Manager, AG
Tom Wolf, Chief IT Manager, Computing, EITS, DOA
Ken Adams, Chief IT Manager, Communications, EITS, DOA
Suzie Block, Chief IT Manager, Agency IT Services, EITS, DOA
Shannon Rahming, Administrator, EITS, DOA
David Haws, Deputy Administrator, EITS, DOA
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA

FROM: Tim Lewis, TIR Administrator, EITS, DOA

SUBJECT: TIR Approval: SAFE-ITR System

We reviewed and approved the TIR and associated documentation for the Sexual Assault Forensic Evidence Inventory, Tracking and Reporting (SAFE-ITR) system.

The solution will allow law enforcement forensic labs to standardize the tracking of Sexual Assault Kits (SAKs), replacing various ad hoc systems, including Excel spreadsheets. Grant-funded, the solution will be procured via the State's RFP process.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) (InfoSec@doit.nv.gov) will ensure maximum security through guidance related to system architecture and the establishment of proper security controls. Please work with OIS to assure that proper security provisions are included in RFPs and vendor contracts. They are available to review any controls and provide guidance on protecting critical and personally identifiable information.

Please consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions or wish to receive a sampling of the types of Record Disposition Authorizations (RDAs) affected by this implementation, please contact the State Records Manager, Nevada Library and Archives at records@admin.nv.gov.

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services.

If you have any questions, or if EITS Planning can be of any further assistance, please feel free to contact me at 775-684-5845.

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: **21058**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BRUCE'S CARPET CLEANING, INC.
Agency Code: 082	Contractor Name: BRUCE'S CARPET CLEANING, INC.
Appropriation Unit: 1349-12	Address: 769 MARSH ROAD
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Bruce Kane 775-882-1115
	Vendor No.:
	NV Business ID: NV20181050444

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 % BUILDING AND GROUNDS RENT INCOME REVENUE

Agency Reference #: **ASD 2830407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2022**

Contract term: **3 years and 351 days**

4. Type of contract: **Contract**

Contract description: **Carpet Cleaning**

5. Purpose of contract:

This is a new contract to provide ongoing carpet cleaning services to state-owned buildings in Carson City and Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Carpet Cleaning is suggested to keep buildings clean an sanitary for the health of its occupants.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have the personnel needed to perform this task.

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 is one of many vendors. Per SAM 0338.0, each contractor will be contacted to submit bids on projects

d. Last bid date: 08/01/2018 Anticipated re-bid date: 08/01/2022

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 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	09/20/2018 12:38:06 PM
Division Approval	ssands	09/20/2018 12:38:13 PM
Department Approval	ssands	09/20/2018 12:38:17 PM
Contract Manager Approval	ssands	09/20/2018 12:38:22 PM
Budget Analyst Approval	mmoren1	09/25/2018 09:27:59 AM
BOE Agenda Approval	hfield	09/27/2018 07:01:59 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 CONTRACT

1. Contract Number: 18036	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JOSE GUZMAN & SABRINA TELLEZ DBA Right on Time Carpet & Upholster
Agency Code: 082	Contractor Name: JOSE GUZMAN & SABRINA TELLEZ DBA Right on Time Carpet & Upholster
Appropriation Unit: 1349-12	Address: Right on Time Carpet & Upholst 2681 TABLE ROCK DRIVE
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: 775-691-2939
	Vendor No.:
	NV Business ID: NV20151246697

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building and Grounds Building Rent Income Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2016**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2020**

Contract term: **3 years and 351 days**

4. Type of contract: **Contract**

Contract description: **CARPET CLEANING**

5. Purpose of contract:

This is the first amendment to the original contract which provides carpet cleaning for state-owned buildings in northern Nevada. This amendment will increase the maximum amount from \$40,000 to \$85,000 due to a higher than anticipated need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#1):	\$45,000.00	\$45,000.00	\$85,000.00	Yes - Action
3. New maximum contract amount:	\$85,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract ensures a clean and healthy environment and routine cleaning prolongs the life of the flooring.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the personnel to carry out these duties.

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):

Bell's Upholstery
 Right on Time
 Bruce's Carpet

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per SAM 0338.0, each contractor will be contacted to submit bids on projects. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works board pre-qualified bidder.

d. Last bid date: 06/01/2016 Anticipated re-bid date: 05/01/2020

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:

Vendor has been in contract with Public Works and services are 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:
 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	ssands	09/20/2018 13:17:52 PM
Division Approval	ssands	09/20/2018 13:17:55 PM
Department Approval	ssands	09/20/2018 13:17:59 PM
Contract Manager Approval	ssands	09/20/2018 13:18:03 PM
Budget Analyst Approval	mmoren1	09/24/2018 15:56:23 PM
BOE Agenda Approval	hfield	10/03/2018 13:19:12 PM

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: **21145**

Agency Name:	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	Legal Entity Name:	Washoe County Human Services Agency
Agency Code:	400	Contractor Name:	Washoe County Human Services Agency
Appropriation Unit:	3150-00	Address:	350 S. Center Street PO Box 11130
Is budget authority available?:	No	City/State/Zip:	Reno, NV 89520-0027
If "No" please explain: This is a No Cost Interlocal Agreement		Contact/Phone:	Amber Howell 775-785-8600
		Vendor No.:	T40283400
		NV Business ID:	Government Agency

To what State Fiscal Year(s) will the contract be charged? **2019-2034**

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 % No Cost

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2033**

Contract term: **14 years and 324 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Space Agreement**

5. Purpose of contract:

This is a new interlocal agreement allowing Washoe County to lease space at no cost on the Department of Health and Human Services, Northern Nevada Adult Mental Health Services campus located at 605 South 21st Street and 480 Galletti Way, Sparks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: Term is based on satisfactory performance compared to Attachment B with five year reviews.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a No Cost Space agreement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a No Cost Space agreement.

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?

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	vmilazz1	09/25/2018 16:02:55 PM
Division Approval	vmilazz1	10/11/2018 09:46:32 AM
Department Approval	vmilazz1	10/11/2018 09:46:34 AM
Contract Manager Approval	vmilazz1	10/11/2018 09:46:38 AM
Budget Analyst Approval	bwooldri	10/12/2018 07:18:36 AM
BOE Agenda Approval	nhovden	10/12/2018 07:52:03 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 CONTRACT

1. Contract Number: **19470** Amendment Number: **1**
 Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **PALCO, INC.**
 Agency Code: **402** Contractor Name: **PALCO, INC.**
 Appropriation Unit: **3167-11** Address: **17300 Chenal Parkway, Ste. 300**
 Is budget authority available?: **Yes** City/State/Zip: **Little Rock, AR 72223**
 If "No" please explain: **Not Applicable** Contact/Phone: **Alicia Paladino 501/604-9936**
 Vendor No.: **T32002687**
 NV Business ID: **NV20131682265**

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.

<input checked="" type="checkbox"/> General Funds	82.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	18.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3459**

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 **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2019**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Fiscal Intermediary**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing fiscal management services for children whose families/guardians choose to direct their own services and support through the state-funded, self-directed program and to veterans who qualify for the veteran-directed home and community based services. This amendment extends the termination date from March 31, 2019 to March 31, 2020 and increases the maximum amount from \$2,750,000 to \$2,980,000 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:	\$2,750,000.00	\$2,750,000.00	\$2,750,000.00	Yes - Action
2. Amount of current amendment (#1):	\$230,000.00	\$230,000.00	\$230,000.00	Yes - Action
3. New maximum contract amount:	\$2,980,000.00			
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?

The State requires a fiscal intermediary service to manage the State-Funded, Self-Directed program.

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 personnel or expertise to provide this service.

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):

Palco, Inc.
GT Independence
Consumer Direct Care Network Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3459, 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: 07/10/2017 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:

ADSD, 4/1/14 - 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	10/01/2018 14:28:39 PM
Division Approval	dbowma1	10/01/2018 14:28:42 PM
Department Approval	vmilazz1	10/02/2018 16:40:37 PM

Contract Manager Approval

ltuttl1

10/03/2018 10:34:17 AM

Budget Analyst Approval

aprasa1

10/11/2018 14:56:28 PM

BOE Agenda Approval

nhovden

10/11/2018 17:52:45 PM

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: 16364	Amendment Number: 3
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: QBS, INC.
Agency Code: 402	Contractor Name: QBS, INC.
Appropriation Unit: 3279-30	Address: 49 PLAIN ST., UNIT 200
Is budget authority available?: Yes	City/State/Zip: NORTH ATTLEBORO, MA 02760
If "No" please explain: Not Applicable	Contact/Phone: 508/316-4223
	Vendor No.: T29034782
	NV Business ID: NV20141240237

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.

X	General Funds	53.00 %	Fees	0.00 %
X	Federal Funds	47.00 %	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 **03/10/2015**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **02/28/2019**

Termination Date:

Contract term: **3 years and 356 days**

4. Type of contract: **Contract**

Contract description: **Safety Training**

5. Purpose of contract:

This is the third amendment to the original contract which provides training and certification services to staff in advanced skills for use in working with individuals who may exhibit severe self-injurious or violent behaviors. This amendment increases the maximum amount from \$43,800 to \$51,600 due to an increase in the number of staff to be certified to provide this training on behalf of the Centers for Medicare & Medicaid Services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$23,900.00	\$23,900.00	\$23,900.00	Yes - Info
a. Amendment 1:	\$17,900.00	\$17,900.00	\$41,800.00	Yes - Info
b. Amendment 2:	\$2,000.00	\$2,000.00	\$43,800.00	No
2. Amount of current amendment (#3):	\$7,800.00	\$9,800.00	\$51,600.00	Yes - Action
3. New maximum contract amount:	\$51,600.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Residents at Desert Regional Center (Jones Campus) occasionally exhibit self-injurious or violent behaviors. The proposed training will provide campus staff with the necessary specialized skills needed to continue to provide a safe environment for both the residents and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not professional trainers in behavioral safety 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):

QBS, Inc.
Therapeutic Options, Inc.
PCMA Professional Crisis Management

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

QBS, Inc. was the lowest responsible bidder.

d. Last bid date: 11/21/2014 Anticipated re-bid date: 11/21/2018

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:

ADSD beginning 03/10/2015 to 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:
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	mlewi7	10/02/2018 13:11:20 PM
Division Approval	mlewi7	10/02/2018 13:11:24 PM
Department Approval	vmilazz1	10/02/2018 16:18:32 PM

Contract Manager Approval	ltuttl1	10/03/2018 10:31:53 AM
Budget Analyst Approval	mmoren1	10/10/2018 12:42:34 PM
BOE Agenda Approval	nhovden	10/10/2018 18:20:53 PM

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: **21083**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Carson City School District
Agency Code: 403	Contractor Name: Carson City School District
Appropriation Unit: 3157-00	Address: 1402 W. King Street
Is budget authority available?: Yes	P.O. Box 603
If "No" please explain: Not Applicable	City/State/Zip: Carson City, NV 89702
	Contact/Phone: 775-283-2100
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the School District for services rendered. The contract was delayed due to extended negotiations with the county and the Attorney General's Office.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **School Based Service**

5. Purpose of contract:

This is a new revenue interlocal agreement that continues ongoing receipt of non-federal share for school based Medicaid services, medical screening, and diagnostic services for children who are Nevada Medicaid/Check Up eligible with Individualized Education Programs and enrolled in the school district's Special Education Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,834,816.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School Based Child Health services was established to allow for Medicaid reimbursement for the medical screening and diagnostic services provided by the School District to Nevada Medicaid/Checkup eligible children and medical treatment services provided for Medicaid/Checkup eligible children who have an Individualized Education Program (IEP) and are enrolled in the School Districts Special Education Program.

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 expertise or availability to provide these services.

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?

[Empty text box]

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	09/27/2018 14:57:30 PM
Division Approval	ecreceli	09/28/2018 11:06:52 AM
Department Approval	vmilazz1	10/01/2018 16:40:15 PM
Contract Manager Approval	iknigh1	10/02/2018 18:54:06 PM
Budget Analyst Approval	aprasa1	10/11/2018 14:32:34 PM
BOE Agenda Approval	nhovden	10/11/2018 18:03:35 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

Richard Whitley
Director

Marta Jensen
Administrator

MEMORANDUM

Date: October 1, 2018
To: Bessie Wooldridge, Executive Branch Officer I
Through: Richard Whitley, Director
From: Ellen Crecelius, DHCFP *Ellen Crecelius*
Re: Carson City School District

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2018. The contract requires a retroactive start date to allow the State to pay the Carson City School District for services rendered. This contract was delayed due to negotiations with the county, additionally the contract had to be sent back out to the School District for review and approval due to our Deputy Attorney General requiring a section of the interlocal agreement to be changed. To prevent a retroactive contract from being required in the future, the School District interlocal contract will be started six months before expiration instead of three.

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: **21081**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Churchill County School District
Agency Code: 403	Contractor Name: Churchill County School District
Appropriation Unit: 3157-00	Address: 690 Main Street
Is budget authority available?: Yes	City/State/Zip: Fallon, NV 89406
If "No" please explain: Not Applicable	Contact/Phone: 775-423-5187
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the School District for services rendered. The contract was delayed due to extended negotiations with the county and the Attorney General's Office.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **School Based Service**

5. Purpose of contract:

This is a new revenue interlocal agreement that continues ongoing receipt of the non-federal share for school-based Medicaid services, medical screening, and diagnostic services for children who are Nevada Medicaid/Check Up eligible with Individualized Education Programs and enrolled in the school district's Special Education Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$885,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School Based Child Health services was established to allow for Medicaid reimbursement for the medical screening and diagnostic services provided by the School District to Nevada Medicaid/Checkup eligible children and medical treatment services provided for Medicaid/Checkup eligible children who have an Individualized Education Program (IEP) and are enrolled in the School Districts Special Education Program.

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 expertise or availability to provide these services.

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?

[Empty text box]

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	09/27/2018 15:03:56 PM
Division Approval	ecrecli	09/28/2018 11:07:08 AM
Department Approval	vmilazz1	10/01/2018 16:46:30 PM
Contract Manager Approval	iknigh1	10/02/2018 18:46:47 PM
Budget Analyst Approval	aprasa1	10/11/2018 10:37:24 AM
BOE Agenda Approval	nhovden	10/11/2018 13:39:57 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

Richard Whitley
Director

Marta Jensen
Administrator

MEMORANDUM

Date: October 1, 2018
To: Bessie Wooldridge, Executive Branch Officer I
Through: Richard Whitley, Director
From: Ellen Crecelius, DHCFP *elcrecelius*
Re: Churchill County School District

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2018. The contract requires a retroactive start date to allow the State to pay the Churchill County School District for services rendered. This contract was delayed due to negotiations with the county, additionally the contract had to be sent back out to Churchill County School District for review and approval due to our Deputy Attorney General requiring a section of the interlocal agreement to be changed. To prevent a retroactive contract from being required in the future, the School District interlocal contract will be started six months before expiration instead of three.

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: **18630** Amendment Number: **2**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Myers and Stauffer, LC**

Agency Code: **403** Contractor Name: **Myers and Stauffer, LC**

Appropriation Unit: **3158-04** Address: **4400 Cox Road, Suite 110**

Is budget authority available?: **Yes** City/State/Zip: **Glen Allen, VA 23060**

If "No" please explain: **Not Applicable** Contact/Phone: **804-270-2200**

Vendor No.:

NV Business ID: **NV20001070243**

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 %
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 **07/01/2017**

Anticipated BOE meeting date: **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Audit**

5. Purpose of contract:

This is the second amendment to the original contract which provides audit services for managed care organizations, patient trust funds and cost reports of nursing facilities. This amendment increases the maximum amount from \$8,319,375 to \$8,449,289 due to the addition of cost report training and desk reviews of the certified community behavioral health clinics.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,180,825.00	\$7,180,825.00	\$7,180,825.00	Yes - Action
a. Amendment 1:	\$1,138,550.00	\$1,138,550.00	\$1,138,550.00	Yes - Action
2. Amount of current amendment (#2):	\$129,914.00	\$129,914.00	\$129,914.00	Yes - Action
3. New maximum contract amount:	\$8,449,289.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and State mandates require specific audits and rate settings be conducted for hospitals being paid Medicaid funds.

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 perform this work.

- 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 per NAC333.150 2. (5)

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:

Currently in contract with the Division and service 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:
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	pcolegro	08/08/2018 16:04:45 PM
Division Approval	pcolegro	09/13/2018 11:26:56 AM
Department Approval	vmilazz1	09/28/2018 08:42:04 AM
Contract Manager Approval	iknigh1	10/02/2018 16:02:36 PM
Budget Analyst Approval	aprasa1	10/05/2018 13:32:46 PM
BOE Agenda Approval	nhovden	10/08/2018 09:33:18 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: **16866** Amendment Number: **1**
 Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **WASHOE COUNTY**
 Agency Code: **403** Contractor Name: **WASHOE COUNTY**
 Address: **WASHOE COUNTY SOCIAL SERVICES**
 PO BOX 11130
 Appropriation Unit: **3158-24** City/State/Zip: **RENO, NV 89520-0027**
 Is budget authority available?: **Yes** Contact/Phone: **775/785-8600**
 Vendor No.: **T40283400A**
 If "No" please explain: **Not Applicable** NV Business ID: **Governmental Entity**
 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	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 **07/01/2015**
 Anticipated BOE meeting date **11/2018**
 Retroactive? **No**

If "Yes", please explain
Not Applicable

3. Previously Approved Termination Date: **06/30/2019**
 Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Targeted Case Mgmt**

5. Purpose of contract:
This is the first amendment to the original interlocal contract to provide ongoing Medicaid and Nevada Check Up targeted case management and other administrative services to children in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual. This amendment increases the maximum amount from \$2,007,000 to \$2,955,126 due to an increase in administrative claiming.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,007,000.00	\$2,007,000.00	\$2,007,000.00	Yes - Action
2. Amount of current amendment (#1):	\$948,126.00	\$948,126.00	\$948,126.00	Yes - Action
3. New maximum contract amount:	\$2,955,126.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
Nevada Medicaid State Plan Chapter 3.0

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work is being done by a State agency

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 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions

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:

Washoe County has been engaged under contract by DHCFP for several years and service 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	09/27/2018 09:01:28 AM
Division Approval	ecreceli	09/28/2018 11:06:33 AM
Department Approval	vmilazz1	10/01/2018 16:20:22 PM
Contract Manager Approval	iknigh1	10/02/2018 18:56:57 PM
Budget Analyst Approval	aprasa1	10/09/2018 12:00:19 PM
BOE Agenda Approval	nhovden	10/10/2018 09:30:55 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: **20991**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Public Consulting Group, Inc.
Agency Code:	406	Contractor Name:	Public Consulting Group, Inc.
Appropriation Unit:	3168-04	Address:	148 State St, 10th Floor
Is budget authority available?:	Yes	City/State/Zip:	Boston, MA 02109
If "No" please explain:	Not Applicable	Contact/Phone:	Justine O'Connor-Petts 919-576-2264
		Vendor No.:	T32000898
		NV Business ID:	NV20021466314
To what State Fiscal Year(s) will the contract be charged?	2019-2020		

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.

<input checked="" type="checkbox"/>	General Funds	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % Cost Allocation

Agency Reference #: C 16845

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **Yes**

If "Yes", please explain

This contract is requesting a retroactive start date of November 1, 2018 due to approval to accept alteration of the States contract template. If this request is not approved, there will be a lapse in cost allocation services and access to the database which could result in lost savings.

3. Termination Date: **10/31/2019**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **Cost Allocation**

5. Purpose of contract:

This is a new contract that provides ongoing cost allocation development, maintenance, support and reporting services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,276.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Centers for Medicare and Medicaid Services' requirements. The Division of Public and Behavioral Health requires assistance to maximize federal revenues while complying with all federal regulations. This includes assistance with rate setting, complying with requirements for certified public expenditures, and changing maintenance of the new targeted case management State Plan amendment that affects billing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work requires individuals with a high level of expertise in federal cost allocation requirements and awareness of best practices for compliance while maximizing federal revenues, and the Division of Public and Behavioral Health does not have the level of expertise required. Centers for Medicare & Medicaid Services' requirements are becoming increasingly stringent, and failure to complete this work correctly and within required timeframes could seriously jeopardize federal funding.

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 #: 180303
Approval Date: 03/15/2018

c. Why was this contractor chosen in preference to other?

The vendor has provided cost saving proprietary services to all DHHS agencies for more than 5 years.

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 provided services for all DHHS agencies since 2013 - 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:

David Lenzner, ASO II Ph: 775-684-4240

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	09/27/2018 08:01:09 AM
Division Approval	rmorse	09/27/2018 08:01:12 AM
Department Approval	vmilazz1	09/30/2018 16:03:57 PM
Contract Manager Approval	rmorse	10/01/2018 09:53:33 AM
Budget Analyst Approval	afrantz	10/03/2018 15:13:20 PM
BOE Agenda Approval	nhovden	10/04/2018 10:37:43 AM
BOE Final Approval	Pending	

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#:	180303

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 Health and Human Services All Divisions		
		Contact Name and Title	Phone Number	Email Address
		Rick Morse, DPBH Contract Manager	775-684-5932	rmorse@health.nv.gov

Vendor Information:	
Identify Vendor:	Public Consulting Group, Inc. (PCG)
Contact Name:	Kara Hammer
Address:	148 State Street, 10 th Floor, Boston, MA 02109
Telephone Number:	617-426-2026 ext. 1386
Email Address:	khammer@pcgus.com

Type of Waiver Requested – Check the appropriate type:	
1c	Sole or Single Source: <input checked="" type="checkbox"/> X
	Professional Service Exemption: <input type="checkbox"/>

Contract Information:					
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> X	No	<input type="checkbox"/>
	Amendment:	#			
	CETS:	#			

Term:				
1e	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	11/1/2018	End Date:

Funding:		
1f	State Appropriated:	50%
	Federal Funds:	50%
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase: \$3,000,000.00
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2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>It is the intention to request a waiver for DHHS and award contracts for each agency within DHHS under the authorization of the department wide waiver. This authorization will allow DHHS to maintain the current AlloCAP system used by all divisions within DHHS and provide consultation for the implementation of a Time and Effort system; consultation for Medicaid billable and reimbursable services and consultation for Cost Allocation Plans. These services also provide DHHS agencies the ability to receive consultation for inquiries on the system and cost allocation plans; receive technical assistance; develop custom reports and assist with single state and/or federal audits. AlloCAP is a proprietary web-based cost allocation plan (CAP) solution.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p><i>DHHS divisions began using services of PCG SFY 09 to establish Cost Allocation Plans for departmental agencies. In SFY 11, an amendment to the original contract provided for AlloCAP software development and installation for up to four agencies of DHHS. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG.</i></p> <p><i>Originally, after the initial installation of AlloCAP Access-based Software and related training, there was no longer a need for additional support or services from PCG. The cost allocation software functioned properly and the user reports supplied were beneficial. Since the original installation, Health Care Reform (HCR) increased the number of Medicare/Medicaid programs and advantages to provide low income Nevadans with medical services. The tracking of these additional HCR expenditures requires updates to AlloCAP and formatting revisions that can only be performed by PCG. Additionally, the HCR expenditures require subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. In the future, the growth of Medicare/Medicaid programs as they relate to project cost allocations will require maintenance and upgrades to PCG's web-based software.</i></p> <p><i>With the complexity of entitlement programs and policy changes, there is an ongoing need for additional support and the services listed (cost allocation plan amendments).</i></p>

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>				
	<i>DHHS wide agencies all use AlloCAP as part of the overall Medicare/Medicaid billing process in the state; therefore, there is no feasible option to develop or deploy an alternative system.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				Yes:	X	No:	
	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>							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	11/1/14	10/31/18	\$484,483.00	<i>Cost Allocation (DHCFP)</i>		<i>Exempt - Waiver #140807</i>		
	6/11/13	6/30/17	\$254,942.00	<i>Cost Allocation (DPBH)</i>		<i>Informal – original contract amount was \$49,999.</i>		
	8/1/16	8/31/16	\$24,843.00	<i>Cost Allocation Training (DPBH)</i>		<i>Informal</i>		
7/1/11	6/30/13	\$9,990.00	<i>Cost Allocation (DPBH) – this contract was pre-web-based computation and was strictly cost allocation consultation.</i>		<i>Exempt - Waiver #110503</i>			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?							
	<i>The combined usage of this software throughout DHHS would incur sizeable expenditures to State funding if the system were to be replaced. The vendor is in good standing with the Secretary of State's office and DHHS.</i>							

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?							
	<i>The services of PCG were previously solicited through a Solicitation Waiver #140807.</i> Recommend the following language: <i>AlloCAP is now being utilized by all DHHS Divisions to ensure standardized methodology of cost allocation for federal grants/entitlements and billings for administration costs to DHCFP for Medicaid Reimbursement. DWSS is in the beginning stages of implementing AlloCAP.</i>							

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>				Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>The current web-based system requires annual maintenance and hosting fees.</i>							

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.

Richard Morse

Agency Representative Initiating Request

Rick Morse, Division Contract Manager (DPBH)
Print Name of Agency Representative Initiating Request

2/6/18
Date

[Signature]
Signature of Agency Head Authorizing Request

Mark Winebarger, ASO IV
Print Name of Agency Head Authorizing Request

2-6-18
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

3-15-2018
Date

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



JULIE KOTCHEVAR, PhD.
Administrator

IHSAN AZZAM, PhD., MD
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

September 30, 2018

MEMORANDUM

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Richard Whitley
Director, DHHS

THROUGH: Mark Winebarger
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Rick Morse
Division Contract Manager
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Public Consulting Group (CETS #20991)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Public Consulting Group, Inc. (PCG)**
- Services to be provided: **PCG provides assistance and use of their proprietary software (AlloCAP) for preparation of the cost allocation plan and associated claiming efforts.**
- Funding source and expenditure category: **BA 3168/3223 - CAT 04; GFUND**
- Requested start date of work: **November 1, 2018**
- Expected execution date of agreement (IFC approvals): **November 13, 2018**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - **The draft of the contract was submitted in a timely manner, however a problem with insurance deductibles for the vendor resulted in a request to Risk Management that did not allow the contract to go in front of the October's Board of Examiner's meeting.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **If this request is not approved, there will be a lapse in services and the use of the software.**
 - Explain how the program/bureau will prevent future retroactive requests: **This situation was the result of an additional required approval that could not have been anticipated.**

If you have any questions, please contact Rick Morse at (775) 684-5932 or rmorse@health.nv.gov.

Revised 6/18

cc: Contract Unit, Division of Public and Behavioral Health

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: **20881**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO
Agency Code: 406	Contractor Name: BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO
Appropriation Unit: All Appropriations	Address: UNR CONTROLLERS OFFICE 1664 N. Virginia St./204 Ross
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557-0240
If "No" please explain: Not Applicable	Contact/Phone: Thomas A. Landis 775-784-4029
	Vendor No.: D35000816
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: **C 16719/RFP 3525**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,500,000.00**

Other basis for payment: Invoices for services requested though work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing 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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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

Indirect rates vary per university program and type of project.

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 Nevada State agency routinely provides services to other State agencies.

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	10/01/2018 15:55:06 PM
Division Approval	rmorse	10/01/2018 15:55:08 PM
Department Approval	vmilazz1	10/01/2018 16:02:21 PM
Contract Manager Approval	dohl0	10/02/2018 16:14:13 PM
Budget Analyst Approval	afrantz	10/03/2018 14:27:29 PM
BOE Agenda Approval	nhovden	10/05/2018 08:46:58 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 CONTRACT

1. Contract Number: **20867**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Big Picture Research and Consulting, LLC
Agency Code:	406	Contractor Name:	Big Picture Research and Consulting, LLC
Appropriation Unit:	All Appropriations	Address:	11865 Fir Drive
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89506
If "No" please explain:	Not Applicable	Contact/Phone:	Jesse Russell 608-335-0804
		Vendor No.:	T32007147
		NV Business ID:	NV20161652779

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16782/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	10/01/2018 13:16:41 PM
Division Approval	rmorse	10/01/2018 13:16:43 PM
Department Approval	vmilazz1	10/09/2018 11:49:13 AM
Contract Manager Approval	rmorse	10/09/2018 13:15:02 PM
Budget Analyst Approval	afrantz	10/10/2018 12:26:21 PM
BOE Agenda Approval	nhovden	10/10/2018 16:07:20 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 CONTRACT

1. Contract Number: **20882**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Change and Innovation Agency, LLC
Agency Code:	406	Contractor Name:	Change and Innovation Agency, LLC
Appropriation Unit:	All Appropriations	Address:	105 East Mill Street
Is budget authority available?:	Yes	City/State/Zip:	Liberty, MO 64068
If "No" please explain:	Not Applicable	Contact/Phone:	Blake Shaw 573-230-7470
		Vendor No.:	T32002127
		NV Business ID:	NV20121733603

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16783/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	10/01/2018 11:28:55 AM
Division Approval	rmorse	10/01/2018 11:28:58 AM
Department Approval	vmilazz1	10/09/2018 11:53:56 AM
Contract Manager Approval	rmorse	10/09/2018 13:15:42 PM
Budget Analyst Approval	afrantz	10/10/2018 12:37:50 PM
BOE Agenda Approval	nhovden	10/10/2018 16:00:32 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: **20884**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	DAVIDSON & BELLUSO, INC.
Agency Code:	406	Contractor Name:	DAVIDSON & BELLUSO, INC.
Appropriation Unit:	All Appropriations	Address:	4105 North 20th Street, Suite 155
Is budget authority available?:	Yes	City/State/Zip:	Phoenix, AZ 85016
If "No" please explain:	Not Applicable	Contact/Phone:	Karen Chapman 602-277-1185
		Vendor No.:	T27042366
		NV Business ID:	NV20181600787

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16785/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/20/2018 09:48:16 AM
Division Approval	rmorse	09/20/2018 09:48:19 AM
Department Approval	vmilazz1	10/08/2018 19:05:55 PM
Contract Manager Approval	rmorse	10/09/2018 12:40:01 PM
Budget Analyst Approval	afrantz	10/10/2018 08:25:23 AM
BOE Agenda Approval	nhovden	10/10/2018 16:13:23 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 CONTRACT

1. Contract Number: **20886**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	DP VIDEO PRODUCTIONS, LLC
Agency Code:	406	Contractor Name:	DP VIDEO PRODUCTIONS, LLC
Appropriation Unit:	All Appropriations	Address:	1240 OLIVIA PKWY
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89011-0833
If "No" please explain:	Not Applicable	Contact/Phone:	Emire Stitt 702-303-8554
		Vendor No.:	T29019963
		NV Business ID:	NV20041136819

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16787/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/19/2018 14:00:05 PM
Division Approval	rmorse	09/19/2018 14:00:08 PM
Department Approval	vmilazz1	10/08/2018 19:17:15 PM
Contract Manager Approval	rmorse	10/09/2018 11:13:34 AM
Budget Analyst Approval	afrantz	10/10/2018 11:24:41 AM
BOE Agenda Approval	nhovden	10/10/2018 17:33:47 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: **20885**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Debra Campbell & Associates, LLC
Agency Code:	406	Contractor Name:	Debra Campbell & Associates, LLC
Appropriation Unit:	All Appropriations	Address:	2505 Anthem Villiage Dr., Suite E 235
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Deborah Campbell 702-845-4393
		Vendor No.:	T27042476
		NV Business ID:	NV20181272340

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16786/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/19/2018 11:16:14 AM
Division Approval	rmorse	09/19/2018 11:16:16 AM
Department Approval	vmilazz1	10/08/2018 19:10:48 PM
Contract Manager Approval	rmorse	10/09/2018 11:11:13 AM
Budget Analyst Approval	afrantz	10/10/2018 09:54:34 AM
BOE Agenda Approval	nhovden	10/10/2018 16:32:50 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 CONTRACT

1. Contract Number: **20905**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	GKB STRATEGIES DBA THE BLUEPRINT COLLABORATIVE
Agency Code:	406	Contractor Name:	GKB STRATEGIES DBA THE BLUEPRINT COLLABORATIVE
Appropriation Unit:	All Appropriations	Address:	692 CITADEL WAY
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89503-1656
If "No" please explain:	Not Applicable	Contact/Phone:	Gretchen K. Bietz 775-772-1512
		Vendor No.:	T27042273
		NV Business ID:	NV20161008393

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16799/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	10/01/2018 11:21:35 AM
Division Approval	rmorse	10/01/2018 11:21:38 AM
Department Approval	vmilazz1	10/09/2018 11:56:11 AM
Contract Manager Approval	rmorse	10/09/2018 13:18:05 PM
Budget Analyst Approval	afrantz	10/10/2018 12:32:38 PM
BOE Agenda Approval	nhovden	10/10/2018 16:04:55 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 CONTRACT

1. Contract Number: **20887**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH Agency Code: 406 Appropriation Unit: All Appropriations Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Health Management Associates, Inc. Contractor Name: Health Management Associates, Inc. Address: 120 North Washington Square, Suite 705 City/State/Zip: Lansing, MI 48933 Contact/Phone: Jeff DeVries 517-482-9236 Vendor No.: T27042461 NV Business ID: NV20181629216
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To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16788/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
 Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/19/2018 12:43:39 PM
Division Approval	rmorse	09/19/2018 12:43:42 PM
Department Approval	vmilazz1	10/08/2018 19:22:30 PM
Contract Manager Approval	rmorse	10/09/2018 11:12:38 AM
Budget Analyst Approval	afrantz	10/10/2018 11:29:35 AM
BOE Agenda Approval	nhovden	10/10/2018 17:35:25 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 CONTRACT

1. Contract Number: **20889**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: HealthInsight of Nevada
Agency Code: 406	Contractor Name: HealthInsight of Nevada
Appropriation Unit: All Appropriations	Address: 6830 West Oquendo RD, STE 102
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Pablo Garcia 801-892-6673
	Vendor No.: T29038287
	NV Business ID: NV20011378977

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16789/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

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	rmorse	09/19/2018 10:27:45 AM
Division Approval	rmorse	09/19/2018 10:27:47 AM
Department Approval	vmilazz1	10/08/2018 19:37:54 PM
Contract Manager Approval	rmorse	10/09/2018 12:22:22 PM
Budget Analyst Approval	afrantz	10/10/2018 12:21:17 PM
BOE Agenda Approval	nhovden	10/10/2018 17:43:01 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 CONTRACT

1. Contract Number: **20890**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	IMMUNIZE NEVADA
Agency Code:	406	Contractor Name:	IMMUNIZE NEVADA
Appropriation Unit:	All Appropriations	Address:	427 RIDGE ST STE C
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89501-1738
If "No" please explain:	Not Applicable	Contact/Phone:	Heidi Parker 775-624-7117
		Vendor No.:	T29033054
		NV Business ID:	NV20131154423
To what State Fiscal Year(s) will the contract be charged?	2019-2024		
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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16790/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Providing services since 2014 - 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	rmorse	09/19/2018 15:52:44 PM
Division Approval	rmorse	09/19/2018 15:52:47 PM
Department Approval	vmilazz1	10/08/2018 19:41:49 PM
Contract Manager Approval	rmorse	10/09/2018 12:17:52 PM
Budget Analyst Approval	afrantz	10/10/2018 12:07:13 PM
BOE Agenda Approval	nhovden	10/10/2018 17:41:25 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 CONTRACT

1. Contract Number: **20891**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: KPS3, INC.
Agency Code: 406	Contractor Name: KPS3, INC.
Appropriation Unit: All Appropriations	Address: 500 RYLAND ST STE 300
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502-1662
If "No" please explain: Not Applicable	Contact/Phone: Jaclyn March 775-686-7439
	Vendor No.: PUR0004720
	NV Business ID: NV19941094961

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: **C 16791/RFP 3525**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
 Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/19/2018 15:36:15 PM
Division Approval	rmorse	09/19/2018 15:36:17 PM
Department Approval	vmilazz1	10/08/2018 19:44:40 PM
Contract Manager Approval	rmorse	10/09/2018 12:13:28 PM
Budget Analyst Approval	afrantz	10/10/2018 11:53:21 AM
BOE Agenda Approval	nhovden	10/10/2018 17:38:11 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 CONTRACT

1. Contract Number: **20883**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	LEAH LAMBORN DBA CREATIVE CONSULTING SOLUTIONS
Agency Code:	406	Contractor Name:	LEAH LAMBORN DBA CREATIVE CONSULTING SOLUTIONS
Appropriation Unit:	All Appropriations	Address:	CREATIVE CONSULTING SOLUTIONS 4349 STAMPEDE DR
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89701-2989
If "No" please explain:	Not Applicable	Contact/Phone:	Leah Lamborn 775-691-2604
		Vendor No.:	T29037788
		NV Business ID:	NV20151391368

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16784/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new Master Service Agreement contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/20/2018 11:11:08 AM
Division Approval	rmorse	09/20/2018 11:11:11 AM
Department Approval	vmilazz1	10/08/2018 18:58:16 PM
Contract Manager Approval	rmorse	10/09/2018 12:39:29 PM
Budget Analyst Approval	afrantz	10/10/2018 09:14:17 AM
BOE Agenda Approval	nhovden	10/10/2018 16:16:21 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 CONTRACT

1. Contract Number: **20892**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Mercer Health & Benefits, LLC
Agency Code:	406	Contractor Name:	Mercer Health & Benefits, LLC
Appropriation Unit:	All Appropriations	Address:	2325 East Camelback Road, Ste. 600
Is budget authority available?:	Yes	City/State/Zip:	Phoenix, AZ 85016-3474
If "No" please explain:	Not Applicable	Contact/Phone:	Fred Gibson, Jr. 602-522-6526
		Vendor No.:	T32007146
		NV Business ID:	NV20041250294

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16792/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/19/2018 13:07:25 PM
Division Approval	rmorse	09/19/2018 13:07:28 PM
Department Approval	vmilazz1	10/08/2018 19:48:00 PM
Contract Manager Approval	rmorse	10/09/2018 11:13:06 AM
Budget Analyst Approval	afrantz	10/10/2018 11:58:49 AM
BOE Agenda Approval	nhovden	10/10/2018 17:39:51 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 CONTRACT

1. Contract Number: **20893**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	NEVADA PUBLIC HEALTH, INC.
Agency Code:	406	Contractor Name:	NEVADA PUBLIC HEALTH, INC.
Appropriation Unit:	All Appropriations	Address:	FOUNDATION INC / STE 10 3476 EXECUTIVE POINTE WAY
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89706-7955
If "No" please explain:	Not Applicable	Contact/Phone:	Rota Rosachi 775-884-0392
		Vendor No.:	T81018059
		NV Business ID:	NV19961104052

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16793/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/18/2018 13:06:12 PM
Division Approval	rmorse	09/18/2018 13:06:15 PM
Department Approval	vmilazz1	10/08/2018 19:52:16 PM
Contract Manager Approval	rmorse	10/09/2018 11:13:59 AM
Budget Analyst Approval	afrantz	10/10/2018 08:17:06 AM
BOE Agenda Approval	nhovden	10/10/2018 16:11:02 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 CONTRACT

1. Contract Number: **20895**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	PUBLIC CONSULTING GROUP, INC.
Agency Code:	406	Contractor Name:	PUBLIC CONSULTING GROUP, INC.
Appropriation Unit:	All Appropriations	Address:	148 State Street, 10th Floor
Is budget authority available?:	Yes	City/State/Zip:	BOSTON, MA 02109
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Lee 617-426-2026
		Vendor No.:	T32000898
		NV Business ID:	NV20021466314

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16795/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/19/2018 12:19:08 PM
Division Approval	rmorse	09/19/2018 12:19:10 PM
Department Approval	vmilazz1	10/08/2018 19:59:11 PM
Contract Manager Approval	rmorse	10/09/2018 11:12:11 AM
Budget Analyst Approval	afrantz	10/10/2018 11:13:17 AM
BOE Agenda Approval	nhovden	10/10/2018 17:31:02 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: **20894**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Perlinski and Company
Agency Code:	406	Contractor Name:	Perlinski and Company
Appropriation Unit:	All Appropriations	Address:	23905 Clinton Keith RD STE 114
Is budget authority available?:	Yes	City/State/Zip:	Wildomar, CA 92595-4793
If "No" please explain:	Not Applicable	Contact/Phone:	Isabell Perlinski 949-293-4793
		Vendor No.:	T32007145
		NV Business ID:	NV19921032832
To what State Fiscal Year(s) will the contract be charged?	2019-2024		
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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16794/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/19/2018 14:12:34 PM
Division Approval	rmorse	09/19/2018 14:12:38 PM
Department Approval	vmilazz1	10/08/2018 19:56:25 PM
Contract Manager Approval	rmorse	10/09/2018 11:53:21 AM
Budget Analyst Approval	afrantz	10/10/2018 09:47:55 AM
BOE Agenda Approval	nhovden	10/10/2018 16:21:18 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: **20896**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	QUANTUMMARK, LLC
Agency Code:	406	Contractor Name:	QUANTUMMARK, LLC
Appropriation Unit:	All Appropriations	Address:	639 ISBELL RD STE 350
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89509-4993
If "No" please explain:	Not Applicable	Contact/Phone:	Diane Borhani 775-853-4666
		Vendor No.:	T29027896
		NV Business ID:	NV20041156836
To what State Fiscal Year(s) will the contract be charged?	2019-2024		
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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16796/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/18/2018 16:04:19 PM
Division Approval	rmorse	09/18/2018 16:04:21 PM
Department Approval	vmilazz1	10/08/2018 20:03:00 PM
Contract Manager Approval	rmorse	10/09/2018 11:14:59 AM
Budget Analyst Approval	afrantz	10/10/2018 11:06:03 AM
BOE Agenda Approval	nhovden	10/10/2018 17:29:27 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 CONTRACT

1. Contract Number: **20898**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	SOCIAL ENTREPRENEURS, INC.
Agency Code:	406	Contractor Name:	SOCIAL ENTREPRENEURS, INC.
Appropriation Unit:	All Appropriations	Address:	6548 S MCCARRAN BLVD STE B
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89509-6150
If "No" please explain:	Not Applicable	Contact/Phone:	Kelly Marschall 775-324-4567
		Vendor No.:	T27004599
		NV Business ID:	NV19961250456

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16797/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/19/2018 11:56:28 AM
Division Approval	rmorse	09/19/2018 11:56:30 AM
Department Approval	vmilazz1	10/08/2018 20:06:27 PM
Contract Manager Approval	rmorse	10/09/2018 11:11:43 AM
Budget Analyst Approval	afrantz	10/10/2018 11:02:59 AM
BOE Agenda Approval	nhovden	10/10/2018 16:52:14 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 CONTRACT

1. Contract Number: **20902**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	STRATEGIC PROGRESS, LLC
Agency Code:	406	Contractor Name:	STRATEGIC PROGRESS, LLC
Appropriation Unit:	All Appropriations	Address:	PO Box 34294
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89533
If "No" please explain:	Not Applicable	Contact/Phone:	Cindy Gustafson 702-241-8033
		Vendor No.:	T27029824
		NV Business ID:	NV20051774907

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16798/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,500,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/18/2018 16:04:07 PM
Division Approval	rmorse	09/18/2018 16:04:09 PM
Department Approval	vmilazz1	10/08/2018 20:11:46 PM
Contract Manager Approval	rmorse	10/09/2018 11:14:29 AM
Budget Analyst Approval	afrantz	10/10/2018 10:40:58 AM
BOE Agenda Approval	nhovden	10/10/2018 16:47:24 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: **20916**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	TURNING POINT, INC.
Agency Code:	406	Contractor Name:	TURNING POINT, INC.
Appropriation Unit:	All Appropriations	Address:	PO BOX 1028
Is budget authority available?:	Yes	City/State/Zip:	Virginia City, NV 89440-1028
If "No" please explain:	Not Applicable	Contact/Phone:	Deborah Loesch-Griffin 775-843-2275
		Vendor No.:	T29005273
		NV Business ID:	NV19881034454

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16801/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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:

Since 2014 - 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	rmorse	09/18/2018 14:43:04 PM
Division Approval	rmorse	09/18/2018 14:43:06 PM
Department Approval	vmilazz1	10/08/2018 20:20:46 PM
Contract Manager Approval	rmorse	10/09/2018 11:01:13 AM
Budget Analyst Approval	afrantz	10/10/2018 10:15:03 AM
BOE Agenda Approval	nhovden	10/10/2018 16:42:51 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 CONTRACT

1. Contract Number: **20911**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	The Leading Edge Group, Inc.
Agency Code:	406	Contractor Name:	The Leading Edge Group, Inc.
Appropriation Unit:	All Appropriations	Address:	10624 South Eastern Avenue, Suite A-377
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89052
If "No" please explain:	Not Applicable	Contact/Phone:	Roseann Hogan 702-900-0760
		Vendor No.:	T32007144
		NV Business ID:	NV20131263851

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % Multiple funding sources based on agency resources.

Agency Reference #: C 16800/RFP 3525

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000,000.00**

Other basis for payment: Invoices for services requested through work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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 skills and resources to provide the wide range of services encompassed within this MSA.

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):

22 vendors selected from 23 proposals.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2023

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	rmorse	09/19/2018 14:40:48 PM
Division Approval	rmorse	09/19/2018 14:40:52 PM
Department Approval	vmilazz1	10/08/2018 20:16:46 PM
Contract Manager Approval	rmorse	10/09/2018 11:09:51 AM
Budget Analyst Approval	afrantz	10/10/2018 10:29:29 AM
BOE Agenda Approval	nhovden	10/10/2018 16:44:46 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 CONTRACT

1. Contract Number: **21169**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	BOARD OF REGENTS - UNIVERSITY OF NEVADA, RENO
Agency Code:	409	Contractor Name:	BOARD OF REGENTS - UNIVERSITY OF NEVADA, RENO
Appropriation Unit:	3148-04	Address:	KUNR 88.7 FM MAIL STOP 0294
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557-0294
If "No" please explain:	Not Applicable	Contact/Phone:	Ashley Greenwald 775/682-6052
		Vendor No.:	D35000816B
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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.

<input checked="" type="checkbox"/>	General Funds	29.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	52.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	19.00 % County Reimbursements

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

These services have in the recent past been obtained through a subgrant award but, just prior to the annual renewal, it was determined to more appropriately combine the two program area's service requests and enter into one combined interlocal agreement. In an effort to prevent future delays, we have put together a Contracting Process Overview and are providing staff training regarding how to determine when a subaward or a contract should be used.

3. Termination Date: **06/30/2019**

Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Training Services**

5. Purpose of contract:

This is as new interlocal agreement to continue to provide training, professional development, technical assistance, data collection and management to facilitate the continued implementation of a Positive Behavioral Interventions and Supports system for the Juvenile Justice and Children's Mental Health programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$212,537.25**

II. JUSTIFICATION

7. What conditions require that this work be done?

Summit View Youth Center is the highest secure level facility for placement of appropriate youth by the Juvenile Court in the state juvenile correction system. PBIS will enable facility wide systems to best address the treatment needs of youth with positive behavioral interventions and supports. Youth Parole intends to continue the PBIS support for youth upon release from the facility to increase the effectiveness and chances for success. This will help the state comply with AB 472 requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract will provide for technical assistance and training of staff to implement positive behavior interventions and supports.

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 277.180 - Governmental Entity - Interlocal Agreement

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

8% Juvenile Justice/26% Children's Mental Health (System of Care)

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:

Corrina Church, Admin Services Officer Ph: 702-668-4758

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	10/03/2018 10:02:45 AM
Division Approval	knielsen	10/03/2018 17:00:20 PM
Department Approval	vmilazz1	10/07/2018 15:30:30 PM
Contract Manager Approval	sknigge	10/08/2018 09:35:47 AM
Budget Analyst Approval	nhovden	10/09/2018 10:57:28 AM
BOE Agenda Approval	nhovden	10/09/2018 10:57:31 AM
BOE Final Approval	Pending	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 TECHNOLOGY WAY, SUITE 300
CARSON CITY, NV 89706
Telephone (775) 684-4400 • Fax (775) 684-4455
dcfs.nv.gov

Date: October 3, 2018

To: Nikki Hovden
Executive Branch Budget Officer II

Through: Richard Whitley
Director

From: Mandi Davis *MD*
Deputy Administrator, Administrative Services

Re: Retroactive UNR Interlocal Agreement – PBIS Services

DCFS is requesting retroactive approval to July 1, 2018 for an interlocal agreement with the University of Nevada – Reno to continue to provide training, professional development, technical assistance, data collection and management to facilitate the continued implementation of Positive Behavioral Interventions and Supports for the Division of Child and Family Services' Juvenile Justice and Children's Mental Health programs.

These services have in the recent past been obtained through a subgrant award but, just prior to the annual renewal, it was determined to more appropriately combine the two program area's service requests and enter into one combined interlocal agreement.

In an effort to prevent future delays, we have put together a Contracting Process Overview and are providing staff training regarding how to determine when a subaward or a contract should be used.

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: **21181**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES Agency Code: 409 Appropriation Unit: 3229-04 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Myers and Stauffer, LC Contractor Name: Myers and Stauffer, LC Address: 4400 Cox Road Suite 110 City/State/Zip: Glen Allen, VA 23060 Contact/Phone: Jerry Dubberly 404-524-0775 Vendor No.: T81098965 NV Business ID: NV20001070243
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To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **333 days**

4. Type of contract: **Contract**

Contract description: **Medicaid Waiver**

5. Purpose of contract:

This is a new contract to develop, draft and justify a Section 1915(c) Medicaid waiver application for therapeutic foster care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$297,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal approval is required to implement a Medicaid waiver program.

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 to perform this work.

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?

Exempt per NAC333.150 2 (5)

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:

Currently under contract with the Division of Health Care Finance and Policy and service 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	knielsen	10/05/2018 09:02:42 AM
Division Approval	mgalli	10/05/2018 09:03:06 AM
Department Approval	vmilazz1	10/07/2018 14:55:42 PM
Contract Manager Approval	sknigge	10/08/2018 09:53:09 AM
Budget Analyst Approval	nhovden	10/09/2018 10:49:23 AM
BOE Agenda Approval	nhovden	10/09/2018 10:49:26 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 CONTRACT

1. Contract Number: 16898	Amendment Number: 2	
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: MORRIS AG AIR & SONS, INC.	
Agency Code: 702	Contractor Name: MORRIS AG AIR & SONS, INC.	
Appropriation Unit: 1511-91	Address: PO BOX 209	
Is budget authority available?: Yes	City/State/Zip: OROVADA, NV 89425	
If "No" please explain: Not Applicable	Contact/Phone: 775.623.1634	
	Vendor No.: T81097048	
	NV Business ID: NV20101885383	

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 %	
X Federal Funds	38.00 %	X Bonds	15.00 %	
Highway Funds	0.00 %	X Other funding	47.00 %	10% Heritage, 18% Dream Tag Grant, 1% Trust Fund, 18% Habitat Enhancement

Agency Reference #: **RFP # 3180 NDOW 15-25**

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 **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2019**

Contract term: **3 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Aerial Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides statewide aerial seeding, herbicide and pesticide application services to maintain wildlife foraging. This amendment increases the maximum amount from \$1,000,000 to \$1,400,000 due to an increased number of wildfires which created an increased need for rehabilitation.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
a. Amendment 1:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
2. Amount of current amendment (#2):	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
3. New maximum contract amount:	\$1,400,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW requires aerial services to maintain Nevada wildlife foraging.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service.

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 #3180, 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: 02/25/2015 Anticipated re-bid date: 12/01/2018

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?

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	nrob1	09/27/2018 10:43:28 AM
Division Approval	tdoucett	09/28/2018 13:58:43 PM
Department Approval	eobrien	10/10/2018 08:44:16 AM
Contract Manager Approval	nrob1	10/12/2018 09:42:30 AM
Budget Analyst Approval	cpalme2	10/12/2018 10:26:51 AM
BOE Agenda Approval	cmurph3	10/16/2018 08:35:47 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: **21178**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: WALKER RIVER CONSTRUCTION, INC.
Agency Code: 702	Contractor Name: WALKER RIVER CONSTRUCTION, INC.
Appropriation Unit: 4467-13	Address: PO BOX 156
Is budget authority available?: Yes	City/State/Zip: SCHURZ, NV 89427-0156
If "No" please explain: Not Applicable	Contact/Phone: 775/224-1883
	Vendor No.: T27040798
	NV Business ID: NV20041633517

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X	Fees	50.00 % Sportsmen
X Federal Funds	40.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % Wildlife Heritage

Agency Reference #: 19-09

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/10/2021**

Contract term: **2 years and 148 days**

4. Type of contract: **Contract**

Contract description: **Fence construction**

5. Purpose of contract:

This is a new contract to provide fence construction and removal for resources protection and enhancement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This will provide protection to state owned and private lands by either constructing or removing fences for resource enhancement of springs, riparian areas, and crucial habitats.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW employees do not have the proper equipment.

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#3285, and in accordance with NRS333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation 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?

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:

Caleb McAdoo, Biologist 4 Ph: 775-777-2306

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	10/08/2018 13:31:29 PM
Division Approval	tdoucett	10/08/2018 13:35:04 PM
Department Approval	eobrien	10/08/2018 14:25:45 PM
Contract Manager Approval	nroble1	10/08/2018 14:28:28 PM
Budget Analyst Approval	cpalme2	10/12/2018 07:31:36 AM
BOE Agenda Approval	cmurph3	10/16/2018 08:29:40 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 CONTRACT

1. Contract Number: **21151**

Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: United States Department of the Interior
Agency Code: 705	Contractor Name: United States Department of the Interior
Appropriation Unit: 4157-10	Address: U.S. Geological Survey 2730 N. Deer Run Road
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: snberris@usgs.gov 775-887-7693
	Vendor No.: T80838030
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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	37.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	63.00 % Basin Funds -Pass Through

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **Yes**

If "Yes", please explain

The Division of Water Resources received confirmation of Southern Nevada Water Authority's agreement to provide funding on September 26th, long after the deadline for the Board of Examiners meeting.

3. Termination Date: **09/30/2019**

Contract term: **364 days**

4. Type of contract: **Other (include description): Joint Funding Agreement**

Contract description: **Hydrology Monitoring**

5. Purpose of contract:

This is a new joint funding agreement for a hydrology monitoring program of water resources in Southern and Eastern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$415,560.00**

Payment for services will be made at the rate of \$103,890.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an on-going data collection program instituted to provide information regarding hydrologic conditions in the region. This information is necessary for the administration of the region's water resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

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?

The USGS has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the USGS under NRS 532.170

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 Division has executed many agreements with the USGS that have resulted in many products widely used by governmental agencies and the public. The results 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 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:

Matthew Dillion, Water Resource Specialist Ph: 775-684-2856

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwilliam	10/03/2018 11:20:57 AM
Division Approval	kwilliam	10/03/2018 11:21:00 AM
Department Approval	kwilliam	10/03/2018 11:21:02 AM
Contract Manager Approval	kbaldwi1	10/04/2018 15:37:47 PM
Budget Analyst Approval	cpalme2	10/05/2018 13:50:13 PM
BOE Agenda Approval	cmurph3	10/08/2018 15:53:51 PM
BOE Final Approval	Pending	



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES**

901 South Stewart Street, Suite 2002

Carson City, Nevada 89701-5250

(775) 684-2800 • Fax (775) 684-2811

<http://water.nv.gov>

INTEROFFICE MEMORANDUM

TO: CURTIS PALMER, BUDGET ANALYST GOVERNOR'S FINANCE OFFICE
JAMES BOLOTIN, DEPUTY ATTORNEY GENERAL
KELLY WILLIAMS, ADMIN SERVICES OFFICER 3
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES

FROM: MATT DILLON, WATER RESOURCE SPECIALIST
DIVISION OF WATER RESOURCES 

THROUGH: JASON KING, P.E., STATE ENGINEER

SUBJECT: JOINT FUNDING AGREEMENT WITH THE U.S. GEOLOGICAL SURVEY FOR THE
EASTERN AND SOUTHERN NEVADA HYDROLOGY MONITORING PROGRAM

DATE: OCTOBER 4, 2018

Accompanying this memorandum are the proposed Joint Funding Agreement (JFA) for the Eastern and Southern Nevada Hydrology Monitoring Program (Program) and associated documents for state fiscal years 2019- 2020. The contract start date is October 1, 2018. The term of the JFA is from October 1, 2018 through September 30, 2019. The Division apologizes for the delay in submitting the forms. Documents necessary for the processing of the JFA were received September 26, 2018 from the Southern Nevada Water Authority (SNWA). Receipt of the documents prior to processing the JFA was necessary as they are the authorizing instruments approved by the SNWA Board that allow for contributing funding to the JFA. Funding for this program is from B/A 4211, category 10 and pass through money from SNWA (B/A 4157, category 10) with federal matching funds applied by the U.S. Geological Survey (USGS).

Please contact me at 684-2856 with any questions or comments you may have regarding this matter.

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: **15556** Amendment Number: **3**
 Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **BROADBENT & ASSOCIATES, INC.**
 Agency Code: **709** Contractor Name: **BROADBENT & ASSOCIATES, INC.**
 Appropriation Unit: **3175-75** Address: **8 WEST PACIFIC AVENUE**
 Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89015**
 If "No" please explain: **Not Applicable** Contact/Phone: **702/563-0600**
 Vendor No.: **T80989610**
 NV Business ID: **NV19891031637**

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

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 % Settlement Income

Agency Reference #: **DEP #15-001 / RFP #3109**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**
 Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**
 Contract term: **6 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **BMI Environ. Cleanup**

5. Purpose of contract:
This is the third amendment to the original contract which provides professional services for the environmental cleanup project at the Black Mountain Industrial Complex. This amendment increases the maximum amount from \$4,800,000 to \$5,941,748 due to an increased volume of services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,800,000.00	\$4,800,000.00	\$4,800,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$1,141,748.00	\$1,141,748.00	\$1,141,748.00	Yes - Action
3. New maximum contract amount:	\$5,941,748.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide technical reviews and provide comments to the State on required reports generated by the companies responsible for the environmental cleanup at the Black Mountain Industrial (BMI) Complex near Henderson, NV. NDEP regulatory oversight requires the scientific/technical support and advisory assistance services of several specialists including toxicologists and risk assessors, chemists, statisticians, hydrogeologists and environmental/civil engineers.

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 staffing or expertise available to perform 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#3109, 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: 01/30/2014 Anticipated re-bid date: 06/30/2020

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:

NDEP, Bureau of Corrective Actions has worked with this contractor in the past as well as currently on another contract and has found their services to be 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	lferrel	08/31/2018 10:40:48 AM
Division Approval	jdotchin	09/05/2018 13:04:40 PM

Department Approval	jdotchin	09/10/2018 11:27:29 AM
Contract Manager Approval	sgotta	09/10/2018 11:54:23 AM
Budget Analyst Approval	cpalme2	09/26/2018 08:23:47 AM
BOE Agenda Approval	cmurph3	10/02/2018 08:52:03 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: **21136**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: Broadbent & Associates, Inc.
Agency Code: 709	Contractor Name: Broadbent & Associates, Inc.
Appropriation Unit: 3187-75	Address: 5450 Louie Lane #101
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Douglas Guerrant - Principal Hydrogeologist / President 775/322-7969
	Vendor No.: T80989610B
	NV Business ID: NV19891031637

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 %	X	Fees	66.00 % Hazardous Waste/Petroleum Fund
X Federal Funds	14.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	20.00 % Interim Fluid Management Trust

Agency Reference #: **DEP 18-043**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EMAR Env. Services**

5. Purpose of contract:

This is a new contract to provide ongoing environmental mitigation, assessment and remediation services. This contract provides technical oversight assistance which is required to protect public welfare and/or restore natural resources when a responsible party is unable or unwilling to perform site characterization and cleanup of identified environmental contamination.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

In the event that public and or environmental welfare is compromised by environmental contamination, the State needs the ability to ensure timely action.

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 staffing or expertise available to perform 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):

McGinley & Associates
Stantec Consulting Services Inc
Terraphase Engineering Inc
ATC Group Services LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 70CNR-S258, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee and was one of two selected vendors for this contract.

d. Last bid date: 08/15/2018 Anticipated re-bid date: 07/15/2022

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:

NDEP, Bureau of Corrective Actions is currently working with Broadbent on two other contracts. The contractor continually provides timely and accurate work for the agency.

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:

Jeff Collins, BCA Bureau Chief Ph: 775-687-9381

Scott Smale, BCA Branch Supervisor Ph: 775-687-9384

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddobson	09/28/2018 12:00:31 PM
Division Approval	jcollin5	10/03/2018 08:12:45 AM
Department Approval	jcollin5	10/03/2018 08:12:52 AM
Contract Manager Approval	kvalde1	10/03/2018 13:35:11 PM
Budget Analyst Approval	cpalme2	10/05/2018 10:17:17 AM
BOE Agenda Approval	cmurph3	10/08/2018 16:01:36 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 CONTRACT

1. Contract Number: **21137**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: Terraphase Engineering, Inc.
Agency Code: 709	Contractor Name: Terraphase Engineering, Inc.
Appropriation Unit: 3187-75	Address: 601 SW Broadway, Suite 407
Is budget authority available?: Yes	City/State/Zip: Portland, OR 97205
If "No" please explain: Not Applicable	Contact/Phone: Jeff Wallace, RG, LHg-Principal Geologist 510/645-1850
	Vendor No.: T27042197
	NV Business ID: NV20181232189

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 %	X	Fees	66.00 % Hazardous Waste/Petroleum Fund
X Federal Funds	14.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	20.00 % Interim Fluid Management Trust

Agency Reference #: DEP 18-043

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EMAR Env. Services**

5. Purpose of contract:

This is a new contract to provide ongoing environmental mitigation, assessment and remediation services. This contract provides technical oversight assistance which is required to protect public welfare and/or restore natural resources when a responsible party is unable or unwilling to perform site characterization and cleanup of identified environmental contamination.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

In the event that public and or environmental welfare is compromised by environmental contamination, the State needs the ability to ensure timely action.

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 staffing or expertise available to perform 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):

McGonley & Associates Inc
Broadbent & Associates Inc
Stantec Consulting Services Inc
ATC Group Services LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 70CNR-S258, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee and was one of two selected vendors for this contract.

d. Last bid date: 08/15/2018 Anticipated re-bid date: 07/15/2022

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?

Yes If "Yes", please explain

NDEP, Bureau of Corrective Actions is currently working with Terraphase on one other contract. The contractor continually provides timely and accurate work for the agency.

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:

Jeff Collins, BCA Bureau Chief Ph: 775-687-9381

Scott Smale, BCA Branch Supervisor Ph: 775-687-9384

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddobson	09/28/2018 12:02:15 PM
Division Approval	jcollin5	10/03/2018 08:13:48 AM
Department Approval	jcollin5	10/03/2018 08:13:51 AM
Contract Manager Approval	kvalde1	10/03/2018 13:26:51 PM
Budget Analyst Approval	cpalme2	10/05/2018 10:16:29 AM
BOE Agenda Approval	cmurph3	10/09/2018 12:22:43 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 CONTRACT

1. Contract Number: **21224**

Agency Name: DEPARTMENT OF MOTOR VEHICLES	Legal Entity Name: HAGER ENVIRONMENTAL & ATMOSPHERIC TECHNOLOGIES
Agency Code: 810	Contractor Name: HAGER ENVIRONMENTAL & ATMOSPHERIC TECHNOLOGIES
Appropriation Unit: 4722-04	Address: 539 Milwaukee Way
Is budget authority available?: Yes	City/State/Zip: Knoxville, TN 37932
If "No" please explain: Not Applicable	Contact/Phone: Yolla Hager 865-288-7890
	Vendor No.: T29041732
	NV Business ID: NV20181552997

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X	Fees	100.00 % EMISSION CONTROL FEES
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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/28/2020**

Contract term: **2 years and 28 days**

4. Type of contract: **Contract**

Contract description: **Remote Sensing**

5. Purpose of contract:

This is a new contract to provide remote sensing of motor vehicle emissions in the Clark County area as part of an enhanced emission program and a means for department to develop on-road vehicle emission profiles for specific areas that can be used as a tool to gauge the effectiveness of the motor vehicle inspection and maintenance program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$30,000.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445B.798 and NRS 482.461

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 available to offer 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):

**Hager Environmental & Atmospheric Technologies Inc.
Envirotest**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP# 2018-4722-01, and in accordance with NRS 333, the selected vendor was the highest scoring proposer determined by an independently appointed evaluation 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?

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

Non-Title 7 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)?

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:

David Foley, Program Officer 2 Ph: 702-486-4981

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgrimmer	10/17/2018 13:35:01 PM
Division Approval	jgrimmer	10/17/2018 13:35:13 PM
Department Approval	cmunoz	10/17/2018 14:30:27 PM
Contract Manager Approval	hazevedo	10/17/2018 15:56:48 PM
Budget Analyst Approval	hfield	10/19/2018 16:28:57 PM
BOE Agenda Approval	hfield	10/19/2018 16:29:00 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 CONTRACT

1. Contract Number: **20683**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-UNR
Agency Code: 901	Contractor Name: BOARD OF REGENTS-UNR
Appropriation Unit: 3265-09	Address: UNR CONTROLLERS OFFICE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557-0124
If "No" please explain: Not Applicable	Contact/Phone: Stallar Lufrano-Jardine 775-784-9144
	Vendor No.: D35000816
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2019-2022

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.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3257-22-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **3 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **2019 UNR Softskills**

5. Purpose of contract:

This is a new interlocal agreement to provide soft skills training to eligible clients of the Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired on their soft work skills to support their efforts in finding and maintaining a job.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$691,200.00**

Other basis for payment: \$400.00 per student (min. 7 students, max. 18 students) up to \$7,200.00 per session, for no more than 96 sessions with the total Contract not exceeding \$691,200.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract will provide BVR/BSBVI clients with training by skilled instructors and prepares the clients for interviews by employers for training programs. The clients will receive a completion certificate that will show prospective employers that the clients are prepared for their employment programs.

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 training to perform these functions.

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?

Governmental Entity

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	08/21/2018 11:49:22 AM
Division Approval	kdesoci1	09/19/2018 15:34:21 PM
Department Approval	kdesoci1	09/19/2018 15:34:24 PM
Contract Manager Approval	swilli31	10/03/2018 08:09:01 AM
Budget Analyst Approval	dbaughn	10/03/2018 08:16:50 AM
BOE Agenda Approval	tgreenam	10/04/2018 13:31:46 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 CONTRACT

1. Contract Number: **19841** Amendment Number: **1**

Legal Entity Name: **REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA**

Agency Name: **DETR - REHABILITATION DIVISION** Contractor Name: **REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA**

Agency Code: **901** Address: **RTC OF SOUTHERN NEVADA**

Appropriation Unit: **3265-09** **600 S GRAND CENTRAL PKWY # 350**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89106-4512**

If "No" please explain: **Not Applicable** Contact/Phone: **Charles Cheatham 702/676-1536**

Vendor No.: **T29032694**

NV Business ID: **Governmental Entity**

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.

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3124-23-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date **09/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2022**

Contract term: **4 years and 238 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Clark County RTC**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement that evaluates the skills and bus route training for all eligible clients in southern Nevada. This amendment increases the maximum amount from \$80,000 to \$240,000 due to an increase in the expected number of clients who wish to utilize the service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Action
2. Amount of current amendment (#1):	\$160,000.00	\$160,000.00	\$160,000.00	Yes - Action
3. New maximum contract amount:	\$240,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Many clients of BVR/BSBVI have no means to travel around Southern Nevada other than the RTC, but lack the skills/training/confidence to utilize the RTC's fixed bus routes.

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 to provide this service.

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?

Governmental Entity

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, Welfare, Aging and other agencies since May 2013.

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	07/30/2018 15:53:56 PM
Division Approval	kdesoci1	09/26/2018 17:24:22 PM
Department Approval	kdesoci1	09/26/2018 17:24:25 PM
Contract Manager Approval	swilli31	09/27/2018 07:20:15 AM
Budget Analyst Approval	dbaughn	10/08/2018 14:06:41 PM
BOE Agenda Approval	tgreenam	10/09/2018 14:13:15 PM

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: 15941	Amendment Number: 3	
	Legal Entity Name: MORNEAU SHEPELL, LTD	
Agency Name: PUBLIC EMPLOYEES' BENEFITS	Contractor Name: MORNEAU SHEPELL, LTD	
Agency Code: 950	Address: SEVEN PARKWAY CENTER	
Appropriation Unit: 1338-04	875 GREENTREE RD STE 500	
Is budget authority available?: Yes	City/State/Zip: PITTSBURGH, PA 15220-3508	
If "No" please explain: Not Applicable	Contact/Phone: 412/919-4800	
	Vendor No.: T27014505	
	NV Business ID: NV20081471722	

To what State Fiscal Year(s) will the contract be charged? **2015-2024**

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 % 67% State Subsidy/ 33% Premium Revenue

Agency Reference #: **RFP # 3075**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2015**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2021**

Contract term: **9 years and 1 day**

4. Type of contract: **Contract**

Contract description: **E & E**

5. Purpose of contract:

This is the third amendment to the original contract to provide enrollment and eligibility services to Public Employees Benefits Program. This amendment extends the contract termination date from December 31, 2021 to December 31, 2023 and increases the maximum amount from \$7,198,250 to \$9,000,584 due to changing the scope of work to provide an enhanced enrollment and eligibility platform offering voluntary insurance products and adding \$100,000 for change orders and/or special projects. This amendment increases the effective Per Person Per Month from \$1.78 to \$1.97.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,198,250.00	\$7,198,250.00	\$7,198,250.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$1,802,334.00	\$1,802,334.00	\$1,802,334.00	Yes - Action
3. New maximum contract amount:	\$9,000,584.00			
and/or the termination date of the original contract has changed to:	12/31/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP requires a system to maintain and administer enrollment, eligibility and premium billing for the participants of the PEBP plans.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

PEBP has determined that it is more cost effective to outsource this service to a vendor whose area of expertise is to provide the program software and system support and system support for enrollment, eligibility and premium billing 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 # 3075, 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: 07/01/2013 Anticipated re-bid date: 07/01/2020

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:

Morneau Shepell is PEBP's current eligibility and enrollment vendor. PEBP is satisfied by the services that Morneau has provided to PEBP and the

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

ceaton

10/05/2018 10:12:33 AM

Division Approval	ceaton	10/05/2018 10:12:36 AM
Department Approval	cglover	10/16/2018 10:43:53 AM
Contract Manager Approval	ceaton	10/16/2018 10:44:20 AM
Budget Analyst Approval	lfree1	10/22/2018 07:59:43 AM
BOE Agenda Approval	lfree1	10/22/2018 07:59:48 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: **10420** Amendment Number: **3**

Agency Name: **LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **Berkley & Berkley CPAs LLC**

Agency Code: **BDC** Contractor Name: **Berkley & Berkley CPAs LLC**

Appropriation Unit: **B026 - All Categories** Address: **2984 E. Russell Road**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89120**

If "No" please explain: **Not Applicable** Contact/Phone: **Kent Berkley 702-478-6888**

Vendor No.:

NV Business ID: **NV20061378093**

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Licensing
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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/25/2011**

Contract term: **3 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Accountant**

5. Purpose of contract:
This is the third amendment to the original contract to provide accounting services. This amendment extends the termination date from September 25, 2011 to December 31, 2015 and increases the maximum amount from \$59,994 to \$89,794 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:	\$9,999.00	\$9,999.00	\$9,999.00	No
a. Amendment 1:	\$19,998.00	\$29,997.00	\$29,997.00	Yes - Info
b. Amendment 2:	\$29,997.00	\$29,997.00	\$59,994.00	Yes - Action
2. Amount of current amendment (#3):	\$29,800.00	\$29,800.00	\$29,800.00	Yes - Info
3. New maximum contract amount:	\$89,794.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

We require an experienced, outside accountant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Berkley, Berkley, and Andrews has an excellent reputation and is here locally in Clark County, They are also QuickBooks certified experts and have worked well with our auditor.

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?

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	jstrand1	10/08/2018 11:15:17 AM
Division Approval	jstrand1	10/08/2018 11:15:26 AM
Department Approval	jstrand1	10/08/2018 11:15:36 AM
Contract Manager Approval	jstrand1	10/08/2018 11:15:41 AM
Budget Analyst Approval	sbrown	10/25/2018 13:43:12 PM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	1 LOVE WELLNESS SOCIETY, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide crisis intervention services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21205		
2.		VARIOUS STATE AGENCIES	1ST LOVE & LIFE CAREGIVERS, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21193		
3.		VARIOUS STATE AGENCIES	A PRECIOUS GEMS ADULT CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide adult daycare services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21132		
4.		VARIOUS STATE AGENCIES	ADAPTIVE DRIVING REHAB	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide occupational therapy services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21119		
5.		VARIOUS STATE AGENCIES	BLINDCONNECT, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide independent living skills and pre-employment training for the visually impaired statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21109		
6.		VARIOUS STATE AGENCIES	BRIDGE COUNSELING ASSOCIATES, INC.	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide community behavioral health and substance abuse counseling services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21190		
7.		VARIOUS STATE AGENCIES	CHANGING TOMORROWS, LLC	OTHER: VARIOUS	\$600,000	
	Contract Description:	This is a new contract to provide job coaching and job placement services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21131		
8.		VARIOUS STATE AGENCIES	COLORADO CENTER FOR THE BLIND	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide blindness skills training services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21128		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.		VARIOUS STATE AGENCIES	DESERT INN RESIDENTIAL CARE	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide assisted living services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21173		
10.		VARIOUS STATE AGENCIES	DR STEPHANIE HOLLAND, LTD	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to provide psychology services statewide.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21150		
11.		VARIOUS STATE AGENCIES	EASTER SEALS NEVADA	OTHER: VARIOUS	\$80,000,000	
	Contract Description:	This is a new contract to provide occupational therapy, physical therapy, and speech therapy services statewide.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21121		
12.		VARIOUS STATE AGENCIES	ELY SUBSTANCE ABUSE COUNSELING	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide substance abuse counseling services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21171		
13.		VARIOUS STATE AGENCIES	FIRSTMED HEALTH & WELLNESS CENTER	OTHER: VARIOUS	\$40,000,000	
	Contract Description:	This is a new contract to provide primary and preventive care and behavioral health services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21065		
14.		VARIOUS STATE AGENCIES	FOSTER KINSHIP	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide kinship navigation services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21110		
15.		VARIOUS STATE AGENCIES	GRADE A TUTORING	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide employment training skills, life skills and tutoring services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21116		
16.		VARIOUS STATE AGENCIES	GREAT BASIN INSTITUTE	OTHER: VARIOUS	\$9,062,500	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.7 Ground Seeders/Spreaders, and 4.8 Shrub and Tree Planting.				
		Term of Contract:	11/13/2018 - 06/12/2019	Contract # 20030		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.		VARIOUS STATE AGENCIES	GUIDESOFT, INC. DBA KNOWLEDGE SERVICES	OTHER: VARIOUS	\$140,000,000	
	Contract Description:	This is a new contract to establish a Participating Addendum to create a Vendor Managed Service Provider network for securing IT Staff Augmentation Consultants to aid in a variety of information technology consulting and technical specialist levels on an hourly basis to State agencies on an as needed basis. Contractor shall manage the ongoing administration and management of the vendor network in order to fulfill requests for State agencies.				
	Term of Contract:	Upon Approval - 09/15/2026	Contract # 21167			
18.		VARIOUS STATE AGENCIES	HALL MARKS THERAPY, LTD DBA HEALING ROOTS THERAPY	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 21189			
19.		VARIOUS STATE AGENCIES	HEALING ROOTS THERAPY	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 21111			
20.		VARIOUS STATE AGENCIES	JEIDER LIMITED	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 21126			
21.		VARIOUS STATE AGENCIES	LAS VEGAS EVALUATION SERVICES	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide clinical psychology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 21068			
22.		VARIOUS STATE AGENCIES	LIFE COUNSELING, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 21133			
23.		VARIOUS STATE AGENCIES	LISA EVERETT-BRIDGEWATER	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide physical therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20912			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.		VARIOUS STATE AGENCIES	MAIDE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide residential care services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21112		
25.		VARIOUS STATE AGENCIES	MARK DANIEL ARMERDING, MD	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21070		
26.		VARIOUS STATE AGENCIES	MINDFUL LIVING COUNSELING AND CONSULTING SERVICES, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide psychological assessment and testing services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21113		
27.		VARIOUS STATE AGENCIES	MOUNTAIN CIRCLE FAMILY SERVICES	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide specialized foster care services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21115		
28.		VARIOUS STATE AGENCIES	MANZILI RESIDENTIAL SERVICES, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide housing assistance services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21174		
29.		VARIOUS STATE AGENCIES	NEVADA HOMES FOR YOUTH, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide substance abuse treatment, support and education services for youth statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20726		
30.		VARIOUS STATE AGENCIES	PROSTHETIC CENTER OF EXCELLENCE	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide prosthetic and orthotic services statewide.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21127		
31.		VARIOUS STATE AGENCIES	PHILIP MALINAS, MD	OTHER: VARIOUS	\$3,500,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20122		
32.		VARIOUS STATE AGENCIES	QUEST COUNSELING & CONSULTING, INC.	OTHER: VARIOUS	\$4,500,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21129		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.		VARIOUS STATE AGENCIES	QUAL-ECON USA, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services.				
		Term of Contract:	Upon Approval - 08/31/2022	Contract # 21062		
34.		VARIOUS STATE AGENCIES	ROBERT STUYVESANT	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide licensed clinical social worker services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21069		
35.		VARIOUS STATE AGENCIES	RANDEE HILL, LCSW	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide mental health counseling services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21141		
36.		VARIOUS STATE AGENCIES	STEVEN W. KLOMP, DMD	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide dentistry services statewide.				
		Term of Contract:	10/01/2018 - 06/30/2022	Contract # 21209		
37.		VARIOUS STATE AGENCIES	SOUTHWEST AIRLINES, COMPANY	OTHER: VARIOUS	\$16,000,000	Exempt
	Contract Description:	This is a new contract that provides discounted airfares for employees flying on state business.				
		Term of Contract:	10/15/2018 - 10/31/2020	Contract # 21021		
38.		VARIOUS STATE AGENCIES	SUBURBAN PROPANE	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract for bulk fuel/propane purchase and delivery services on an as needed basis for state owned tanks statewide.				
		Term of Contract:	11/13/2018 - 01/31/2020	Contract # 21049		
39.		VARIOUS STATE AGENCIES	THE EMPOWERMENT CENTER	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide residential substance abuse treatment and behavioral health services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21114		
40.		VARIOUS STATE AGENCIES	TANCELL CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide supportive living services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21187		
41.		VARIOUS STATE AGENCIES	VITALITY UNLIMITED	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide behavioral health, mental health and substance abuse counseling services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21117		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.		VARIOUS STATE AGENCIES	VITALITY UNLIMITED	OTHER: VARIOUS	\$30,000,000	
	Contract Description:	This is a new contract to provide various inpatient and outpatient behavioral health services, substance abuse counseling, case evaluation and management, medication management and behavior assessment services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21120		
43.		VARIOUS STATE AGENCIES	VOCATIONAL REHAB SERVICES, INC.	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21196		
44.		VARIOUS STATE AGENCIES	VOCATIONAL REHAB SERVICES, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide vocational counseling, job placement, and ergonomic evaluation services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21172		
45.		VARIOUS STATE AGENCIES	WADE W WAGNER, DDS, CHTD, PC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide dental services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21066		
46.		VARIOUS STATE AGENCIES	WAYNE W. WAGNER, DDS, CHTD, PC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide dental services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21067		
47.		VARIOUS STATE AGENCIES	WORLD SERVICES FOR THE BLIND	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21071		
48.		VARIOUS STATE AGENCIES	XCEL MAINTENANCE SERVICES, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services to all state agencies.				
		Term of Contract:	Upon Approval - 08/31/2022	Contract # 21061		

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: **21205**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: 1 LOVE WELLNESS SOCIETY, LLC
Agency Code: MSA	Contractor Name: 1 LOVE WELLNESS SOCIETY, LLC
Appropriation Unit: 9999 - All Categories	Address: 6655 W SAHARA AVE STE B117
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146-0844
If "No" please explain: Not Applicable	Contact/Phone: DeVone Verse 702/749-9704
	Vendor No.: T32006753
	NV Business ID: NV20161704135

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide crisis intervention services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	10/16/2018 10:32:23 AM
Division Approval	jthom17	10/16/2018 10:32:25 AM
Department Approval	jthom17	10/16/2018 10:32:28 AM
Contract Manager Approval	rvradenb	10/16/2018 10:33:04 AM
Budget Analyst Approval	aurruty	10/16/2018 13:22:26 PM
BOE Agenda Approval	lfree1	10/16/2018 15:28:25 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 CONTRACT

1. Contract Number: **21193**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: 1ST LOVE & LIFE CAREGIVERS, LLC
Agency Code: MSA	Contractor Name: 1ST LOVE & LIFE CAREGIVERS, LLC
Appropriation Unit: 9999 - All Categories	Address: 2770 S MARYLAND PKWY STE 418B
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89109-1554
If "No" please explain: Not Applicable	Contact/Phone: Emma Curto 702/463-7779
	Vendor No.: T27042377
	NV Business ID: NV20151486233

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM107**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	10/09/2018 14:21:09 PM
Division Approval	mstewa10	10/09/2018 14:21:11 PM
Department Approval	mstewa10	10/09/2018 14:21:14 PM
Contract Manager Approval	mstewa10	10/09/2018 14:21:16 PM
Budget Analyst Approval	mmoren1	10/10/2018 13:42:31 PM
BOE Agenda Approval	lfree1	10/10/2018 16:47:05 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 CONTRACT

1. Contract Number: **21132**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A PRECIOUS GEMS ADULT CARE, LLC
Agency Code:	MSA	Contractor Name:	A PRECIOUS GEMS ADULT CARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	1733 Hunters Bluff Drive
Is budget authority available?:	Yes	City/State/Zip:	North Las Vegas, NV 89032
If "No" please explain:	Not Applicable	Contact/Phone:	Germelyn Torio 702/569-7376
		Vendor No.:	T29040513
		NV Business ID:	NV20071417223

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: Rm-167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide adult daycare services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	09/21/2018 16:16:00 PM
Division Approval	mstewa10	09/21/2018 16:16:03 PM
Department Approval	mstewa10	09/21/2018 16:16:06 PM
Contract Manager Approval	mstewa10	09/21/2018 16:16:08 PM
Budget Analyst Approval	mmoren1	10/03/2018 10:44:47 AM
BOE Agenda Approval	lfree1	10/03/2018 14:15:02 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 CONTRACT

1. Contract Number: **21119**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Adaptive Driving Rehab
Agency Code: MSA	Contractor Name: Adaptive Driving Rehab
Appropriation Unit: 9999 - All Categories	Address: 3651 W. LINDELL RD STE D # 454
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89103-1200
If "No" please explain: Not Applicable	Contact/Phone: 702/497-3250
	Vendor No.: T29029581
	NV Business ID: NV20111699758

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-107**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide occupational therapy services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/21/2018 08:32:20 AM
Division Approval	mstewa10	09/21/2018 08:32:22 AM
Department Approval	mstewa10	09/21/2018 08:32:25 AM
Contract Manager Approval	mstewa10	09/21/2018 08:32:27 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:56:57 PM
BOE Agenda Approval	lfree1	10/02/2018 18:14:08 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 CONTRACT

1. Contract Number: **21109**

Agency Name: MSA MASTER SERVICE AGREEMENTS Agency Code: MSA Appropriation Unit: 9999 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: BLINDCONNECT, INC. Contractor Name: BLINDCONNECT, INC. Address: 5165 W SUNSET RD City/State/Zip: LAS VEGAS, NV 89118-4384 Contact/Phone: Jean Peyton 702/631-9009 Vendor No.: T27033361 NV Business ID: NV19971361986
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To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Non Medical Provider**

5. Purpose of contract:

This is a new contract to provide independent living skills and pre-employment training for the visually impaired statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	09/21/2018 08:30:30 AM
Division Approval	mstewa10	09/21/2018 08:30:32 AM
Department Approval	mstewa10	09/21/2018 08:30:35 AM
Contract Manager Approval	mstewa10	09/21/2018 08:30:37 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:55:31 PM
BOE Agenda Approval	lfree1	10/02/2018 18:26:53 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: **21190**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BRIDGE COUNSELING ASSOCIATES
Agency Code:	MSA	Contractor Name:	BRIDGE COUNSELING ASSOCIATES
Appropriation Unit:	9999 - All Categories	Address:	1640 ALTA DR STE 4
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89106-4165
If "No" please explain:	Not Applicable	Contact/Phone:	702/474-6450
		Vendor No.:	T80603800
		NV Business ID:	NV19711003910

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various Agencies

Agency Reference #: RM107

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 242 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide community behavioral health, mental health and substance abuse counseling services statewide. This contract replaces the previous provider agreement.**No spend to date for this contract. Effective upon approval.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	10/09/2018 14:19:45 PM
Division Approval	mstewa10	10/09/2018 14:19:47 PM
Department Approval	mstar2	10/25/2018 14:53:41 PM
Contract Manager Approval	mstar2	10/25/2018 14:54:07 PM
Budget Analyst Approval	sbrown	10/25/2018 14:54:31 PM
BOE Agenda Approval	sbrown	10/25/2018 14:54:40 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 CONTRACT

1. Contract Number: **21131**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CHANGING TOMORROWS, LLC
Agency Code: MSA	Contractor Name: CHANGING TOMORROWS, LLC
Appropriation Unit: 9999 - All Categories	Address: 3620 MARKAM ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89121-2922
If "No" please explain: Not Applicable	Contact/Phone: Jeffrey LaSpina 702/355-2586
	Vendor No.: T27040983
	NV Business ID: NV20161651434

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide job coaching and job placement services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/21/2018 16:12:29 PM
Division Approval	mstewa10	09/21/2018 16:12:31 PM
Department Approval	mstewa10	09/21/2018 16:12:33 PM
Contract Manager Approval	mstewa10	09/21/2018 16:12:35 PM
Budget Analyst Approval	mmoren1	10/02/2018 15:22:07 PM
BOE Agenda Approval	lfree1	10/03/2018 10:05:59 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 CONTRACT

1. Contract Number: **21128**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: COLORADO CENTER FOR THE BLIND
Agency Code: MSA	Contractor Name: COLORADO CENTER FOR THE BLIND
Appropriation Unit: 9999 - All Categories	Address: 2233 W SHEPPERD AVE
Is budget authority available?: Yes	City/State/Zip: LITTLETON, CO 80120-2038
If "No" please explain: Not Applicable	Contact/Phone: Julie Deden 303/778-1130
	Vendor No.: T32006166
	NV Business ID: NV20181548282

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide blindness skills training services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/21/2018 16:08:23 PM
Division Approval	mstewa10	09/21/2018 16:08:29 PM
Department Approval	mstewa10	09/21/2018 16:08:32 PM
Contract Manager Approval	mstewa10	09/21/2018 16:08:34 PM
Budget Analyst Approval	mmoren1	10/02/2018 15:04:52 PM
BOE Agenda Approval	lfree1	10/02/2018 18:32:17 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 CONTRACT

1. Contract Number: **21173**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: DESERT INN RESIDENTIAL CARE
Agency Code: MSA	Contractor Name: DESERT INN RESIDENTIAL CARE
Appropriation Unit: 9999 - All Categories	Address: 2845 Burnham Ave
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89169
If "No" please explain: Not Applicable	Contact/Phone: Jasmine Castillo 702/894-9252
	Vendor No.: T32006521A
	NV Business ID: NV20141139381

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: **As invoiced by Contractor and paid pursuant to an approved work order with a State agency.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	10/03/2018 13:42:53 PM
Division Approval	ldeloach	10/03/2018 14:28:46 PM
Department Approval	mstar2	10/03/2018 15:51:22 PM
Contract Manager Approval	rvradenb	10/03/2018 15:56:37 PM
Budget Analyst Approval	mmoren1	10/05/2018 12:47:39 PM
BOE Agenda Approval	lfree1	10/05/2018 17:36:20 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 CONTRACT

1. Contract Number: **21150**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DR STEPHANIE HOLLAND, LTD
Agency Code:	MSA	Contractor Name:	DR STEPHANIE HOLLAND, LTD
Appropriation Unit:	9999 - All Categories	Address:	DBA DESERT PSYCHOLOGICAL 3067 E WARM SPRINGS RD BLDG 9
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89120-3749
If "No" please explain:	Not Applicable	Contact/Phone:	702/650-6508
		Vendor No.:	T29031886
		NV Business ID:	NV20091624038

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. Several providers were unable to meet internal deadlines. This has resulted in a few specific providers needing a retro-active contract to support the existing and ongoing treatment of citizens needing and / or receiving care.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Non Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychology services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	ldeloach	10/09/2018 16:34:20 PM
Division Approval	ldeloach	10/09/2018 16:34:23 PM
Department Approval	ldeloach	10/09/2018 16:34:26 PM
Contract Manager Approval	rvradenb	10/09/2018 16:35:00 PM
Budget Analyst Approval	mmoren1	10/10/2018 14:45:04 PM
BOE Agenda Approval	lfree1	10/10/2018 16:43:09 PM
BOE Final Approval	Pending	



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

To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 4, 2018
Subject: Retroactive Memo – Dr. Stephanie Holland LTD.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Dr. Stephanie Holland had intention to submit bids to provide services under both bid solicitation 99SWC-S107 for Medical Providers and bid solicitation 99SWC-S167 for Non-Medical Providers. As it turns out, they submitted only one bid under 99SWC-S107 for both. DHHS has need of their services as a Non-Medical Provider, resulting in a request for a retro-active status for 99SWC-S107.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.


Jeffrey Haag
Administrator State Purchasing

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: **21121**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: EASTER SEALS NEVADA
Agency Code: MSA	Contractor Name: EASTER SEALS NEVADA
Appropriation Unit: 9999 - All Categories	Address: 7281 W CHARLESTON BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117-1592
If "No" please explain: Not Applicable	Contact/Phone: Tina Jeeves 702-870-7050
	Vendor No.: PUR0005112A
	NV Business ID: NV19761001232

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-107**

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 **11/2018**

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. Several providers were unable to meet internal deadlines. This has resulted in a few specific providers needing a retro-active contract to support the existing and ongoing treatment of citizens needing and / or receiving care.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide occupational therapy, physical therapy, and speech therapy services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	jthom17	10/04/2018 15:45:32 PM
Division Approval	jthom17	10/04/2018 15:45:35 PM
Department Approval	jthom17	10/04/2018 15:45:37 PM
Contract Manager Approval	rvradenb	10/04/2018 15:48:21 PM
Budget Analyst Approval	mmoren1	10/08/2018 14:25:24 PM
BOE Agenda Approval	lfree1	10/09/2018 08:43:47 AM
BOE Final Approval	Pending	



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

To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 4, 2018
Subject: Retroactive Memo – Easter Seals Nevada

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Easter Seals Nevada had intention to submit bids to provide services under both bid solicitation 99SWC-S107 for Medical Providers and bid solicitation 99SWC-S167 for Non-Medical Providers. As it turns out, they submitted only one bid under 99SWC-S167 for both. DHHS has need of their services as a Medical Provider, resulting in a request for a retro active status for 99SWC-S107.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.

A handwritten signature in black ink, appearing to read "J. Haag", written over the typed name.

Jeffrey Haag
Administrator State Purchasing

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: **21171**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Amy Adams
Agency Code: MSA	Contractor Name: ELY SUBSTANCE ABUSE COUNSELING
Appropriation Unit: 9999 - All Categories	Address: 399 1st Street
Is budget authority available?: Yes	City/State/Zip: Ely, NV 89301
If "No" please explain: Not Applicable	Contact/Phone: Amy Adams 775/296-2181
	Vendor No.: T27029848
	NV Business ID: NV20161090549

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: RM107

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide substance abuse counseling services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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?

No b. If "No", please explain:

Legal entity name is the physicians name. Contractor name is the physician's business office per the contract.

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	mstewa10	10/09/2018 16:27:18 PM
Division Approval	mstewa10	10/09/2018 16:27:21 PM
Department Approval	jthom17	10/16/2018 10:31:44 AM
Contract Manager Approval	rvradenb	10/16/2018 10:32:47 AM
Budget Analyst Approval	aurruty	10/16/2018 13:20:17 PM
BOE Agenda Approval	lfree1	10/16/2018 15:26:43 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 CONTRACT

1. Contract Number: **21065**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: FIRSTMED HEALTH & WELLNESS CENTER
Agency Code: MSA	Contractor Name: FIRSTMED HEALTH & WELLNESS CENTER
Appropriation Unit: 9999 - All Categories	Address: 400 Shadow Lane #105
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: Angela Quinn 702/731-0909
	Vendor No.: T27030283A
	NV Business ID: NV20091447926

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM107**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide primary and preventive care and behavioral health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	09/11/2018 12:30:12 PM
Division Approval	mstewa10	09/11/2018 12:30:14 PM
Department Approval	mstewa10	09/11/2018 12:30:16 PM
Contract Manager Approval	mstewa10	09/11/2018 12:30:18 PM
Budget Analyst Approval	mmoren1	10/04/2018 08:35:48 AM
BOE Agenda Approval	lfree1	10/04/2018 16:52:38 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 CONTRACT

1. Contract Number: **21110**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: FOSTER KINSHIP
Agency Code: MSA	Contractor Name: FOSTER KINSHIP
Appropriation Unit: 9999 - All Categories	Address: 4344 W CHEYENNE AVE
Is budget authority available?: Yes	City/State/Zip: NORTH LAS VEGAS, NV 89032-2484
If "No" please explain: Not Applicable	Contact/Phone: 702/546-9988
	Vendor No.: T27042172
	NV Business ID: NV20111783405

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide kinship navigation services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor will be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:

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	mstewa10	09/21/2018 08:37:22 AM
Division Approval	mstewa10	09/21/2018 08:37:24 AM
Department Approval	mstewa10	09/21/2018 08:37:26 AM
Contract Manager Approval	mstewa10	09/21/2018 08:37:29 AM
Budget Analyst Approval	aprasa1	10/02/2018 15:37:23 PM
BOE Agenda Approval	lfree1	10/02/2018 17:32:21 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 CONTRACT

1. Contract Number: **21116**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GRADE A TUTORING
Agency Code: MSA	Contractor Name: GRADE A TUTORING
Appropriation Unit: 9999 - All Categories	Address: 2897 N 48TH ST W
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89301-1827
If "No" please explain: Not Applicable	Contact/Phone: 320/362-1410
	Vendor No.: T27042335
	NV Business ID: NV20121491931

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide employment training skills, life skills and tutoring services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2018

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 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	mstewa10	09/21/2018 08:33:36 AM
Division Approval	mstewa10	09/21/2018 08:33:40 AM
Department Approval	mstewa10	09/21/2018 08:33:42 AM
Contract Manager Approval	mstewa10	09/21/2018 08:33:44 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:58:29 PM
BOE Agenda Approval	lfree1	10/02/2018 17:56:04 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: **20030**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GREAT BASIN INSTITUTE
Agency Code: MSA	Contractor Name: GREAT BASIN INSTITUTE
Appropriation Unit: 9999 - All Categories	Address: 16750 MOUNT ROSE HWY STE 101
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2753
If "No" please explain: Not Applicable	Contact/Phone: Kevin Dose 775/674-5497
	Vendor No.: T81073865
	NV Business ID: NV19991295540

To what State Fiscal Year(s) will the contract be charged? **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 #: **NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2018**Anticipated BOE meeting date **11/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/12/2019**Contract term: **210 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.7 Ground Seeders/Spreaders, and 4.8 Shrub and Tree Planting.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,062,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.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):

Battle Born Tree Services
D Watt Industries
GTS Forestry, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

this RFQ was awarded to 22 vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

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:

Vendor has held previous contracts with the Parks Division and Department of Wildlife and had satisfactory work.

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:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	09/13/2018 09:20:24 AM
Division Approval	mstewa10	09/13/2018 09:20:26 AM
Department Approval	mstewa10	09/13/2018 09:20:30 AM
Contract Manager Approval	mstewa10	09/13/2018 09:20:32 AM
Budget Analyst Approval	mmoren1	09/21/2018 11:18:54 AM
BOE Agenda Approval	lfree1	09/24/2018 08:16:09 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 CONTRACT

1. Contract Number: **21167**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	GUIDESOFT INC
Agency Code:	MSA	Contractor Name:	GUIDESOFT, INC. DBA KNOWLEDGE SERVICES
Appropriation Unit:	9999 - All Categories	Address:	5875 CASTLE CREEK PKWY N DR SUITE 400
Is budget authority available?:	Yes	City/State/Zip:	INDIANAPOLIS, IN 46250-4329
If "No" please explain:	Not Applicable	Contact/Phone:	317/578-1700
		Vendor No.:	T27041423
		NV Business ID:	NV20141581687

To what State Fiscal Year(s) will the contract be charged? **2019-2027**

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

Agency Reference #: **AR2504 RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/15/2026**

Contract term: **7 years and 320 days**

4. Type of contract: **MSA**

Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to establish a Participating Addendum to create a Vendor Managed Service Provider network for securing IT Staff Augmentation Consultants to aid in a variety of information technology consulting and technical specialist levels on an hourly basis to State agencies on an as needed basis. Contractor shall manage the ongoing administration and management of the vendor network in order to fulfill requests for State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,000,000.00**

Other basis for payment: Consultants are paid on an hourly basis as negotiated for each individual work order as assigned. Charges against the contract are only applied as work orders are approved and work is completed on an hourly basis.

II. JUSTIFICATION

7. What conditions require that this work be done?

IT consultant services will be utilized when existing State personnel cannot meet required customer needs and/or timeframes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not always have the staffing capacity, availability, expertise and/or resources to fulfill IT application modifications and/or project timelines.

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 12 vendors. State Purchasing Division is signing a Participating Addenda with a vendor awarded under the NASPO contract that provides 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?

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:

FY 15 through FY 18, MSA Staff Augmentation Contract for IT Temporary Consultants. 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?

No b. If "No", please explain:

legal entity name does not contain a "dba"

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	ldeloach	10/02/2018 14:02:38 PM
Division Approval	mstar2	10/03/2018 08:43:27 AM
Department Approval	ldeloach	10/03/2018 08:44:34 AM
Contract Manager Approval	rvradenb	10/03/2018 08:53:20 AM
Budget Analyst Approval	mmoren1	10/09/2018 11:18:39 AM
BOE Agenda Approval	lfree1	10/10/2018 09:47:00 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 CONTRACT

1. Contract Number: **21189**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	HALL MARKS THERAPY, LTD DBA HEALING ROOTS THERAPY
Agency Code:	MSA	Contractor Name:	HALL MARKS THERAPY, LTD DBA HEALING ROOTS THERAPY
Appropriation Unit:	9999 - All Categories	Address:	3067 E WARM SPRINGS RD STE 100
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89052
If "No" please explain:	Not Applicable	Contact/Phone:	Kaycee Israel 702/706-8092
		Vendor No.:	T27042488
		NV Business ID:	NV20181050686

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: RM107

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	10/09/2018 14:17:23 PM
Division Approval	mstewa10	10/09/2018 14:17:25 PM
Department Approval	mstewa10	10/09/2018 14:17:27 PM
Contract Manager Approval	mstewa10	10/09/2018 14:17:30 PM
Budget Analyst Approval	mmoren1	10/10/2018 14:59:04 PM
BOE Agenda Approval	lfree1	10/10/2018 16:22:06 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 CONTRACT

1. Contract Number: **21111**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Healing Roots Therapy
Agency Code: MSA	Contractor Name: Healing Roots Therapy
Appropriation Unit: 9999 - All Categories	Address: 3067 E. Warm Springs Rd. Ste. 100
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: Kaycee Israel 702-706-8092
	Vendor No.: T27042488
	NV Business ID: NV20181050686

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **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:

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	mstewa10	09/21/2018 08:36:38 AM
Division Approval	mstewa10	09/21/2018 08:36:40 AM
Department Approval	mstewa10	09/21/2018 08:36:42 AM
Contract Manager Approval	mstewa10	09/21/2018 08:36:45 AM
Budget Analyst Approval	aprasa1	10/02/2018 15:37:40 PM
BOE Agenda Approval	lfree1	10/02/2018 17:34:19 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 CONTRACT

1. Contract Number: **21126**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: JEIDER LIMITED
Agency Code: MSA	Contractor Name: JEIDER LIMITED
Appropriation Unit: 9999 - All Categories	Address: 200 HOOVER AVE #1010
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101-6877
If "No" please explain: Not Applicable	Contact/Phone: Timothy Jeider 661/312-2161
	Vendor No.: T32005581
	NV Business ID: NV20171489013

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-107**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatry services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/30/2026

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	mstewa10	09/21/2018 16:09:42 PM
Division Approval	mstewa10	09/21/2018 16:09:45 PM
Department Approval	mstewa10	09/21/2018 16:09:48 PM
Contract Manager Approval	mstewa10	09/21/2018 16:09:50 PM
Budget Analyst Approval	mmoren1	10/03/2018 10:01:27 AM
BOE Agenda Approval	lfree1	10/03/2018 14:17:06 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 CONTRACT

1. Contract Number: **21068**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: LAS VEGAS EVALUATION SERVICES
Agency Code: MSA	Contractor Name: LAS VEGAS EVALUATION SERVICES
Appropriation Unit: 9999 - All Categories	Address: 1887 ROXBURY LN
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-5144
If "No" please explain: Not Applicable	Contact/Phone: 702/476-9997
	Vendor No.: T29040601
	NV Business ID: NV20181230668

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: 107- RM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide clinical psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/11/2018 12:33:53 PM
Division Approval	mstewa10	09/11/2018 12:33:55 PM
Department Approval	mstewa10	09/11/2018 12:33:58 PM
Contract Manager Approval	mstewa10	09/11/2018 12:34:00 PM
Budget Analyst Approval	mmoren1	10/04/2018 09:07:30 AM
BOE Agenda Approval	lfree1	10/04/2018 15:28:05 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 CONTRACT

1. Contract Number: **21133**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: LIFE COUNSELING, LLC
Agency Code: MSA	Contractor Name: LIFE COUNSELING, LLC
Appropriation Unit: 9999 - All Categories	Address: 153 W LAKE MEAD PKWY STE 3110
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015-8006
If "No" please explain: Not Applicable	Contact/Phone: Asher Adelman 702/463-3043
	Vendor No.: T32001979
	NV Business ID: NV20111614174

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/21/2018 16:01:47 PM
Division Approval	mstewa10	09/21/2018 16:01:49 PM
Department Approval	mstewa10	09/21/2018 16:02:00 PM
Contract Manager Approval	mstewa10	09/21/2018 16:02:03 PM
Budget Analyst Approval	mmoren1	10/02/2018 15:30:33 PM
BOE Agenda Approval	lfree1	10/03/2018 10:07:20 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: **20912**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Lisa Everett-Bridgewater
Agency Code: MSA	Contractor Name: Lisa Everett-Bridgewater
Appropriation Unit: 9999 - All Categories	Address: 2667 Enterprise Rd.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: Lisa Everett-Bridgewater 775-626-7605
	Vendor No.: T32006817
	NV Business ID: NV20171464185

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The contract was held pending confirmation of the Contractor's status as a current or past State employee. The Department of Health and Human Services has confirmed that the Contractor has not been in the State's employ.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide physical therapy services statewide. This contract replaces a previous provider agreement.

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 Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	08/14/2018 15:56:00 PM
Division Approval	jthom17	08/14/2018 15:56:02 PM
Department Approval	jthom17	08/14/2018 15:56:04 PM
Contract Manager Approval	rvradenb	10/16/2018 13:22:53 PM
Budget Analyst Approval	aurruty	10/16/2018 15:04:16 PM
BOE Agenda Approval	lfree1	10/16/2018 15:32:37 PM
BOE Final Approval	Pending	



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

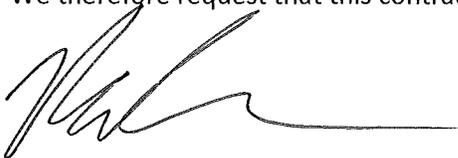
To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 16, 2018
Subject: Retroactive Memo – Lisa Everett-Bridgewater.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 11, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Lisa Everett-Bridgewater submitted her solicitation within the given timeframe, but the contract was held by the Governor's Finance Office pending clarification of previous State employment. This has since been clarified by the Department of Health and Human Services that Lisa has not, was not a State Employee and has resulted in the need for a specific retro memo. DHHS has need of their services as a Medical Provider, resulting in a request for a retro-active status for 99SWC-S107.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.


For Jeffrey Haag
Administrator State Purchasing

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: **21112**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MAIDE, LLC
Agency Code: MSA	Contractor Name: MAIDE, LLC
Appropriation Unit: 9999 - All Categories	Address: 6862 BAILE RD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146-6549
If "No" please explain: Not Applicable	Contact/Phone: Miki Ton 702/755-1800
	Vendor No.: T29040575
	NV Business ID: NV20101411304

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential care services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/21/2018 08:36:05 AM
Division Approval	mstewa10	09/21/2018 08:36:08 AM
Department Approval	mstewa10	09/21/2018 08:36:11 AM
Contract Manager Approval	mstewa10	09/21/2018 08:36:13 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:55:54 PM
BOE Agenda Approval	lfree1	10/02/2018 18:23:27 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 CONTRACT

1. Contract Number: **21070**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MARK DANIEL ARMERDING, MD
Agency Code: MSA	Contractor Name: MARK DANIEL ARMERDING, MD
Appropriation Unit: 9999 - All Categories	Address: 15 Edge Road
Is budget authority available?: Yes	City/State/Zip: Weaverville, CA 96093-1889
If "No" please explain: Not Applicable	Contact/Phone: 775/560-6854
	Vendor No.: T27041242
	NV Business ID: NV20171591983

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: 107-RM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatry services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	09/11/2018 12:31:23 PM
Division Approval	mstewa10	09/11/2018 12:31:26 PM
Department Approval	mstewa10	09/11/2018 12:31:28 PM
Contract Manager Approval	mstewa10	09/11/2018 12:31:30 PM
Budget Analyst Approval	mmoren1	10/03/2018 15:49:15 PM
BOE Agenda Approval	lfree1	10/04/2018 16:55:03 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 CONTRACT

1. Contract Number: **21113**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MINDFUL LIVING COUNSELING AND CONSULTING SERVICES, LLC
Agency Code:	MSA	Contractor Name:	MINDFUL LIVING COUNSELING AND CONSULTING SERVICES, LLC
Appropriation Unit:	9999 - All Categories	Address:	2920 S JONES BLVD STE 100B
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89146-5395
If "No" please explain:	Not Applicable	Contact/Phone:	Dr. Myra Thompson 702/444-1373
		Vendor No.:	T27037829
		NV Business ID:	NV20151406016

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide psychological assessment and testing services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/21/2018 08:35:31 AM
Division Approval	mstewa10	09/21/2018 08:35:33 AM
Department Approval	mstewa10	09/21/2018 08:35:35 AM
Contract Manager Approval	mstewa10	09/21/2018 08:35:38 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:56:15 PM
BOE Agenda Approval	lfree1	10/02/2018 18:21:01 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 CONTRACT

1. Contract Number: **21115**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MOUNTAIN CIRCLE FAMILY SERVICES
Agency Code: MSA	Contractor Name: MOUNTAIN CIRCLE FAMILY SERVICES
Appropriation Unit: 9999 - All Categories	Address: 4600 KIETZKE LN, SUITE H-182
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: JENNIFER FLEMING 530/284-7007
	Vendor No.: T27010063
	NV Business ID: NV20081022429

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide specialized foster care services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:
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	mstewa10	09/21/2018 08:34:18 AM
Division Approval	mstewa10	09/21/2018 08:34:21 AM
Department Approval	mstewa10	09/21/2018 08:34:23 AM
Contract Manager Approval	mstewa10	09/21/2018 08:34:25 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:57:57 PM
BOE Agenda Approval	lfree1	10/02/2018 18:12:04 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 CONTRACT

1. Contract Number: **21174**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Manzili Residential Services, LLC
Agency Code: MSA	Contractor Name: Manzili Residential Services, LLC
Appropriation Unit: 9999 - All Categories	Address: 3525 Perching Bird Ln
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89084-2361
If "No" please explain: Not Applicable	Contact/Phone: Raffel Greene 702/234-8701
	Vendor No.: T29041052
	NV Business ID: NV20181165878

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide housing assistance services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	10/03/2018 13:43:30 PM
Division Approval	ldeloach	10/03/2018 14:44:15 PM
Department Approval	mstar2	10/03/2018 15:52:43 PM
Contract Manager Approval	rvradenb	10/03/2018 15:57:53 PM
Budget Analyst Approval	mmoren1	10/08/2018 10:35:08 AM
BOE Agenda Approval	lfree1	10/08/2018 13:27:29 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 CONTRACT

1. Contract Number: **20726**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: NEVADA HOMES FOR YOUTH, INC.
Agency Code: MSA	Contractor Name: NEVADA HOMES FOR YOUTH, INC.
Appropriation Unit: 9999 - All Categories	Address: 525 S 13TH ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101-7203
If "No" please explain: Not Applicable	Contact/Phone: Ronald Moore 702/380-2889
	Vendor No.: T27037378
	NV Business ID: NV19911011033

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. Contract was previously held pending clarification of contractor services to be provided, which has now been satisfactorily addressed.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide substance abuse treatment, support and education services for youth statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	08/07/2018 16:00:04 PM
Division Approval	mstewa10	08/07/2018 16:00:07 PM
Department Approval	mstewa10	08/07/2018 16:00:09 PM
Contract Manager Approval	rvradenb	10/16/2018 13:23:56 PM
Budget Analyst Approval	aurruty	10/16/2018 14:52:29 PM
BOE Agenda Approval	lfree1	10/16/2018 15:30:57 PM
BOE Final Approval	Pending	



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

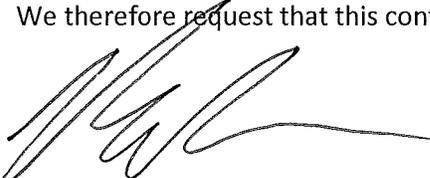
To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 16, 2018
Subject: Retroactive Memo – Nevada Homes for Youth, Inc.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 11, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Nevada Homes for Youth, Inc. submitted their solicitation within the given timeframe, but the contract was held by the Governor's Finance Office pending clarification of services provided. This has since been clarified and has resulted in the need for a specific retro memo. DHHS has need of their services as a Medical Provider, resulting in a request for a retro-active status for 99SWC-S107.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.


Jeffrey Haag
Administrator State Purchasing

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: **21127**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PROSTHETIC CENTER OF EXCELLENCE
Agency Code:	MSA	Contractor Name:	PROSTHETIC CENTER OF EXCELLENCE
Appropriation Unit:	9999 - All Categories	Address:	400 SHADOW LN STE 110
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89106-4355
If "No" please explain:	Not Applicable	Contact/Phone:	702/384-1410
		Vendor No.:	T81092645
		NV Business ID:	NV19981381747

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: RM-107

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. Several providers were unable to meet internal deadlines. This has resulted in a few specific providers needing a retro-active contract to support the existing and ongoing treatment of citizens needing and / or receiving care.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide prosthetic and orthotic services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	10/04/2018 15:45:53 PM
Division Approval	jthom17	10/04/2018 15:45:57 PM
Department Approval	jthom17	10/04/2018 15:46:01 PM
Contract Manager Approval	rvradenb	10/04/2018 15:47:25 PM
Budget Analyst Approval	mmoren1	10/08/2018 14:16:19 PM
BOE Agenda Approval	lfree1	10/09/2018 08:50:43 AM
BOE Final Approval	Pending	



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

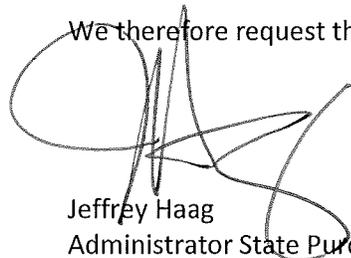
To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 4, 2018
Subject: Retroactive Memo – Philip D. Malinas M.D.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Philip D Malinas M.D. has submitted a bid to provide services under bid solicitation 99SWC-S107 for Medical Providers. Their contract was signed and returned prior to Retro Deadline of September 16, 2018. However, Dr. Malinas had his Nevada State Business License expire and needed to renew before approval. Dr. Malinas has been providing continuing care for established patients in the public health system. DHHS has need of his services as a Medical Provider, resulting in a request for a retro-active status for 99SWC-S107.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.


Jeffrey Haag
Administrator State Purchasing

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: **20122**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Philip Malinas, MD
Agency Code: MSA	Contractor Name: Philip Malinas, MD
Appropriation Unit: 9999 - All Categories	Address: 255 W. Moana Lane
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Philip D. Malinas 775/440-1520
	Vendor No.: T29021605
	NV Business ID: NV20161469271

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

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 06/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. Several providers were unable to meet internal deadlines. This has resulted in a few specific providers needing a retro-active contract to support the existing and ongoing treatment of citizens needing and/or receiving care.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide psychiatry services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	jthom17	10/04/2018 15:41:12 PM
Division Approval	jthom17	10/04/2018 15:41:16 PM
Department Approval	jthom17	10/04/2018 15:41:19 PM
Contract Manager Approval	rvradenb	10/04/2018 15:45:10 PM
Budget Analyst Approval	mmoren1	10/08/2018 13:58:16 PM
BOE Agenda Approval	lfree1	10/09/2018 08:58:24 AM
BOE Final Approval	Pending	



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

To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 4, 2018
Subject: Retroactive Memo – Philip D. Malinas M.D.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Philip D Malinas M.D. has submitted a bid to provide services under bid solicitation 99SWC-S107 for Medical Providers. Their contract was signed and returned prior to Retro Deadline of September 16, 2018. However, Dr. Malinas had his Nevada State Business License expire and needed to renew before approval. Dr. Malinas has been providing continuing care for established patients in the public health system. DHHS has need of his services as a Medical Provider, resulting in a request for a retro-active status for 99SWC-S107.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.

A handwritten signature in black ink, appearing to be "J. Haag", written over a horizontal line.

Jeffrey Haag
Administrator State Purchasing

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: **21129**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: QUEST COUNSELING & CONSULTING, INC.
Agency Code: MSA	Contractor Name: QUEST COUNSELING & CONSULTING, INC.
Appropriation Unit: 9999 - All Categories	Address: 3500 LAKESIDE CT STE 101
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-4862
If "No" please explain: Not Applicable	Contact/Phone: Jolene Dalluhn 775/786-6880
	Vendor No.: T27013906
	NV Business ID: NV20031336657

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:

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	mstewa10	09/21/2018 16:14:08 PM
Division Approval	mstewa10	09/21/2018 16:14:10 PM
Department Approval	mstewa10	09/21/2018 16:14:12 PM
Contract Manager Approval	mstewa10	09/21/2018 16:14:14 PM
Budget Analyst Approval	mmoren1	10/02/2018 15:10:29 PM
BOE Agenda Approval	lfree1	10/03/2018 10:02:59 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 CONTRACT

1. Contract Number: **21062**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Qual-Econ USA, Inc.
Agency Code: MSA	Contractor Name: Qual-Econ USA, Inc.
Appropriation Unit: 9999 - All Categories	Address: 1015 Telegraph Street Ste C
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Trinidad Dominguez 7753583655
	Vendor No.:
	NV Business ID: NV19931101236

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 % Various

Agency Reference #: 99SWC-S214 GB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2022**

Contract term: **3 years and 304 days**

4. Type of contract: **MSA**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial Services are required for all State buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work that cannot be performed by State employees.

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):

Xcel Maintenance Services
Quality Tri-Co Janitorial
Base Hill dba Jan Point

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on the scores received by the evaluation committee

d. Last bid date: 07/01/2018 Anticipated re-bid date: 01/07/2022

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:

Cheryl Warren, Custodial Supervisor Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	09/17/2018 14:20:46 PM
Division Approval	mstewa10	09/17/2018 14:20:48 PM
Department Approval	mstewa10	09/17/2018 14:20:51 PM
Contract Manager Approval	gburchet	09/17/2018 14:29:59 PM
Budget Analyst Approval	mmoren1	09/21/2018 09:17:43 AM
BOE Agenda Approval	lfree1	09/24/2018 08:18:38 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 CONTRACT

1. Contract Number: **21069**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ROBERT STUYVESANT
Agency Code: MSA	Contractor Name: ROBERT STUYVESANT
Appropriation Unit: 9999 - All Categories	Address: ROBERT STUYVESANT LCSW 177 CADILLAC PL
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-4355
If "No" please explain: Not Applicable	Contact/Phone: 775/827-7500
	Vendor No.: T80948309
	NV Business ID: NV20101487796

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: 107-RM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide licensed clinical social worker services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	09/11/2018 12:32:39 PM
Division Approval	mstewa10	09/11/2018 12:32:41 PM
Department Approval	mstewa10	09/11/2018 12:32:43 PM
Contract Manager Approval	mstewa10	09/11/2018 12:32:46 PM
Budget Analyst Approval	mmoren1	10/03/2018 15:41:53 PM
BOE Agenda Approval	lfree1	10/04/2018 16:57:19 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 CONTRACT

1. Contract Number: **21141**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Randee Hill, LCSW
Agency Code: MSA	Contractor Name: Randee Hill, LCSW
Appropriation Unit: 9999 - All Categories	Address: 350 Harbour Cove Dr. #231
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89434
If "No" please explain: Not Applicable	Contact/Phone: Randee Hill 775-315-2103
	Vendor No.: T27042499
	NV Business ID: NV20181630672

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide mental health counseling services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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	jthom17	10/03/2018 13:42:09 PM
Division Approval	jthom17	10/03/2018 13:42:13 PM
Department Approval	jthom17	10/03/2018 13:42:19 PM
Contract Manager Approval	rmille8	10/03/2018 13:44:04 PM
Budget Analyst Approval	mmoren1	10/03/2018 13:45:25 PM
BOE Agenda Approval	lfree1	10/04/2018 16:59:25 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 CONTRACT

1. Contract Number: **21209**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STEVEN W. KLOMP, DMD
Agency Code: MSA	Contractor Name: STEVEN W. KLOMP, DMD
Appropriation Unit: 9999 - All Categories	Address: STEVEN W. KLOMP DMD 450 E. Main
Is budget authority available?: Yes	City/State/Zip: PANACA, NV 89042
If "No" please explain: Not Applicable	Contact/Phone: 775/728-4432
	Vendor No.: T80931486
	NV Business ID: NV20101118099

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM107**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. Several providers were unable to meet internal deadlines. This has resulted in a few specific providers needing a retro-active contract to support the existing and ongoing treatment of citizens needing and / or receiving care.

3. Termination Date: **06/30/2022**
Contract term: **3 years and 273 days**

4. Type of contract: **MSA**
Contract description: **Medical Provider**

5. Purpose of contract:
This is a new contract to provide dentistry services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: **As invoiced by Contractor and paid pursuant to an approved work order with a State agency.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	10/22/2018 09:11:16 AM
Division Approval	mstewa10	10/22/2018 09:11:18 AM
Department Approval	mstewa10	10/22/2018 09:11:20 AM
Contract Manager Approval	mstewa10	10/22/2018 09:11:22 AM
Budget Analyst Approval	aprasa1	10/22/2018 09:44:50 AM
BOE Agenda Approval	lfree1	10/22/2018 11:15:34 AM
BOE Final Approval	Pending	



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

To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 4, 2018
Subject: Retroactive Memo – Steven W. Klomp DMD.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, several providers were unable to provide their information in time to meet internal deadlines. Steven W. Klomp. has submitted a bid to provide services under bid solicitation 99SWC-S107 for Medical Providers. Dr. Klomp's contract was originally intended to be presented at the Dec. BOE meeting with the coinciding contract start date. DHHS has an emergency need of his services as a Medical Provider for dentistry, resulting in a request for a retro-active status for his contract for 99SWC-S107 to October 1st, 2018.

We therefore request that this contract be accepted with a retroactive start date of October 1, 2018.


Jeffrey Haag
Administrator State Purchasing

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: **21021**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Southwest Airlines, Company
Agency Code: MSA	Contractor Name: Southwest Airlines, Company
Appropriation Unit: 9999 - All Categories	Address: 2702 Love Field Drive
Is budget authority available?: Yes	City/State/Zip: Dallas, TX 75235
If "No" please explain: Not Applicable	Contact/Phone: Justin Schiffner 972-845-1326
	Vendor No.: T80943902
	NV Business ID: NV19811014953

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 % Various

Agency Reference #: Corp Travel Agreement tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/15/2018**

Anticipated BOE meeting date 10/2018

Retroactive? **Yes**

If "Yes", please explain

Agency is due to provide a retro memo.

3. Termination Date: **10/31/2020**

Contract term: **2 years and 17 days**

4. Type of contract: **MSA**

Contract description: **Corporate Travel**

5. Purpose of contract:

This is a new one-time contract that provides discounted airfares for employees flying on state business.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

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?

State employees often have the need to travel to conduct state business.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Most state employees do not have the ability to fly on non-commercial flights.

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: **Exempt (Per statute)**

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:

Statewide - service provided 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	mstewa10	08/31/2018 13:01:10 PM
Division Approval	mstewa10	08/31/2018 13:01:13 PM
Department Approval	mstewa10	08/31/2018 13:01:15 PM
Contract Manager Approval	tsmit2	08/31/2018 13:19:54 PM
Budget Analyst Approval	lfree1	10/16/2018 14:28:43 PM
BOE Agenda Approval	lfree1	10/16/2018 14:28:45 PM
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

To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: October 17, 2018
Subject: Retroactive Memo

On August 13, 2017 State Purchasing submitted a version of our standard form contract for Interstate Carrier per NRS 333.395 for review by the Clerk of the Board anticipating completion for the October BOE. This contract is for a new discount agreement with Southwest Airlines.

The review process took longer than expected delaying the contract to the November BOE. We are requesting retroactive approval to October 15, 2018.

Your consideration is greatly appreciated.

Kind regards,


Jeff Haag

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: **21049**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Suburban Propane
Agency Code: MSA	Contractor Name: Suburban Propane
Appropriation Unit: 9999 - All Categories	Address: 400 Wolverine Way, Suite A
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Matt Reudelhuber 775-384-7257
	Vendor No.: T80909160A
	NV Business ID: NV19961040108

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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 % Various

Agency Reference #: RFQ 3064 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2020**

Contract term: **1 year and 79 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel**

5. Purpose of contract:

This is a new contract for bulk fuel/propane purchase and delivery services on an as needed basis for state owned tanks statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: within 30 days of invoice receipt

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for bulk fuel and delivery services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ bulk fuel and delivery services for the State.

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):

River City Petroleum
Flyers Energy
Petroleum Traders

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 3064 and in accordance with NRS 333, this vendor meets the qualifications of the RFQ and is one of 21 vendors selected.

d. Last bid date: Anticipated re-bid date: 07/08/2019

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:

The vendor has held various contracts with various state agencies such as Corrections, Transportation, and Health and Human Services. 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:

Nancy Feser , Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	09/19/2018 14:45:52 PM
Division Approval	mstewa10	09/19/2018 14:45:54 PM
Department Approval	mstewa10	09/19/2018 14:45:57 PM
Contract Manager Approval	mstewa10	09/19/2018 14:45:59 PM
Budget Analyst Approval	aprasa1	09/25/2018 15:18:24 PM
BOE Agenda Approval	lfree1	09/26/2018 16:31:45 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: **21114**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	THE EMPOWERMENT CENTER
Agency Code:	MSA	Contractor Name:	THE EMPOWERMENT CENTER
Appropriation Unit:	9999 - All Categories	Address:	7400 S VIRGINIA ST
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-1112
If "No" please explain:	Not Applicable	Contact/Phone:	Roxanne Decarlo 775/853-5441
		Vendor No.:	T29018602
		NV Business ID:	NV20051278637

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: RM-167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 242 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential substance abuse treatment and behavioral health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:

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	mstewa10	09/21/2018 08:34:50 AM
Division Approval	mstewa10	09/21/2018 08:34:53 AM
Department Approval	mstewa10	09/21/2018 08:34:55 AM
Contract Manager Approval	mstewa10	09/21/2018 08:34:57 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:56:42 PM
BOE Agenda Approval	lfree1	10/02/2018 18:18:29 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 CONTRACT

1. Contract Number: **21187**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Tancell Care, LLC
Agency Code: MSA	Contractor Name: Tancell Care, LLC
Appropriation Unit: 9999 - All Categories	Address: 9788 Gillespie St. Suite 419
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89183
If "No" please explain: Not Applicable	Contact/Phone: Louie Tandiono-Cellona 702-882-0466
	Vendor No.: T27042527
	NV Business ID: NV20181283232

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide supportive living services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2018

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 Health and Human Services. Agency is satisfied.

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	mstewa10	10/09/2018 14:20:27 PM
Division Approval	mstewa10	10/09/2018 14:20:29 PM
Department Approval	mstewa10	10/09/2018 14:20:32 PM
Contract Manager Approval	mstewa10	10/09/2018 14:20:34 PM
Budget Analyst Approval	mmoren1	10/10/2018 14:50:27 PM
BOE Agenda Approval	lfree1	10/10/2018 16:39:05 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 CONTRACT

1. Contract Number: **21117**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: VITALITY UNLIMITED
Agency Code: MSA	Contractor Name: VITALITY UNLIMITED
Appropriation Unit: 9999 - All Categories	Address: 1250 Lamoille Highway, Ste 208
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Dorothy Dexter 775/738-4158
	Vendor No.: T80809350B
	NV Business ID: NV19721001212

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health, mental health and substance abuse counseling services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:

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	mstewa10	09/21/2018 08:32:53 AM
Division Approval	mstewa10	09/21/2018 08:32:56 AM
Department Approval	mstewa10	09/21/2018 08:32:58 AM
Contract Manager Approval	mstewa10	09/21/2018 08:33:00 AM
Budget Analyst Approval	lfree1	10/02/2018 18:30:24 PM
BOE Agenda Approval	lfree1	10/02/2018 18:30:47 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 CONTRACT

1. Contract Number: **21120**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: VITALITY UNLIMITED
Agency Code: MSA	Contractor Name: VITALITY UNLIMITED
Appropriation Unit: 9999 - All Categories	Address: 1250 Lamoille Highway Suite 208
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775/738-4158
	Vendor No.: T80809350B
	NV Business ID: NV19721001212

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **RM-107**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide various inpatient and outpatient behavioral health services, substance abuse counseling, case evaluation and management, medication management and behavior assessment services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000,000.00**

Other basis for payment: Contractor to be paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:

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	jthom17	09/25/2018 07:37:38 AM
Division Approval	jthom17	09/25/2018 07:37:41 AM
Department Approval	jthom17	09/25/2018 07:37:45 AM
Contract Manager Approval	jthom17	09/25/2018 07:37:48 AM
Budget Analyst Approval	mmoren1	10/02/2018 14:55:14 PM
BOE Agenda Approval	lfree1	10/02/2018 18:10:31 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 CONTRACT

1. Contract Number: **21196**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Vocational Rehab Services, Inc.
Agency Code: MSA	Contractor Name: Vocational Rehab Services, Inc.
Appropriation Unit: 9999 - All Categories	Address: 1810 E. Sahara Ave., Suite 212
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89104
If "No" please explain: Not Applicable	Contact/Phone: Angel Vargas 702-587-9460
	Vendor No.: T27042482
	NV Business ID: NV20181587488

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: 99SWC-S165 tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide.

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 paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals 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?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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	mstewa10	10/09/2018 14:25:20 PM
Division Approval	mstewa10	10/09/2018 14:26:16 PM
Department Approval	mstewa10	10/09/2018 14:26:20 PM
Contract Manager Approval	mstewa10	10/09/2018 14:26:22 PM
Budget Analyst Approval	mmoren1	10/10/2018 12:58:12 PM
BOE Agenda Approval	lfree1	10/10/2018 16:44:58 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 CONTRACT

1. Contract Number: **21172**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Vocational Rehab Services, Inc.
Agency Code: MSA	Contractor Name: Vocational Rehab Services, Inc.
Appropriation Unit: 9999 - All Categories	Address: 1810 E SAHARA AVE STE 212
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89104-3707
If "No" please explain: Not Applicable	Contact/Phone: 702/857-9460
	Vendor No.: T27042482
	NV Business ID: NV20181587488

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: RM-167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide vocational counseling, job placement, and ergonomic evaluation services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	10/03/2018 13:43:47 PM
Division Approval	ldeloach	10/03/2018 14:48:24 PM
Department Approval	mstar2	10/03/2018 15:53:19 PM
Contract Manager Approval	rvradenb	10/03/2018 15:58:49 PM
Budget Analyst Approval	mmoren1	10/08/2018 10:52:43 AM
BOE Agenda Approval	lfree1	10/08/2018 13:24:57 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 CONTRACT

1. Contract Number: **21066**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WADE W WAGNER, DDS, CHTD, PC
Agency Code: MSA	Contractor Name: WADE W WAGNER, DDS, CHTD, PC
Appropriation Unit: 9999 - All Categories	Address: 4618 MEADOWS LN
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-2956
If "No" please explain: Not Applicable	Contact/Phone: 702/877-2222
	Vendor No.: T81092646
	NV Business ID: NV19991462548

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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 % Various

Agency Reference #: 107-RM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide dental services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	09/11/2018 12:39:55 PM
Division Approval	mstewa10	09/11/2018 12:39:57 PM
Department Approval	mstewa10	09/11/2018 12:40:00 PM
Contract Manager Approval	mstewa10	09/11/2018 12:40:02 PM
Budget Analyst Approval	mmoren1	10/08/2018 10:39:29 AM
BOE Agenda Approval	lfree1	10/08/2018 13:30:40 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 CONTRACT

1. Contract Number: **21067**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WAYNE W. WAGNER, DDS, CHTD, PC
Agency Code: MSA	Contractor Name: WAYNE W. WAGNER, DDS, CHTD, PC
Appropriation Unit: 9999 - All Categories	Address: 4618 MEADOWS LN
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-2956
If "No" please explain: Not Applicable	Contact/Phone: 702/877-2222
	Vendor No.: T81091421
	NV Business ID: NV19991462553

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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 % Various

Agency Reference #: 107-RM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide dental services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Health and Human Services. Agency is satisfied.

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	mstewa10	09/11/2018 12:38:34 PM
Division Approval	mstewa10	09/11/2018 12:38:41 PM
Department Approval	mstewa10	09/11/2018 12:38:43 PM
Contract Manager Approval	mstewa10	09/11/2018 12:38:45 PM
Budget Analyst Approval	mmoren1	10/08/2018 10:39:47 AM
BOE Agenda Approval	lfree1	10/08/2018 13:28:54 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 CONTRACT

1. Contract Number: **21071**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: World Services for the Blind
Agency Code: MSA	Contractor Name: World Services for the Blind
Appropriation Unit: 9999 - All Categories	Address: 2811 Fair Park Blvd.
Is budget authority available?: Yes	City/State/Zip: Little Rock, AR 72204
If "No" please explain: Not Applicable	Contact/Phone: Sharon Giovinazzo 501-664-7100
	Vendor No.: T32006537
	NV Business ID: NV20181621177

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Various

Agency Reference #: **99SWC-S165 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide.

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 paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals 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?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:
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	mstewa10	09/12/2018 09:20:18 AM
Division Approval	mstewa10	09/12/2018 09:20:20 AM
Department Approval	mstewa10	09/12/2018 09:20:22 AM
Contract Manager Approval	mstewa10	09/12/2018 09:20:25 AM
Budget Analyst Approval	mmoren1	10/04/2018 09:44:20 AM
BOE Agenda Approval	lfree1	10/04/2018 15:25:51 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 CONTRACT

1. Contract Number: **21061**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: XCEL MAINTENANCE SERVICES, INC.
Agency Code: MSA	Contractor Name: XCEL MAINTENANCE SERVICES, INC.
Appropriation Unit: 9999 - All Categories	Address: 8920 COLORFUL PINES AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89143-4403
If "No" please explain: Not Applicable	Contact/Phone: 702/341-9235
	Vendor No.: T81103343
	NV Business ID: NV20021426879

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 % VARIOUS

Agency Reference #: **99SWC0S214 GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2022**

Contract term: **3 years and 304 days**

4. Type of contract: **MSA**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services to all state agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial Services are required for all buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work that cannot be performed by State employees.

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):

**Quality Tri-Co Janitorial
Qual-Econ USA Inc
Base Hill dba Jan Point**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on the points received by the evaluation committee

d. Last bid date: 07/01/2018 Anticipated re-bid date: 01/07/2022

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:

This vendor has held various Janitorial Contracts - The work performed 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:

Cheryl Warren, Custodial Supervisor Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	09/17/2018 14:21:17 PM
Division Approval	mstewa10	09/17/2018 14:21:19 PM
Department Approval	mstewa10	09/17/2018 14:21:22 PM
Contract Manager Approval	gburchet	09/17/2018 14:29:36 PM
Budget Analyst Approval	mmoren1	09/20/2018 11:03:53 AM
BOE Agenda Approval	hfield	09/27/2018 07:41:42 AM
BOE Final Approval	Pending	

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	GARTNER, INC.	OTHER: FEES 10% FEDERAL 90%	\$87,475	
	Contract Description:	This is a new Work Plan under Master Service Agreement contract #18964 to provide the Executive Programs Member with Industry Service for research and advisory services related to information technology on health information data and analytics.				
	Term of Contract:	12/01/2018 - 11/30/2019	Contract # 21040			

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: **21040**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Gartner, Inc.
Agency Code: 403	Contractor Name: Gartner, Inc.
Appropriation Unit: 3158-73	Address: 515 E. Musser St Suite 300
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Jay Freedman 480-283-8933
	Vendor No.:
	NV Business ID: NV19941112701

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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	90.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	10.00 % Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2019**

Contract term: **364 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Service Agreement**

5. Purpose of contract:

This is a new Work Plan under Master Service Agreement contract #18964 to provide the Executive Programs Member with Industry Service for research and advisory services related to information technology on health information data and analytics.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,475.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and state mandates that a high level of expertise and research be in place to support the services and programs associated with Health Information Exchange, health data analytics, and managing at the executive level a comprehensive information security framework and IT services and infrastructure program for the Department of Health and Human Services. As the top level Chief IT Manager for the DHHS, this subscription will help support those initiatives.

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? **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?

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	pcolegro	09/17/2018 11:32:18 AM
Division Approval	pcolegro	09/17/2018 11:33:07 AM
Department Approval	vmilazz1	10/01/2018 10:52:33 AM
Contract Manager Approval	iknigh1	10/01/2018 10:57:32 AM
Budget Analyst Approval	nhovden	10/05/2018 13:09:01 PM
BOE Agenda Approval	nhovden	10/05/2018 13:09:03 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE - INFORMATION TECHNOLOGY PROJECT	GARTNER, INC.	GENERAL	\$29,495	
	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 a one year subscription to the Gartner IT Leaders service which provides various deliverable's to advise and assist IT Leaders and Advisors as described in the service description attachment.				
		Term of Contract:	10/01/2018 - 09/30/2019	Contract # 21082		
2.	015	GOVERNOR'S OFFICE - GOVERNOR'S FINANCE OFFICE	JRW CONSULTING, LLC	GENERAL	\$24,999	FORMER EMPLOYEE
	Contract Description:	This is a new contract to provide part-time assistance with the preparation of the Governor's Executive Budget.				
		Term of Contract:	10/09/2018 - 06/30/2019	Contract # 21175		
3.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	ESTIPONA GROUP ADVERTISING & PUBLIC RELATIONS	OTHER: NATIONAL GOVERNOR'S ASSOCIATION - WORK-BASED LEARNING GRANT ROUND 2 AWARD 69% FEDERAL 31%	\$48,600	
	Contract Description:	This is a new contract to provide a communication platform website to raise awareness of STEM-related work based learning opportunities to youth, adults, and employers, and connect Nevadans with a career pathway to success and bring awareness to Registered Apprenticeship.				
		Term of Contract:	09/18/2018 - 12/31/2019	Contract # 21052		
4.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	LEADERSHIP FOR EDUCATIONAL EQUITY, INC.	FEDERAL	\$23,600	
	Contract Description:	This is a new contract to provide a contract employee to work on implementing workforce development programs.				
		Term of Contract:	10/01/2018 - 09/30/2019	Contract # 21025		
5.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	THE ABBI AGENCY	FEDERAL	\$14,500	
	Contract Description:	This is a new contract to provide graphic design services to develop a workforce booklet for existing businesses in Nevada and prospective businesses seeking to move to Nevada called "Nevada's Workforce Guide to Workforce for Nevada's Businesses".				
		Term of Contract:	09/22/2018 - 12/31/2018	Contract # 21037		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	WASHOE COUNTY SCHOOL DISTRICT	FEDERAL	\$25,770	
	Contract Description:	This is a new interlocal agreement to provide occupational certifications in Advanced Manufacturing and Construction to qualified high school seniors who are about to enter the workforce. This is a pilot program for the 2018/2019 academic year.				
	Term of Contract:	09/22/2018 - 06/30/2019	Contract # 21090			
7.	040	SECRETARY OF STATE'S OFFICE	GLOBALSIGN	FEDERAL	\$47,072	
	Contract Description:	This is a new contract to provide the use of electronic signatures and digital certificates in Nevada's Effective Absentee System for Elections. This contract also provides state and local election officials with the ability incorporate electronic signatures and digital certificates into day-to-day electronic election communications.				
	Term of Contract:	09/18/2018 - 06/30/2019	Contract # 21092			
8.	060	CONTROLLER'S OFFICE	HEWLETT PACKARD ENTERPRISE COMPANY	GENERAL	\$12,612	Sole Source
	Contract Description:	This is a new contract to move Storage Area Network equipment from the State Controller's Data Center in Carson City to the Controller's network racks at the Traffic Management Center in Las Vegas.				
	Term of Contract:	10/19/2018 - 11/30/2018	Contract # 21219			
9.	015	GOVERNOR'S OFFICE - GOVERNOR'S FINANCE OFFICE	AERIS ENTERPRISES, INC.	GENERAL 50% FEE: 50%	\$36,608	Sole Source
	Contract Description:	This is the fifth amendment to the original contract which provides programming and analysis of enterprise computer applications. The programs include the Nevada Executive Budget System, Nevada Employee Action and Timekeeping System, Nevada Project Accounting System, Nevada Applicant Tracking System, Human Resource Data Warehouse, Contract Entry and Tracking System, Nevada Open Government, and Priorities/Performance Based Budgeting. This amendment increases the maximum amount from \$1,287,016 to \$1,323,624 due to the increased need for these services.				
	Term of Contract:	08/13/2013 - 06/30/2021	Contract # 14769			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ATIS ELEVATOR INSPECTIONS, LLC	OTHER: BUILDINGS AND GROUNDS-BUILDING RENT INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide a third-party witness to annual elevator inspections in southern and northern Nevada state-owned buildings.				
	Term of Contract:	10/04/2018 - 09/30/2022	Contract # 21101			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	COIT SERVICES OF RENO, LLC	OTHER: BUILDINGS AND GROUNDS-BUILDING RENTAL REVENUE INCOME	\$24,000	
	Contract Description:	This is the first amendment to the original contract which provides emergency on-call cleaning, restoration services. This amendment increases the maximum from \$23,900 to \$47,900 due to a higher than anticipated need for special services.				
		Term of Contract:	01/19/2018 - 12/28/2021	Contract # 19577		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BILL J. GLASSCOCK DBA ECONOMY WINDOW CLEANERS	OTHER: BUILDINGS AND GROUNDS-BUILDING RENT INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide window cleaning on an as needed basis for state-owned buildings throughout northern Nevada.				
		Term of Contract:	10/16/2018 - 09/30/2022	Contract # 21063		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	LAWYER MECHANICAL SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS-BUILDING RENT INCOME REVENUE	\$40,000	
	Contract Description:	This is a new contract for heating, ventilation and air conditioning maintenance services for all state-owned buildings in southern Nevada.				
		Term of Contract:	10/01/2018 - 09/30/2022	Contract # 21050		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	LUMOS & ASSOCIATES, INC	OTHER: 100% AGENCY FUNDED CIP	\$18,370	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Stewart Clear Creek Mitigation CIP project to include design, permitting and construction services to repair/restore damaged land adjacent to Clear Creek at the Stewart Facility. CIP Project No. 18-A033; SWPD Contract No. 111938. This amendment increases the maximum amount from \$23,800 to \$42,250 due to the additional construction assistance and restoration needed to complete the project.				
		Term of Contract:	04/26/2018 - 06/30/2022	Contract # 19996		

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 - BUILDINGS AND GROUNDS	NEVADA YAMAS CONTROLS, INC.	OTHER: BUILDINGS AND GROUNDS-BUILDING RENT INCOME REVENUE	\$40,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair of electronic digital controls for the heating and air conditioning support systems for all state-owned buildings in northern Nevada.				
		Term of Contract:	10/01/2018 - 08/31/2022	Contract # 21054		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS-BUILDING RENT INCOME REVENUE	\$25,000	
	Contract Description:	This is the first amendment to the original contract which provides emergency floor and carpet care to any southern Nevada state-owned building. This amendment increases the maximum amount from \$24,000 to \$49,000 due to the increased need for these services.				
		Term of Contract:	11/15/2016 - 10/31/2020	Contract # 18226		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS	BONDS 49% OTHER: UNIVERSITY FUNDS 51%	\$12,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the University of Nevada Reno William N. Pennington Engineering Building CIP Project 17-C06; SPWD Contract No. 111381. This amendment increases the maximum amount from \$2,965,000 to \$2,977,000 due to the additional electrical design services need to complete the project.				
		Term of Contract:	11/14/2017 - 06/30/2020	Contract # 19261		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	NATURAL LINK MOLD LAB, INC.	GENERAL 50% OTHER: TRANSFER FROM PRIOR YEAR 50%	\$15,995	Professional Service
	Contract Description:	This is a new contract to provide sample collection, analysis, miscellaneous commissioning and or surveying services for the Grant Sawyer Mold Sampling Analysis project in Las Vegas. CIP Project 17-S06; SPWD Contract No. 112200.				
		Term of Contract:	10/05/2018 - 06/30/2021	Contract # 21177		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JENSEN ENGINEERING, INC.	OTHER: AGENCY FUNDED CIP	\$11,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering service for the Nevada Youth Training Center Emergency Lighting project which includes bid and construction document for an addition or replacement of the emergency/egress lighting systems and will identify existing emergency and egress lighting components to determine the capability of the existing branch circuit. CIP Project No. 18-A022; SPWD Contract No. 112176.				
	Term of Contract:	10/09/2018 - 06/30/2022	Contract # 21188			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PUNCH, LLC	OTHER: AGENCY FUNDS, AG SETTLEMENT FUNDS AND DONATIONS	\$46,547	
	Contract Description:	This is the second amendment to the original contract. This amendment increases the maximum amount from \$340,000 to \$386,547 due to changes in materials and cost increases in raw products.				
	Term of Contract:	12/18/2017 - 12/31/2018	Contract # 19534			
21.	240	DEPARTMENT OF VETERANS SERVICES	HEALTHCARE SERVICES GROUP, INC.	GENERAL 53% OTHER: CEMETERY INTERMENT FEES 47%	\$19,056	
	Contract Description:	This is a new contract to provide ongoing cleaning service for the Administration Building, Chapel, and Maintenance Building at the Southern Nevada Veterans Memorial Cemetery.				
	Term of Contract:	10/01/2018 - 09/30/2019	Contract # 21091			
22.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	FLOORING SOLUTIONS OF NEVADA	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$16,617	
	Contract Description:	This is a new contract to labor services for replacement of the existing flooring in the Falconer corridor of the Southern Nevada State Veterans Home.				
	Term of Contract:	10/22/2018 - 02/28/2019	Contract # 21176			
23.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	GARRATT CALLAHAN COMPANY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$14,700	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing water system maintenance and testing. This amendment adds additional testing to the scope of work and increases the maximum amount from \$60,802 to \$75,502 due to Nevada Department Environmental Protection requirement for additional testing and the continued need for these services.				
	Term of Contract:	06/17/2016 - 06/20/2020	Contract # 17860			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	GARRATT-CALLAHAN COMPANY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$16,000	
	Contract Description:	This is a new contract providing ongoing cleaning and disinfection of five ice machines located at the Southern Nevada State Veterans Home.				
		Term of Contract:	09/19/2018 - 09/18/2022	Contract # 21053		
25.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – SYSTEM ADMINISTRATION	OTHER: PRIVATE NEW SKILLS FOR YOUTH GRANT	\$26,993	
	Contract Description:	This is the first amendment to the original contract to scale the Learn and Earn Advanced Career Pathway (LEAP) life sciences project to enable expansion of outreach efforts to the Hispanic/Latino community and increase the ability to expand the LEAP life sciences framework to other Science Technology, Engineering and Math industry partners. This amendment increases the maximum amount from \$60,546.20 to \$87,449.40 to allow for LEAP Life Sciences Undergraduate peer mentors to support participants during the fall and spring semesters.				
		Term of Contract:	04/10/2018 - 06/30/2019	Contract # 19765		
26.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	WESTED	OTHER: PRIVATE, NEW SKILLS FOR YOUTH	\$26,401	
	Contract Description:	This is a new contract to perform mapping and cataloging of K12 and Community College pathway programs to support and create stronger linkages between K12 Career Education Programs and their sector and occupational counterpart programs in the Nevada Higher Education Systems.				
		Term of Contract:	09/29/2018 - 12/28/2018	Contract # 21098		
27.	300	DEPARTMENT OF EDUCATION – GEAR UP	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – SYSTEM ADMINISTRATION	FEDERAL	\$49,500	
	Contract Description:	This is a new contract to provide reimbursement to the Nevada System of Higher Education, Board of Regents, for costs associated with planning and facilitating the Nevada CoNVerge, College Access and Success for All Nevadans Conference to be held March 20 - 22, 2019.				
		Term of Contract:	10/01/2018 - 03/22/2019	Contract # 20888		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	LEADERSHIP FOR EDUCATIONAL EQUITY, INC.	FEDERAL	\$23,600	
	Contract Description:	This is a new contract to recruit, select, and facilitate the placement process of individual fellows to coordinate and lead the redesign of school improvement tools and consolidation of the grant application process. Professional development sessions for the fellows are part of the Fellowship Program to ensure fellows are successful.				
	Term of Contract:	10/01/2018 - 07/31/2019	Contract # 20982			
29.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	TESS STOVALL	FEE: CHARTER SCHOOLS	\$24,999	
	Contract Description:	This is a new contract to provide for an external reviewer to read and evaluate Charter School applications and other documents related to the operation and/or authorizing of Charter Schools.				
	Term of Contract:	09/26/2018 - 06/30/2022	Contract # 21056			
30.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	RUTH M. METZ DBA RUTH METZ ASSOCIATES	FEDERAL	\$47,000	
	Contract Description:	This is a new contract to implement a strategic planning process, engage stakeholders, and develop an updated strategic plan for the Nevada Library Cooperative.				
	Term of Contract:	10/14/2018 - 06/30/2019	Contract # 21076			
31.	334	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - HISTORIC PRESERVATION	MELVYN GREEN & ASSOCIATES, INC.	OTHER: GENERAL FUND, FEDERAL FUNDS OR BOND FUNDS BY PROJECT	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide professional structural engineering and consulting services in reference to historical structures.				
	Term of Contract:	10/17/2018 - 09/30/2020	Contract # 21185			
32.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	ESMERALDA COUNTY	OTHER: REVENUE	\$18,000	
	Contract Description:	This is a new revenue interlocal agreement to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party.				
	Term of Contract:	07/01/2018 - Unlimited	Contract # 21143			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	PHARMERICA MOUNTAIN, LLC DBA PHARMERICA	GENERAL 37.9% FEDERAL 62.1%	\$11,700	
	Contract Description:	This is the first amendment to the original contract that continues ongoing pharmaceutical services, in-service education, and the monitoring and evaluation of pharmaceutical inventory and control systems. This amendment increases the maximum amount from \$22,512 to \$34,212 due to the increase of number of hours per month.				
	Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19077			
34.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - CENTER FOR EXCELLENCE IN DISABILITIES	GENERAL 48% FEDERAL 52%	\$48,000	
	Contract Description:	This is a new contract to ensure quality jobs and day training services are made available to eligible participants in accordance with the federal requirements in the Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities.				
	Term of Contract:	09/27/2018 - 09/30/2021	Contract # 21108			
35.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	CITY OF CARSON CITY	FEDERAL	\$38,000	
	Contract Description:	This is a new interlocal agreement that continues to provide the ability to obtain and pass through Title XIX and Title XXI federal funding for Targeted Case Management and administrative service cost recovery to the city of Carson City. Carson City Juvenile Services provides Targeted Case Management services to eligible recipients in accordance with the state of Nevada Medicaid State Plan and the Nevada Medicaid Services Manual.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 21015			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	HANSEN HUNTER & COMPANY, P.C.	GENERAL	\$39,450	Exempt
	Contract Description:	This is a new contract that provides ongoing certified public accounting services to prepare and submit required Medicare Cost Reports to Mutual of Omaha.				
		Term of Contract:	09/27/2018 - 06/30/2020	Contract # 20994		
37.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	UNITED LOCK AND SECURITY, INC.	GENERAL	\$20,000	
	Contract Description:	This is a new contract that continues ongoing services for maintenance to specialty doors, exit devices, electromagnetic locking systems, door closers and smoke seals in the Rawson Neal Psychiatric Hospital.				
		Term of Contract:	10/23/2018 - 06/30/2019	Contract # 20596		
38.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	PASCHALL PLUS DBA PASCHELL PLUMBING, HEATING, COOLING	GENERAL	\$24,900	
	Contract Description:	This is a new contract that provides plumbing services for Northern Nevada Adult Mental Health Services and Lake's Crossing Center.				
		Term of Contract:	09/27/2018 - 06/30/2022	Contract # 20615		
39.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	RON'S REFRIGERATION, INC.	GENERAL	\$24,000	
	Contract Description:	This is a new contract to provide refrigeration equipment repair services for Northern Nevada Mental Health Centers.				
		Term of Contract:	10/24/2018 - 06/30/2020	Contract # 20703		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	BEAVEX, INC.	GENERAL 34% FEDERAL 66%	\$35,035	
	Contract Description:	This is a new contract to provide ongoing mail courier services for the Division's State Collection and Disbursement Unit.				
		Term of Contract:	10/01/2018 - 09/30/2022	Contract # 21048		
41.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ENERGY ASSISTANCE PROGRAM	NEVADA H.A.N.D., INC.	OTHER: UNIVERSAL ENERGY CHARGE 68% FEDERAL 32%	\$28,000	
	Contract Description:	This is a new contract to continue ongoing services for intake sites to provide application assistance for home energy benefits to low income and senior populations.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21038		
42.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - REVIEW OF DEATH OF CHILDREN	MICHAEL CAPELLO AND ASSOCIATES, INC.	FEE: LICENSE	\$23,000	
	Contract Description:	This is a new contract to conduct a review of cases where a child fatality occurred in order to provide information regarding trends and/or missed opportunities involved in the child fatalities and assist in identifying opportunities for improvement.				
		Term of Contract:	10/19/2018 - 05/31/2019	Contract # 21146		
43.	431	OFFICE OF THE MILITARY	LOGISTICAL SOLUTIONS, LLC	GENERAL 50% FEDERAL 50%	\$49,998	
	Contract Description:	This is a new contract to provide cleaning, pumping and legal disposal of grease traps and sand oil separators at Nevada National Guard location in southern Nevada.				
		Term of Contract:	10/01/2018 - 09/07/2020	Contract # 21074		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	440	DEPARTMENT OF CORRECTIONS - PIOCHE CONSERVATION CAMP	OFLAHERTY PLUMBING & HEATING	GENERAL	\$18,467	
	Contract Description:	This is a new contract to provide for the replacement and installation of one boiler located at Pioche Conservation Camp.				
		Term of Contract:	10/10/2018 - 02/28/2019	Contract # 21152		
45.	440	DEPARTMENT OF CORRECTIONS - PRISON DAIRY	WSRP, LLC	FEDERAL	\$27,250	Professional Service
	Contract Description:	This is an ongoing contract to provide for a certified public accounting firm to perform a program specific audit of the Nevada Wild Horse and Burrow Maintenance and Training Facility.				
		Term of Contract:	10/09/2018 - 06/30/2020	Contract # 21153		
46.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	REDDY ICE CORP DBA LAS VEGAS COLD STORAGE	FEDERAL	\$33,750	Sole Source
	Contract Description:	This is a new contract to provide ongoing cold storage services in the Las Vegas area for U.S. Department of Agriculture frozen and fresh commodity foods for the National School Lunch Program, Commodity Supplemental Food Program, Child & Adult Care Food Program, and Nutrition Service Incentive Program.				
		Term of Contract:	10/16/2018 - 05/31/2019	Contract # 21080		
47.	550	DEPARTMENT OF AGRICULTURE - ADMINISTRATION	JOSE M. CASTRO SERRANO DBA EXPRESS JANITORIAL	GENERAL	\$10,000	
	Contract Description:	This is the second amendment to the original contract which provides janitorial services to the Sparks's headquarters and consumer equitability buildings. This amendment extends the termination date from October 31, 2018 to January 31, 2019 and increases the maximum amount from \$99,877.50 to \$109,887.50 due to the continued need for these services.				
		Term of Contract:	02/01/2016 - 01/31/2019	Contract # 17755		
48.	611	GAMING CONTROL BOARD	VISION CONTROL ASSOCIATES OF NEVADA, INC.	GENERAL	\$11,999	
	Contract Description:	This is the second amendment to the original contract, which provides new video conferencing maintenance at the Carson City and Las Vegas office locations. This amendment extends the termination date from September 30, 2018 to September 30, 2020 and increases the maximum amount from \$38,000 to \$49,999 due to continued need for the service.				
		Term of Contract:	10/24/2014 - 09/30/2020	Contract # 16157		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	650	DEPARTMENT OF PUBLIC SAFETY - TRAINING	RAY HEATING PRODUCTS INC DBA RHP MECHANICAL SYSTEMS	GENERAL	\$12,968	
	Contract Description:	This is a new contract that continues ongoing heating, ventilation and air conditioning maintenance and repairs at the Training Division in Carson City.				
		Term of Contract:	10/11/2018 - 08/31/2022	Contract # 21198		
50.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	TEGSCO, LLC DBA AUTO RETURN	HIGHWAY	\$20,000	FORMER EMPLOYEE
	Contract Description:	This is the first amendment to the original contract which provides tow management services. This amendment increases the maximum amount from \$0 to \$20,000 and changes the scope of work to allow Department of Public Safety owned vehicles to be towed as needed.				
		Term of Contract:	08/01/2018 - 06/30/2023	Contract # 20206		
51.	702	DEPARTMENT OF WILDLIFE - OPERATIONS	QUALITY TRI-COUNTY JANITORIAL, INC.	FEE: SPORTSMEN REVENUE	\$37,872	
	Contract Description:	This is a new contract to provide monthly janitorial services at the new Winnemucca regional office. The start of this new contract terminates the existing contract, CETS #18396, which was approved for the old regional office in Winnemucca.				
		Term of Contract:	10/04/2018 - 09/30/2022	Contract # 21059		
52.	702	DEPARTMENT OF WILDLIFE - HABITAT	SOUTHERN NEVADA WATER AUTHORITY	FEE: HABITAT CONSERVATION	\$30,000	
	Contract Description:	This is a new intrastate contract to provide aquatic habitat restoration on a reach of the Muddy River that occurs on Southern Nevada Water Authority's property.				
		Term of Contract:	10/17/2018 - 06/30/2019	Contract # 20750		
53.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	NEW ECONOMICS AND ADVISORY, INC.	GENERAL	\$22,000	
	Contract Description:	This is a new contract to provide a market feasibility study for overnight accommodations at Van Sickle Bi-State Park.				
		Term of Contract:	09/26/2018 - 06/30/2019	Contract # 21104		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	BLUE LOCKER COMMERCIAL DIVING SERVICES, LLC	FEE: UTILITY SURCHARGE	\$10,650	
	Contract Description:	This is a new contract to provide diving service to clean the water tanks at Lahontan State Recreation Area and Washoe Lake State Park.				
		Term of Contract:	09/26/2018 - 10/12/2018	Contract # 21122		
55.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	MARSHALL'S SEPTIC CARE, LLC	FEE: UTILITY SURCHARGE	\$24,950	
	Contract Description:	This is the first amendment to the original contract which provides septic maintenance of vault toilets and septic tanks for the Northern Region State Parks. This amendment increases the maximum amount from \$24,950 to \$49,900 and extends the termination date from October 21, 2018 to October 21, 2020 due to the continued need for these services.				
		Term of Contract:	10/25/2016 - 10/21/2020	Contract # 18213		
56.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	TERRY'S PUMPIN AND POTTIES, INC.	FEE: UTILITY SURCHARGE	\$14,850	
	Contract Description:	This is a new contract to provide septic pumping and disposal at South Fork State Park.				
		Term of Contract:	01/01/2019 - 12/31/2021	Contract # 21138		
57.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	PRECISION ENERGY SERVICES, INC. DBA PES ENERGY	FEDERAL	\$42,473	Professional Service
	Contract Description:	This is a new contract to evaluate the current economic factors associated with restarting, enhancing efficiency, and sustainably operating the Biomass boiler and turbine generator at the Northern Nevada Correctional Center.				
		Term of Contract:	10/18/2018 - 01/31/2019	Contract # 21202		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	DEPARTMENT OF PUBLIC SAFETY STATE FIRE MARSHAL DIVISION	OTHER: FIRE REIMBURSEMENT FUNDS	\$45,000	
	Contract Description:	This is a new interlocal agreement to perform fire investigation services on wildland fire incidents where criminal activity is suspected.				
		Term of Contract:	06/01/2018 - 06/30/2021	Contract # 21160		
59.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	FEDERAL	\$20,000	Exempt
	Contract Description:	This is the first amendment to the original contract to provide for the exploration of lead in drinking water at Nevada elementary schools. This amendment extends the termination date from September 30, 2018 to September 30, 2019 and increases the maximum amount from \$29,613 to \$49,613 due to the continued need for these services.				
		Term of Contract:	01/17/2017 - 09/30/2019	Contract # 18326		
60.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE REGULATION	NEVADA BROADCASTERS ASSOCIATION	FEDERAL	\$40,000	Sole Source
	Contract Description:	This contract is for radio/television announcements to provide the public with information regarding the Open Enrollment Period to purchase insurance through the Health Insurance Exchange for plan year 2019. The Open Enrollment period runs from November 1, 2018 to December 15, 2018 for the 2019 plan year. The Division plans to extend the campaign after open enrollment to discuss the special enrollment period for consumers with qualifying life changing events.				
		Term of Contract:	10/19/2018 - 03/31/2019	Contract # 21165		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
61.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BOURQUE ENTERPRISES, INC. DBA SERVICE ASSOCIATES	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing maintenance service for the espresso machines, grinders and granita machines at Business Enterprise of Nevada locations.				
		Term of Contract:	01/10/2019 - 12/31/2021	Contract # 21017		
62.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BUILDING SOLUTIONS, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing handyman services for Business Enterprises of Nevada locations in northern Nevada. Work includes, but is not limited to, carpentry, interior and drywall repair, painting, carpet and tile repair/removal, etc.				
		Term of Contract:	10/01/2018 - 09/30/2020	Contract # 21018		
63.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL 21.3% FEDERAL 78.7%	\$45,000	
	Contract Description:	This is a new interlocal agreement that continues ongoing dental services for southern Nevada clients to obtain competitive employment or re-enter the work environment.				
		Term of Contract:	01/01/2019 - 12/31/2022	Contract # 20239		
64.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	ARISANT, LLC	OTHER: COST ALLOCATION	\$13,000	
	Contract Description:	This is the first amendment to the original contract which provides information technology services to upgrade Oracle Identity Access Management software. This amendment increases the maximum amount from \$271,613.03 to \$284,613.03 to update invoicing details and add per diem.				
		Term of Contract:	08/14/2018 - 02/28/2020	Contract # 20487		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
65.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	MOORE IACOFANO GOLTSMAN, INC.	FEE: LICENSING	\$20,725	
	Contract Description:	This is a new contract to assist the Board in identifying goals and implementing the annual strategic plan.				
		Term of Contract:	01/01/2019 - 12/31/2019	Contract # 21000		
66.	B011	LICENSING BOARDS & COMMISSIONS - CONTRACTORS	THE FERRARO GROUP	FEE: LICENSING	\$48,000	
	Contract Description:	This is the third amendment to the original contract, which continues lobbyist services and public relations services. This amendment extends the termination date from September 30, 2018 to December 31, 2018 and increases the maximum amount from \$517,000 to \$565,000 due to the continued need for these services.				
		Term of Contract:	05/01/2014 - 12/31/2018	Contract # 15377		
67.	B021	LICENSING BOARDS AND COMMISSIONS - ORIENTAL MEDICINE	MCDONALD CARANO	OTHER: LICENSING	\$27,000	
	Contract Description:	This is a new contract for lobbyist services.				
		Term of Contract:	07/01/2018 - 06/30/2019	Contract # 21156		

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: **21082**

Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: GARTNER INC
Agency Code: 015	Contractor Name: GARTNER INC
Appropriation Unit: 1325-04	Address: PO BOX 911319
Is budget authority available?: Yes	City/State/Zip: DALLAS, TX 75391-1319
If "No" please explain: Not Applicable	Contact/Phone: Jay Friedman 480-283-8933
	Vendor No.: T80976121A
	NV Business ID: NV19941112701
To what State Fiscal Year(s) will the contract be charged?	2019-2020

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 **10/01/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **364 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Advisory Services**

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 a one year subscription to the Gartner IT Leaders service which provides various deliverable's to advise and assist IT Leaders and Advisors as described in the service description attachment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,495.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Information Technology Project continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure that the Information Technology Project stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors.

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.

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?

Work Plan to existing no cost MSA #18964.

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:

Lee-Ann Easton, Director Ph: 775-684-3343

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/13/2018 10:56:12 AM
Division Approval	ddav12	09/13/2018 10:56:14 AM
Department Approval	ddav12	09/13/2018 10:56:17 AM
Contract Manager Approval	ddav12	09/13/2018 10:58:01 AM
Budget Analyst Approval	cbrekken	09/20/2018 15:28:35 PM

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: **21175**

Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: JRW CONSULTING LLC
Agency Code: 015	Contractor Name: JRW CONSULTING LLC
Appropriation Unit: 1340-09	Address: 4368 Hidden Meadow Drive
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: 775-887-9699
	Vendor No.:
	NV Business ID: NV20181703518
To what State Fiscal Year(s) will the contract be charged? 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 #: **ASD 2830598**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **264 days**

4. Type of contract: **Contract**

Contract description: **Prep of Gov Budget**

5. Purpose of contract:

This is a new contract to provide part-time assistance with the preparation of the Governor's Executive Budget.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$70.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 353.185, the Governors' Finance Office prepares the Governor's Executive Budget and submits to the Legislature. In order to comply with this statute, the agency's staff works significant overtime. This contract will allow the office to keep overtime reasonable while meeting the demands of daily workload and additional workload. part-time assistance will be needed from October 9, 2018, through June 30, 2019.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contractor will perform the same duties as state staff and this will allow the office to reduce the amount of overtime needed to prepare the Governor's Executive Budget.

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

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?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

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:

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:

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	ssands	10/08/2018 08:35:12 AM
Division Approval	ssands	10/08/2018 08:35:14 AM
Department Approval	ssands	10/08/2018 08:35:18 AM
Contract Manager Approval	ssands	10/08/2018 08:38:49 AM
Budget Analyst Approval	tgreenam	10/09/2018 14:10:01 PM

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: **21052**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: ESTIPONA GROUP ADVERTISING
Agency Code: 018	Contractor Name: ESTIPONA GROUP ADVERTISING
Appropriation Unit: 1004-13	Address: & PUBLIC RELATIONS PO BOX 10606
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89510-0606
If "No" please explain: Not Applicable	Contact/Phone: 775-786-4445
	Vendor No.: T29035435
	NV Business ID: NV19951042070

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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	31.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	69.00 % Natl Governor's Assoc (NGA) Work-Based Learning Grant (WBL) Round 2 Award

Agency Reference #: **ASD 2830377**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **1 year and 104 days**

4. Type of contract: **Contract**

Contract description: **Website Hub**

5. Purpose of contract:

This is a new contract to provide a communication platform website to raise awareness of STEM-related work base learning opportunities to youth, adults, and employers, and connect Nevadans with a career pathway to success, and bring awareness to registered Apprenticeship.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,600.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This agency has been directed to develop a communications platform to raise awareness of STEM-related WBL opportunities, communicate WBL opportunities to youth, adults, and employers, and connect Nevadans with a career pathway to success, and bring awareness to Registered Apprenticeship.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada EITS only provides programming and design services for Legacy, .NET and JAVA platforms.

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):

Headed2 LLC

NewFuture

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? 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	ssands	09/10/2018 13:14:47 PM
Division Approval	ssands	09/10/2018 13:14:50 PM
Department Approval	ssands	09/10/2018 13:14:53 PM
Contract Manager Approval	ssands	09/13/2018 08:13:38 AM
EITS Approval	lolso3	09/13/2018 08:16:32 AM
Budget Analyst Approval	tgreenam	09/18/2018 14:54:55 PM

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: **21025**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: Leadership for Educational Equity
Agency Code: 018	Contractor Name: Leadership for Educational Equity
Appropriation Unit: 1004-15	Address: 1805 7th Street N.W.
Is budget authority available?: Yes	City/State/Zip: Washington, DC 20001
If "No" please explain: Not Applicable	Contact/Phone: LeKisha Jordan 202-597-1180
	Vendor No.: T27040556
	NV Business ID: NV20161313245

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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 **10/01/2018**

Anticipated BOE meeting date **10/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Qualified Fellow**

5. Purpose of contract:

This is a new contract to provide a highly qualified fellow (contractual employee) to work on mission critical projects.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,600.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Position is grant funded and grant activities require an individual with technical skillsets for the work to be done.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Position is grant funded and requires specific experience, project management and day-to-day oversight.

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):

**Manpower Group
Eastridge Workforce Solutions
Leadership for Educational Equity**

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?

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:

Ansara Martino, Program Administrator/Officer Ph: 702-486-8080

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	08/30/2018 13:29:42 PM
Division Approval	ddav12	08/30/2018 13:29:45 PM
Department Approval	ddav12	08/30/2018 13:29:48 PM
Contract Manager Approval	ddav12	09/14/2018 12:00:42 PM
Budget Analyst Approval	tgreenam	09/22/2018 11:37:25 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: **21037**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: The Abbi Agency
Agency Code: 018	Contractor Name: The Abbi Agency
Appropriation Unit: 1004-15	Address: 1385 Haskell Street
Is budget authority available?: No	City/State/Zip: Reno, NV 89509
If "No" please explain: Work program C45383	Contact/Phone: Connie Liu 775-323-2977
	Vendor No.: T27037235
	NV Business ID: NV20081200897

To what State Fiscal Year(s) will the contract be charged? **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 **09/22/2018**
 Anticipated BOE meeting date **10/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **100 days**

4. Type of contract: **Contract**

Contract description: **Workforce Booklet**

5. Purpose of contract:

This is a new contract to provide graphic design services to develop a workforce booklet for existing businesses in Nevada and prospective businesses seeking to move to Nevada called "Nevada's Workforce GPS-Guide to Workforce for Nevada's Businesses".

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada businesses and businesses being recruited to the state need a booklet with insights, information, and guidance around Nevada's workforce and workforce resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees available to work on the project for OWINN do not have graphic design experience.

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):

**The Abbi Agency
Franklin Documents
Cast Design Team**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

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:

Since 2015 with Nevada College Savings Trust and Wildlife Department 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: 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:

Ansara Martino, null Ph: 702-486-8080

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/05/2018 09:16:27 AM
Division Approval	ddav12	09/05/2018 09:16:29 AM
Department Approval	ddav12	09/05/2018 09:16:32 AM
Contract Manager Approval	ddav12	09/05/2018 09:16:36 AM
Budget Analyst Approval	tgreenam	09/22/2018 10:53:50 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: **21090**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: WASHOE COUNTY SCHOOL DISTRICT
Agency Code: 018	Contractor Name: WASHOE COUNTY SCHOOL DISTRICT
Appropriation Unit: 1004-15	Address: Signature Academies & CTE 380 Edison Way
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Dana Ryan, Director 775-327-3945
	Vendor No.: T40234300C
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 #: **ASD 2830461**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **281 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **WBL GRANT**

5. Purpose of contract:

This is a new interlocal agreement to provide occupational certifications in Advance Manufacturing and Construction to qualified high school senior's who are about to enter the workforce. This is a pilot program for the 2018/19 academic year.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,770.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

In alignment with the Workforce Innovation and Opportunity Act (WIOA), OWINN offered Nevadan school districts the opportunity to apply for subsidization towards industry-recognized credentials for high school seniors who are about to enter the workforce and to support a student pursuing industry-recognized credentials - particularly high school seniors without financial ability to pay for credentials.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a Federal Grant.

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?

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:

Ansara Martino, Program Administrator Ph: 702-486-8080

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/14/2018 11:58:24 AM
Division Approval	ssands	09/14/2018 11:58:27 AM
Department Approval	ssands	09/14/2018 11:58:31 AM
Contract Manager Approval	ssands	09/14/2018 11:58:34 AM
Budget Analyst Approval	tgreenam	09/22/2018 11:21:01 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: **21092**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: GMO Globalsign, Inc.
Agency Code: 040	Contractor Name: Globalsign
Appropriation Unit: 1050-14	Address: 2 International Drive Suite 150
Is budget authority available?: Yes	City/State/Zip: Portsmouth, NH 03801
If "No" please explain: Not Applicable	Contact/Phone: Marc Silver 603-570-7083
	Vendor No.:
	NV Business ID: NV20181643232
To what State Fiscal Year(s) will the contract be charged? 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 **09/18/2018**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **285 days**

4. Type of contract: **Contract**

Contract description: **Digital Signatures**

5. Purpose of contract:

This is a new contract to provide the use of electronic signatures and digital certificates in Nevada's Effective Absentee System for Elections (EASE). EASE is the Online Ballot Delivery system required by NRS and NAC to provide Nevada's military and overseas citizens with electronic access to their election materials, including their ballot, while absent from their voting residence in the state. EASE is the first system of its kind in the elections industry.

This contract also provides state and local election officials with the ability incorporate electronic signatures and digital certificates into day-to-day electronic election communications. Nevada's election officials will utilize, research, and report on how the added security benefits strengthen election cybersecurity and public confidence in electronic election and balloting transactions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,072.00**

Other basis for payment: \$35,750.00 Digital Signing Service for NV Online Balloting Sysytem (EASE) and \$11,322.00 for Client/LEO Local Election Officials

II. JUSTIFICATION

7. What conditions require that this work be done?

The Departments of Defenses Federal Voting Assistance Program suggested this vendor for their knowledge and experience with the subject matter of the research grant awarded to the Nevada Secretary of State. Experience and timing. The Secretary of State is conducting research for the 2018 November General Election. In order to execute and report findings, a vendor with specific experience is necessary to assist the state with the tight timeline to implement security measures in advance of the federal election deadline (45-days before the Election Day).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada state employees do not have the experience or expertise to create 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):

IdenTrust
Globalsign
Digicert

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Experience. The Departments of Defenses Federal Voting Assistance Program suggested this vendor for their knowledge and experience with the subject matter of the research grant awarded to the Nevada Secretary of State.

d. Last bid date: 09/17/2018 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?

No b. If "No", please explain:

DBA

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	shudder	09/17/2018 07:42:49 AM
Division Approval	shudder	09/17/2018 07:42:52 AM
Department Approval	shudder	09/17/2018 07:42:56 AM
Contract Manager Approval	shudder	09/17/2018 07:43:07 AM
Budget Analyst Approval	laaron	09/18/2018 16:16:28 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: **21219**

Agency Name: CONTROLLER'S OFFICE	Legal Entity Name: HEWLETT PACKARD ENTERPRISE CO
Agency Code: 060	Contractor Name: HEWLETT PACKARD ENTERPRISE CO
Appropriation Unit: 1130-26	Address: 3000 HANOVER ST
Is budget authority available?: Yes	City/State/Zip: PALO ALTO, CA 94304
If "No" please explain: Not Applicable	Contact/Phone: MARGARET SANDRONI 916-799-3248
	Vendor No.: PUR0005720
	NV Business ID: NV20151172621

To what State Fiscal Year(s) will the contract be charged? **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.

<input checked="" type="checkbox"/> 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 **10/19/2018**Anticipated BOE meeting date **11/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2018**Contract term: **42 days**4. Type of contract: **Contract**Contract description: **Relocate Equipment**

5. Purpose of contract:

This is a new contract to move Storage Area Network equipment from the State Controller's Data Center in Carson City to the Controller's network racks at the Traffic Management Center in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,612.00**

Payment for services will be made at the rate of \$12,612.00 per Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

STORAGE AREA NETWORK EQUIPMENT NEEDS TO BE MOVED AND RE-CONFIGURED FROM THE CONTROLLER'S DATA CENTER IN CARSON CITY TO THE DISASTER RECOVERY SITE LOCATED IN THE TRAFFIC MANAGEMENT CENTER BUILDING IN LAS VEGAS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

EQUIPMENT IS UNDER MANUFACTURER'S WARRANTY. IF STATE EMPLOYEES OR ANOTHER VENDOR WERE TO MOVE THIS EQUIPMENT, THE WARRANTY WOULD BE VOID.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 #: 181001
Approval Date: 10/18/2018

c. Why was this contractor chosen in preference to other?

THIS IS THE ONLY VENDOR WHO CAN MOVE THIS EQUIPMENT WHILE IT IS UNDER WARRANTY

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?

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:

ENTERPRISE INFORMATION TECHNOLOGY DIVISION, MULTIPLE OTHER STATE AGENCIES

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	jsmack	10/18/2018 09:19:27 AM
Division Approval	jsmack	10/18/2018 09:19:29 AM
Department Approval	jsmack	10/18/2018 09:19:32 AM
Contract Manager Approval	hbill1	10/18/2018 12:56:32 PM
EITS Approval	lolso3	10/19/2018 08:30:37 AM
Budget Analyst Approval	dbaughn	10/19/2018 08:40:43 AM

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#:	181001

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:	<i>Nevada State Controller's Office</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>H. Wes Bills, Management Analyst 2</i>	<i>775-684-5636</i>	<i>wbills@controller.state.nv.us</i>

Vendor Information:	
1b	Identify Vendor: <i>Hewlett Packard Enterprise Company</i>
	Contact Name: <i>Margaret Sandroni – Roseville Office</i>
	Address: <i>3000 Hanover Street, Palo Alto, CA 94304</i>
	Telephone Number: <i>916-799-3248</i>
	Email Address: <i>margaret.sandroni@hpe.com</i>

1c		Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>	
	Professional Service Exemption:		

Contract Information:			
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> No
	Amendment:	#	
	CETS:	# 21219	

1e				Term:	
	One (1) Time Purchase:	<input checked="" type="checkbox"/>			
	Contract:	Start Date:	<i>October 15, 2018</i>	End Date:	<i>November 30, 2018</i>

1f		Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>	
	Federal Funds:		
	Grant Funds:		
	Other (Explain):		

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$12,612.00</i>

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased: <i>Relocation of Storage Area Network (SAN) equipment from Carson City to Las Vegas. Service includes verifying operational status, de-racking equipment, preparing it for shipment, re-racking equipment at destination, completion of necessary peripheral cable connection, re-configuring the Management processor/ILO to enable remote support, and updating warranty information.</i></p>
---	--

3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>Equipment is currently under manufacturer's warranty. If equipment were moved by another vendor or State employees, warranty would be voided.</i></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: <i>Equipment is currently under manufacturer's warranty. If equipment were moved by another vendor or State employees, warranty would be voided.</i></p>
---	---

5	<p>Were alternative services or commodities evaluated? Check One. Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
	<p>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> <i>Original plan was to move and re-configure the equipment using State employees. We then learned that moving the equipment in this manner would void the warranty.</i></p>
	<p>b. <i>If not, why were alternatives not evaluated?</i></p>

6	<p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</p>			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<p>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></p>						
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	<i>Start and End Dates</i>						
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The warranty for this equipment would be voided.</i>

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?
	<i>No other vendors are permitted to move this equipment under the existing warranty.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>This contract does not obligate the State to purchase an extension to the current warranty; however, as only HPE can offer a warranty for their server equipment, the State will extend the current warranty at the appropriate time.</i>				

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.

Nevada State Controller's Office

Agency Representative Initiating Request

H. Wes Bills, Management Analyst 2

10/16/18

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

James W. Smack, Chief Deputy Controller

10/16/18

Print Name of Agency Head Authorizing Request

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

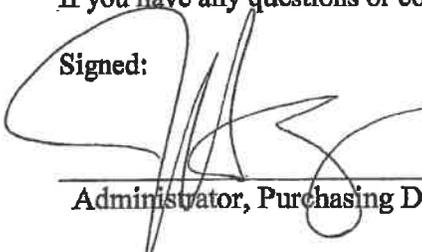
Print Name of Representative Providing Review

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:



Administrator, Purchasing Division or Designee



Date

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: **14769** Amendment Number: **5**
 Agency Name: **ADMIN - DIRECTOR'S OFFICE** Legal Entity Name: **AERIS ENTERPRISES, INC.**
 Agency Code: **080** Contractor Name: **AERIS ENTERPRISES, INC.**
 Address: **59 DAMONTE RANCH PKWY STE B292**
 Appropriation Unit: **1340-04** City/State/Zip: **RENO, NV 89521**
 Is budget authority available?: **Yes** Contact/Phone: **JOSEPH FIX 775-851-3262**
 If "No" please explain: **Not Applicable** Vendor No.: **T81082046A**
 NV Business ID: **NV20011516008**

To what State Fiscal Year(s) will the contract be charged? **2014-2021**

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.

<input checked="" type="checkbox"/>	General Funds	50.00 %	<input checked="" type="checkbox"/>	Fees	50.00 %
	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 **08/13/2013**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **7 years and 323 days**

4. Type of contract: **Contract**

Contract description: **Technical Support**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides programming and analysis of enterprise computer applications. The programs include the Nevada Executive Budget System, Nevada Employee Action and Timekeeping System, Nevada Project Accounting System, Nevada Applicant Tracking System, Human Resource Data Warehouse, Contract Entry and Tracking System, Nevada Open Government, and Priorities/Performance Based Budgeting. This amendment increases the maximum amount from \$1,287,016 to \$1,323,624 due to the overages in time usage in FY18.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$322,514.00	\$322,514.00	\$322,514.00	Yes - Action
a. Amendment 1:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
b. Amendment 2:	\$346,814.00	\$346,814.00	\$346,814.00	Yes - Action
c. Amendment 3:	\$35,000.00	\$35,000.00	\$35,000.00	Yes - Info
d. Amendment 4:	\$482,688.00	\$482,688.00	\$517,688.00	Yes - Action
2. Amount of current amendment (#5):	\$36,608.00	\$36,608.00	\$36,608.00	Yes - Info
3. New maximum contract amount:	\$1,323,624.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor is the primary developer of the software the state depends on for budget, HR, contracts and open government applications. This contract ensures adequate support is provided for these applications. This contract supports state employees who manage and determine the work to be completed by the vendor.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides supplemental support to state employees and the vendor possesses knowledge of the applications necessary to provide detailed analysis and maintenance support including solutions when issues arise involving the core code of each program.

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 #: 130705

Approval Date: 07/23/2013

c. Why was this contractor chosen in preference to other?

Primary designer of current application.

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?

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:

2011-2013 Dept of Administration - satisfactory

Also performed on contracts for the former Department of Personnel and the Legislature. All were completed 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)?

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	ddav12	09/28/2018 14:31:07 PM
Division Approval	ddav12	09/28/2018 14:31:16 PM
Department Approval	ssands	10/09/2018 09:04:16 AM
Contract Manager Approval	ssands	10/09/2018 09:04:21 AM
EITS Approval	lolso3	10/09/2018 10:04:12 AM
Budget Analyst Approval	tgreenam	10/09/2018 14:20:58 PM

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 #:	176

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information -- Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:	Governor's Finance Office, Budget Division Department of Administration		
	Contact Name(s) and Titles:	Janet Murphy, Deputy Director Carol Sweeney, Program Officer 2		
	Telephone Number(s):	775-684-0203 775-684-0243		
	Email Address(s):	jmurphy@finance.nv.gov csweeney@admin.nv.gov		

2	Contractor Information:			
	Contractor:	AERIS Enterprises, Inc.		
	Contact Name:	Joseph Fix		
	Address:	59 Damonte Ranch Parkway #B292, Reno, NV 89521		
	Phone Number:	775-851-3262		
Email Address:	joefix@aerisinc.com			

3	Ongoing relationship disclosure -- List all previous contract information:			
	Procurement method:			
	CETS #:			
	Contract "not to exceed amount":	\$		
Contract term:	Start date:		End date:	
		mm/dd/yy	mm/dd/yy	

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:			
	Quote, solicitation # if applicable:			
	Waiver, provide number:	130705		
Other:				

5	Current contract information:			
	CETS #:	14769		
	Initial contract "not to exceed amount":	\$322,514.00		
	Contract term:	Start date:	08/13/13	End date:
		mm/dd/yy	mm/dd/yy	

Revised 04/11/17

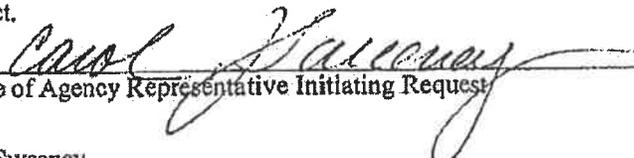
Amendment information -- List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
6	1	Addition to the scope of work and increased the not to exceed amount by \$100,000	\$422,514.00
	2	Extended the termination date from June 30, 2015 and increased the not to exceed amount by \$346,814	\$769,328
	3	Increased the not to exceed amount by \$35,000 due to additional programming hours for payroll and fund mapping module	\$804,328

Proposed amendment information:			
Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
7	4	Extends the termination date from June 30, 2017 and increases the not to exceed amount by \$241,344	\$1,045,672 \$1,287,016.00

8	<p>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):</p> <p>AERIS developed and has the historical knowledge of the NEBS and CETS systems which are statewide systems.</p>
---	--

9	<p>What are the potential consequences to the State if the contract extension request is denied?</p> <p>The impact of not contracting with AERIS is if there is a failure of either system it could possibly take days or weeks to recover utilizing EITS. These systems are used daily by state agencies to build their budgets, process work programs and contracts. Failure of the systems could result in budgets, work programs and/or contracts submitted late.</p>
---	---

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.


 Signature of Agency Representative Initiating Request

Carol J. Sweeney
 Print Name of Agency Representative Initiating Request

3/8/17
 Date


 Signature of Agency Head Authorizing Request

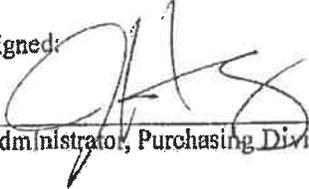
Janet Murphy, Deputy Director
 Print Name of Agency Head Authorizing Request

3/27/17
 Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), 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:



Administrator, Purchasing Division or Designee

4-3-2017

Date

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: **21101**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ATIS ELEVATOR INSPECTIONS, LLC
Agency Code: 082	Contractor Name: ATIS ELEVATOR INSPECTIONS, LLC
Appropriation Unit: 1349-12	Address: 2127 Innerbelt Business Center Suite 210
Is budget authority available?: Yes	City/State/Zip: St. Louis, MO 63114
If "No" please explain: Not Applicable	Contact/Phone: Lisa Jobe 855-755-2847
	Vendor No.: T2704506
	NV Business ID: NV20131199458

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 % B&G Building Rent Income Revenue

Agency Reference #: **ASD 2830513**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2022**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **Elevator Inspections**

5. Purpose of contract:

This is a new contract to provide third-party witness to annual elevator inspections in southern and northern Nevada state-owned buildings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

It is the requirement of NRC 455C to have a third party inspector when elevator inspections are performed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have qualified inspectors on staff.

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):

ATIS Elevator
Technical Inspection (TIA)
High Sierra Elevator Inspections

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor had the best price quote and services northern and southern Nevada.

d. Last bid date: 09/01/2018 Anticipated re-bid date: 09/01/2022

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 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:

Michael Johnson, Facility Manager Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/02/2018 14:57:25 PM
Division Approval	ssands	10/02/2018 14:57:28 PM
Department Approval	ssands	10/02/2018 14:57:31 PM
Contract Manager Approval	ssands	10/04/2018 12:32:17 PM
Budget Analyst Approval	mmoren1	10/04/2018 12:35:50 PM

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: **19577** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **COIT SERVICES OF RENO LLC**

Agency Code: **082** Contractor Name: **COIT SERVICES OF RENO LLC**

Appropriation Unit: **1349-12** Address: **105 Parr Boulevard**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89512**

If "No" please explain: **Not Applicable** Contact/Phone: **Bryan Johnson 775-322-4266**

To what State Fiscal Year(s) will the contract be charged? **2018-2022** Vendor No.: **T29014945**

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. NV Business ID: **NV20051259352**

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % B&G Building Rental Revenue Income

Agency Reference #: **ASD 2692416**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/19/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/28/2021**

Contract term: **3 years and 344 days**

4. Type of contract: **Contract**

Contract description: **Emergency restoratio**

5. Purpose of contract:

This is the first amendment to the original contract which provide emergency on-call cleaning, restoration services. This amendment will increase the maximum from \$23,900 to \$47,900 due to a higher than anticipated need for special services and to ensure sufficient funds are authorized to support ongoing services through the term of the contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$23,900.00	\$23,900.00	\$23,900.00	Yes - Info
2. Amount of current amendment (#1):	\$24,000.00	\$24,000.00	\$47,900.00	Yes - Info
3. New maximum contract amount:	\$47,900.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State needs to have a resource such as this to ensure the rapid restoration of vital State resources, facilities and services critical to the continuation of agency operations following a natural or man-made disaster.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the staff or specialized equipment to perform disaster recovery 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):

Serv Pro
Belfor Restoration

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple contracts for emergency disaster recovery services

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/24/2018 07:29:56 AM
Division Approval	ssands	09/24/2018 07:30:01 AM
Department Approval	ssands	09/24/2018 07:30:09 AM
Contract Manager Approval	ssands	09/24/2018 07:30:13 AM
Budget Analyst Approval	mmoren1	09/26/2018 12:05:57 PM

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: **21063**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GLASSCOCK, BILL J DBA
Agency Code: 082	Contractor Name: GLASSCOCK, BILL J DBA
Appropriation Unit: 1349-12	Address: ECONOMY WINDOW CLEANERS PO BOX 3255
Is budget authority available?: Yes	City/State/Zip: STATELINE, NV 89449-3255
If "No" please explain: Not Applicable	Contact/Phone: Bill Glasscock 775-841-3860
	Vendor No.: T80967431
	NV Business ID: NV20101458334

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 % B&G Building Rent Income Revenue

Agency Reference #: **ASD 2830406**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2022**

Contract term: **3 years and 350 days**

4. Type of contract: **Contract**

Contract description: **Window wash**

5. Purpose of contract:

This is a new contract to provide window cleaning on an as needed basis for state-owned buildings throughout northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Window cleaning @\$55.00 per man hour; carpet cleaning @\$0.12 per square foot any property.

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly and presentable as befitting public property.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have the personnel staff to perform this task.

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 is one of several window cleaning vendors and per SAM 338.0, each vendor will be contacted to submit bids for projects.

d. Last bid date: 08/01/2018 Anticipated re-bid date: 08/01/2022

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 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	ssands	10/12/2018 13:23:20 PM
Division Approval	ssands	10/12/2018 13:23:23 PM
Department Approval	ssands	10/12/2018 13:23:27 PM
Contract Manager Approval	ssands	10/12/2018 13:27:29 PM
Budget Analyst Approval	mmoren1	10/16/2018 09:12:18 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: **21050**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LAWYER MECHANICAL SERVICES, INC.
Agency Code: 082	Contractor Name: LAWYER MECHANICAL SERVICES, INC.
Appropriation Unit: 1349-12	Address: 3036 S VALLEY VIEW BLVD.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: 702-876-7530
	Vendor No.: T81026510
	NV Business ID: NV19711001712

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 % B&G Building Rent Income Revenue

Agency Reference #: **ASD 2830363**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HVAC**

5. Purpose of contract:

This is a new contract for HVAC maintenance services for heating, ventilation and air conditioning for all state-owned buildings in southern Nevada per Buildings and Grounds request.

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 \$0.00 per hour

Other basis for payment: CTV (Chiller) \$135/per hour; Boiler \$135/per hour; Controls \$ 148/per hour; Rooftops \$110/per hour and Residential/Filters \$89/per hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees. It's maintenance duties include carpentry, plumbing, electrical work, heating, ventilating and air conditioning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&D does not have the 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):

Lawyer Mechanical
Johnson Controls
Emcor Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of many HVAC contractors. Per SAM 0338.0, each contractor will be contracted to submit bids on projects.

d. Last bid date: 08/01/2018 Anticipated re-bid date: 08/01/2022

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 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	09/24/2018 08:10:16 AM
Division Approval	ssands	09/24/2018 08:10:21 AM
Department Approval	ssands	09/24/2018 08:10:24 AM
Contract Manager Approval	ssands	09/26/2018 14:13:49 PM
Budget Analyst Approval	mmoren1	10/03/2018 10:45:30 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: **19996**

Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Legal Entity Name: **LUMOS & ASSOCIATES, INC**

Agency Code: **082**

Contractor Name: **LUMOS & ASSOCIATES, INC**

Appropriation Unit: **1349-12**

Address: **308 N. Curry Street Suite 200**

Is budget authority available?: **No**

City/State/Zip: **CARSON CITY, NV 89703**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 1349, expenditure category 12, 14, Maint. of Building & Grounds, and Building Renovation.

Contact/Phone: **775-883-7077**

Vendor No.: **T80912843**

NV Business ID: **NV19791006982**

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 #: **111938**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **4 years and 66 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 Clear Creek Mitigation CIP project to include design, permitting and construction services to repair/restore damaged land adjacent to Clear Creek at the Stewart Facility, including installation of erosion control measures and re-vegetation of approximately 2.5 acres and 1,000 feet of the stream bank: CIP Project No. 18-A033; SWPD Contract No. 111938. This amendment increases the maximum amount from \$23,800.00 to \$42,250.00 due to the additional construction assistance and restoration needed to complete the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$23,880.00	\$23,880.00	\$23,880.00	Yes - Info
2. Amount of current amendment (#1):	\$18,370.00	\$18,370.00	\$42,250.00	Yes - Info
3. New maximum contract amount:	\$42,250.00			

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 provided 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	10/15/2018 09:03:11 AM
Division Approval	Imars1	10/15/2018 09:03:16 AM

Department Approval	lmars1	10/15/2018 09:03:20 AM
Contract Manager Approval	lmars1	10/15/2018 09:03:25 AM
Budget Analyst Approval	aprasa1	10/16/2018 11:50:49 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: **21054**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Nevada Yamas Controls, Inc.
Agency Code: 082	Contractor Name: Nevada Yamas Controls, Inc.
Appropriation Unit: 1349-12	Address: 1380 Greg Street, #224
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Lori Barnes 775-359-9825
	Vendor No.: T29032379
	NV Business ID: NV20121569583

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 % B&G Building Rent Income Revenue

Agency Reference #: **ASD 2830405**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2022**

Contract term: **3 years and 335 days**

4. Type of contract: **Contract**

Contract description: **HVAC**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair of electronic digital controls for the heating and air conditioning (HVAC) support systems for all state-owned buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: **30 days upon receipt of itemized invoice & upon inspection of work by B&G designee**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide ongoing maintenance and repair of electronic digital controls for the heating and air conditioning support systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have enough personnel to perform these services.

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 is one of several vendors for HVAC and per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 08/01/2018 Anticipated re-bid date: 08/01/2022

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:

Contractor has held previous contracts with Public Works and the work performed 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/26/2018 12:56:05 PM
Division Approval	ssands	09/26/2018 12:56:09 PM
Department Approval	ssands	09/26/2018 12:56:13 PM
Contract Manager Approval	ssands	09/26/2018 13:23:32 PM
Budget Analyst Approval	mmoren1	10/01/2018 08:25:30 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: 18226	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: XCEL MAINTENANCE SERVICES INC
Agency Code: 082	Contractor Name: XCEL MAINTENANCE SERVICES INC
Appropriation Unit: 1349-12	Address: 8920 COLORFUL PINES AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89143-4403
If "No" please explain: Not Applicable	Contact/Phone: Kathia Winchell 702-355-3595
	Vendor No.: T81103343
	NV Business ID: NV20021426879

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % B&G BUILDING RENT INCOME REVENUE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2016**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2020**

Contract term: **3 years and 350 days**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is the first amendment to the original contract which provides emergency and floor and carpet care to any southern Nevada state-owned building. This amendment increases the maximum amount from \$24,000 to \$49,000, due to the increased need for these services and to ensure sufficient funds are authorized to support ongoing services through the term of the contract which expires October 30, 2020.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
2. Amount of current amendment (#1):	\$25,000.00	\$25,000.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$49,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

B&G has experienced situations of need and coverage until a contract for bldg. is put in place (contracts terminated before end of contract). Clean-ups in bldgs. when current vendor cannot accommodate. B&G must have an avenue to accommodate the clean/sanitary needs of a building staying in contractual compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings & Grounds does not have enough staff to handle janitorial duties for all state buildings.

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):

Accurate Maintenance
Kingdom Janitorial

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only qualified respondent to a quote solicitation.

d. Last bid date: 10/01/2016 Anticipated re-bid date: 10/31/2020

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:

Buildings and Grounds, Las Vegas has used this vendor since 2001 with 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 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	08/23/2018 09:36:31 AM
Division Approval	ssands	08/23/2018 09:36:35 AM
Department Approval	ssands	08/23/2018 09:36:42 AM
Contract Manager Approval	ssands	10/03/2018 13:22:16 PM
Budget Analyst Approval	mmoren1	10/03/2018 14:12:53 PM

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: 19261	Amendment Number: 2
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS
Agency Code: 082	Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS
Appropriation Unit: 1510-67	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? **2018-2020**

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 %	X Bonds	49.00 %
Highway Funds	0.00 %	X Other funding	51.00 % University Funds

Agency Reference #: 111381

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **2 years and 228 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the University of Nevada Reno William N. Pennington Engineering Building CIP Project 17-C06; SPWD Contract No. 111381. This amendment increases the maximum amount from \$2,965,000.00 to \$2,977,000.00 due to the additional electrical design services need to complete the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,850,000.00	\$2,850,000.00	\$2,850,000.00	Yes - Action
a. Amendment 1:	\$115,000.00	\$115,000.00	\$115,000.00	Yes - Action
2. Amount of current amendment (#2):	\$12,000.00	\$12,000.00	\$12,000.00	Yes - Info
3. New maximum contract amount:	\$2,977,000.00			

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: **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	09/26/2018 15:11:33 PM
Division Approval	Imars1	09/26/2018 15:11:37 PM
Department Approval	Imars1	09/26/2018 15:11:41 PM
Contract Manager Approval	Imars1	09/26/2018 15:11:45 PM

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: **21177**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: NATURAL LINK MOLD LAB INC
Agency Code: 082	Contractor Name: NATURAL LINK MOLD LAB INC
Appropriation Unit: 1585-52	Address: 4900 MILL ST., STE. 3
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2391
If "No" please explain: Not Applicable	Contact/Phone: 775-356-6653
	Vendor No.: T81105333
	NV Business ID: NV20041516996

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % transfer from prior year

Agency Reference #: **112200**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **2 years and 269 days**

4. Type of contract: **Contract**

Contract description: **MISCELLANEOUS**

5. Purpose of contract:

This is a new contract to provide miscellaneous, commissioning, & or surveying services for the Grant Sawyer Mold Sampling Analysis project in Las Vegas and will consist of sample collecting and analysis and will provide laboratory reports with identification and enumeration of fungi: CIP Project 17-S06; SPWD Contract No. 112200.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,995.00**

Other basis for payment: **Monthly progress payments based on services provided.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Capital Improvement Program. Consultants are selected based on their ability to provide design and Miscellaneous/commissioning/surveying are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

2017 leg CIP.

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:

Scarboro, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	10/03/2018 08:58:36 AM
Division Approval	Imars1	10/03/2018 08:58:39 AM
Department Approval	Imars1	10/03/2018 08:58:42 AM
Contract Manager Approval	Imars1	10/03/2018 08:58:46 AM
Budget Analyst Approval	mmoren1	10/05/2018 10:29:15 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: **21188**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JENSEN ENGINEERING A PROFFESIONAL CORP
Agency Code:	082	Contractor Name:	JENSEN ENGINEERING
Appropriation Unit:	All Appropriations	Address:	9655 GATEWAY DR., STE. A
Is budget authority available?:	No	City/State/Zip	RENO, NV 89521-2968
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3259, expenditure category 95, Deferred Facilities Maintenance.		Contact/Phone:	775-852-2288
		Vendor No.:	T27007578
		NV Business ID:	NV19921070456

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 funded CIP

Agency Reference #: 112176

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2018**
 Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**
 Contract term: **3 years and 265 days**

4. Type of contract: **Contract**
 Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering service for the NYTC Emergency Lighting project which includes bid and construction document for an addition or replacement of the emergency/egress lighting systems and will identify existing emergency and egress lighting components to determine the capability of the existing branch circuit. CIP Project No. 18-A022; SPWD Contract No. 112176.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,200.00**
 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:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering services are provided by SPWD to support the State 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?

No b. If "No", please explain:

Vendor name using term Incorporated. NV business ID shows them as a professional corporation

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:

Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	10/05/2018 09:28:44 AM
Division Approval	Imars1	10/05/2018 09:29:10 AM
Department Approval	Imars1	10/05/2018 09:29:14 AM
Contract Manager Approval	Imars1	10/05/2018 09:29:16 AM
Budget Analyst Approval	mmoren1	10/09/2018 09:07:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19534** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PUNCH, LLC.**

Agency Code: **082** Contractor Name: **PUNCH, LLC.**

Appropriation Unit: **All Appropriations** Address: **4424 WAGON TRAIL AVENUE**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118**

If "No" please explain: **Not Applicable** Contact/Phone: **Zak Ostrowski 702-510-7343**

To what State Fiscal Year(s) will the contract be charged? **2018-2019** Vendor No.: **T29040030**

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. NV Business ID: **NV20151710570**

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, AG Settlement Funds and Donations

Agency Reference #: **18-A026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/18/2017**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2018**

Contract term: **1 year and 13 days**

4. Type of contract: **Contract**
Contract description: **State Memorial**

5. Purpose of contract:

This is the second amendment to the original contract. This amendment increases the maximum amount from \$340,000.00 to \$386,547.00 due to changes in materials and cost increase in raw products.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,000.00	\$250,000.00	\$250,000.00	Yes - Action
a. Amendment 1:	\$90,000.00	\$90,000.00	\$90,000.00	Yes - Action
2. Amount of current amendment (#2):	\$46,547.00	\$46,547.00	\$46,547.00	Yes - Info
3. New maximum contract amount:	\$386,547.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

SB 230 (2013) specifically authorized the Veteran's Services Commission to design the memorial.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is the BattleBorn Agency Project 18-A026.

- 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?

Consultants are selected based on their ability to provide design, engineering, fabrication and installation to meet the goals established by the Legislature.

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:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/13/2018 08:30:07 AM
Division Approval	ssands	09/13/2018 08:30:15 AM
Department Approval	ssands	09/13/2018 08:30:22 AM
Contract Manager Approval	ssands	09/26/2018 10:08:24 AM
Budget Analyst Approval	aprasa1	10/02/2018 09:53:28 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: **21091**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: HEALTHCARE SERVICES GROUP INC
Agency Code: 240	Contractor Name: HEALTHCARE SERVICES GROUP INC
Appropriation Unit: 2560-15	Address: 3220 TILLMAN DR STE 300
Is budget authority available?: Yes	City/State/Zip: BENSALEM, PA 19020-2028
If "No" please explain: Not Applicable	Contact/Phone: William Hardy 801-624-0344
	Vendor No.: T29031941
	NV Business ID: NV20021482015

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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.

<input checked="" type="checkbox"/> General Funds	53.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	47.00 % Cemetery Internment Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**
Anticipated BOE meeting date **11/2018**

Retroactive? **Yes**

If "Yes", please explain

The contract was placed in the interoffice mail on September 14th to the Attorney General's Office and was forwarded to the Clerk of the Board of Examiners from there. It reached the Clerk of the Board after the requested start date. To correct this in the future, NDVS will provide for additional time for contracts to make it through the process and not miss the requested start date.

3. Termination Date: **09/30/2019**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Cemetery Cleaning**

5. Purpose of contract:

This is a new contract to provide ongoing cleaning service for the Administration Building, Chapel, and Maintenance Building at the Southern Nevada Veterans Memorial Cemetery.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,056.00**

Payment for services will be made at the rate of \$1,588.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Cemetery buildings need cleaning to keep the facility presentable. Cemetery staff are unable to do this work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employees or agencies provide 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):

Healthcare Services Group, Inc.
Green Clean Commercial Cleaning Services
Executive Cleaning Services
Endless Commercial Cleaning

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Fair price and availability to perform scope of work during the times required

d. Last bid date: 09/13/2018 Anticipated re-bid date: 07/01/2020

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:

Currently performs housekeeping and laundry services at the Southern Nevada State Veterans Home for NDVS 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:
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	agarland	10/02/2018 15:54:07 PM
Division Approval	agarland	10/02/2018 15:54:12 PM
Department Approval	agarland	10/02/2018 15:54:15 PM
Contract Manager Approval	agarland	10/02/2018 15:54:17 PM
Budget Analyst Approval	aprasa1	10/02/2018 16:22:36 PM

BRIAN SANDOVAL
Governor



STATE OF NEVADA
**NEVADA DEPARTMENT OF VETERANS
SERVICES**
6630 S. McCarran Blvd., Bldg C – Suite 204
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

MEMORANDUM

TO: Bridgette Mackey-Garrison, Budget Division

FROM: Joseph Theile, Management Analyst II

DATE: October 2, 2018

SUBJECT: Request for Retroactive Approval –Healthcare Services Group Inc.
CETS: 21091

This retroactive memo requests this contract be made retroactive to October 1 2018. The contract was placed in the interoffice mail on September 14th to the Attorney General's Office and was forwarded to the Clerk of the Board of Examiners from there. It reached the Clerk of the Board after the requested start date. To correct this in the future, NDVS will provide for additional time for contracts to make it through the process and not miss the requested start date.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.

"Serving Nevada's Heroes"

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: **21176**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: FLOORING SOLUTIONS OF NEVADA
Agency Code: 240	Contractor Name: FLOORING SOLUTIONS OF NEVADA
Appropriation Unit: 2561-07	Address: INC DBA FSI 4275 W RENO AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-1614
If "No" please explain: Not Applicable	Contact/Phone: Bryan Price 702/399-9003
	Vendor No.: PUR0005833
	NV Business ID: NV20011243865

To what State Fiscal Year(s) will the contract be charged? **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	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/22/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2019**

Contract term: **129 days**

4. Type of contract: **Contract**

Contract description: **Flooring Services**

5. Purpose of contract:

The is a new contract to replace the existing flooring in the Falconer corridor of the Southern Nevada State Veterans Home. This contract is for labor only.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,617.04**

Other basis for payment: Payment will be made upon satisfactory completion of services and the submission of an approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The flooring in the Falconer corridor is original to the opening of the SNSVH (2000) and is in need of replacement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not provide 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):

**Carpets N More
MasterCraft Carpet Solutions
Flooring solutions of Nevada**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor has access to flooring compatible with the needs of the Nevada State Veterans Home and the proper installation of these materials and service offered at a reasonable price

d. Last bid date: 09/17/2018 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:

NDVS. The work was performed 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)?

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	agarland	10/03/2018 12:29:02 PM
Division Approval	agarland	10/03/2018 12:29:06 PM
Department Approval	agarland	10/03/2018 12:29:09 PM
Contract Manager Approval	agarland	10/03/2018 12:29:14 PM
Budget Analyst Approval	mmoren1	10/12/2018 09:33:03 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: 17860	Amendment Number: 2
Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: GARRATT CALLAHAN COMPANY
Agency Code: 240	Contractor Name: GARRATT CALLAHAN COMPANY
Appropriation Unit: 2561-07	Address: 50 INGOLD RD
Is budget authority available?: Yes	City/State/Zip: BURLINGAME, CA 94010
If "No" please explain: Not Applicable	Contact/Phone: Jay Nordling, District Manager 702/759-3240
	Vendor No.: T81091351
	NV Business ID: NV20121688270

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 %
<input checked="" type="checkbox"/> Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	35.00 % Private/County

Agency Reference #: **240**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/17/2016**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/20/2020**

Contract term: **4 years and 4 days**

4. Type of contract: **Contract**

Contract description: **Water System**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing water system maintenance and testing. This amendment adds additional testing to the scope of work and increases the maximum amount from \$60,802 to \$75,502 due to NDEP requirement for additional testing and the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,400.00	\$30,400.00	\$30,400.00	Yes - Info
a. Amendment 1:	\$30,402.00	\$30,402.00	\$60,802.00	Yes - Action
2. Amount of current amendment (#2):	\$14,700.00	\$14,700.00	\$14,700.00	Yes - Info
3. New maximum contract amount:	\$75,502.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off specialized system for the NSVH. Vendor has been performing this function under State Public Works and now NDVS is taking over the payment for these services. There is no other vendor who understands and can maintain this system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees that have the knowledge and expertise to perform these operations

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 #: 180302B

Approval Date: 09/13/2018

c. Why was this contractor chosen in preference to other?

Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the NSVH. The process being performed is considered the acceptable practice in response to a positive Legionella test. NSVH continues to work in conjunction with the SPWB toward the installation of a system to provide a permanent solution and rectify the water situation at the NSVH.

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:

Currently under contract with SPWB and NDVS is taking over the payment of this service. Service provided to SPWB has been verified as 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	agarland	09/14/2018 11:16:38 AM
Division Approval	agarland	09/14/2018 11:16:42 AM
Department Approval	agarland	09/14/2018 11:16:47 AM
Contract Manager Approval	agarland	09/14/2018 11:16:52 AM
Budget Analyst Approval	mmoren1	09/24/2018 11:47:51 AM

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#:	180302 B

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:	Nevada Department of Veterans Services	
	Contact Name and Title	Phone Number	Email Address
	Joseph Theile	775-825-9752	theilej@veterans.nv.gov

Vendor Information:	
Identify Vendor:	Garyatt Callahan
Contact Name:	Jay Nordling, District Manager
Address:	50 Ingold Road, Burlingame, CA 94010
Telephone Number:	702-759-3240
Email Address:	jnordling@g-c.com

1c Type of Waiver Requested – Check the appropriate type:	
Sole or Single Source:	
Professional Service Exemption:	X

Contract Information:			
1d	Is this a new Contract?	Yes	No X
	Amendment:	#2	
	CETS:	#17860	

1e Term: 2 Years			
One (1) Time Purchase:			
Contract:	Start Date:	06/20/2018	End Date: 06/20/2020

1f Funding:	
State Appropriated:	
Federal Funds:	65%
Grant Funds:	
Other (Explain):	35% Private/County

1g Total Estimated Value of this Service Contract, Amendment or Purchase:	
	\$75,502[\$60,802 (\$15,200/year, payable at \$1,266.67 per month); and 14,700 (payable at \$2,100 per month, for an anticipated 7months)].

2 **Provide a description of work/services to be performed or commodity/good to be purchased:**
Monthly maintenance of chlorine injection systems, includes: chemicals, parts, service visits, testing supplies and reagents and written reports; Quarterly Legionella Sampling, 10 samples per quarter, CDC Elite local Las Vegas lab Effex will be utilized; pricing locked for two years. Provide the services of a certified drinking water operator as required by the NDEP. Additional testing is being required from the BSDW.

3 **What are the unique features/qualifications required for this service or good that are not available from any other vendor:**
Upon the discovery of Legionella in the SNSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off specialized system for the SNSVH. Vendor has been performing this function under State Public Works and now NDVS is taking over the payment for these services. There is no other vendor who understands and can maintain this system. NDEP requires specific testing that can only be performed by a certified drinking water operator. Since the time the first waiver was requested NDEP has required the current system be permitted and the BSDW is requiring additional testing on the system. SPWD has requested this additional testing be paid for by the Agency.

4 **Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**
This is an emergency situation and the SNSVH cannot go without this service as Legionella is a life threatening bacteria especially to many of the residents of the SNSVH who have compromised health. In response to an emergency situation SPWB, contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the SNSVH. There is no other vendor qualified to maintain this one-off specialized system. NDEP is requiring specific testing be performed by a certified drinking water operator. Although this is a temporary solution to the problem and NDVS and SPWB continue to partner together toward the installation of a permanent remedy, NDEP had since required the temporary system be permitted and BSDW is requiring additional testing be performed on the now permitted temporary system. SPWD has requested the Agency pay for the additional water testing.

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input 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>	<i>Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the NSVH. The process being performed is considered the acceptable practice in response to a positive Legionella test. NSVH continues to work in conjunction with the SPWB toward the installation of a system to provide a permanent solution and rectify the water situation at the SNSVH. SPWD anticipates this additional testing will be required for approximately seven months.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
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waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				
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>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver #)</i>
06/20/18	06/20/20	\$60,802	Water Maintenance and Testing	Waiver #180302
06/17/16	06/20/18	\$30,400	Water Maintenance and Testing	Waiver #160507
		\$		
		\$		
		\$		

7 **What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
Death of residents; lawsuits from family and friends of residents; compromised health; closing of NSVH; displacement of residents; non-compliance with federal and state requirements, loss of funding; potential impact on the opening of the Northern Nevada Veterans Home (currently pending federal funding). Fines from State NDEP

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?**
This vendor was selected by SPWB to address an emergency situation. This is the same vendor being used under State Public Works and the prices are consistent with the prices paid by State Public Works who currently run the process. There is no other vendor qualified to maintain this one-off, specialized, system as it was designed, installed, and has been maintained by Garratt Callahan.

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
<i>SPWD is working through the approval of a permanent water system and has indicated that it anticipates the additional water testing requirements will be needed for approximately seven months. NDVS continues to work with SPWD and NDEP toward final resolution of this project and greatly appreciates the continued cooperation of the Nevada State Purchasing Division in reaching this goal.</i>					

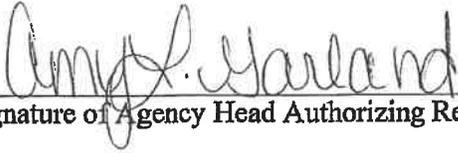
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



 Agency Representative Initiating Request

Joseph Theile, MAII
 Print Name of Agency Representative Initiating Request

09/07/2018
 Date



Signature of Agency Head Authorizing Request

Amy Garland, Executive Officer

Print Name of Agency Head Authorizing Request

09/07/2018

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

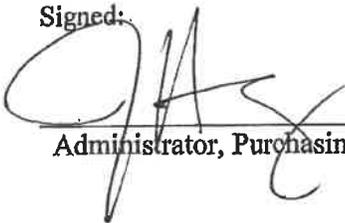
Print Name of Representative Providing Review

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:



Administrator, Purchasing Division or Designee

9-13-2018

Date

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: **21053**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: Garratt-Callahan Company
Agency Code: 240	Contractor Name: Garratt-Callahan Company
Appropriation Unit: 2561-07	Address: 50 INGOLD RD
Is budget authority available?: Yes	City/State/Zip: BURLINGAME, CA 94010-5811
If "No" please explain: Not Applicable	Contact/Phone: Jay Nordling, District Manager 702/759-3240
	Vendor No.: T81091351
	NV Business ID: NV20121688270

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 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/19/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **Yes**

If "Yes", please explain

This retroactive memo requests this contract be made retroactive to September 19, 2018. The contract was placed in the interoffice mail on September 6th to the Attorney General's Office and was forwarded to the Clerk of the Board of Examiners from there. It reached the Clerk of the Board after the requested start date. To correct this in the future, NDVS will provide for additional time for contracts to make it through the process and not miss the requested start date.

3. Termination Date: **09/18/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Ice Machine Maint.**

5. Purpose of contract:

This is a new contract providing ongoing cleaning and disinfection of five ice machines located at the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Payment for services will be made at the rate of \$4,000.00 per year

Other basis for payment: Payable upon satisfactory completion of work and submission of invoice and detailed report.

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Food and Drug Administration Food Code is the standard. Chapter 1 part 1-201.10 defines ice as food. This mandates ice to the same handling and cleanliness standards as everything else in retail food, including manufacturing equipment. Ice itself falls under 40 C.F.R. 141 governing drinking water purity. Ice machine cleaning is governed by Food Law 2009 Chapter 4 part 602.11 section (E) item (4a and b), which states that the machines must be cleaned at a frequency specified by the manufacturer;

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees with the knowledge or the availability 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):

Garratt-Callahan Co
HiTech
East West Refrigeration

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Demonstrated familiarity with these machines and can provided knowledgeable and qualified technicians to perform the service correctly and safely.

d. Last bid date: 08/01/2018 Anticipated re-bid date: 06/01/2022

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:

Contractor currently maintains specialized water system at SNSVH and previously performed same services under SPWD. All work performed as 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	agarland	09/25/2018 15:05:22 PM
Division Approval	agarland	09/25/2018 15:05:26 PM
Department Approval	agarland	09/25/2018 15:05:29 PM
Contract Manager Approval	agarland	09/25/2018 15:05:33 PM
Budget Analyst Approval	mmoren1	10/01/2018 07:52:37 AM

BRIAN SANDOVAL
Governor



STATE OF NEVADA
**NEVADA DEPARTMENT OF VETERANS
SERVICES**
6630 S. McCarran Blvd., Bldg C – Suite 204
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

MEMORANDUM

TO: Bridgette Mackey-Garrison, Budget Division
FROM: Joseph Theile, Management Analyst II
DATE: September 24, 2018
SUBJECT: Request for Retroactive Approval – Garratt-Callahan Company

This retroactive memo requests this contract be made retroactive to September 19, 2018. The contract was placed in the interoffice mail on September 6th to the Attorney General's Office and was forwarded to the Clerk of the Board of Examiners from there. It reached the Clerk of the Board after the requested start date. To correct this in the future, NDVS will provide for additional time for contracts to make it through the process and not miss the requested start date.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.

"Serving Nevada's Heroes"

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: **19765** Amendment Number: **1**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **BOARD OF REGENTS-SA**

Agency Code: **300** Contractor Name: **BOARD OF REGENTS-SA**

Appropriation Unit: **2676-50** Address: **FINANCE OFFICE-NSHE
2601 ENTERPRISE RD**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89512**

If "No" please explain: **Not Applicable** Contact/Phone: **David Shintani, PhD 775/784-1095**

Vendor No.: **D35000809**

NV Business ID: **n/a**

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Private New Skills for Youth Grant

Agency Reference #: **300**

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 **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **1 year and 81 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **LEAP Framework**

5. Purpose of contract:

This is the first amendment to the original contract to scale the Learn and Earn Advanced Career Pathway (LEAP) life sciences project to enable expansion of outreach efforts to the Hispanic/Latino community and increase the ability to expand the LEAP life sciences framework to other Science Technology, Engineering and Math industry partners. This amendment increases the maximum amount from \$60,546.20 to \$87,449.40 to allow for LEAP Life Sciences Undergraduate peer mentors to support participants during the fall and spring semesters.

Amendment #1 also corrects a clerical error in the Contract Entry and Tracking System (CETS) which listed the original contract total as \$60,456.20, instead of \$60,546.20, creating a difference of \$90.00 between the CETS and actual Budget Summary (see attachment B of Original Contract); the \$90 is reflected in the CETS Amendment to ensure the new total contract amount matches the new maximum amount of \$87,449.40.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,456.20	\$60,456.20	\$60,456.20	Yes - Action
2. Amount of current amendment (#1):	\$26,993.20	\$26,993.20	\$26,993.20	Yes - Info
3. New maximum contract amount:	\$87,449.40			

II. JUSTIFICATION

7. What conditions require that this work be done?

New Skills For Youth will be leveraging funds to grant funding to the University of Nevada, Reno to scale the Learn and Earn Advanced Career Pathway (LEAP) Life Sciences project enabling the project to expand its outreach efforts to the Hispanic/Latino communities and increase its ability to expand into other Science, Technology, Engineering and Math (STEM) industry partners: Goal; recruitment and retention.

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 capacity to facilitate services such as these; it is common practice that outside entities conduct and evaluate this type of project.

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?

Contractor was selected after evaluation from New Skills For Youth Core committee based on relevancy and measurable outcomes that align to the grant.

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?

Yes If "Yes", please explain

Contractor is the Board of Regents - Nevada System of Higher Education, University of Nevada, Reno, a public government entity.

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 Board of Regents - Nevada System of Higher Education, University of Nevada, Reno, has been engaged in several contracts with the Department of Education. Provided services are and 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 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	amccalla	09/04/2018 15:01:19 PM
Division Approval	amccalla	09/04/2018 15:01:22 PM
Department Approval	amccalla	09/04/2018 15:01:24 PM

Contract Manager Approval
Budget Analyst Approval

amccalla
cbrekken

09/04/2018 15:01:27 PM
09/24/2018 07:37:46 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: **21098**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: WESTED
Agency Code: 300	Contractor Name: WESTED
Appropriation Unit: 2676-50	Address: 730 Harrison Street
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94107-1242
If "No" please explain: Not Applicable	Contact/Phone: Randel Tillery 209-505-3965
	Vendor No.: T81012500
	NV Business ID: NV20111743662

To what State Fiscal Year(s) will the contract be charged? **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 % Private, NSFY

Agency Reference #: **300**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/28/2018**

Contract term: **90 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **WestEd Crosswalk**

5. Purpose of contract:

This is a new contract to perform mapping and cataloging of k12 and community college pathway programs to support and create stronger linkages between K12 career education programs and their sector and occupational counterpart programs in the Nevada Higher Education Systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,401.00**

Other basis for payment: **As invoiced**

II. JUSTIFICATION

7. What conditions require that this work be done?

New Skills for Youth Grant requires that the state scale pathways. This work will support and create stronger linkages between k12 career education programs and their sector and occupational counterpart programs. Data collected will be used in multiple ways included, expansion of regional pathway development and alignment of career education offerings, identification of new opportunities to increase early credit for high-school students through credit by exam and dual enrollment, to inform career exploration, development of online regional pathway resources, data integration.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We do not have the capacity to facilitate; it is common practice that outside entities conducts and evaluates this type of project.

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?

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:

Education has a current contract with WestEd - service provided 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:

Mayita Sanchez, Program Officer Ph: 775-687-2809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/20/2018 11:02:41 AM
Division Approval	amccalla	09/20/2018 11:02:44 AM
Department Approval	amccalla	09/20/2018 11:02:46 AM
Contract Manager Approval	amccalla	09/20/2018 11:02:49 AM
Budget Analyst Approval	cbrekken	09/29/2018 13:50:11 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: **20888**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: BOARD OF REGENTS-SA
Agency Code: 300	Contractor Name: BOARD OF REGENTS-SA
Appropriation Unit: 2678-04	Address: FINANCE OFFICE-NSHE 2601 ENTERPRISE RD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: 775/784-4901
	Vendor No.: D35000809
	NV Business ID: n/a

To what State Fiscal Year(s) will the contract be charged? **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 **10/01/2018**Anticipated BOE meeting date **11/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/22/2019**Contract term: **172 days**4. Type of contract: **Contract**Contract description: **CoNVerge Conference**

5. Purpose of contract:

This is a new contract to provide reimbursement to the Nevada System of Higher Education, Board of Regents, for costs associated with planning and facilitating the Nevada CoNVerge, College Access and Success for All Nevadans Conference to be held March 20 - 22, 2019.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Other basis for payment: per submittal of itemized invoice(s)

II. JUSTIFICATION

7. What conditions require that this work be done?

The United States Department of Education guidelines for the Nevada GEAR UP grant require a portion of the grant be used for professional development activities and or services. Nevada GEAR UP will reimburse the Nevada System of Higher Education, Board of Regents for logistical costs related to the 2019 CoNVerge, College Access for All Nevadans, Conference and collaborate to facilitate the conference.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The 2019 Nevada CoNVerge will be held at Nevada State College. As a cohost organization, the NSHE BOR will be working intra-institutionally to plan the Nevada CoNVerge Conference. They are in a unique position to arrange for related costs which include but are not limited to venue fees; technology use costs; guest speaker fees; transportation and parking costs; and printing costs. State agencies and employees do not have the time nor resources available to plan and facilitate the conference.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?

1. Past experience in working with NSHE, Board of Regents to host the annual conference, December 2017; 2. Nevada GEAR UP ambassadors at all seven NSHE institutions and the GEAR UP NSHE Coordinator are paid by GEAR UP funds, and will be thoroughly involved in the planning and hosting of the event.

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

The contractor is the Nevada System of Higher Education - Board of Regents, a public government entity.

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 provided satisfactory services for the Nevada Department of Education in planning and facilitating the Nevada CoNVerge Conference in December 2017.

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	amccalla	08/16/2018 09:04:43 AM
Division Approval	amccalla	08/16/2018 09:04:45 AM
Department Approval	amccalla	08/16/2018 09:04:47 AM
Contract Manager Approval	amccalla	08/16/2018 09:04:49 AM
Budget Analyst Approval	cbrekken	10/01/2018 09:43:15 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: **20982**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	LEADERSHIP FOR EDUCATIONAL EQUITY INC
Agency Code:	300	Contractor Name:	LEADERSHIP FOR EDUCATIONAL EQUITY INC
Appropriation Unit:	2712-36	Address:	1805 7TH ST NW 6th Floor
Is budget authority available?:	Yes	City/State/Zip:	WASHINGTON, DC 20001-3186
If "No" please explain:	Not Applicable	Contact/Phone:	Lekisha Jordan 202-597-1180
		Vendor No.:	T27040556
		NV Business ID:	NV20161313245

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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 %

Agency Reference #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date 10/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2019**Contract term: **303 days**4. Type of contract: **Contract**Contract description: **Strategic Planning**

5. Purpose of contract:

This is a new contract to recruit, select, and facilitate the placement process of individual fellows with NDE to coordinate and lead the redesign of school improvement tools and consolidation of the grant application process. The vendor will also lead professional development sessions for the fellows as part of the Fellowship Program to ensure the fellows are successful in their roles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,600.00**

Payment for services will be made at the rate of \$11,800.00 per itemized invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Every Student Succeeds Act (ESSA) has new requirements for state educational agencies regarding school improvement work. This includes redesigning school improvement tools and processes to align with new federal regulations, and some of these tools are requirements for districts and schools to access federal funds (e.g., needs assessments). These tools and processes are core components to the strategic planning and strategic budgeting work

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is new and extra work for the agency, as required by the ESSA, with no extra dollars or positions to complete the work. The work also does not fit into a specific federal or state program, so it does not clearly fall into any one person's responsibilities or work performance standards. With every staff member having a full workload already for their assigned federal or state program, the Department needed to identify opportunities and partnerships to build agency capacity.

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):

Harvard Graduate School of Education Ed. L.D. Resident Leadership for Educational Equity (LEE) Harvard Center for Education Policy Research Strategic Data Project Fellow

b. Solicitation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This contractor was the most cost effective and provided the strongest match to meet the needs of the Department. The organization will support and coach the fellows as a part of their scope of work. Moreover, this organization is able to meet our timeline, given the urgency of this work.

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: 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:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, and Budget Analyst Approval.

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: **21056**

Agency Name: STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name: Tess Stovall
Agency Code: 315	Contractor Name: Tess Stovall
Appropriation Unit: 2711-04	Address: 9424 Chenoweth Place
Is budget authority available?: Yes	City/State/Zip: Brentwood, TN 37027
If "No" please explain: Not Applicable	Contact/Phone: Tess Stovall 615-727-2050
	Vendor No.: Pending
	NV Business ID: NV20181550632

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Sponsorship Fees
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 **09/26/2018**
 Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**
 Contract term: **3 years and 278 days**

4. Type of contract: **Contract**
 Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**
 Payment for services will be made at the rate of \$999.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

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 staff necessary to conduct the review of these charter school documents.

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):

**Tess Stovall
Brenna Copeland
Earl Simm**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	09/06/2018 10:17:19 AM
Division Approval	ablackwe	09/06/2018 10:17:21 AM
Department Approval	ablackwe	09/06/2018 10:17:23 AM
Contract Manager Approval	ablackwe	09/26/2018 07:22:05 AM
Budget Analyst Approval	dbaughn	09/26/2018 10:33:29 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: **21076**

Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name: RUTH M METZ
Agency Code: 332	Contractor Name: RUTH M METZ
Appropriation Unit: 2895-35	Address: RUTH METZ ASSOCIATES 17335 NW LUCY REEDER RD
Is budget authority available?: Yes	City/State/Zip: PORTLAND, OR 97231-1323
If "No" please explain: Not Applicable	Contact/Phone: 503/422-8024
	Vendor No.: T32005526
	NV Business ID: NV20171424039

To what State Fiscal Year(s) will the contract be charged? **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 #: **ASD 2830466**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **259 days**

4. Type of contract: **Contract**

Contract description: **Strategic Planning**

5. Purpose of contract:

This is a new contract to implement a strategic planning process, engage stakeholders, and develop an updated strategic plan for the Nevada Library Cooperative.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The NV Library Cooperative Board is not in compliance with NRS regarding the organization's strategic plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The unique nature of the NV Library Cooperative requires a specific skill set and background knowledge of library practices, theory, trends, outcome-based planning practices, and organizational acumen.

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):

Civic Technologies
Califa
June Garcia LLC
Fred Steinmann, UNR
Ruth Metz

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor scored the highest out of five proposals.

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:

null, null Ph: null

Cynthia M. O., NV Library Coop Director Ph: 775-431-0097

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/18/2018 15:17:21 PM
Division Approval	ssands	09/18/2018 15:17:25 PM
Department Approval	ssands	09/18/2018 15:17:28 PM
Contract Manager Approval	ssands	09/25/2018 08:45:52 AM
Budget Analyst Approval	mtum1	10/14/2018 18:43:40 PM

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: **21185**

Agency Name: DCNR - HISTORIC PRESERVATION	Legal Entity Name: Melvyn Green & Associates, Inc.
Agency Code: 334	Contractor Name: Melvyn Green & Associates, Inc.
Appropriation Unit: All Appropriations	Address: 3868 Carson Street, Suite 300
Is budget authority available?: Yes	City/State/Zip: Torrance, CA 90503
If "No" please explain: Not Applicable	Contact/Phone: Mel Green 310-792-9252
	Vendor No.: T27035785
	NV Business ID: NV20101044218
To what State Fiscal Year(s) will the contract be charged?	2019-2021

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 %

General Fund, Federal Funds, or Bond Funds according to the specific project and budget account.

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2018**
 Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2020**

Contract term: **1 year and 349 days**

4. Type of contract: **Contract**

Contract description: **Engineering Services**

5. Purpose of contract:

This is a new contract to provide professional structural engineering and consulting services in reference to historical structures.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: as agreed per specific work request, not to exceed \$20,000 per state fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

Consulting services in reference to historic structures, usually unreinforced brick, to assess safety, stability, and other conditions, and advise and make plans and recommendations as requested.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is very specific expertise, which does not exist with state personnel.

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?

This specialty service does not lend itself to competitive solicitation, as referenced in NAC 333.150 2(b)(2).

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:

Palmer, Rebecca L., Administrator Ph: 775-684-3448

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	stilley	10/05/2018 08:59:22 AM
Division Approval	stilley	10/05/2018 08:59:26 AM
Department Approval	kwilliam	10/05/2018 10:06:01 AM
Contract Manager Approval	stilley	10/12/2018 10:18:52 AM
Budget Analyst Approval	cpalme2	10/17/2018 12:05:47 PM

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: **21143**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: ESMERALDA COUNTY
Agency Code: 402	Contractor Name: ESMERALDA COUNTY
Appropriation Unit: 3167-00	Address: PO BOX 517
Is budget authority available?: Yes	City/State/Zip: GOLDFIELD, NV 89013
If "No" please explain: Not Applicable	Contact/Phone: 775/485-3406
	Vendor No.: T81000318
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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 **11/2018**

Retroactive? **Yes**

If "Yes", please explain

This contract requires the retroactive start date for the State's obligation to continue to provide critical support services (per NRS 435.020) for children with intellectual and development disabilities and ensure continuity of care for reimbursement to ADSD for non-federal share of funding as payment for children's services (per NRS 435.010). ADSD has been collaborating with its State agencies and the Counties to finalize contract language to meet the contractual obligations for all parties.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Esmeralda County**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020, the Aging and Disability Services Division (ADSD) is obligated to provide services to children with intellectual and developmental disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing the services for 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:

ADSD, 2014-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 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	dbowma1	09/27/2018 16:50:14 PM
Division Approval	dbowma1	09/27/2018 16:50:17 PM
Department Approval	vmilazz1	10/01/2018 15:46:09 PM
Contract Manager Approval	ltuttl1	10/02/2018 15:11:52 PM
Budget Analyst Approval	bwooldri	10/03/2018 11:39:19 AM

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>

June 13, 2018

MEMORANDUM

TO: James Wells, Director
Governor's Finance Office

THROUGH: Richard Whitley, MS, Director
Department of Health and Human Services

FROM: Dena Schmidt, Administrator 
Aging and Disability Services Division

SUBJECT: Request for Approval for Retroactive July 1, 2018, Start Date for Esmeralda County Revenue Contract

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) revenue contract with Esmeralda County be approved for a retroactive start date effective July 1, 2018. This contract requires this retroactive start date for the State's obligation to continue to provide services and ensure continuity of care to children.

This revenue contract is for reimbursement to ADSD for the non-federal share of funding as payment for children's services per NRS 435.010. The critical nature of these services and NRS 435.020 obligate the State to continue to provide needed support services and service coordination for residents with intellectual and developmental disabilities.

ADSD has been collaborating with its State agencies and the counties to finalize contract language to meet the needs and contractual obligations for all parties.

Thank you for your consideration.

Dena Schmidt, Administrator
Aging and Disability Services Division

cc: Lisa Sherych, ADSD, Deputy Administrator
Lisa Tuttle, ADSD, Contract Manager

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: 19077	Amendment Number: 1
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: PHARMERICA MOUNTAIN, LLC
Agency Code: 402	Contractor Name: PHARMERICA MOUNTAIN, LLC
Appropriation Unit: 3279-04	Address: PHARMERICA MOUNTAIN LLC 2450 FIRE MESA ST., SUITE 180 LAS VEGAS, NV 89128
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128
If "No" please explain: Not Applicable	Contact/Phone: 702/871-1920
	Vendor No.: T27020341
	NV Business ID: NV20101468703

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.

<input checked="" type="checkbox"/> General Funds	37.90 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	62.10 %	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 **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pharmaceutical Svcs**

5. Purpose of contract:

This is the first amendment to the original contract that continues ongoing pharmaceutical services, in-service education, and the monitoring and evaluation of pharmaceutical inventory and control systems at Desert Regional Center. This amendment increases the maximum amount from \$22,512 to \$34,212 due to the increase of number of hours per month limit which will allow the contractor to provide services more effectively due to the continued need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$22,512.00	\$22,512.00	\$22,512.00	Yes - Info
2. Amount of current amendment (#1):	\$11,700.00	\$11,700.00	\$34,212.00	Yes - Info
3. New maximum contract amount:	\$34,212.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Federal Code of Regulations Title 42, Chapter 483.60 Pharmacy Services - The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in 483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. The facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing and administering of all drugs and biologicals) to meet the needs of each resident.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees, within Desert Regional Center, are neither trained nor certified 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):

Life Care Pharmacy
Pharmerica
Avella
Well Care Long Term Pharmacy

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

PharMerica was the only vendor that responded.

d. Last bid date: 05/08/2017 Anticipated re-bid date: 07/01/2021

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?

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:

ADSD-July 1, 2011-June 30, 2015 Satisfactory
ADSD - 10/1/16 to 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:

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	dbowma1	09/20/2018 10:55:08 AM
Division Approval	dbowma1	09/20/2018 10:55:12 AM
Department Approval	vmilazz1	09/23/2018 16:57:14 PM
Contract Manager Approval	ltuttl1	09/24/2018 12:28:13 PM
Budget Analyst Approval	mmoren1	09/27/2018 15:34:30 PM

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: **21108**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: BOARD OF REGENTS - NSHE, CENTER FOR EXCELLENCE IN DISABILITIES
Agency Code: 402	Contractor Name: BOARD OF REGENTS - NSHE, CENTER FOR EXCELLENCE IN DISABILITIES
Appropriation Unit: 3280-36	Address: Mail Stop 285
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: Mary Bryant 775/682-9057
	Vendor No.: D35000816
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2019-2022

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.

<input checked="" type="checkbox"/> General Funds	48.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	52.00 %	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 **09/27/2018**
Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **3 years and 4 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Jobs & Day Training**

5. Purpose of contract:

This is a new contract to ensure quality jobs and day training services are made available to eligible participants in accordance with the federal requirements in the Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Other basis for payment: **As invoiced per Attachment BB**

II. JUSTIFICATION

7. What conditions require that this work be done?

Establish obligations, expectations, and relationship between ASD and provider to ensure quality JDT services are made available to eligible participants in accordance with federal requirements in the Home and Community Based Waiver for individuals with intellectual and developmental disabilities (HCBS Waiver) and Division policies. Provider must represent to ASD the ability to provide JDT services as defined in HCBS Waiver regulations and meet ASD certification requirements, DS provider standards of service provision and policy. ASD must certify all JDT provider agencies through the standardized certification process pursuant to NRS 435, NAC.435, and DS policies and procedures.

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 to perform these services.

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:

BOR NSHE UNR contracts with multiple State of Nevada agencies.

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	dbowma1	09/19/2018 13:03:59 PM
Division Approval	dbowma1	09/19/2018 13:04:03 PM
Department Approval	vmilazz1	09/23/2018 16:37:48 PM
Contract Manager Approval	ltutt1	09/24/2018 12:25:53 PM
Budget Analyst Approval	mmoren1	09/27/2018 13:28:53 PM

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: **21015**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	CARSON CITY, CITY OF
Agency Code:	403	Contractor Name:	CARSON CITY, CITY OF
Appropriation Unit:	3158-24	Address:	CARSON CITY HEALTH & HUMAN SVC 740. S Salilman Rd.
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89701
If "No" please explain:	Not Applicable		
		Contact/Phone:	775/887-2190
		Vendor No.:	T80990941AE
		NV Business ID:	Governmental Entity

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 %
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 **07/01/2017**

Anticipated BOE meeting date 11/2018

Retroactive? **Yes**

If "Yes", please explain

This contract is retroactive because of the delay in the cost reporting and ongoing negotiations with the city and the state that were longer than anticipated.

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **TCM /Admin Services**

5. Purpose of contract:

This is a new interlocal agreement that continues to provide the ability to obtain and pass through Title XIX and Title XXI Federal funding for Targeted Case Management and Administrative service cost recovery to the City of Carson City. Carson City Juvenile Services provides Targeted Case Management services to eligible recipients in accordance with the state of Nevada Medicaid State Plan and the Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

TCM services are provided per Medicaid State Plan Amendment and the Nevada Medicaid Services Manual.

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 staff available to provide these services and this contract benefits the City of Carson City.

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?

[Empty text box]

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:

DHCFP has contracted with the City of Carson City for many years and is satisfied with the services provided by the city.

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	pcolegro	09/27/2018 09:01:50 AM
Division Approval	ecrecli	09/28/2018 11:06:01 AM
Department Approval	vmilazz1	10/01/2018 16:31:07 PM
Contract Manager Approval	iknigh1	10/02/2018 18:51:42 PM
Budget Analyst Approval	mmoren1	10/09/2018 15:14:14 PM

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: **20994**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Hansen Hunter & Company, P.C.
Agency Code: 406	Contractor Name: Hansen Hunter & Company, P.C.
Appropriation Unit: 3161-04	Address: 8930 SW GEMINI DR
Is budget authority available?: Yes	City/State/Zip: Beaverton, OR 97008
If "No" please explain: Not Applicable	Contact/Phone: Jeff Moore 800-547-3159
	Vendor No.: T29009225
	NV Business ID: NV20101244381

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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.

<input checked="" type="checkbox"/> 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 **09/27/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **1 year and 277 days**

4. Type of contract: **Contract**

Contract description: **Cost Reporting**

5. Purpose of contract:

This is a new contract that provides ongoing certified public accounting services to prepare and submit required Medicare Cost Reports to Mutual of Omaha on behalf of Southern Nevada Adult Mental Health Services

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,450.00**

Payment for services will be made at the rate of \$19,725.00 per per cost report

Other basis for payment: To be paid upon completion of each SFY Medicare Cost Report as invoiced and approved by Southern Nevada Adult Mental Services.

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet the requirements of Health Care Financing and Policy for participation in Medicare and Medicaid reimbursement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Existing State employees lack familiarity with changing federal regulations and cost report preparation. Professional expertise is required to maximize cost report settlement.

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 NAC 333.150 2 (b) (5) public accountants are exempt from solicitation.

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 provided services to DPBH since 2004 - 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	rmorse	09/17/2018 15:18:36 PM
Division Approval	rmorse	09/17/2018 15:18:39 PM
Department Approval	vmilazz1	09/23/2018 15:56:34 PM
Contract Manager Approval	rmorse	09/24/2018 10:19:53 AM
Budget Analyst Approval	afrantz	09/27/2018 09:46:05 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: **20596**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: United Lock and Security, Inc.
Agency Code: 406	Contractor Name: United Lock and Security, Inc.
Appropriation Unit: 3161-07	Address: 3401 SIRIUS AVE STE 9
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89102
If "No" please explain: Not Applicable	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? **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.

<input checked="" type="checkbox"/> 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 16710**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/23/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **250 days**

4. Type of contract: **Contract**

Contract description: **Lock and Security**

5. Purpose of contract:

This is a new contract that continues ongoing services for maintenance to specialty doors, exit devices, electromagnetic locking systems, door closers and smoke seals in the Rawson Neal Psychiatric Hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To protect the safety and welfare of consumers and visitors at the facility, these doors and mechanisms ensure secure and fluid passage between unit and other doors while meeting Joint Commission, CMS and Life Safety standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current State employees do not have the necessary knowledge, skill and training in the electromagnetic door and locking systems.

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):

United Lock and Security
Western States Door Control
Vegas Valley Locking System

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 06/13/2018 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?

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:

Since 2014 - 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	rmorse	10/17/2018 14:49:09 PM
Division Approval	rmorse	10/17/2018 14:49:11 PM
Department Approval	vmilazz1	10/18/2018 10:45:57 AM
Contract Manager Approval	rmorse	10/23/2018 08:18:47 AM
Budget Analyst Approval	afrantz	10/23/2018 08:36:16 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: **20615**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: PASCHALL PLUS
Agency Code: 406	Contractor Name: PASCHALL PLUS
Appropriation Unit: 3162-07	Address: 1519 Pittman Ave.
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-5619
If "No" please explain: Not Applicable	Contact/Phone: Bruce Ricketts 775/825-6500
	Vendor No.: T29040918
	NV Business ID: NV19921060375
To what State Fiscal Year(s) will the contract be charged?	2019-2022

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.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
<input type="checkbox"/> Federal Funds	0.00 %	Bonds	0.00 %
<input type="checkbox"/> Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 16529**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/27/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 277 days**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

This is a new contract that provides plumbing services for 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: **\$24,900.00**

Payment for services will be made at the rate of \$24,900.00 per Attachment AA

Other basis for payment: Upon receipt and approval of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS333.700, NAC 333.150 and SAM 330.0 contracting services to maintain building is required for the safety and wellbeing of consumers and staff.

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, 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):

USA Bath
Paschall Plus Plumbing
Master Service Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer, and provided the lowest hourly labor rate.

d. Last bid date: 05/25/2018 Anticipated re-bid date: 03/31/2022

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:

Greg Holcomb, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	09/18/2018 08:30:35 AM
Division Approval	rmorse	09/18/2018 08:30:38 AM
Department Approval	vmilazz1	09/23/2018 16:09:19 PM
Contract Manager Approval	rmorse	09/24/2018 10:22:17 AM
Budget Analyst Approval	afrantz	09/27/2018 09:46:19 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: **20703**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Ron's Refrigeration, Inc.
Agency Code: 406	Contractor Name: Ron's Refrigeration, Inc.
Appropriation Unit: 3162-07	Address: 2068 S. Edmonds Drive
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Richard Allison 775-882-4845
	Vendor No.: PUR0000322
	NV Business ID: NV19791011556

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C16723**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **1 year and 250 days**

4. Type of contract: **Contract**

Contract description: **Fridge repair**

5. Purpose of contract:

This is a new contract to provide refrigeration equipment repair services for northern Nevada mental health centers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$85.00 per Hour

Other basis for payment: \$127.50 per hour for weekend and Holiday. Material or parts markup at 25%

II. JUSTIFICATION

7. What conditions require that this work be done?

All refrigeration equipment in the service kitchen are over 10 years old, such as walk-in cooler or freezer, and refrigerators. The routine maintenance and emergency repair services become a necessity to prevent food service interruption for clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No agency employees have the proper knowledge regarding the wide range of refrigerator brands or models.

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):

Ron's Refrigeration, Inc
Burney's Commercial Service of Nevada
Gardner Engineering

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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: 07/31/2018 Anticipated re-bid date: 04/01/2020

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?

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)?

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:

Greg Holcomb, FS III Ph: 775-688-2125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	10/17/2018 14:49:19 PM
Division Approval	rmorse	10/17/2018 14:49:21 PM
Department Approval	vmilazz1	10/18/2018 10:02:15 AM
Contract Manager Approval	rmorse	10/19/2018 12:00:16 PM
Budget Analyst Approval	afrantz	10/23/2018 08:00:35 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: **21048**

Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**

Agency Code: **407**
Appropriation Unit: **3238-23**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **BEAVEX, INC.**

Contractor Name: **BEAVEX, INC.**

Address: **PO BOX 645564**

City/State/Zip: **CINCINNATI, OH 45264-5564**

Contact/Phone: **404/260-0961**

Vendor No.: **T27010585A**

NV Business ID: **NV20051249485**

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.

<input checked="" type="checkbox"/> General Funds	34.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Courier Svcs-SCaDU**

5. Purpose of contract:

This is a new contract to provide ongoing mail courier services for the Division's State Collection and Disbursement Unit.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,035.00**

Payment for services will be made at the rate of \$35.00 per Day

II. JUSTIFICATION

7. What conditions require that this work be done?

SCaDU child support checks and other payment instruments need to be delivered timely to the SCaDU office for appropriate posting and depositing per federal regulations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not provide mail courier 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):

FF&E Logistical, Inc.
Box Brothers of Nevada
Accelerated Delivery
BeavEx, Inc.
Ontime Everytime Logistics
Native Contractors LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Bid solicitations were mailed to multiple other vendors with no response. This vendor has been providing ongoing courier services to DWSS in a satisfactory manner.

d. Last bid date: 08/15/2018 Anticipated re-bid date: 06/15/2022

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:

This contractor has been providing satisfactory mail courier services to DWSS on an ongoing basis.

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:

Nova Murray, Deputy Administrator Ph: (775) 6840553

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bberry	09/20/2018 16:48:17 PM
Division Approval	bberry	09/20/2018 16:48:21 PM
Department Approval	vmilazz1	09/21/2018 15:36:44 PM
Contract Manager Approval	mpomerle	09/21/2018 16:00:45 PM
Budget Analyst Approval	nhovden	09/25/2018 09:24:51 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: **21038**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: NEVADA H.A.N.D., INC
Agency Code: 407	Contractor Name: NEVADA H.A.N.D., INC
Appropriation Unit: 4862-04	Address: PO BOX 230220
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89105-0220
If "No" please explain: Not Applicable	Contact/Phone: 702/739-3345
	Vendor No.: T81100169A
	NV Business ID: NV19931081318

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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	32.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	68.00 % Universal Energy Charge

Agency Reference #: 407

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 11/2018

Retroactive? **Yes**

If "Yes", please explain

Pursuant to the All Agency Memo #2017-20, the Governor's Finance Office mandated agencies no longer use previously approved Provider Agreements and that all existing Provider Agreements in place must be terminated by 06/30/2018 and are to be replaced by new contracts.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EAP Intake Site**

5. Purpose of contract:

This is a new contract to continue ongoing services for intake sites to provide application assistance for home energy benefits to low income and senior populations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,000.00**

Payment for services will be made at the rate of \$10.00 per completed application

II. JUSTIFICATION

7. What conditions require that this work be done?

Funding through the Low Income Home Energy Assistance Program block grant allows for increased program access for applicants by collaboration with various entities to assist with the EAP application completion process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These various public and non-profit vendors assist with the EAP application process, which significantly decreases processing time by 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):

Boys & Girls Club of Las Vegas
Nevada Hand, Inc
Cappalappa Family Resource Center
Food Bank of Northern Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor is one of multiple qualified vendors selected to perform this service across the State to ensure EAP Assistance is more accessible to all Nevadans.

d. Last bid date: 06/04/2018 Anticipated re-bid date: 04/04/2022

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 previously contracted with the Division of Welfare & Supportive Services for EAP Intake Site services and has provided satisfactory services.

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:

Betsy Ransdell, SSPS III, Employment & Support Services Ph: (775) 684-0552

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bberry	09/18/2018 08:56:29 AM
Division Approval	bberry	09/18/2018 08:56:32 AM
Department Approval	vmilazz1	09/23/2018 15:40:37 PM
Contract Manager Approval	mpomerle	09/24/2018 12:17:00 PM
Budget Analyst Approval	nhovden	09/25/2018 09:03:55 AM

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

1470 College Parkway
Carson City, NV, 89706
Telephone (775) 684-0500 • Fax (775) 684-0614
<http://dwss.nv.gov>

August 31, 2018

To: Nikki Hovden, Budget Officer II
Governor's Finance Office

Through: Richard Whitley, Director
Department of Health and Human Services

From: Steve H. Fisher, Administrator

Re: Retroactive approval of the Independent Contract between the Division of Welfare and Supportive Services (DWSS) and the Nevada Hand, Inc.

The DWSS is requesting a retroactive approval of the above referenced Contract to July 1, 2018.

This independent contract is to continue to assist low income and senior populations of Nevada with Energy Assistance Program application completion, which increases program access for applicants and decreases processing time by the State. The services described above were originally in place through a Provider Agreement with the vendor that was to be terminated on June 30, 2020. At the end of December 2017, the State was mandated to discontinue the use of Provider Agreements and to terminate all existing Provider Agreements in place by June 30, 2018.

To avoid any disruption in assistance to the low income and senior populations of Nevada that use these services, the Department of Health and Human Services agreed to work with our agency as it transitioned from invalid Provider Agreements to new contracts by allowing for retroactive approval of all new contracts up to the first 90 days past the mandated termination date. As such, DWSS is requesting that the contract be approved retroactively to July 1, 2018 in order to ensure ongoing services through the Nevada Hand, Inc.

Thank you for your assistance in this matter.

Monique Pomerleau
Management Analyst II
Division of Welfare and Supportive Services

"Working for the Welfare of ALL Nevadans"

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: **21146**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Michael Capello and Associates, Inc.
Agency Code: 409	Contractor Name: Michael Capello and Associates, Inc.
Appropriation Unit: 3251-10	Address: 6548 Golden Dawn Court
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89436
If "No" please explain: Not Applicable	Contact/Phone: Michael Capello 775-771-4258
	Vendor No.:
	NV Business ID: NV 20081568007

To what State Fiscal Year(s) will the contract be charged? **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 % License and Fees
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 **10/19/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **224 days**

4. Type of contract: **Contract**

Contract description: **Child Fatality Review**

5. Purpose of contract:

This is a new contract to conduct a review of cases where a child fatality occurred in order to provide information regarding trends and/or missed opportunities involved in the child fatalities and assist in identifying opportunities for improvement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

Payment for services will be made at the rate of \$125.00 per Hour

Other basis for payment: \$4,000 travel - up to 2 people, up to 2 trips to Las Vegas

II. JUSTIFICATION

7. What conditions require that this work be done?

Third party, not associated with the jurisdiction where the fatality occurred, reviews are needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is a need for reviews of child fatalities by a third party due to the sensitive nature of the reviews.

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):

Nevada Public Health Foundation
Action4Child Protection
Michael Capello and Associates Inc.

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: 09/17/2018 Anticipated re-bid date: 09/30/2022

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?

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:

June 2014-June 2015 DCFS, 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:

Melissa Faul, Social Svcs Prgm Sp 3 Ph: 775-684-4471

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmason	10/15/2018 12:11:06 PM
Division Approval	knielsen	10/15/2018 16:41:11 PM
Department Approval	vmilazz1	10/17/2018 16:41:22 PM
Contract Manager Approval	sknigge	10/18/2018 09:04:26 AM
Budget Analyst Approval	nhovden	10/19/2018 16:38:51 PM

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: **21074**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: LOGISTICAL SOLUTIONS LLC
Agency Code: 431	Contractor Name: LOGISTICAL SOLUTIONS LLC
Appropriation Unit: 3650-07	Address: 4780 W ANN RD STE 5 PMB 237
Is budget authority available?: Yes	City/State/Zip: NORTH LAS VEGAS, NV 89031-3471
If "No" please explain: Not Applicable	Contact/Phone: Kris Everett 702/596-2021
	Vendor No.: T29031688A
	NV Business ID: NV20081496193

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> 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 **10/01/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/07/2020**

Contract term: **1 year and 342 days**

4. Type of contract: **Contract**

Contract description: **Vacuum Services**

5. Purpose of contract:

This is a new contract to provide cleaning, pumping and legal disposal of grease traps and sand oil separators at Nevada National Guard location in Southern Nevada

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,998.00**

Payment for services will be made at the rate of \$24,999.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide cleaning, pumping and legal disposal of grease traps and sand oil separators at Nevada National Guard location in Southern Nevada

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 equipment or the certifications to do 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):

H2O Environmental
American Pumping Services
Safety-Kleen Systems, Inc.

Logistal Solutions
Clean Harbors

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Logistical Solutions, LLC was chosen based on the bidding process.

d. Last bid date: 08/03/2018 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	09/11/2018 13:39:30 PM
Division Approval	ctyle1	09/11/2018 13:39:32 PM
Department Approval	ctyle1	09/11/2018 13:39:35 PM
Contract Manager Approval	twollan1	09/25/2018 07:43:54 AM
Budget Analyst Approval	mmoren1	10/01/2018 11:15:12 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: **21152**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: OFLAHERTY PLUMBING & HEATING
Agency Code: 440	Contractor Name: OFLAHERTY PLUMBING & HEATING
Appropriation Unit: 3723-95	Address: 965 PIOCHE HWY
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89301-3135
If "No" please explain: Not Applicable	Contact/Phone: John O'Flaherty 775-289-2801
	Vendor No.: PUR0002815
	NV Business ID: NV19781000068

To what State Fiscal Year(s) will the contract be charged? **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 **10/10/2018**

Anticipated BOE meeting date 10/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2019**

Contract term: **141 days**

4. Type of contract: **Contract**

Contract description: **Boiler replacement**

5. Purpose of contract:

This is a new contract to provide for the replacement and installation of one boiler located at Pioche Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,467.00**

Other basis for payment: Upon satisfactory completion of services and submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The boiler at PCC is not functioning properly and requires replacement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not certified to install the boiler.

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):

**RF MacDonald
O'Flaherty Heating and Plumbing**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only two vendors responded to the solicitation for services, O'Flaherty was the lowest most responsible bidder.

d. Last bid date: 09/21/2018 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:

NDOC, 2014 to current. Services have been verified as 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	cjackson	10/03/2018 16:03:50 PM
Division Approval	amonro1	10/04/2018 15:21:07 PM
Department Approval	sewart	10/04/2018 18:21:20 PM
Contract Manager Approval	mkillia1	10/09/2018 12:20:38 PM
Budget Analyst Approval	mmoren1	10/10/2018 15:38:16 PM

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: **21153**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: WSRP, LLC
Agency Code: 440	Contractor Name: WSRP, LLC
Appropriation Unit: 3727-35	Address: 155 N. 400 W. Ste. 400
Is budget authority available?: Yes	City/State/Zip: SALT LAKE CITY, UT 84103-1150
If "No" please explain: Not Applicable	Contact/Phone: Douglas Myers 801-328-2011
	Vendor No.: T29031692
	NV Business ID: NV20151426784

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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 **10/09/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **1 year and 265 days**

4. Type of contract: **Contract**

Contract description: **CPA Audit services**

5. Purpose of contract:

This is an ongoing contract to provide for a certified public accounting firm to perform a program specific audit of the Nevada Wild Horse and Burrow maintenance and training facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,250.00**

Other basis for payment: Upon satisfactory completion of services and submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require that non-federal entities that expend \$750,000.00 or more in federal assistance during a year shall have a program specific audit conducted for that year in accordance with OMB Circular A-133 Uniform Guidance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Federal regulations require program specific audits be performed by Certified Public Accountants that have the expertise in federally funded programs.

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?

WSRP, LLC has the experience and depth of knowledge in financial statement audits, compliance audits, A-133 recipients, and governmental auditing and accounting.

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:

DOC - Prison ranch and audit 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:

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:

Diane Dastal, ASO Ph: 702-486-9995

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddastal	10/01/2018 14:43:45 PM
Division Approval	amonro1	10/04/2018 12:01:48 PM
Department Approval	sewart	10/04/2018 13:33:18 PM
Contract Manager Approval	mkillia1	10/08/2018 10:37:37 AM
Budget Analyst Approval	mmoren1	10/09/2018 10:09:22 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: **21080**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: REDDY ICE CORP DBA LAS VEGAS COLD STORAGE
Agency Code: 550	Contractor Name: REDDY ICE CORP DBA LAS VEGAS COLD STORAGE
Appropriation Unit: 1362-10	Address: LAS VEGAS COLD STORAGE 1201 SEARLES AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101-1199
If "No" please explain: Not Applicable	Contact/Phone: 702/649-8002
	Vendor No.: T81010494B
	NV Business ID: NV19981309070

To what State Fiscal Year(s) will the contract be charged? **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 **10/16/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **227 days**

4. Type of contract: **Contract**

Contract description: **LV Cold Storage**

5. Purpose of contract:

This is a new contract to provide ongoing cold storage services in the Las Vegas area for U.S. Department of Agriculture frozen and fresh commodity foods for the National School Lunch Program, Commodity Supplemental Food Program, Child & Adult Care Food Program, and Nutrition Service Incentive Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,750.00**

Other basis for payment: **Monthly invoices are presented for payment.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Frozen and fresh commodity foods must be stored at specific temperatures to maintain shelf-life.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not currently have a warehouse in the southern area with an industrial food freezer capable of housing commodity foods.

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 #: 180902

Approval Date: 09/11/2018

c. Why was this contractor chosen in preference to other?

This vendor has provided excellent service for these services in the past and no other vendor has responded to multiple requests for proposals by the agency and Purchasing Division.

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:

Department of Agriculture, FY15-FY19. Service 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:
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	bbel1	09/17/2018 16:25:01 PM
Division Approval	bbel1	09/17/2018 16:25:06 PM
Department Approval	bbel1	09/17/2018 16:25:08 PM
Contract Manager Approval	melli2	10/16/2018 16:24:23 PM
Budget Analyst Approval	mtum1	10/16/2018 17:38:41 PM

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#:	180902

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
1a	State Agency:		
	Contact Name and Title	Phone Number	Email Address
	Debra Crowley-Fiscal Administrator	775-353-3602	dcrowley@agri.nv.gov

Vendor Information:		
1b	Identify Vendor:	Reddy Ice Corp DBA Las Vegas Cold Storage
	Contact Name:	Jim Sisco
	Address:	P.O. Box 730505, Dallas TX 75373-0505
	Telephone Number:	(702) 649-8002
	Email Address:	jsisco@reddyice.com

Type of Waiver Requested – Check the appropriate type:					
1c	<table border="1"> <tr> <td>Sole or Single Source:</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Professional Service Exemption:</td> <td><input type="checkbox"/></td> </tr> </table>	Sole or Single Source:	<input checked="" type="checkbox"/>	Professional Service Exemption:	<input type="checkbox"/>
Sole or Single Source:	<input checked="" type="checkbox"/>				
Professional Service Exemption:	<input type="checkbox"/>				

Contract Information:					
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	#			
	CBTS:	#			

Term:					
1e	One (1) Time Purchase:	<input type="checkbox"/>			
	Contract:	Start Date:	Upon BOE approval	End Date:	05/31/2019

Funding:		
1f	State Appropriated:	
	Federal Funds:	X-50%
	Grant Funds:	
	Other (Explain):	X-50% Program Fees

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$33,750.00

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased: NDA is contracting for a full-service cold storage facility in Las Vegas to store USDA commodities for our National School Lunch Program (NSLP), Commodity Supplemental Food Program (CSFP), Child & Adult Care Food Program (CACFP) and Nutrition Service Incentive Program. (NSIP)</p>
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3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor: Reddy Ice Corp. currently provides a full-service cold storage facility for our Las Vegas (Southern) USDA programs. The vendor provides the following services: receiving commodities from USDA suppliers, pulling and loading commodity when NDA trucks arrive for weekly routes, and monthly physical inventory counts.</p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: An RFA was posted by NDA, as well as two (2) RFP's by State Purchasing. No vendors have chosen to complete the online RFP application. NDA has also received a finding on our USDA management evaluation of the CSFP program. "NDA must establish an interim contract with the current storage facility or establish a temporary contract with another warehouse to store USDA foods." (See attached FFY 2018 Nevada CSFP Management Evaluation)</p>
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Were alternative services or commodities evaluated? Check One.		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
5	<p>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> Several cold storage facilities were contacted in the Las Vegas area, but they all chose not to complete the proposal. (Americold Logistics, Cold Storage Solution, Las Vegas Cold Storage)</p>				
	<p>b. <i>If not, why were alternatives not evaluated?</i></p>				

Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.				Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
6	<p>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></p>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	7/01/2016	6/30/2017	\$152,000.00	Full Service cold storage	Waiver #161105		
	9/09/2014	6/30/2016	\$136,471.60	Full Service cold storage	Waiver #140601		
	10/11/2011	6/30/2013	\$150,000.00	Full Service cold storage	RFP #1919-not in file		
	03/22/2006	10/31/2011	\$450,000.00	Full Service cold storage	Unable to locate		

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p>NDA would not be able to comply with USDA requirements for establishing a contract with a cold storage vendor and ultimately we would not be able to meet our obligations. This could create a loss of critical commodities for our department as well as the recipients who utilize these programs.</p>
---	--

8	<p>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?</p> <p>NDA completed one (1) RFA, State Purchasing has completed two (2) RFP's in the Las Vegas area and was notified in September 2018 to begin a third RFP. No vendors have completed the application.</p>
---	--

9	<p>Will this purchase obligate the State to this vendor for future purchases? <i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p>Approval of this waiver and subsequent contract will allow NDA to continue the service of providing USDA commodities for our (NSLP), (CSFP), (CACFP) and (NSIP) programs. During this six (6) month waiver State Purchasing is going to complete a third (3) RFP. If no vendors complete the online proposal, we will have the option to extend this waiver for a total of four years.</p>	Yes:	<input checked="" type="checkbox"/>	No:	
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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.

Homa Anooshehpour
Agency Representative Initiating Request

H. Anooshehpour 9/11/18
Homa Anooshehpour-Representative Initiating Request Date

Debra Crowley 9/11/18
Signature of Agency Head Authorizing Request

Debra Crowley-Agency Head Authorizing Request 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:

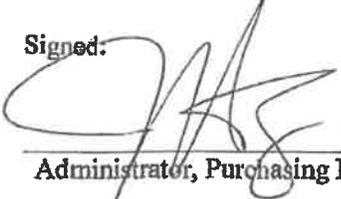
Representative Providing Review

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:



Administrator, Purchasing Division or Designee 9-11-2018
Date

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: **17755** Amendment Number: **2**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **JOSE M. CASTRO SERRANO DBA EXPRESS JANITORIAL**

Agency Code: **550** Contractor Name: **JOSE M. CASTRO SERRANO DBA EXPRESS JANITORIAL**

Appropriation Unit: **4554-07** Address: **418 South Rock Boulevard**

Is budget authority available?: **Yes** City/State/Zip: **Sparks, NV 89431**

If "No" please explain: **Not Applicable** Contact/Phone: **Jose Castro Serrano 775-800-7434**

Vendor No.: **T27039163**

NV Business ID: **NV20151602240**

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.

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 **02/01/2016**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2018**

Contract term: **3 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 janitorial services to the Sparks headquarters and consumer equitability buildings. This amendment extends the termination date from October 31, 2018 to January 31, 2019. and increases the maximum amount from \$99,877.50 to \$109,887.50 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:	\$84,620.00	\$84,620.00	\$84,620.00	Yes - Action
a. Amendment 1:	\$15,257.50	\$15,257.50	\$15,257.50	Yes - Info
2. Amount of current amendment (#2):	\$10,000.00	\$10,000.00	\$25,257.50	Yes - Info
3. New maximum contract amount:	\$109,877.50			
and/or the termination date of the original contract has changed to:	01/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services for the Department of Agriculture's northern headquarters and consumer equitability building are necessary to keep buildings maintained to a minimum standard of cleanliness.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State does not employ full time janitorial staff of this location.

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):

Express Janitorial
Enterprise Janitorial
FAAD Janitorial

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the only one who responded to the request and will complete the necessary services.

d. Last bid date: 01/04/2016 Anticipated re-bid date: 11/01/2018

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:

Nevada Department of Agriculture 2016 to Present, service 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:
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	melli2	10/04/2018 14:13:23 PM
Division Approval	bbel1	10/05/2018 08:43:44 AM
Department Approval	bbel1	10/05/2018 08:44:10 AM
Contract Manager Approval	melli2	10/05/2018 08:48:28 AM
Budget Analyst Approval	mtum1	10/18/2018 11:58:29 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: **16157** Amendment Number: **2**

Agency Name: **GCB - GAMING CONTROL BOARD** Legal Entity Name: **Vision Control Associates of Nevada, Inc.**

Agency Code: **611** Contractor Name: **Vision Control Associates of Nevada, Inc.**

Appropriation Unit: **4061-26** Address: **4690 Longley Ln - Unit A14**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **Mike Pristow 702-222-0877**

Vendor No.: **T29035735A**

NV Business ID: **NV19911058820**

To what State Fiscal Year(s) will the contract be charged? **2015-2021**

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.

<input checked="" type="checkbox"/>	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 **10/24/2014**

Anticipated BOE meeting date **09/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **5 years and 343 days**

4. Type of contract: **Contract**

Contract description: **Maintenance**

5. Purpose of contract:

This is the second amendment to the original contract, which provides new video conferencing maintenance at the Gaming Control Board's Carson City and Las Vegas locations. This amendment extends the termination date from September 30, 2018 to September 30, 2020 and increases the maximum amount from \$38,000 to \$49,999 due to continued need for the service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,000.00	\$12,000.00	\$12,000.00	Yes - Info
a. Amendment 1:	\$26,000.00	\$26,000.00	\$38,000.00	Yes - Info
2. Amount of current amendment (#2):	\$11,999.00	\$11,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			
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 Gaming Control Board has video conferencing equipment that requires support and maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Video conferencing system maintenance requires specialized skills. The Gaming Control Board knows of no state employee with this skill set.

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):

CenturyLink
Potential AV Maintenance Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price and knowledge.

d. Last bid date: 09/24/2014 Anticipated re-bid date: 10/21/2018

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:

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	klay0	09/21/2018 15:18:36 PM
Division Approval	klay0	09/21/2018 15:18:41 PM
Department Approval	klay0	09/21/2018 15:18:46 PM
Contract Manager Approval	klay0	09/21/2018 15:18:50 PM

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: **21198**

Agency Name: DPS-DIRECTOR'S OFFICE	Legal Entity Name: RAY HEATING PRODUCTS INC DBA
Agency Code: 650	Contractor Name: RAY HEATING PRODUCTS INC DBA
Appropriation Unit: 3775-04	Address: RHP MECHANICAL SYSTEMS
Is budget authority available?: Yes	PO BOX 2957
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89505-2957
	Contact/Phone: 775/322-9434
	Vendor No.: PUR0002724A
	NV Business ID: NV20161036869

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.

<input checked="" type="checkbox"/> 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 **10/11/2018**
Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2022**
Contract term: **3 years and 325 days**

4. Type of contract: **Contract**
Contract description: **HVAC Maintenance**

5. Purpose of contract:
This is a new contract that continues ongoing HVAC maintenance and repairs at the Training Division in Carson City.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$12,968.00**
Payment for services will be made at the rate of \$498.00 per quarter (year one and two)
Other basis for payment: \$523.00 per quarter (year three and four) \$4800.00 for contract term for emergency services

II. JUSTIFICATION

7. What conditions require that this work be done?
The heating and air conditioning system must be maintained regularly in order to avoid costly repairs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There is no one in the area qualified to do 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):
**Carrier
RHP Mechanical Systems
Mt. Rose Heating and Air Conditioning**

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?

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	nkephart	10/09/2018 10:36:18 AM
Division Approval	nkephart	10/09/2018 10:36:20 AM
Department Approval	cboegle	10/09/2018 12:30:45 PM
Contract Manager Approval	cboegle	10/09/2018 12:30:51 PM
Budget Analyst Approval	mmoren1	10/11/2018 13:46:01 PM

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: **20206** Amendment Number: **1**
 Agency Name: **DPS-HIGHWAY PATROL** Legal Entity Name: **TEGSCO, LLC dba Auto Return**
 Agency Code: **651** Contractor Name: **TEGSCO, LLC dba Auto Return**
 Appropriation Unit: **4713-13** Address: **450 7th Street**
 Is budget authority available?: **Yes** City/State/Zip: **San Fransisco, CA 94103**
 If "No" please explain: **Not Applicable** Contact/Phone: **John Wicker 415-575-2355**
 Vendor No.:
 NV Business ID: **NV20151678511**

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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **4 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Tow Management**

5. Purpose of contract:

This is the first amendment to the original contract. The purpose of this amendment is to add to the scope of work to allow DPS owned vehicles to be towed, when necessary. This first amendment increases the not to exceed amount from zero dollars to \$20,000.00

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	No
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.01	\$20,000.01	Yes - Info
3. New maximum contract amount:	\$20,000.01			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Highway Patrol currently has over 70 contracts with individual tow companies. This requires employees to manage the tow rotation and contracts, and staff to write and renew the contracts. DPS Dispatch currently dispatches the tow companies according to the rotation schedule, which is a time consuming process that ties up not only the Dispatcher but the Trooper waiting on the scene for a tow truck. Utilizing this third party management system will not only reduce workload, but also reduce the time of dispatch and pick up to less than 20 minutes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No other State positions are comparable to manage the entire tow program and software.

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 #65DPS-S43, 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: Anticipated re-bid date: 03/01/2023

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?

Yes

See the attached Authorization to Contract form for details.

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	cboegle	10/09/2018 13:26:15 PM
Division Approval	cboegle	10/09/2018 13:26:20 PM
Department Approval	cboegle	10/09/2018 13:26:27 PM
Contract Manager Approval	cboegle	10/09/2018 13:26:36 PM
Budget Analyst Approval	mmoren1	10/12/2018 09:06:30 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: **21059**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: QUALITY TRI-COUNTY JANITORIAL, INC.
Agency Code: 702	Contractor Name: QUALITY TRI-COUNTY JANITORIAL, INC.
Appropriation Unit: 4461-10	Address: PO BOX 3084
Is budget authority available?: Yes	City/State/Zip: WINNEMUCCA, NV 89446-3084
If "No" please explain: Not Applicable	Contact/Phone: 775/623-2863
	Vendor No.: T29001976A
	NV Business ID: NV20041444254

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 %	X	Fees	100.00 % Sportsmen Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 19-08

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2022**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **Winn Janitorial**

5. Purpose of contract:

This is a new contract to provide monthly janitorial services at the new Winnemucca regional office. The start of this new contract terminates the existing contract, CETS #18396, which was approved for the old regional office in Winnemucca.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,872.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to maintain the state property facility for optimum longevity and condition.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hourly wages and insurance are prohibitive. Also, the time involved to clean is substantial and would subtract from regular job duties.

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):

Quality Tri-County Janitorial
FAAD Janitorial
Betterridge Janitorial

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?

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:

Kati Harmon, Administrative Assistant 2 Ph: 775-623-6565

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	09/06/2018 16:30:25 PM
Division Approval	tdoucett	09/13/2018 11:39:21 AM
Department Approval	eobrien	09/27/2018 15:20:08 PM
Contract Manager Approval	nroble1	09/27/2018 15:49:10 PM
Budget Analyst Approval	cpalme2	10/04/2018 16:26:03 PM

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: **20750**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: SOUTHERN NEVADA WATER AUTHORITY
Agency Code: 702	Contractor Name: SOUTHERN NEVADA WATER AUTHORITY
Appropriation Unit: 4467-14	Address: 100 City Parkway, Suite 700
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: 702.691.5208
	Vendor No.: T81007035A
	NV Business ID: GOVERNMENT ENTITY

To what State Fiscal Year(s) will the contract be charged? **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 %	Habitat Conservation
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **19-04**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **256 days**

4. Type of contract: **Other (include description): Intrastate Contract**

Contract description: **Habitat Restoration**

5. Purpose of contract:

This is a new intrastate contract to provide aquatic habitat restoration on a reach of the Muddy River that occurs on Southern Nevada Water Authority's property.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The upper Muddy River is critical habitat for Moapa dace, a native fish listed as endangered by the state of Nevada and the US Fish and Wildlife Service. Current aquatic habitat conditions prevent Moapa dace from accessing their historic range and spawning habitat, therefore hampering recovery of the species.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This reach of Muddy River occurs on Southern Nevada Water Authority (SNWA) property, who has staff on site at all times. Having SNWA complete this work will save NDOW staff time, expense, and allow NDOW staff to complete other duties.

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?

[Empty text box]

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	08/08/2018 09:03:45 AM
Division Approval	tdoucett	08/10/2018 10:13:19 AM
Department Approval	eobrien	10/03/2018 16:38:02 PM
Contract Manager Approval	nroble1	10/17/2018 14:14:42 PM
Budget Analyst Approval	cpalme2	10/17/2018 14:14:53 PM

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: **21104**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: New Economics and Advisory, Inc.
Agency Code: 704	Contractor Name: New Economics and Advisory, Inc.
Appropriation Unit: 4162-04	Address: 508 Gibson Dr. Ste. 260
Is budget authority available?: Yes	City/State/Zip: Roseville, CA 95678-5795
If "No" please explain: Not Applicable	Contact/Phone: Isabel Domeyko 916-538-9857
	Vendor No.:
	NV Business ID: NV20181648611

To what State Fiscal Year(s) will the contract be charged? **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 **09/26/2018**
Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **277 days**

4. Type of contract: **Contract**

Contract description: **Market Feasibility**

5. Purpose of contract:

This is a new contract to provide a market feasibility study for overnight accommodations at Van Sickle Bi-State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This service is needed to identify the most viable overnight accommodation solutions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The staff does not possess the required expertise to perform a market feasibility analysis.

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):

**Ascent Environmental
Design Workshops
Stantec
Cardno**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

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: Dana Dapolito, Park Planning Program Manager Ph: 775-684-2789

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	09/18/2018 12:53:52 PM
Division Approval	sdecrona	09/18/2018 12:53:54 PM
Department Approval	sdecrona	09/18/2018 12:53:57 PM
Contract Manager Approval	sdecrona	09/18/2018 13:05:24 PM
Budget Analyst Approval	cpalme2	09/26/2018 10:12:51 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: **21122**

Agency Name: DCNR - PARKS DIVISION Agency Code: 704 Appropriation Unit: 4605-15 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: BLUE LOCKER COMMERCIAL DIVING SERVICES LLC Contractor Name: BLUE LOCKER COMMERCIAL DIVING SERVICES LLC Address: 544 ASPEN LEAF STREET City/State/Zip: LAS VEGAS, NV 89144-4562 Contact/Phone: Kelan Gondrezick 702/586-3145 Vendor No.: T29033976 NV Business ID: NV20121285401
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To what State Fiscal Year(s) will the contract be charged? **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 %	Utility Surcharge
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 **09/26/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/12/2018**

Contract term: **16 days**

4. Type of contract: **Contract**

Contract description: **Water Tank Cleaning**

5. Purpose of contract:

This is a new contract to provide diving service to clean the water tanks at Lahontan State Recreation Area and Washoe Lake State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,650.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The water is discolored and the tanks need cleaning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the equipment or 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):

LiquiVision Diving Technology

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

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:

Charlie Wells, Facility Supervisor III Ph: 775-867-4429

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	09/20/2018 13:40:56 PM
Division Approval	sdecrona	09/20/2018 13:40:59 PM
Department Approval	sdecrona	09/20/2018 13:41:01 PM
Contract Manager Approval	sdecrona	09/20/2018 13:41:04 PM
Budget Analyst Approval	cpalme2	09/26/2018 10:01:36 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: **18213** Amendment Number: **1**

Agency Name: **DCNR - PARKS DIVISION** Legal Entity Name: **Marshall's Septic Care LLC**

Agency Code: **704** Contractor Name: **Marshall's Septic Care LLC**

Appropriation Unit: **4605-15** Address: **PO Box 403**

Is budget authority available?: **Yes** City/State/Zip: **Fallon , NV 89406**

If "No" please explain: **Not Applicable** Contact/Phone: **Chad Marshall 775-427-3789**

Vendor No.:
NV Business ID: **NV20131068662**

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 %	X	Fees	100.00 %	Utility Surcharge
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 **10/25/2016**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/21/2018**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **On Call Septic Serv**

5. Purpose of contract:

This is the first amendment to the original contract which provides septic maintenance of vault toilets and septic tanks for the Northern Region State Parks. This amendment increases the maximum amount from \$24,950 to \$49,900 and extends the termination date from October 21, 2018 to October 21, 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:	\$24,950.00	\$24,950.00	\$24,950.00	Yes - Info
2. Amount of current amendment (#1):	\$24,950.00	\$24,950.00	\$49,900.00	Yes - Info
3. New maximum contract amount:	\$49,900.00			
and/or the termination date of the original contract has changed to:	10/21/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Septic maintenance of vault toilets and septic tanks for health and welfare of park visitors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Parks lacks the equipment.

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?

Lowest bid with proven services.

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:

This vendor was under contract with State Parks in May 2016 with 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 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	sdecrona	10/15/2018 10:18:26 AM
Division Approval	sdecrona	10/15/2018 10:18:30 AM
Department Approval	sdecrona	10/15/2018 10:18:35 AM
Contract Manager Approval	sdecrona	10/15/2018 10:18:38 AM
Budget Analyst Approval	cpalme2	10/23/2018 09:24:35 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: **21138**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4605-28**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **TERRYS PUMPIN AND POTTIES, INC.**
Contractor Name: **TERRYS PUMPIN AND POTTIES, INC.**
Address: **PO BOX 2708**
City/State/Zip: **ELKO, NV 89801**
Contact/Phone: **Joe Payne 775/738-6442**
Vendor No.: **T27021295**
NV Business ID: **NV20081237078**

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 %	Utility Surcharge
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 **01/01/2019**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **septic pumping**

5. Purpose of contract:

This is a new contract to provide septic pumping and disposal at South Fork State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,850.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Septic systems require pumping on a regular basis to maintain adequate sanitation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the equipment or expertise.

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?

Only responding company.

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 under contract for approximately 6 years with satisfactory compliance.

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:

Robert Misiti, Park Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/01/2018 10:08:04 AM
Division Approval	sdecrona	10/01/2018 10:08:08 AM
Department Approval	sdecrona	10/01/2018 10:08:10 AM
Contract Manager Approval	sdecrona	10/01/2018 10:08:12 AM
Budget Analyst Approval	cpalme2	10/04/2018 16:48:21 PM

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: **21202**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: PRECISION ENERGY SERVICES, INC., DBA PES Energy
Agency Code: 706	Contractor Name: PRECISION ENERGY SERVICES, INC., DBA PES Energy
Appropriation Unit: 4195-14	Address: PO BOX 1004
Is budget authority available?: Yes	City/State/Zip: HAYDEN LAKE, ID 83835
If "No" please explain: Not Applicable	Contact/Phone: 208/772-4457
	Vendor No.: T27041890
	NV Business ID: NV20181677216

To what State Fiscal Year(s) will the contract be charged? **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 #: **NDF 19-010**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2019**

Contract term: **105 days**

4. Type of contract: **Contract**

Contract description: **Biomass Boiler**

5. Purpose of contract:

This is a new contract to evaluate the current economic factors associated with restarting, enhancing efficiency, and sustainably operating the Biomass Boiler and IMW turbine generator at the Northern Nevada Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,473.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Upon completion of work performed in satisfactory manner and receipt/approval of contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the evaluation is to provide the Division of Forestry, and its Cooperator's the information needed to make an informed decision regarding the restarting and then continued operation of the Biomass Boiler.

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 certification required to conduct the necessary evaluation.

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: 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:

ROUSSELL, ERIC, Forester III Ph: 775-684-2510

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	10/10/2018 09:57:12 AM
Division Approval	dgree6	10/16/2018 08:23:46 AM
Department Approval	kkester	10/16/2018 11:09:05 AM
Contract Manager Approval	jcoope8	10/16/2018 12:12:50 PM
Budget Analyst Approval	cpalme2	10/18/2018 10:04:06 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: **21160**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: Department of Public Safety State Fire Marshal Division
Agency Code: 706	Contractor Name: Department of Public Safety State Fire Marshal Division
Appropriation Unit: 4196-10	Address: 107 Jacobsen Way
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89711
If "No" please explain: Not Applicable	Contact/Phone: 775-684-7500
	Vendor No.:
	NV Business ID: Governmental Entity

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 % Fire Reimbursement Funds

Agency Reference #: **NDF19-002**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2018**

Anticipated BOE meeting date **11/2018**

Retroactive? **Yes**

If "Yes", please explain

Two State Fire Marshall (SFM) responses occurred prior to this agreement and were ordered by either local government or the Bureau of Land Management, not the Division. The SFM has the authority in statute to respond at the request of local government for wildland fire investigations, however, no mechanism was in place for reimbursement. This retroactive contract allows for payment of the two SFM responses through existing NDF cooperator agreements.

3. Termination Date: **06/30/2021**

Contract term: **3 years and 30 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Fire Investigation**

5. Purpose of contract:

This is a new interlocal agreement to perform fire investigation services on wildland fire incidents where criminal activity is suspected.

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 N/A

Other basis for payment: Reimbursement will be made upon receipt and approval of invoices from the State Fire Marshall's Office and will be based on rates established in Attachment D-SFM Rate Schedule.

II. JUSTIFICATION

7. What conditions require that this work be done?

Fire incidents of a criminal nature require that the circumstances of the fire be investigated by a Department of Public Safety (DPS) Officer II.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Forestry does not staff the positions required to investigate these types of fires. The State Fire Marshall's Office, a State agency, employs the staff at the level of certification for the required fire investigation.

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?

The State Fire Marshall Division has the requisite experience and certifications to conduct fire investigations.

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

This is an intrastate interlocal agreement with another State agency.

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 Fire Marshall's Office has been contracted with the Nevada Division of Forestry to provide this service since State Fiscal Year 2010.

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:

null, null Ph: null

Dave Prather, Deputy Administrator Ph: 775-684-2503

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	.dgree6	10/10/2018 11:05:09 AM
Division Approval	dgree6	10/16/2018 08:24:08 AM
Department Approval	kkester	10/16/2018 11:08:43 AM
Contract Manager Approval	jcoope8	10/16/2018 12:12:25 PM
Budget Analyst Approval	cpalme2	10/17/2018 13:47:53 PM

LCB



STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
NEVADA DIVISION OF FORESTRY
885 Eastlake Boulevard
Carson City, Nevada 89704
Phone (775) 849-2500 Fax (775) 849-2391

To: Curtis Palmer, Budget Analyst
Governor's Finance Office

Through: Jennifer Cooper, Management Analyst III
Nevada Division of Forestry

From: Dave Prather, Deputy Administrator-Fiscal
Nevada Division of Forestry

Date: October 10, 2018

Subject: Retroactive Interlocal Agreement with the State Fire Marshall

Two State Fire Marshall (SFM) responses occurred prior to this agreement and were ordered by either local government or the Bureau of Land Management, not the Division. The SFM has the authority in statute to respond at the request of local government for wildland fire investigations, however, no mechanism was in place for reimbursement. This retroactive contract allows for payment of the two SFM responses through existing NDF cooperator agreements.

Thank you in advance for your consideration of this request.

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: **18326** Amendment Number: **1**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR**

Agency Code: **709** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR**

Appropriation Unit: **3197-15** Address: **Nevada State Public Health Lab 1660 N Virginia Street, MS0325**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89503-0357**

If "No" please explain: **Not Applicable** Contact/Phone: **STEPHANIE VAN HOOSER 775-682-6205**

Vendor No.: **D35000816A**

NV Business ID: **NV20161295653**

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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP17-017**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/17/2017**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **2 years and 255 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NV State Health Lab**

5. Purpose of contract:

This is the first amendment to the original contract to provide for the exploration of lead in drinking water at Nevada elementary schools. This amendment extends the termination date from September 30, 2018 to September 30, 2019 and increases the maximum amount from \$29,613 to \$49,613 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:	\$29,613.00	\$29,613.00	\$29,613.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$49,613.00	Yes - Info
3. New maximum contract amount:	\$49,613.00			
and/or the termination date of the original contract has changed to:	09/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the staffing capacity to perform these duties.

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 staffing capacity, technical expertise or resources to fulfill this work.

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 277.180

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 Nevada State Public Health Laboratory has provided for the analysis of NDEP's water samples for more than 40 years. The Bureau of Water Quality Planning currently has contracts with the Nevada State Public Health Laboratory. Work has always 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	08/18/2018 13:28:02 PM
Division Approval	mnguyen	09/10/2018 09:51:14 AM
Department Approval	mnguyen	09/10/2018 09:51:24 AM
Contract Manager Approval	kkochen	09/10/2018 12:12:03 PM
Budget Analyst Approval	cpalme2	09/26/2018 12:28:05 PM

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: **21165**

Agency Name: **B&I - INSURANCE DIVISION**
Agency Code: **741**
Appropriation Unit: **3813-13**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **NEVADA BROADCASTERS**
Contractor Name: **NEVADA BROADCASTERS ASSOCIATION**
Address: **3900 PARADISE STE 279**
City/State/Zip: **LAS VEGAS, NV 89169-0934**
Contact/Phone: **Eric Bonnici 702/794-4994**
Vendor No.: **T80990324**
NV Business ID: **NV19941133658**

To what State Fiscal Year(s) will the contract be charged? **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 **10/19/2018**

Anticipated BOE meeting date **10/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **163 days**

4. Type of contract: **Contract**

Contract description: **ACA Open Enrollment**

5. Purpose of contract:

This contract is for radio/television announcements to provide the public with information regarding the Open Enrollment Period to purchase insurance through the Health Insurance Exchange for plan year 2019. The Open Enrollment period runs from November 1, 2018 to December 15, 2018 for the 2019 plan year.

The Division of Insurance's goal is to ensure Nevadans are aware of the timeframe for open enrollment for the 2019 plan year. The Division also plans to highlight the different health insurance options available for consumers while encouraging them to shop and most importantly understand what they are purchasing

The enrollment period for the 2019 plan year begins November 1, 2018 and goes through December 15, 2018. The Division plans to extend the campaign after open enrollment to discuss the special enrollment period for consumers with qualifying life changing events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: **Invoice for airtime used.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada citizens need to be aware of the timeframe for open enrollment for health insurance through the Health Insurance Exchange. Without this information, Nevada's vulnerable citizens may not reenroll in time and be left without insurance coverage. DOI has a responsibility to ensure the public is informed of significant insurance developments.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Insurance does not have the resources to advertise on a statewide basis.

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 #: 180906

Approval Date: 09/28/2018

c. Why was this contractor chosen in preference to other?

NBA is the only NCSA provider in the state of 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:

Division of Insurance - Quality of 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:
 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	jhanse4	10/12/2018 16:06:04 PM
Division Approval	jhanse4	10/12/2018 16:06:07 PM
Department Approval	jhanse4	10/12/2018 16:06:10 PM
Contract Manager Approval	tbouas	10/15/2018 08:18:28 AM
Budget Analyst Approval	mmoren1	10/19/2018 09:34:33 AM

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 Haug
 Administrator

Purchasing Use Only:	
Approval#:	171001

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:	Division of Insurance	
	Contact Name and Title	Phone Number	Email Address
	Toni Bouas Contract Manager	775-687-0794	tdbouas@doi.nv.gov

Vendor Information:		
1b	Identify Vendor:	Nevada Broadcasters Association
	Contact Name:	Eric Bonnici
	Address:	3900 Paradise Road, #279, Las Vegas, NV 89169
	Telephone Number:	702-794-4994
	Email Address:	eric@nevadabroadcasters.org

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	Sole Source
	Professional Service Exemption:	

Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	Upon Approval	End Date: 12/15/2017

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	Cycle II Grant funds
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$30,000

	Provide a description of work/services to be performed or commodity/good to be purchased:
2	<i>This contract is for radio announcements to provide the public with information regarding the shortened Open Enrollment Period to purchase insurance through the health insurance exchange for plan year 2018. The Open Enrollment period runs from November 1, 2017 to December 15, 2017 for the 2018 plan year. Insurance plans sold during Open Enrollment are effective beginning January 1, 2018.</i>

	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
3	<p><i>The Nevada Broadcasters Association (NBA) is a 501(c) 6 not-for-profit state association. The service that will be provided through this request is a statewide Non-Commercial Sustaining Announcement (CNCSA) campaign. Like Public Service Announcements (PSAs), NCSAs are informational/educational announcements broadcast by radio and television outlets within a selected broadcast area; unlike PSAs, NCSAs are aired by member broadcaster in their best available unsold time slots, offering the sponsoring agencies with a variety of exposures which often include prime or near-prime time.</i></p> <p><i>This service allows NBA to provide \$4 worth of airtime at a cost of \$1 to the Division. It is in the State's and public's best interest to use this vendor due to the reduced rates which result in an increase in airtime. As stated in Attachment 'A', the Nevada Broadcasters Association (NBA) is a 501(c) 6 not-for-profit state association. The Association is the only Nevada resource for producing and airing Non-Commercial Sustaining Announcement campaigns.</i></p>

	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
4	<i>The Division is requesting this service from NBA since they are the only company in NV that provides this service.</i>

	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
5	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>				
	<i>The Division has worked with NBA on past public awareness campaigns. DOI is familiar and satisfied with the quality and timeliness of NBA's work. And, given the short turnaround time for this project, DOI has complete confidence that the vendor will be ready to begin public announcements by the beginning date of the contract.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
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waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				
a. 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:				
Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
6/2009	6/2013	\$432,000	Statewide education announcement campaigns	Waiver #090513
		\$		
		\$		
		\$		
		\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>Nevada citizens may not be aware of the shortened time available for open enrollment for health insurance through the health insurance exchange. Without this information, Nevada's vulnerable citizens may not reenroll in time and be left without insurance coverage. DOI has a responsibility to ensure the public is informed of significant insurance developments.</i>

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?
	<i>An internet search was conducted for Non-Commercial Sustaining Announcement (NCSA) Providers in the state of Nevada. Nevada Broadcasters Association is the only NCSA in the State. Television and radio broadcasters donate unsold airtime to NBA who then make that time available for public outreach. This significantly lowers the cost which will allow the Division an opportunity to reach a wider audience.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

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.

Alan Be...

Agency Representative Initiating Request

Toni Bouas

Print Name of Agency Representative Initiating Request

10/4/2017
Date

Laure Squartsoff

Signature of Agency Head Authorizing Request

Laure Squartsoff

Print Name of Agency Head Authorizing Request

10/4/17
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

10-6-2017
Date

Attachment 'A'

NCSA Program

NCSA programs have been in existence since 1962, and are endorsed by numerous governors, state agencies and the federal government. Over 40 state broadcasters associations are running NCSA programs.

NCSA: Non-Commercial Sustaining Announcement

In virtually every state, broadcasters donate unsold airtime to their state broadcasters' associations, which in turn make that airtime available to nonprofits and government agencies-- which would never be commercial advertisers--so that they can conduct more effective outreach than by conventional Public Service Announcements (PSA).

An NCSA is a hybrid between a public service announcement and a regular commercial advertisement designed to assist states and non-profits with broad based public awareness campaigns. NCSAs are handled like commercial messages in that the sponsor receives affidavits indicating when the messages ran and the value of the airtime. NCSAs are broadcast between 6am and midnight, unlike PSAs, which often air when audiences are smaller, and are usually unavailable during the peak retail periods before Memorial Day and Christmas.

NCSAs Assist States, Government Agencies, and Non-Profit Organizations

The FCC and the IRS have afforded the NCSA program "special status" to promote their use by government agencies and non-profit organizations because they are so valuable in promoting public awareness. If this sounds too good to be true, there's a catch: the availability of NCSA inventory is very limited. Broadcasters donate unsold airtime, and the broadcasters' association cannot compete with our member stations for paid advertising dollars. Instead, we encourage the state and non-profits to buy paid, targeted advertising whenever appropriate -- as in the case of anti-smoking messages, which are most effectively run during the TV shows that teenagers watch (that kind of targeted media must be purchased). The NCSA program is restricted to non-commercial messages.

When are NCSAs Best Used?

NCSAs are most appropriate for public awareness of issues that cut across all demographics, where there is insufficient budget to cover the state or region adequately with paid advertising. Under the right circumstances, an NCSA campaign administered by the Nevada Broadcasters Association can deliver the "biggest bang for the buck" for a state government agency or non-profit's investment.

Here's how an NCSA program works

A state or federal government agency or a non-profit organization gives the broadcasters' association a grant to promote a specific program that can be targeted statewide or regionally. In return, that agency is guaranteed airtime worth 4-6 times the value of their investment.

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: **21017**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOURQUE ENTERPRISES INC DBA
Agency Code: 901	Contractor Name: BOURQUE ENTERPRISES INC DBA
Appropriation Unit: 3253-10	Address: SERVICE ASSOCIATES
Is budget authority available?: Yes	5017 S 36TH ST
If "No" please explain: Not Applicable	City/State/Zip: PHOENIX, AZ 85040-2906
	Contact/Phone: Stephanie Bourque 602/243-1880
	Vendor No.: T29008896
	NV Business ID: NV20091079802

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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 % Business Enterprise Set-Aside

Agency Reference #: **3267-22-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2019**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **2 years and 356 days**

4. Type of contract: **Contract**

Contract description: **2019 Service Assoc.**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance service for the Espresso Machines, Grinders and Granita (Juice) Machines at Business Enterprise of Nevada locations in Northern & Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Standard rate (M-F, 8:00am-5:00pm): \$75/hr.; Non-Standard/Holiday/Weekend Rate: \$112.50/hr.; Parts/Materials shall be invoiced at no more than 20% markup above vendor's cost. The State reserves the right to request copies of the vendor's parts and material invoices to verify; invoice payable upon approval by authorized BEN staff; total contract not to exceed \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The majority of Nevada's BEN sites depend upon Espresso sales for site viability. Maintenance of the Italian-made Espresso machines, which are worth over \$6,000 each, are critical to maintain the financial viability of the site and ensure operator success.

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 skills or tools to properly maintain the Italian-made Espresso machines.

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 Appliance
Bourque Enterprises
Hobart Service
Brew Time Repair

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only qualified vendor to submit a proposal

d. Last bid date: 08/03/2018 Anticipated re-bid date: 08/01/2021

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?

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 service to Business Enterprise of Nevada since 6/30/15.

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	08/31/2018 15:43:50 PM
Division Approval	kdesoci1	09/11/2018 14:59:56 PM
Department Approval	kdesoci1	09/11/2018 14:59:58 PM
Contract Manager Approval	swilli31	09/12/2018 07:15:01 AM
Budget Analyst Approval	dbaughn	09/20/2018 11:13:43 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: **21018**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BUILDING SOLUTIONS, INC.
Agency Code: 901	Contractor Name: BUILDING SOLUTIONS, INC.
Appropriation Unit: 3253-10	Address: 490 US HIGHWAY 395 N UNIT A
Is budget authority available?: Yes	City/State/Zip: WASHOE VALLEY, NV 89704-9506
If "No" please explain: Not Applicable	Contact/Phone: 775/323-7242
	Vendor No.: T81102544
	NV Business ID: NV20001051967

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3266-21-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date **09/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2020**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **2018 N. NV Handyman**

5. Purpose of contract:

This is a new contract to provide ongoing handyman services for Business Enterprises of Nevada (BEN) locations in Northern Nevada. Work includes, but is not limited to, carpentry, interior and drywall repair, painting, carpet and tile repair/removal, etc.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Standard Rate (M-F 8:30am-5:00pm): \$75.00/Hour; Non-Standard/Holiday/Weekend Rate: \$114.00/Hour; Parts/Materials shall be invoiced at no more than 20% markup above vendor's cost. The State reserves the right to request copies of the Vendor's parts and material invoices to verify. Invoices payable only upon approval by authorized BEN staff; Total contract not to exceed \$45,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program sites have on-going needs of repairs and general-purpose construction services in order to maintain the sites without interruptions of services to the public and building staff.

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 expertise or licensing required to provide general-purpose construction services and 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):

Frank Lepori Construction
Handyman Connection
Building Solutions
Truckee Meadows Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost qualified vendor

d. Last bid date: 08/03/2018 Anticipated re-bid date: 08/01/2020

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 has been providing satisfactory service to Business Enterprise of Nevada since 04/2015.

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:
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	bmartin7	09/04/2018 11:51:30 AM
Division Approval	kdesoci1	09/19/2018 15:35:00 PM
Department Approval	kdesoci1	09/19/2018 15:35:03 PM
Contract Manager Approval	swilli31	09/20/2018 07:52:58 AM
Budget Analyst Approval	dbaughn	10/01/2018 14:46:45 PM

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: **20239**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-UNLV
Agency Code: 901	Contractor Name: BOARD OF REGENTS-UNLV
Appropriation Unit: 3265-09	Address: Controllers Office
Is budget authority available?: Yes	4505 MARYLAND PKWY MS 1005
If "No" please explain: Not Applicable	City/State/Zip: Las Vegas, NV 89154-100
	Contact/Phone: Laurie Evans 702-774-2819
	Vendor No.: D35000813
	NV Business ID: Governmental Entity

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.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3241-22-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **2019 UNLV Dental**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing dental services for Southern Nevada Vocational Rehabilitation clients to obtain competitive employment or re-enter the work environment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Vendor will provide services at the rates as published in the School's Fee and Coding Schedule for a total cost not to exceed \$45,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency clients often need dental work to obtain competitive employment or to re-enter the work environment. Clients will be referred to UNLV - School of Dental Medicine for reasonable dental work to enable mentally and physically disabled clients to achieve meaningful employment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

None of the agency's staff are licensed dentists

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?

Governmental Entity

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 DETR-REHAB since 2014.

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	06/14/2018 08:20:30 AM
Division Approval	kdesoci1	10/12/2018 09:19:38 AM
Department Approval	kdesoci1	10/12/2018 09:19:42 AM
Contract Manager Approval	swilli31	10/12/2018 11:08:54 AM
Budget Analyst Approval	dbaughn	10/16/2018 11:30:48 AM

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3490, 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: 09/26/2018 Anticipated re-bid date: 09/07/2020

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:

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	mgassawa	10/08/2018 15:49:50 PM
Division Approval	kdesoci1	10/09/2018 11:14:29 AM
Department Approval	kdesoci1	10/09/2018 11:14:32 AM
Contract Manager Approval	swilli31	10/09/2018 11:21:07 AM
EITS Approval	lolso3	10/09/2018 11:46:29 AM
Budget Analyst Approval	dbaughn	10/15/2018 15:30:41 PM

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: **21000**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Moore Iacofano Goltsman, Inc
Agency Code: BDC	Contractor Name: Moore Iacofano Goltsman, Inc
Appropriation Unit: B011 - All Categories	Address: 800 Hearst Avenue
Is budget authority available?: Yes	City/State/Zip: Berkeley, CA 94710
If "No" please explain: Not Applicable	Contact/Phone: Daniel Iacofano 510-845-7549
	Vendor No.:
	NV Business ID: NV20141544557

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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 Fees
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 **01/01/2019**
 Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Strategic Planning**

5. Purpose of contract:

This is a new contract to assist the Board in identifying goals and implementing the annual strategic plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,725.00**

Other basis for payment: **Payments based on completion of tasks per contractor's response**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board's need to create an annual strategic plan that better benefits the changing consumer.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board Staff does have the training and experience to perform this service

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?

Vendor has worked with the Board in prior years

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 Contractors Board

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

Inc.

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	dlumbert	08/23/2018 14:52:16 PM
Division Approval	dlumbert	08/23/2018 14:52:21 PM
Department Approval	dlumbert	08/23/2018 14:52:24 PM
Contract Manager Approval	dlumbert	08/23/2018 14:52:29 PM
Budget Analyst Approval	lfree1	09/21/2018 11:23:19 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: **15377** Amendment Number: **3**
 Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **The Ferraro Group**
 Agency Code: **BDC** Contractor Name: **The Ferraro Group**
 Appropriation Unit: **B011 - All Categories** Address: **165 W. Liberty Street Ste 210**
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89501**
 If "No" please explain: **Not Applicable** Contact/Phone: **775-331-4555**
 Vendor No.:
 NV Business ID: **NV20041598724**

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 %	X	Fees	100.00 %	Licensing Fees
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 **05/01/2014**
 Anticipated BOE meeting date **11/2018**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**
 Contract term: **4 years and 245 days**

4. Type of contract: **Contract**
 Contract description: **Legal**

5. Purpose of contract:
This is the third amendment to the original contract, which continues lobbyist services and public relations services. This amendment extends the termination date from September 30, 2018 to December 31, 2018 and increases the maximum amount from \$517,000 to \$565,000 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:	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
a. Amendment 1:	\$109,000.00	\$109,000.00	\$109,000.00	Yes - Action
b. Amendment 2:	\$288,000.00	\$288,000.00	\$288,000.00	Yes - Action
2. Amount of current amendment (#3):	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$565,000.00			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

To ensure the Board's interests are adequately represented and addressed in a consistent manner.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff does not possess the required legal, regulatory and legislative experience required to perform the 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?
Experience and knowledge of subject matter and Board's requirements.

d. Last bid date: 09/01/2012 Anticipated re-bid date: 09/01/2016

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:

Governor's Office of Economic Development

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	dlumbert	09/26/2018 15:02:57 PM
Division Approval	dlumbert	09/26/2018 15:03:00 PM
Department Approval	dlumbert	09/26/2018 15:03:02 PM
Contract Manager Approval	dlumbert	09/26/2018 15:03:06 PM
Budget Analyst Approval	lfree1	09/28/2018 13:18:36 PM

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: **21156**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: MCDONALD CARANO
Agency Code: BDC	Contractor Name: MCDONALD CARANO
Appropriation Unit: B021 - All Categories	Address: 100 W. Liberty St., 10th Floor
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Josh Hicks 775-788-2000
	Vendor No.:
	NV Business ID: NV20021095186

To what State Fiscal Year(s) will the contract be charged? **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 % Licensure Fees

Agency Reference #: **B021**

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 **11/2018**

Retroactive? **Yes**

If "Yes", please explain

Board could not get CETS access timely

3. Termination Date: **06/30/2019**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Lobbyist**

5. Purpose of contract:

This is a new contract for lobbyist services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,000.00**

Payment for services will be made at the rate of \$2,000.00 per month

Other basis for payment: \$2000 per month from 7/1/2018-12/31/2018 and \$2500 per month from 1/1/2019-6/30/2019

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board of Oriental Medicine needs a lobbyist before and during the legislative session to affect legislation that impacts the oriental medicine community

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board staff does not have any lobbying 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):

Susan Fisher with McDonald Carano
Marla McDade Williams
Nina Laxalt
Dan Musgrove

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Susan Fisher with McDonald Carano has the experience and expertise in lobbying for medical boards

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:

McDonald Carano currently represents the Board of Osteopathic Medicine and the service 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:
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	mlok	10/02/2018 11:23:31 AM
Division Approval	mlok	10/02/2018 11:23:37 AM
Department Approval	mlok	10/02/2018 11:23:43 AM
Contract Manager Approval	mlok	10/02/2018 11:23:54 AM
Budget Analyst Approval	lfree1	10/03/2018 12:51:15 PM



**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: October 11, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Heather Field, Executive Branch Budget Officer
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 MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles 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 July 1, 2018 and ending September 30, 2018.

Additional Information:

During this time period the Department of Motor Vehicles collected \$89,902 as compared to \$85,560 for the same period last year and \$89,642 collected last quarter. Of the amounts collected, approximately 77.46% was from Clark County, 16.47% was from Washoe County, 3.12% was from Carson City and 2.94% was from Douglas County. After deducting 1% to administer the program, Clark County received \$68,945.58; Washoe County received \$14,659.92; Carson City received \$2,777.94 and Douglas County received \$2,619.54.

For the first quarter of State Fiscal Year 2019, 13.98% is the average of those registering vehicles who contributed to the Complete Streets Program. This is a .18% increase from 13.80% from the same period of State Fiscal Year 2018. For the first quarter of State Fiscal Year 2019, Clark County received on average 15.15% where Douglas County received on average 10.26% of vehicle registrations donating.

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the September 2019 BOE.

Statutory Authority:

NRS 482.1825

REVIEWED: _____
INFO ITEM: _____

Brian Sandoval
Governor



Terri L. Albertson
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4368
www.dmvnv.com

October 5, 2018

Board of Examiners

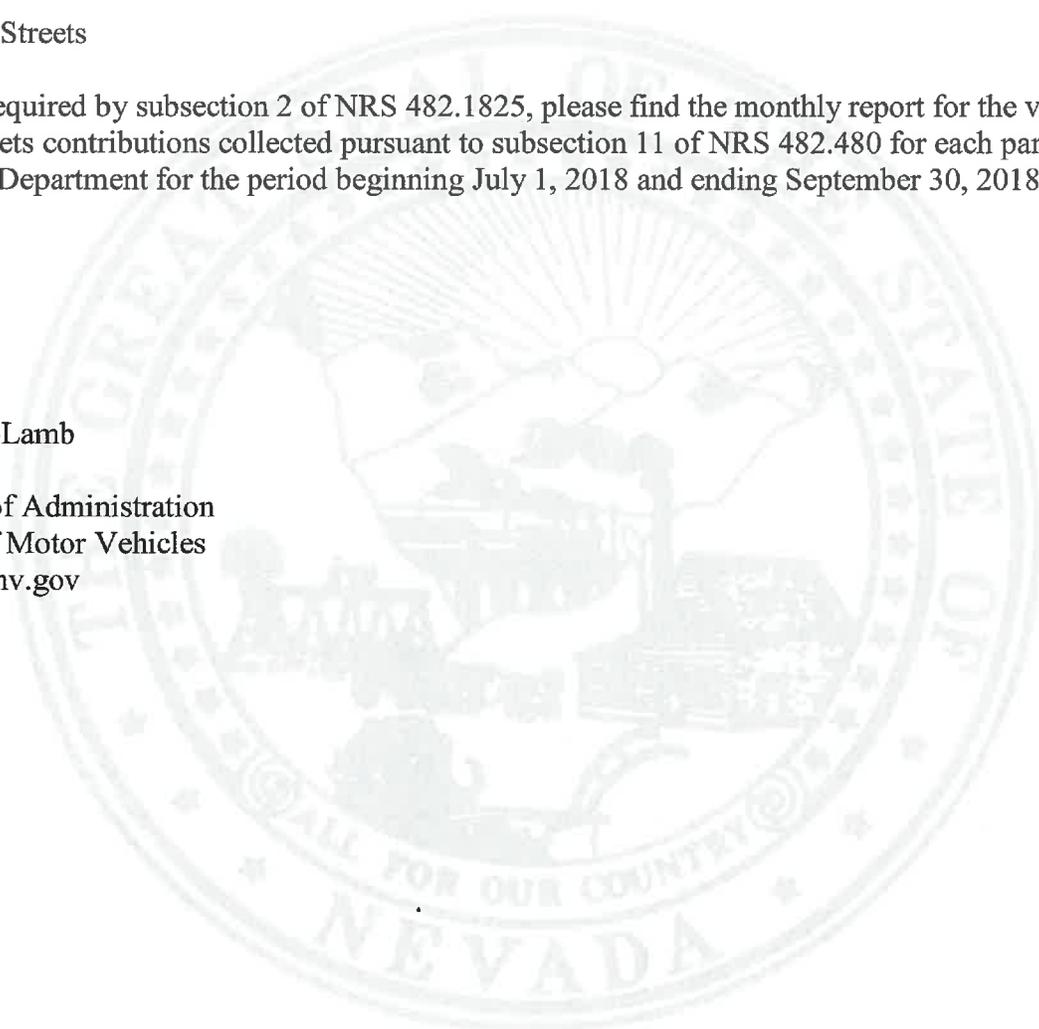
Re: Complete Streets

Attached, as required by subsection 2 of NRS 482.1825, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2018 and ending September 30, 2018.

Sincerely,

Angela Smith-Lamb

Acting Chief of Administration
Department of Motor Vehicles
asmith@dmv.nv.gov
775-684-4627



**Department of Motor Vehicles
Complete Streets: Monthly Report FY19**

Report Date: 10/5/2018
Reporting Period: September 1, 2018

County	Contributions											
	July		August		September		Year to Date		FY 18		FY 17	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 962.00	3.16%	\$ 962.00	3.13%	\$ 892.00	3.07%	\$ 2,806.00	3.12%	\$ 10,338.00	3.48%	\$ 10,351.00	3.15%
Clark	\$ 23,294.00	77.26%	\$ 23,786.00	77.45%	\$ 22,562.00	77.69%	\$ 69,642.00	77.46%	\$ 262,432.00	86.34%	\$ 254,228.00	77.37%
Douglas	\$ 906.00	3.00%	\$ 890.00	2.90%	\$ 850.00	2.93%	\$ 2,646.00	2.94%	\$ 9,503.51	3.20%	\$ 9,320.00	2.84%
Washoe	\$ 5,000.00	16.58%	\$ 5,072.00	16.52%	\$ 4,736.00	16.31%	\$ 14,808.00	16.47%	\$ 14,808.00	4.98%	\$ 54,669.75	16.64%
Total	\$30,152.00	100.00%	\$30,710.00	100.00%	\$29,040.00	100.00%	\$89,902.00	100%	\$297,081.51	100.00%	\$328,568.75	100.00%

County	DMV Commer (1%)											
	July		August		September		Year to Date		FY 18		FY 17	
	Amount	% of Total	Amount	% of Total	Amount	% of Total						
Carson City	\$9.52	3.16%	\$9.62	3.13%	\$8.92	3.07%	\$28.06	3.12%	\$103.38	3.08%	\$103.51	3.15%
Clark	\$232.94	77.26%	\$237.86	77.45%	\$225.62	77.69%	\$696.42	77.46%	\$2,624.32	78.07%	\$2,542.28	77.37%
Douglas	\$9.06	3.00%	\$8.90	2.90%	\$8.50	2.93%	\$26.46	2.94%	\$95.04	2.83%	\$93.20	2.84%
Washoe	\$50.00	16.58%	\$50.72	16.52%	\$47.36	16.31%	\$148.08	16.47%	\$538.56	16.02%	\$546.70	16.64%
Total	\$301.52	100%	\$307.10	100%	\$290.40	100%	\$899.02	100%	\$3,361.30	100.00%	\$3,285.69	100.00%

County	Distributions											
	July		August		September		Year to Date		FY 18		FY 17	
	Amount	% of Total	Amount	% of Total	Amount	% of Total						
Carson City	\$942.48	3.16%	\$952.38	3.13%	\$883.08	3.07%	\$2,777.94	3.12%	\$10,234.62	3.08%	\$10,247.49	3.15%
Clark	\$23,061.06	77.26%	\$23,548.14	77.45%	\$22,336.38	77.69%	\$68,945.58	77.46%	\$259,807.68	78.07%	\$251,685.72	77.37%
Douglas	\$896.94	3.00%	\$881.10	2.90%	\$841.50	2.93%	\$2,619.54	2.94%	\$9,408.47	2.83%	\$9,226.80	2.84%
Washoe	\$4,950.00	16.58%	\$5,021.28	16.52%	\$4,688.64	16.31%	\$14,659.92	16.47%	\$53,317.44	16.02%	\$54,123.05	16.64%
Total	\$29,850.48	100%	\$30,402.90	100%	\$28,749.60	100%	\$89,002.98	100%	\$332,768.21	100.00%	\$325,283.06	100.00%

- Note:
- DMV began accepting contributions on 12/15/14.
 - DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles
Complete Streets Report: Donations
2019**

County	July	August	September	Year To Date	FY 18	FY 17
Carson City						
Donations	476	481	446	1,403	5,169	5,176
Registrations	3,731	3,685	3,492	10,908	40,067	38,308
Percent that Donated	12.76%	13.05%	12.77%	12.86%	12.90%	13.51%
Clark						
Donations	11,647	11,893	11,281	34,821	131,216	127,114
Registrations	75,993	78,685	75,182	229,860	873,925	849,399
Percent that Donated	15.33%	15.11%	15.00%	15.15%	15.01%	14.97%
Douglas						
Donations	453	445	425	1,323	4,752	4,660
Registrations	4,352	4,454	4,095	12,901	45,793	43,407
Percent that Donated	10.41%	9.99%	10.38%	10.26%	10.38%	10.74%
Washoe						
Donations	2,500	2,536	2,368	7,404	26,928	29,711
Registrations	22,913	23,553	21,519	67,985	245,723	234,293
Percent that Donated	10.91%	10.77%	11.00%	10.89%	10.96%	12.68%

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: October 19, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Tiffany Greenameyer, Executive Budget Officer *SG*
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.

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of October 19, 2018.

Additional Information:

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

TORT Claim Fund	\$ 7,018,481.83
Statutory Contingency Account	\$ 2,575,595.00
State Claims Account	\$ 604,584.16
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 9,557,867.00
IFC Unrestricted Contingency Fund General Fund	\$ 6,510,592.49
IFC Unrestricted Contingency Highway Fund	\$ 1,595,502.35
IFC Restricted Contingency Fund General Fund	\$14,144,627.00
IFC Restricted Contingency Highway Fund	\$ 2,220,935.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and AB417, AB499, AB504, AB518, SB187 and SB553 of the 2017 Legislative Session

REVIEWED: <u>Jo.</u>
ACTION ITEM: _____

**BA 4892 Statutory Contingency Account
NRS 353.264
FY 2019 (as of October 31, 2018)**

Beginning Cash 2,578,355.00

Total Revenue \$ 2,578,355.00

Paid Claims:

Post Conviction State Claims	-
DCFS Interstate Compact - 1st Qtr Reimbursement	-
DCFS Interstate Compact - 2nd Qtr Reimbursement	-
DCFS Interstate Compact - 3rd Qtr Reimbursement	-
Department of Conservation & Natural Resources - Division of Forestry	-

Total Payments \$ 2,578,355.00

Account Balance

Claims Submitted for Payment:

Attorney General's Office	(2,760.00)
	\$ (2,760.00)

Submitted for Payment \$ 2,575,595.00

Account Balance

Projected Outstanding Claims:

	-
	\$ -
Total Pending Claims	<u><u>\$ 2,575,595.00</u></u>
Account Balance	

**BA 1348 TORT Claim Fund
NRS 331.187
FY 2019 (as of October 31, 2018)**

Beginning Cash	5,716,729.00	
Insurance Premiums - A	20,454.07	
Insurance Premiums	3,212,062.85	
AG Loan Repayment	5,000.00	
	8,954,245.92	
Total Revenue		\$ 8,954,245.92

		<u>Paid Claims:</u>
Attorney General's Office	(1,935,764.09)	
	(1,935,764.09)	
Total Payments		\$ 7,018,481.83
Account Balance		\$ 7,018,481.83

Claims Submitted for Payment:

	-	
Submitted for Payment	\$ -	
Account Balance		\$ 7,018,481.83

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
Total Pending Claims		\$ -
Account Balance		\$ 7,018,481.83

**BA 4888 Stale Claims Account
NRS 353.097
FY 2019 (as of October 31, 2018)**

Beginning Cash	798,536.00	
Total Revenue		\$ 798,536.00
 <u>Paid Claims:</u>		
Supreme Court	(253.32)	
NSLA Library	(177.44)	
DHHS Aging Services	(2,277.05)	
DHHS Southern NV Adult Mental Health	(7,226.41)	
Mental Health Inst	(761.60)	
DCNR Water Resources	(3,997.64)	
Dept of Taxation	(17,633.67)	
Dept of Corrections	(4,560.00)	
Veteran's	(122.52)	
Dept of Public Safety	(4,417.88)	
DHHS Child and Family Services	(304.31)	
Dept of Education	(200.00)	
Total Payments	(41,931.84)	
Account Balance		\$ 756,604.16
 <u>Claims Pending BOE Approval</u>		
DCFS	(93,187.00)	
ADSD	(58,833.00)	
Submitted for Payment	(152,020.00)	
Account Balance		\$ 604,584.16
 <u>Projected Outstanding Claims :</u>		
NV Dept of Education	(181,684.72)	
DCFS	(296,813.00)	
Public Defender	(366,067.00)	
Governor's Finance Office	(30,000.00)	
Pending Contingency Funds	500,000.00	
Total Pending Claims	(374,564.72)	
Estimated Account Balance - Including all Claims		\$ 230,019.44

**BA 4889 Emergency Fund
NRS 353.263
FY 2019 (as of October 31, 2018)**

Beginning Cash 279,841.00

Total Revenue **\$ 279,841.00**

Paid Claims:

Payments \$ -
Account Balance **\$ 279,841.00**

Claims Submitted for Payment:

Total Submitted Payments \$ -
Account Balance **\$ 279,841.00**

Projected Outstanding Claims

Total Pending Claims \$ -
Estimated Account Balance - Including all Claims **\$ 279,841.00**

**BA 1335 Disaster Relief Account
NRS 353.2735
FY 2019 (as of October 31, 2018)**

Beginning Cash	9,557,867.00
Treasurer's Interest	-
1st - 3rd Qtr Transfers Per NRS 353.288(4)	-

Total Revenue	\$ 9,557,867.00
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Paid Claims:

-
-
-

Payments	\$ -
Account Balance	\$ 9,557,867.00

Claims Submitted for Payment:

Submitted for Payment	\$ -
Account Balance	\$ 9,557,867.00

Projected Outstanding Claims :

-

Total Pending Claims	\$ -
Estimated Account Balance - Including all Claims	\$ 9,557,867.00

IFC Contingency Fund Unrestricted
NRS 353.266
FY 2019 (as of October 31, 2018)

Unrestricted General Fund

Beginning Cash FY19 15,414,503.65

Total Revenue 15,414,503.65

Paid Claims:

Judicial Branch - Supreme Court BA 1494	(167,998.00)	Approved @ the June 19, 2018 IFC
Judicial Branch - Court of Appeals BA 1489	(65,000.00)	Approved @ the June 19, 2018 IFC
DCNR Forestry Division BA 4196	(2,500,000.00)	Approved @ the June 19, 2018 IFC
Public Safety BA 4709	(86,398.00)	Approved @ the August 16, 2018 IFC
Department of Corrections-Directors Office BA 3710	(158,000.00)	Approved @ the August 16, 2018 IFC
Forestry	(4,592,438.00)	Approved @ the October 24, 2018 IFC
DCNR Channel Clearance	(250,000.00)	Approved @ the October 24, 2018 IFC
Meeting Costs	(12,344.16)	
Total Payments	(7,832,178.16)	
Account Balance		<u><u>7,582,325.49</u></u>

Pending Reimbursement:

NV Dept of Education	(114,425.00)	Pending Nov BOE
Dept of Public Safety	(457,308.00)	Pending Nov BOE
GFO Estimated Stale Claim Acct	(500,000.00)	Pending Dec BOE
	0.00	
	0.00	
Total Pending	(1,071,733.00)	
Account Balance		<u><u>6,510,592.49</u></u>

Unrestricted Highway Fund

Beginning Cash 1,668,141.35

Total Revenue 1,668,141.35

Paid Claims:

	0.00	
Payments		0.00
Account Balance	1,668,141.35	0.00

Pending Claims IFC Meeting:

Traffic Safety	(72,639.00)	Pending October IFC
Total Pending	(72,639.00)	
Account Balance		<u><u>1,595,502.35</u></u>

**IFC Contingency Fund Restricted
NRS 353.266
FY 2019 (as of October 31, 2018)**

Restricted General Fund

FY 19 Appropriations	2,913,155.00	
<u>Beginning Cash FY19</u>		
Governor's Office of Finance - Enterprise Resource Planning Project	10,143,113.00	
Department of Health and Human Services - Aging and Disability Services - Autism	1,392,066.00	
Desert Research Institute - Cloud Seeding Program	972.00	
Department of Public Safety - Division of Parole & Probation - Pilot Re-entry Program	370,235.00	
Establishment of a Fine Arts Museum in LV & Expansion of Reno NV Museum of Art	1,000,000.00	
Total Revenue		<u><u>15,819,541.00</u></u>

Paid Claims:

Establishment of a Fine Arts Museum in LV & Expansion of Reno NV Museum of Art	(1,000,000.00)	Approved @ August 14, 2018 IFC
Governor's Office of Finance - Enterprise Resource Planning Project	(674,914.00)	Approved @ October 24, 2018 IFC
	0.00	
	0.00	
Payments	(1,674,914.00)	
Account Balance		<u><u>14,144,627.00</u></u>

Pending Claims IFC Meeting:

Total Pending	0.00	
Account Balance		<u><u>14,144,627.00</u></u>

Restricted Highway Fund

Beginning Cash:

Governor's Office of Finance - Enterprise Resource Planning Project	2,379,248.00	
Total Revenue		<u><u>2,379,248.00</u></u>

Paid Claims:

Governor's Office of Finance - Enterprise Resource Planning Project	(158,313.00)	Approved @ October 24, 2018 IFC
Payments	(158,313.00)	
Account Balance		<u><u>2,220,935.00</u></u>

Pending Claims October, 2018 IFC Meeting:

Total Pending	0.00	
Account Balance		<u><u>2,220,935.00</u></u>