

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:

December 4, 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 November 13, 2018 Minutes** (For possible action)

4. Department of Administration – Victims of Crime Fiscal Year 2019 1st Quarter Report and Fiscal Year 2019 2nd Quarter Recommendation (For possible action)

Pursuant to NRS 217.260, Department of Administration shall prepare and submit quarterly to the Board of Examiners, for its approval, estimates of available revenue in the Fund for the compensation of victims of crime, and the anticipated claim costs for the quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 1st quarter fiscal year 2019 Victims of Crime Program report states all approved claims were resolved totaling \$5,512,951.49 with \$2,107,457.87 paid out of the Victims of Crime Program account and \$3,405,493.62 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future cash available at \$3.4 million at the end of Fiscal Year 2019 to help defray crime victims’ medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 2nd quarter of fiscal year 2019.

5. State Vehicle Purchases (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Buildings and Grounds	3	\$101,357
Department of Agriculture – Division of Consumer Equitability	2	\$73,132
Department of Conservation and Natural Resources – Environmental Protection Division	1	\$27,502
Department of Corrections	1	\$12,231
Department of Wildlife	12	\$381,314
Total	19	\$ 595,536

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

Department of Corrections (2)

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Jacques Graham, a current Administrative Assistant IV with the Nevada Department of Corrections, to deliver packages to inmates.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Danyele Sipes, a current Administrative Assistant II with the Nevada Department of Corrections, to deliver packages to inmates.

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

Department of Education

Pursuant to NRS 353.097, subsection 4, the Division requests approval to pay \$100,000 from the General Fund, State Claims Account, for a FY 2018 invoice from WestED for work related to the Department of Education's assessment system.

8. 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 \$3,837,742 from the Interim Finance Committee General Fund Contingency Account to cover incurred and projected emergency response costs until the Division can make a supplemental request during the 2019 Legislative session.

**B. Department of Public Safety –
Division of Emergency Management**

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for \$291,773 from Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year's Eve activities.

C. Governor's Finance Office

Pursuant to NRS 353.268, the Governor's Finance Office requests the Board's recommendation to the Interim Finance Committee for an allocation of \$427,929 from the IFC Contingency Account to replenish the State Claims account through June 30, 2019.

9. Request to Exchange Land *(For possible action)*

Department of Conservation and Natural Resources – Division of State Lands

Pursuant to NRS 323.100, the State Land Registrar may, with the approval of the Board and the Interim Finance Committee, exchange state lands for any other lands if the Division determines that the value of the lands are equal, or if the values are not equal, that the land value may be equalized by the payment of money if the payment is not more than 25% of the total land value.

The State Land Registrar and the Board of Regents, Nevada System of Higher Education OBO University of Nevada Reno (UNR) seek the Board's approval of an exchange of money and properties, including undeveloped land on and near the UNR campus which fulfill the requirements of NRS 323.100.

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

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

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

13. Approval of Proposed Work Plan *(For possible action)*

14. 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 October 23, 2018 through November 9, 2018.

15. Information Item – Reports

A. Statewide Quarterly Overtime Report – Fiscal Year 2018 4rd Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 1st Quarter Overtime Report and analysis for Fiscal Year 2019.

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

Pursuant to NRS 321.5954, the Division is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 1st quarter of Fiscal Year 2019.

16. 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).

17. 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:

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

MEMBERS PRESENT:

Governor Brian Sandoval
Secretary of State Barbara Cegavske – Present in Las Vegas
Paul Nicks, Clerk of the Board

OTHERS PRESENT:

Malcolm LaVergne, Member of the Public
Rudy Malfabon, Director, Nevada Department of Transportation
Dennis Gallagher, Chief Deputy Attorney General, Attorney General's Office
Bill Quenga, Marketing Coordinator, Department of Corrections
Diane Dastal, Administrative Services Officer 2, Department of Corrections
Wendy Simons, Deputy Director, Department of Veterans Services
Julie Kotchevar, Administrator, Division of Public and Behavioral Health
Amber Howell, Washoe County Human Services Agency
Jeff Kinder, Deputy Administrator, Department of Conservation and Natural Resources

1. Call to Order / Roll Call

Governor: Good morning ladies and gentlemen, I will call the Nevada Board of Examiners (BOE) meeting to order. The Secretary of State is present in Las Vegas and the Attorney General is excused.

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

Secretary of State: Yes, there is, Governor.

Governor: Good morning, sir.

Malcolm LaVergne: [Please see Attachment A]

Governor: Thank you very much. Is there any further public comment from Southern Nevada?

Secretary of State: No, Governor.

Governor: Thank you. Just before we move on from Public Comment, Bill Quenga is here and I want to thank him and Silver State Industries for the construction of this beautiful clock that is now part of the Old Assembly Chambers. It's the final piece, this was handmade at Silver State Industries and it is absolutely beautiful and a complement to this room and the history of this room. So, Mr. Quenga, thank you, very, very much.

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

Governor: We'll move to agenda item number 3, which is Approval of the October 9, 2018 Meeting Minutes. Madam Secretary, have you had an opportunity to review the minutes and do you have any changes?

Secretary of State: I have none and I move for approval, Governor.

Governor: Secretary of State has moved to approve the minutes of the meeting of October 9, 2018. I second the motion. Any question or discussion on the motion? There's none. All in favor please say aye. That motion passes 2-0.

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

Pursuant to Nevada Revised Statute (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 Veterans Services	1	\$49,612
Peace Officers Standard & Training Commission	3	\$6,625
Total	8	147,343

Governor: We'll move to agenda item number 4, which is Request to Purchase State Vehicles. Mr. Nicks, good morning.

Clerk: Good morning, Governor and Madam Secretary. There are six requests for eight vehicles in this agenda item.

The first request is from the Department of Agriculture, Food and Nutrition Division to purchase a replacement vehicle. The vehicle being replaced has met the mileage and age requirements in the State Administrative Manual (SAM) and was included in the agency's legislatively approved budget.

The second request is from the Department of Agriculture, Division of Plant Industry to purchase a replacement vehicle. The vehicle being replaced has met the age requirements in SAM and was included in the agency's legislatively approved budget, utilizing U.S. Department of Agriculture grant funds.

The third request is from the Department of Corrections to purchase a replacement vehicle from State Purchasing surplus. The vehicle being replaced has met the mileage and age requirements in SAM. The replacement vehicle is being funded with repair and maintenance savings from the vehicle being replaced.

The fourth request is from the Department of Conservation and Natural Resources, Environmental Protection Division to purchase one replacement vehicle. The vehicle being replaced has met the mileage and age requirements in SAM and was included in the agency's legislatively approved budget.

The fifth request is from the Department of Veterans Services to purchase a new vehicle. The vehicle being purchased will be used to transport the residents of the Northern Nevada State Veterans Home. The vehicle was included in the agency's legislatively approved budget. Due to a change in requirements to serve the residents, additional funding is required. Realized savings from the phone system will be used to cover the additional expense.

The sixth request is from the Peace Officers Standard and Training Commission to purchase three replacement vehicles from the Nevada Highway Patrol surplus. The vehicles being replaced have met the mileage and/or age requirements in SAM and were included in the agency's legislatively approved budget.

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

Governor: Thank you, Mr. Nicks. I have no questions. Madam Secretary, any questions with regard to agenda item number 4?

Secretary of State: None and move for approval, Governor.

Governor: Thank you, Madam Secretary. The Secretary of State has moved to approve the requests to purchase state vehicles as presented in agenda item number 4. I second the motion. Any questions or discussion? All in favor say aye. That motion passes 2-0.

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.

Governor: We'll move on to agenda item number 5, Authorization to Contract with a Current and/or Former State Employee, Mr. Nicks.

Clerk: Item 5 includes two requests to contract with current and/or former employees pursuant to NRS 333.705, subsection 1.

The first request is from the Department of Administration, Administrative Services Division to contract with a former employee to provide training to new employees. The employee retired in October 2017.

The second request is from the Department of Health and Human Services, Aging and Disability Services Division to contract with a former employee to administer direct-care staff training in behavioral safety. The employee retired in December 2017.

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

Governor: Thank you, Mr. Nicks. Both are straightforward, in my opinion. Madam Secretary, any questions?

Secretary of State: None, Governor. I'll move for approval on both, A and B of 5.

Governor: Thank you. Secretary of State has moved to approve the authorization to contract with a current and/or former state employee as presented in agenda item 5-A and B. I second the motion. Any questions or discussion? I hear none. All in favor say aye. That motion passes 2-0.

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.

Governor: We'll move to agenda item number 6, Request for Approval to Pay Claims from the State Claims Account. Mr. Nicks.

Clerk: Item 6 includes two requests to pay late invoices pursuant to NRS 353.097.

The first request is from the Department of Health and Human Services, Aging and Disability Services to pay \$58,832.75 to All Valley Home Care for personal care services. The invoice was received by the Department after the cutoff for processing of fiscal year 2018 transactions. Funds in this program did not balance forward and the Department did revert sufficient funds to cover the costs of this claim. The claim will be paid from the State Claims Account.

The second request is from the Department of Health and Human Services, Division of Child and Family Services to pay an incentive payment of \$98,876.60 to the Clark County Department of Family Services pursuant to NRS 432B.2165. The report was received by the Department prior to the statutory deadline for the incentive, but there was not sufficient time to review the report prior to the cutoff for the processing fiscal year 2018 transactions. Funds in this program did not balance forward and the Department did revert sufficient funds to cover the costs of this claim. The claim will be paid from the State Claims Account.

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

Governor: Thank you, Mr. Nicks. I have no questions. Madam Secretary, any questions?

Secretary of State: Yes, I think the numbers given are different than what's on our agenda. For the record, I need to make sure.

Governor: We'll check. Thank you, Madam Secretary, good catch.

Secretary of State: Thank you.

Clerk: That is correct. The actual amount should be \$93,187 for the Department of Health and Human Services, Division of Child Care and Family Services, Clark County Child Welfare Payment, which was agenda item 6-B.

Secretary of State: Thank you. Yes, that's what we have on our sheet. Thank you very much and I'll move for approval, Governor.

Governor: Thank you, Madam Secretary. The Secretary of State has moved to approve the requests to pay claims from the State Claims Account as presented in agenda item 6-A and B and those amounts are correct the \$58,832.75 and the \$93,187.

Governor: I will second the motion. Any questions or discussion? I hear none. All in favor say aye. That motion passes 2-0.

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 counterclaims 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.

Governor: We’ll move to agenda item number 7, which is a Request for Approval to Pay a Cash Settlement. Mr. Nicks.

Clerk: Item 7 includes a request for approval of a cash settlement from the Department of Transportation relating to Project NEON in Las Vegas. The request in the amount of \$475,000 will fully resolve an eminent domain action to acquire approximately 12,137 square feet of real property and 1,728 square feet of temporary construction easement. Approval of the additional amount would bring the total settlement to \$642,000.

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

Governor: Thank you, Mr. Nicks. Director Malfabon, Mr. Gallagher, good morning. Please proceed.

Rudy Malfabon: Good morning, Governor. Good morning, Madam Secretary. My name is Rudy Malfabon, I’m the Director of Nevada Department of Transportation. With me is Dennis Gallagher, our Chief Deputy Attorney General. NDOT is seeking approval of a settlement for a condemnation action related to Jackson et al. We required the acquisition of a portion of the property and a temporary construction easement so that our contractor could build a portion of Project NEON. It was along Martin Luther King, Jr. Boulevard in Las Vegas.

As was mentioned, we required only a portion of the property. About 1.45 acres was the entire parcel and 1.17 acres remains with the property owner. We received approval from the Transportation Board to condemn the property to acquire it because we couldn’t come to terms with the landowners. Subsequently, the owner felt that NDOT had impacted the value of their property because of the uncertainty of their plans. They said that NDOT affected their plans to develop and build an office building on the property. We went to

District Court and we won in District Court on the issue of the largest portion of their claim on inversely condemning the property over \$1.2 million, however, there was the concern from the Department that if they take it to Supreme Court for an appeal, that there is the risk of losing it and setting precedence in that case.

They were seeking over \$2 million, the property value and damages and the temporary easement costs and severance damages to the property. We felt that this settlement, which requires an additional amount of money of \$475,000 in new money, in addition to what we had previously deposited with the court, a total of \$642,000 to settle this case, is in the best interest of the taxpayers and the Department.

Dennis Gallagher is here to answer any legal questions. He has some staff in Las Vegas also that can get into any of the details for questions from the Board of Examiners.

Governor: Thank you, Director Malfabon. Mr. Gallagher, anything that you wanted to add? I had a couple of questions and comments but usually, you anticipate those, so why don't you go ahead and provide a statement, please.

Dennis Gallagher: Good morning, Governor, Madam Secretary. Governor, hopefully, I'll be able to anticipate all your questions. The State's exposure in this matter is over \$2 million – \$2 million in claim damages, plus we would have the obligation, since it's a direct condemnation action, to pay reasonable costs on the other side, which would be another \$50,000 to \$100,000.

This settlement is less than a third of the State's exposure. This case has a long and tortured history, starting with the condemnation resolution that was later rescinded because of a change in design, removal from State Court to Federal Court because of a federal tax lien and remand back to the State Court.

As the Director alluded to, the largest portion of their claim is approximately \$1.2 million in pre-condemnation damages, which we won but the property owner has filed for a writ of mandamus on that particular issue. This proposed settlement, which seeks an additional \$475,000 in new money, would dismiss the appeal, in its entirety, dismiss the remaining actions below in the District Court and allow an entry of a final order of condemnation. So, basically, it will take this matter and completely close it out on all levels. Given the dollar amount and the potential exposure, it's felt that this is a reasonable settlement for both the general public and taxpayers on the one hand and the property owners on the other hand.

Governor: Thank you, Mr. Gallagher, well done. I just wanted to ensure that it was a dismissal with prejudice. Both parties walk away and we are done. Also, not only have we avoided the risk of the attorney fees associated with the action up until this time, if there was an unfavorable decision by the Supreme Court, there would likely be a remand, and you have to retry the case again, is that accurate?

Dennis Gallagher: That is correct. A trial has not been held on the various issues, so the property owner would be able to present, to a jury, its rationale for a claim of pre-condemnation damages on this piece of property.

Governor: Thank you. I think this is an excellent result and I think you did say, it's in the best interest of the State to accept this settlement.

Dennis Gallagher: I did, sir.

Governor: Thank you. Madam Secretary, any questions with regard to agenda item number 7?

Secretary of State: No, thank you, Governor. I'll move for approval.

Governor: The Secretary of State has moved to approve the request to pay a cash settlement in the sum of \$475,000 as presented in agenda item number 7. I will second the motion. Are there any further questions or comments? There are none. All in favor, say aye. That motion passes 2-0. Thank you, gentlemen.

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.

Governor: Agenda item number 8 is a Request for a Recommendation of Approval to the Interim Finance Committee (IFC) for an Expenditure from the Fund for New Construction of Facilities for Prison Industries. Mr. Nicks.

Clerk: Pursuant to NRS 209.192, the Department of Corrections Prison Industries is requesting access to \$233,315 from the Fund for New Construction of Facilities for Prison Industries. Funds in this account can be used to house new, or expand existing, industries to provide additional employment for offenders; to relocate, expand, upgrade or modify an existing industry or to improve operations or security to provide additional employment or training of offenders; to purchase or lease equipment for training or operating the industries; to pay for operations of Prison Industries; or to advertise or promote goods produced or services provided by Prison Industries. Expenditures from the account must be approved by the Board of Examiners and the Interim Finance Committee prior to being expended. There is currently approximately \$460,000 available in the account. The packet contains a list of the proposed expenditures and representatives from the Department are available to answer any questions the Board may have.

Governor: Thank you, Mr. Nicks. Mr. Quenga, let's lay a little more specifics as to where the money will go. I think it's a good program, please proceed.

Bill Quenga: Good morning. I also have Diane Dastal, who is the Chief of Fiscal, I'll have her go ahead and start.

Diane Dastal: Yes, our ranch is requesting feeder steers, a barn relocation and game birds.

Our garment factory would like to keep up with demand for their goods and they are requesting a bar tack machine, buttonholer, off-the-arm machine, cutting knife, waistbander, ultra-overlock, a cover stitch flat machine, chairs and sewing stations for these machines and the additional offenders that will work there.

Our auto shop is requesting a plasma cutter, a MIG welder, a TIG welder and updated computer equipment.

Our mattress factory is in need of a tape edge head machine, sewing machine and a box spring binder machine.

Our furniture shop needs a dust collection system, a heavy duty filtration system, a high-pressure steamer, a saw stop cabinet saw and a Ralleigh box and pan break.

In the metal shop, they need a full pin prep plate, a TIG welder, abrasive pressure blaster, roller conveyors, an air compressor and a welding gun.

This all totals \$233,315.

Bill Quenga: This equipment is to enhance our program and to hire more offenders to put them to work, give them more skills, attainable and marketable skills, upon release.

Governor: I think it's fabulous, the more opportunity for training and certification the better at the Department. Mr. Quenga, do you know how many positions or openings it would create for more, as you've said, opportunities for offenders?

Bill Quenga: We're looking at approximately 25-30 more positions statewide.

Governor: And then, just specifically on the agriculture piece, what is that in terms of would we acquire more steers, is that what that says, or what would they be doing associated with that?

Bill Quenga: We're trying to enhance our feeder steers to increase the head count and provide more jobs at our ranch and dairy operation.

Governor: Just out of curiosity, where does that beef go, after we've raised it?

Bill Quenga: We send them to the Fallon. I believe to the Fallon auction. It stays in State.

Governor: Wonderful. Madam Secretary, any questions?

Secretary of State: Yes, Governor, thank you very much. To make sure I've understood, everything that you're asking for, it's not just for the Carson City facility, it's statewide?

Bill Quenga: Yes, that's correct.

Secretary of State: Thank you. Governor, that's all I have and I move for approval of item number 8.

Governor: Thank you, Madam Secretary. The Secretary of State has moved to approve the request for recommendation to the IFC Committee for an expenditure from the fund for a new construction of facilities for Prison Industries in the sum of \$233,315. I second the motion. Any questions or discussion? I hear none. All in favor say aye. The motion passes 2-0. Thank you, Mr. Quenga.

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.

Governor: We'll move to agenda item number 9 which is a request for positive recommendation of approval to the IFC for an Allocation from the Contingency Account – Department of Education and Department of Public Safety. Mr. Nicks.

Clerk: Item 9 has two requests for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268. The General Fund Contingency Account has an approximate balance of \$7.6 million to cover unanticipated costs for the remainder of the 2017-2019 biennium. If these items are approved the remaining balance of the account will be approximately \$7 million.

The first request is from the Department of Education, Special Education Contingency in the amount of \$114,425 to replenish the Special Education Contingency Fund.

The second request is from the Department of Public Safety, Parole and Probation Division in the amount of \$457,308 to fund the entire General Fund portion of the 2019 costs for the Nevada Shared Radio System upgrade.

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

Governor: Thank you Mr. Nicks. I'm very familiar with the second item on there and have no questions with regard to the first item. Madam Secretary, any questions?

Secretary of State: No, Governor. Thank you and move for approval of item 9.

Governor: Thank you. The Secretary of State has moved to approve the request for recommendations to the IFC for an allocation amount from the contingency fund from the Department of Education in the sum of \$114,425 and the Department of Public Safety in the sum of \$457,308. I second the motion. Are there any questions or discussions? There are none. All in favor say aye. That motion passes 2-0.

10. Establishment of Schedule of Daily Resident Rates for the Department of Veterans 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 Veterans 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		

Governor: We will move to agenda item number 10, Establishment of Schedule of Daily Resident Rates for the Department of Veterans Services, *Northern Nevada State Veterans Home*. Mr. Nicks.

Clerk: Pursuant to NRS 417.147 the State Board of Examiners shall establish the schedule of rates for occupancy of rooms at each veteran's home in the State. The Director of Veterans Services has submitted the following rates for the Northern Nevada Veterans Home: \$173 per day for Veterans, \$280 per day for Spouses and Gold Star Family members.

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

Governor: Thank you, Mr. Nicks. I had my questions answered previously, but I just want to say on December 17th, we're going to be doing the ribbon cutting for the Veterans Home and for all of you that can be there, I really encourage you to attend. It is going to be a

monumental day in the history of services to our veterans and it is going to be a facility that is as good, or better than, any facility in the United States of America. I had the opportunity to be out there not long ago. We've renamed the street to Battleborn Way, thanks to the City of Sparks and Veterans Services. Wendy, I want to compliment everybody who has worked so hard and the contractor. I'm being slightly redundant because these are some of the things I'll say on that day but given that we're coming off Veterans Day weekend, this is going to be a really wonderful facility that's going to serve our veterans and give them what they deserve. So, again, my sincere thanks and this is a part of that process by which we can get the facility open and approve the rates, but it is truly going to be something special. Madam Secretary, any questions or comments?

Secretary of State: Yes, thank you, Governor. I really appreciate that. I had the privilege of touring the facility as they are finishing it and Wendy and Kat and everybody needs to be commended, it is wonderful; and you, Governor, for the vision and for getting everything started in the north.

The only questions that I have are, how a Gold Star Family Member goes about getting involved or being able to come to the Veterans' Home. Is it the same type of application? Then, just our rates, how they compare to the Southern Nevada or any of the other states, which, I know our rates are really good but I'd like to have it on the record. Thank you.

Governor: Please proceed.

Wendy Simmons: Governor Sandoval, thank you for your kind words. Madam Secretary, thank you for the questions. We are all so excited about this. In answer to your first question, the application process for eligibility for Gold Star Family Member is just evidence of the service member's Certificate of Release or Discharge from Active Duty (DD-214).

With regard to the rates, currently in Boulder City, the Southern Nevada State Veterans Home, the majority of the occupancy is semi-private and for our private rooms its \$150 per day and for a spouse, \$212. In the new Northern Nevada Veterans Home, all of the rooms are private and through an analysis of competitive rates here for other similar properties that are providing skilled care or long-term care in private accommodations, the average rate in northern Nevada is \$315 per day, private pay. This is why we felt that we could hold at \$173 per day and \$280 for the spouse and meet the obligations that we would have to these folks.

Secretary of State: Governor, I just want to thank Wendy and her team so much for what they've done. I did want that on the record because that really means a lot to these veterans. I'm really grateful for the consideration and the thoughtfulness that this group put together and to make sure that they could afford to stay. Thank you for letting me say something and Wendy, you and your team are just outstanding. I look forward to the ribbon cutting, thank you.

Wendy Simmons: Thank you, Madam Secretary and Governor.

Governor: Ms. Simmons, I do have one question the Secretary's question prompted. So, how are we doing? Is the home fully subscribed now or are there still openings?

Wendy Simmons: We currently have 155 individuals on the interest list and we have a 96 resident capacity. For the actual admission, of course, at the time of request, once we receive our initial licensure, Centers for Medicare and Medicaid Services (CMS) certification and then our Veterans Affairs certification, the residents have to be prescreened through a Pre-Admission Screening and Resident Review (PASRR) process ensuring they do have a need for skilled nursing care. We do have some confusion in that some individuals of the 155 on the list think it's a veteran apartment and we're working very hard to educate everybody that it really is meeting a medical, skilled nursing facility need.

Governor: Thank you very much.

Madam Secretary, anything else?

Secretary of State: Just my gratitude and thanks to everybody involved in this and again, Governor, thank you for your vision on this. I move for approval of number 10, the establishment of a schedule of daily resident rates for the Department of Veterans Services, Northern Nevada State Veterans Home.

Governor: Thank you, Madam Secretary for the motion. I second the motion. Are there any questions or discussion? There are none. All in favor, say aye. That motion passes 2-0.

11. Approval of Proposed Leases (For possible action)

Governor: Next is agenda item number 11, Approval of Proposed Leases. Mr. Nicks.

Clerk: There are 10 leases in agenda item 11 for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: Any questions, Madam Secretary?

Secretary of State: None, thank you. I move for approval of item number 11, approval of proposed leases.

Governor: Thank you, Madam Secretary. The Secretary of State has moved to approve the proposed leases as presented in agenda item number 11. I second the motion. Are there any questions or discussion? There are none. All in favor say aye. That motion passes 2-0.

12. Approval of Proposed Contracts (For possible action)

Governor: We'll move on to agenda item number 12, Approval of Proposed Contracts. Mr. Nicks.

Clerk: There are 45 contracts in agenda item 12 for approval by the Board this morning. Members have requested additional information on contract number 4 between the Department of Health and Human Services and Washoe County Human Services Agency and contract number 23 between the Department of Health and Human Services Division of Public and Behavioral Health and Leah Lamborn doing business as Creative Consulting Solutions.

Governor: Thank you, Mr. Nicks. Let's proceed, please.

Julie Kotchevar: Good morning. This contract is a lease, between the Department of Health and Human Services and Washoe County for buildings located on our Northern Nevada Adult Mental Health Services Campus (NNAMHS).

These buildings were originally built to provide cottage sized and style institutional placements. In 1999, with the Olmstead decision, we could not continue to serve people in an institutional setting. So, the people were integrated into the community, in appropriate settings. The cottages were not rehabbed. The cottages still have kitchens and bathrooms. We semi-converted them to office space without doing a lot of rehabs and left state employees working in them until either the buildings fell into disrepair, making it unsafe for state employees to work there, or the need was no longer there for space.

The Olmstead decision further precludes the state from housing people on the campus of an institution and there is still the Dini-Townsend Hospital, Lakes Crossing and also on the campus, the new Veterans Home, on a campus with an institution. Since we use federal Medicaid funding to support our people with disabilities and people who have a mental illness, we could not use these cottages to continue to house people.

We have been working with Washoe County and the other jurisdictions to find a solution to meet community needs and to use the asset of vacant buildings on our campus. Amber will go through in detail more of what the plan is, but there are significant savings to the state that we wanted to bring up even though we're not charging them rent. For example, Washoe County will be providing 24-hour on-site security. That is a value of \$6.5 million over the course of the lease. They will also be paying their utilities, which over the course of the lease, will be over \$1 million. We are not paying for building maintenance for the buildings as we had planned to, which was a \$2.2 million savings in deferred and other maintenance. Additionally, many of the buildings require a significant amount of rehabilitation, as well as asbestos abatement, which we're estimating, would be up to \$10 million to rehab those buildings to bring them back into current use.

There are also significant savings to this system as a whole. These are vulnerable people we're intending to serve. The US Interagency Council on Homelessness estimates that it costs \$50,000 per person who is vulnerable to remain homeless for the entire year. This is costs to the healthcare system, local jurisdictions, jails, prisons, psychiatric hospitals. There were 1,200 seniors, women and children who were served in Washoe County who were homeless last year. That's up to \$60 million in costs to the system that could be diverted or prevented by providing a more comprehensive solution.

Amber Howell: Good morning, Governor and Madam Secretary. I'm going to go through a little bit about how we got here today and what we hope to accomplish. Thank you so much for allowing us to present this proposal to you today. (Attachment B is Ms. Howell's presentation)

On the campus at Record Street is a population that is mixed between different genders and age groups. There is the men's shelter and women are also on the campus. There's an overflow which no longer really is an overflow because it's always full due to our census increasing. Then we have family members on campus, as well as women near childbirth and postpartum women. Just to give you an idea of what it looks like, this is the campus that has the playground at the shelter. This is one of the areas Washoe County was looking at significantly on ways to improve for a more child-friendly environment for children of small ages. It has wrought-iron gates and on the outside of that is the outside of the building with many people walking by and children witnessing and hearing things that we would rather them not be a part of. It's not secluded in an area where we would like them to be as far as daycare. We did a significant data analysis before we approached the campus looking at what some of the reasons were that our census was increasing and some of the problems we were having with the homeless population and what would be needed to overcome some of those obstacles. No surprise, of course, as the cost of housing is increasing, lack of income, there's a significant need for us to increase health, mental health and addiction services in Washoe County and no family or support system or a transient runaway population that's ever-growing.

Our Crossroads Program is something that we wanted to continue to expand. Crossroads in Washoe County is a tiered housing program that first provides housing and food and then wraps services around them, depending on their needs. Washoe County started this back in 2011 and has served over 1,200 individuals. We have learned that people need a roof over their head and food in their stomachs before they can start focusing on things that they're challenged with. We've had tons of success with the Crossroads population but one of the areas where we are lacking is bed capacity, specifically on the women's side. We have a wait list of 165 women to get into the Crossroads Program. We'll talk a little bit about how that impacts the child welfare system in a little bit.

Some of the challenges when we looked at the data and the demographics is there are Medicaid eligible individuals there not billing Medicaid or having certified Medicaid specialists that can help in that effort. With the lack of substance abuse and mental health services, there is a low incentive for them to make positive decisions. They're continuing to collect income and Supplemental Nutrition Assistance Program (SNAP) benefits and don't have to utilize those while they're in the shelter.

Children, of course, need a more secure place. There is some ongoing drug use happening on the campus and comingling of populations is becoming a significant challenge for us.

Also, we've recently learned that our mobile outreach safety team, which is our mental health outreach team in Washoe County, they're number one response location is actually the shelter in Reno. They go there about three times a day and it's also Regional Emergency Medical Service Authority's (REMSA) number one place, so that tells us there's a significant need for an increase in services. Any time those resources are used for one campus, you're taking away from the needs from the remainder of the community. That's something that we need to take a look at. Additionally, sex trafficking is becoming an issue all over the state but it's also very prevalent at the shelter.

This is the demographics that were specifically of interest to Washoe County. Over 2,600 individuals had frequented the shelter last year. One of the areas of big concern for Washoe County is the number of children that have spent at least one night in the shelter, that's an unduplicated count and probably more concerning for us is that 42% of them are under the age of 5. That really was very telling for us of areas that we needed to focus to provide a more child-friendly, family-friendly location for those individuals.

The census, as I mentioned before, has continued to increase. It's about a 60% increase within the shelters that we saw in a very short period of time for all of the reasons that we mentioned but the housing crisis is also a factor.

When we started looking at what it is that needs to be built and how do we change the dial on reasons people are ending up in homelessness, we looked at a couple of different areas of their conditions upon entry into the Record Street facility, then, what they were challenged with when they left. As you can see, there hasn't been a lot of change from entries to exits. So, this is an opportunity for Washoe County to start infusing services to change the dial on these areas. Of course, alcohol and drug abuse, physical ailments, those types of things, we need to start having a more targeted approach to address those. If we don't, we will continue to have a revolving door in Washoe County through the shelter and we'll need to continue to increase bed capacity for the homeless population.

This is also what we consider an opportunity slide. This tells us that 55% of the residents at the shelter have SNAP or food security benefits that can be used if they had another place to reside, other than the shelter. Also, 58% of them have an income, so that's also an opportunity for them. If they have food security and have some income, if we can put them in a better environment and address some of their issues, perhaps we can change the cycle of homelessness for those individuals. So, that's a very important statistic for us to center around.

We're here in front of you today because we started looking at some buildings at the NNAMHS Campus as a way to start separating the populations at the Record Street location. When we started combing through some of the facilities, we noticed there was a lot of synergy between some of the populations we would like to relocate to the campus but also what was already existing there. The River House is our Crossroads Program for

Women – that’s already on the campus. We have our Temporary Assistance for Displaced Seniors program (TADS) due to being evicted or exploited. There’s a home there for them. Then we have the Adolescent Treatment Center, which is the Division of Child and Family Services mental health campus. So, it was a nice complement to the populations already existing there, rather than looking at whether the men could be relocated from downtown Reno and placed in this campus.

So, we combed through all of these buildings and the benefit of these buildings is that they are residential, as Dr. Kotchevar mentioned. They have bathrooms, kitchen areas, very homelike environments. There is a building for postpartum which allows us to double the number of women who are pregnant or have recently had a child, to be in a facility all on their own, that’s very safe and secure, with services wrapped around, to help them with their parenting and caring for their child. We will be able to relocate the families at 8-C and 8 Central. There are 27 families at the Record Street location that can be relocated to this area. Then we have our women, who would also be able to be relocated to this campus as well. That’s about 50 women but that can be expanded to about 75 with the space available there.

Then, one additional area of concern for Washoe County is the number of at-risk youth between the ages of 18-24, that at any given time find themselves in a homeless situation, they rarely go to the shelter for a variety of reasons, usually couch surfing. There are around 600 individuals in Washoe County deemed to be homeless and this space would provide 75 beds for them with wrap-around services to get them out of couch surfing and really start working on some of their challenges so that they can have a better future. They’re very young and that’s an opportunity to help them.

Two more buildings, the cottages, would expand our Women’s Crossroads Program. It will double the number of beds we can serve those women. We have been receiving some significant donations from Grace Church in Reno, they have donated \$75,000 per building, to rehabilitate those buildings, which is such a gift for us, and allows us to double the population for those ages and genders.

Finally, one of the buildings there, Senior Daybreak, a building for Alzheimer’s and dementia patients at our Washoe county complex that can only serve 22 individuals who have Alzheimer’s and dementia at any given time, based on the capacity. This building is perfect to expand our Daybreak Program which will allow us to triple the number of people we can serve.

Washoe County is actually the third fastest growing city in the nation for seniors and the Alzheimer and the dementia disease and numbers of people who are suffering from that is growing and we don’t have any capacity right now to serve those populations. This campus really affords us an opportunity to have some complimentary populations and age groups with the people already there but also allows us to significantly increase the number of people we can serve. It would take the ability for us to serve about 225 people on the NNAMHS campus and free up some Record Street opportunities so that men can be centralized in one place.

Some of the expected goals we're hoping to achieve are to both separate the populations and implement a more targeted approach by desegregating some of the populations and allowing them to start focusing on the challenges that they're faced with, expand our Crossroads Program and also provides some significant rehab to the buildings on the NNAMHS campus.

Some of the things that we would like to do at the NNAMHS campus are to increase mental health and substance abuse services to have a robust intake process so you know right from the beginning what it is that the individual is faced with, so you can start developing a more targeted case plan and provide more stability for them. This can increase the number of children that are placed in foster care if families can be placed together and work on some of their challenges so that children don't have to be removed from their parents.

In closing, there are several benefits to the state in having us locate ourselves on the Washoe County or on the NNAMHS property. We're going to provide, if the proposal is approved, increased security through the campus for all populations, so this will help Adolescent Treatment Center (ATC), Dini-Townsend, Lakes Crossing and some of the other staff that are on that facility already. It will enhance the synergy and complement the populations that are already there. It will reactivate the current vacant facilities that are in need of rehabilitation. We have an architect that has gone out and analyzed some of the initial redesigns that would have to happen on the campus and it's about, at least \$4.5 million that Washoe County is looking to invest in these properties, the things Dr. Kotchevar had mentioned, asbestos abatement, flooring, new paint and so on in significantly rehabbing those buildings and then we'll take over landscape and maintenance and really revitalize the campus. It is an excellent space for our population and we'd like to be a part of rehabilitating and making the campus better for the state and for local government.

That's the proposal with you today. What we would like to do with the current crisis we're having in Washoe County and we appreciate you taking the time to listen and allowing us to explore this possibility. Thank you.

Governor: Thank you, Ms. Howell. I really appreciate your presentation. This has been a longstanding issue for decades. This is a perfect example of collaboration between local and state government. The state has an amazing resource in buildings and grounds that are now available. It's also been my hope that they are utilized to their highest and best use. The County brings along a significant amount of resources, as you say, to rehab this but, at the end of the day, this is about people and people that are struggling and need some help, and this is a perfect place to get that done. It is the proverbial win-win for everybody, so that, again, you've covered it all in here.

I appreciate you bringing this to the State's attention and creating this opportunity and rehabbing this place that has a long history and to be in a position where we can serve all these children and families. When you look at some of these pictures and you see where these kids are and you know, all of the others, I'm just really excited about what is going to

happen here. My compliments to you as well as the County Commission for dedicating this amount of resources.

I suppose, my only question is, you've said that you've hired an architect and there's some significant investment that has to be done, when would you anticipate completion of this rehabilitation and full use of the site?

Amber Howell: Governor, our initial discussions have been that by this time next year, we should be open.

Governor: Then, as said in this presentation, it obviously opens up beds and resources downtown for the men. I think this is another good thing, as you said, in terms of safety for children and mothers and single females, etc., will the openings that are created downtown Reno be able to take care of all of the individuals that need assistance, the males that need assistance there?

Amber Howell: Governor, what we are finding is, we have an overflow shelter that is 60 beds that we have to open, a tent, that we have to open every winter, and then we have an overflow shelter as well. What this will allow us to do is get rid of those satellite locations and bring them all in internally, then, what we'd like to start doing is screening for the Crossroads Program. They are super-utilizers of the system and we need to provide Washoe County staff in there to start sending them through to the Crossroads Program so we hopefully don't have a need to build additional beds. We have to expand our programming.

Governor: Thank you. Dr. Kotchevar, perhaps you can answer this question – this isn't just about northern Nevada. There are opportunities in southern Nevada, as well, correct?

Julie Kotchevar: That's correct. So, we have been doing a similar discussion and analysis with Clark County and the City of Las Vegas, the Southern Nevada Adult Mental Health (SNAMHS) campus were included as opportunity zones. SNAMHS campus looks a little bit different. It doesn't have as many residential buildings but it does have open land. That's the discussion we've been having with the County – that, while we may not have buildings that can be rehabbed and moved into, there is a lot of open space and does it make sense to use and how can we be a better partner. About 68% of the homeless population was Medicaid eligible while in Washoe County it was 70%, which makes me think that there is 2% that probably is what we haven't identified yet. We're working with both jurisdictions to see how we can better get services to people so that they're not homeless, working in both north and south with that.

Governor: Thank you. I appreciate you bringing up the opportunity zone piece because a lot of attention has been paid on other sites that have been named opportunity zones when this was very strategic, to have both north and south, and the NNAMHS and the SNAMHS campuses, designated as opportunity zones, that hopefully will attract more or new investment to provide more facilities that will provide more care for those individuals that need it most. I'm hopeful that there are people out there that have the capital available that will take advantage of this program and invest in those campuses because there is a

significant opportunity there. That's probably a conversation for another day but I'm glad you brought that up.

Madam Secretary, do you have any questions? I'm sure you do, I know this is a passion of yours.

Secretary of State: Thank you, Governor. I think you've all covered everything. The presentation was wonderful. I was going to ask about the south and how you're working together, so thank you very much for that coordination and letting me learn that you are working together. I want to thank you, ladies, because you have really taken on a task that is monumental and this is something that you need to be commended on. I'm so grateful that you're working with the Southern leadership, as also the County Commissioners and the City of Las Vegas as well. You might consider adding Henderson and a few of the other areas because unfortunately, we have homeless everywhere.

I understand about the dementia portion of it and I can't even imagine how difficult that population is if their families are not willing to take them in, how we work with them. We lost my mom this year and she had dementia and Alzheimer's and it's not an easy disease to deal with. So, I commend you all.

Governor, thank you for your comments. Thank you, Governor and thank you everybody there.

Governor: Thank you, Madam Secretary. I'm very sorry about your loss.

I don't want this moment to go by because this has been a longstanding issue, as I said, for decades. Until now, we really haven't had a site everybody could agree on, where we had the buildings and the grounds and the resources to bring it all together – it really is important that we really highlight what's happening here. This is one contract amongst many but to be able to dedicate both campuses, north and south, and to provide these individuals and families that need this help – this, finally, is a real solution. It is a permanent solution in terms of giving them that help that they need.

I sincerely thank you Ms. Howell and the County and Dr. Kotchevar and the State for putting this all together and coming up with a plan and something that is going to be acted upon. This isn't all theoretical, this is real. A year from now, there are going to be hundreds of individuals that are going to be served and their lives are going to be improved and they're going to get second chances. As some of the graphics in this presentation show, a gentleman here who says, I was homeless, and he got services and is back on his feet. Now, we're going to have many, many more people that are going to be like him and get those services that they need – just that little bit of help to get them back to where they want and need to be. Again, thank you very much.

Mr. Nicks, I think it was 23, was the only other contract that was being held?

Clerk: That is correct.

Governor: Dr. Kotchevar, I asked for this and I'm not picking on this one but I just think it requires a little bit more explanation, maybe exclamation too, but in any event, I know this is part of many service contracts but when you look at it in isolation, \$23 million for one individual seems like a lot. I know there's a lot behind that and I just wanted to give you an opportunity to present that on the record, please.

Julie Kotchevar: Sure, so these are our Master Service Agreements used by the Department of Health and Human Services. We house them at the Division and Public and Behavioral Health within the Department. We put out 10 scopes of work with a maximum for each scope, for 10 separate activities. We had a number of vendors apply. Some of them applied for one or two scopes. Some applied for all 10 scopes. This particular company applied for, and qualified for, all 10 scopes and so that's why the contract is a maximum. They could get zero amount or any number in between, depending on whether or not they were sele

cted under each scope of work to do a particular project. So, it's a maximum. There actually were three that were selected for all scopes of work but that doesn't necessarily mean that any of them would get any work at all, it's just the maximum.

Governor: Thank you. That's all I needed for that item. Madam Secretary, do you have any questions or comments?

Secretary of State: None, Governor.

Governor: Thank you. If there are no further questions or comments with regard to agenda item number 12, the Chair will accept a motion.

Secretary of State: Governor, can I ask one question?

Governor: Of course.

Secretary of State: I was just curious about the number 39, the \$7 million, Hazardous Waste Cleanup money. I wanted to know if we could find out if the responsible party is unwilling or unable to perform the cleanup, how do we assess them or get a fee back from them? Can anybody answer that? I just wanted to ask that question on the record, so they can tell us whether or not that's something they have in a plan or how they assess and get any money back whatsoever because that's a lot of money to be given out.

Governor: Thank you, Madam Secretary. We do have a representative from Division of Conservation and Natural Resources (DCNR) with us today.

Jeff Kinder: Good morning, Governor, Madam Secretary. This contract is \$7 million, split between the two consultants' professional services. What happens is, this contract is for events where we need to mobilize quickly. This isn't the normal circular type of cleanup that people are probably most familiar with. This would be something where we need to mobilize quickly where there are potential receptors being impacted. As part of that

process then, we would identify a responsible party and go after them for reimbursement of this money.

Secretary of State: Thank you so much, Jeff, I appreciate that. I'm just wondering if there an NRS or something that gives us the ability to go after them for this fee assessment. How are you able to make them responsible and put something on the books so to speak, so that they do have to pay to clean it up?

Jeff Kinder: The authorities in several NRS spread throughout several of our programs, whether it's air, water or land. I'm unable to cite the specific NRS but there are several that allow us to pursue responsible parties for reimbursement.

Secretary of State: Okay, if you want to just get those to my office, I'd really appreciate it.

Governor, thank you for letting me ask the question.

Governor: Thank you, Madam Secretary. A couple of lives ago, I was the Attorney General and I assure you, we were very aggressive in terms of seeking recovery from responsible parties associated with any type of contamination. I'm sure the Attorney General's Office can be helpful or the Deputy Attorney General that's assigned to DCNR and Environmental Protection can give you those citations.

Secretary of State: Great, thank you Governor. Thank you, Jeff.

So, you would like a motion to approve the proposed contracts in number 12.

Governor: Yes. So, is that a motion, Madam Secretary?

Secretary of State: I'm sorry, yes, that's a motion.

Governor: The Secretary of State has moved to approve the proposed contracts presented in agenda item number 12. I second the motion. Any questions or discussion? There are none. All in favor say aye. That motion passes 2-0.

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

Governor: We'll move to agenda item number 13, Approval of Proposed Master Service Agreements. Mr. Nicks.

Clerk: There are 48 master service agreements in agenda item 13 for approval by the Board this morning. Master Service Agreements are statewide contracts that can be utilized by any state agency. The amount associated with the agreement is determined by the type and number of services. Four 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. Just for purposes of the record, there are a couple of these MSAs that have some big numbers next to them. Can you explain that doesn't mean one vendor is going to receive \$80 million?

Clerk: That is correct. Similar to contract number 23 on the contracts, this is just a not-to-exceed amount. It means that the vendor has applied to provide services. It doesn't mean that they will actually provide any of these services, only that they are authorized to do so.

Governor: Thank you, Mr. Nicks. Madam Secretary, any questions with regard to agenda item number 13?

Secretary of State: No, I move for approval on item 13, approval of proposed master service agreements.

Governor: Thank you, Madam Secretary. The Secretary of State has moved for approval of the MSAs presented in agenda item number 13. I second the motion. Are there any questions or discussion? I hear none. All in favor say aye. That motion passes 2-0.

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

Governor: We'll move to agenda item 14, Approval of Proposed Work Plans. Mr. Nicks.

Clerk: There is one work plan for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: I have no questions. Madam Secretary, any questions?

Secretary of State: No questions, Governor. Move for approval of number 14 for the proposed work plan.

Governor: The Secretary of State has moved to approve the proposed work plan in agenda item number 14. I second the motion. Are there any questions or discussion? I hear none. All in favor say aye. That motion passes 2-0.

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.

Governor: We'll move to agenda item 15, the information item. Mr. Nicks.

Clerk: There were 67 contracts under the \$50,000 threshold approved by the Clerk between September 18, 2018 and October 22, 2018. This item is informational only. No additional information has been requested by any of the Members.

Governor: Any questions, Madam Secretary?

Secretary of State: No, not at this time, thank you Governor.

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

Governor: We’ll move to agenda item 16, which are reports from the Department of Motor Vehicles (DMV) and the Governor’s Finance Office. Mr. Nicks.

Clerk: Agenda item 16 is an informational report on the available balances in the various contingency accounts managed by the Board of Examiners or the Interim Finance Committee as of October 19, 2018. These accounts will cover contingencies through the 2017-2019 biennium. I would be happy to answer any of the questions the Board may have. That’s for Information Item B.

For Information Item A, this is the report of the Complete Streets Program for the Department of Motor Vehicles. This is the collection for the period of July 1, 2018 to September 30, 2018.

Governor: Thank you, Mr. Nicks. The only question I have with regard to 16-B is, are we in good shape with our balances?

Clerk: At this point, Governor, as we mentioned before, we have about \$7 million left after the approved Contingency Request from this meeting. We have requested that all agencies submit their contingency requests for this biennium for the December BOE meeting and at that point, we'll know what our residual balance is. At this point, we are anticipating that the majority of the fund will be used by the agencies and that that should get the agencies to the point of being able to request a supplemental through the legislative session.

Governor: Thank you, that's the point I wanted to make on the record is that we're not in any difficult situation because in the event we do use this money, with the legislative session coming up, they'll be able to make an appropriation for that fund. Madam Secretary, any question with regard to agenda item 16?

Secretary of State: None, Governor, thank you.

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).

Governor: Okay, we'll move to agenda item number 17, Public Comment. Is there any member of the public present in Las Vegas that would like to provide public comment to the Board?

Secretary of State: None, Governor.

Governor: Anyone present in Carson City that would like to provide public comment to the Board? I hear and see no one.

I just wanted to say, Madam Secretary, congratulations on your reelection and thank you for your service to the State and your continued service for the next four years.

Secretary of State: Governor, thank you very much for that and I want to thank you for your eight years of service and what a pleasure it has been to not only serve with you in 1997 but as Governor and it's been a real pleasure for me. I look forward to working with you outside, whatever it is you decide to do, good luck.

Governor: Well, thank you, Madam Secretary. I think we have one more meeting, correct?

Secretary of State: Good, okay. Thank you.

Governor: Thank you, Madam Secretary.

18. Adjournment (For possible action)

Governor: We'll move to agenda item number 18. Is there a motion to adjourn?

Secretary of State: Yes, I'll make the motion to adjourn.

Governor: I'll second the motion. All in favor say aye. Everyone, have a happy Thanksgiving and enjoy the holiday.

Thank you very much, this meeting is adjourned.

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: November 6, 2018

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

From: Catherine Brekken, 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 Administration – Victims of Crime Fiscal Year 2019 1st Quarter Report and
2nd Quarter Recommendation**

Agenda Item Write-up:

Pursuant to NRS 217.260, Department of Administration shall prepare and submit quarterly to the Board of Examiners, for its approval, estimates of available revenue in the Fund for the compensation of victims of crime, and the anticipated claim costs for the quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 1st quarter fiscal year 2019 Victims of Crime Program report states all approved claims were resolved totaling \$5,512,951.49 with \$2,107,457.87 paid out of the Victims of Crime Program account and \$3,405,493.62 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future cash available at \$3.4 million at the end of Fiscal Year 2019 to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 2nd quarter of fiscal year 2019.

Additional Information

The Route 91 Harvest Music Festival tragedy has had, and will continue to have an extraordinary impact on this program. The victim demographic has some significant differences when compared to the usual crime victim demographic. Many victims have insurance, so payments have been delayed due to review of insurance information and Explanation of Benefit forms. To date 5,795 applications related to Route 91 have been processed and another 788 are pending. Payments to date on these claims total \$3,043,523.61.

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

Brian Sandoval
Governor

STATE OF NEVADA



Paul Nicks
Clerk, Board of
Examiners

Michelle Morgando
Coordinator, VOCP

DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME

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

November 1, 2018

To: Paul Nicks, Clerk, Board of Examiners
Through: Patrick Cates, Director of Administration
From: Michelle Morgando, Coordinator, Victims of Crime Program
Re: VOCP 1st Quarter FY 2019 Report, and 2nd Quarter FY 2019 Recommendation

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

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

Payments by Priority - 1st Quarter FY 2019				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Priority 1 & 2 Payments	2767	2,020,645.03	521,984.88	1,498,660.15
Pending Priority 3 Payments	376	3,492,306.46	2,883,508.74	608,797.72
Total 1st Quarter Payments	3143	\$5,512,951.49	\$3,405,493.62	\$2,107,457.87

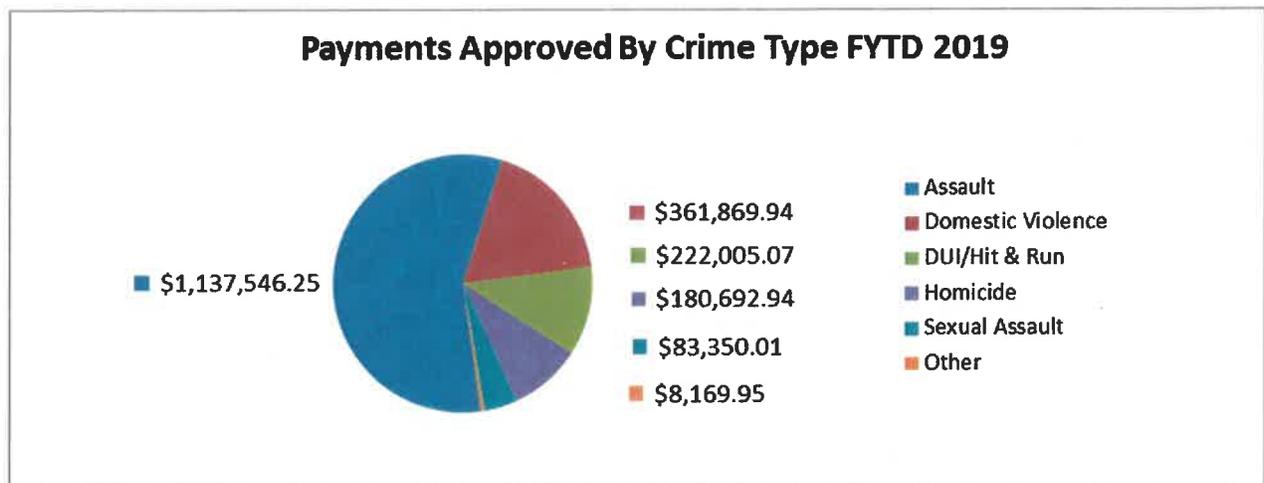
Claim Payments

The following chart shows claim payments made in FY 2019 by benefit type. As this chart shows, the VOCP satisfied \$5,512,951.49 in victim medical bills and claims for \$2,107,457.87 from available funding. After bill review and application of Board Policies we have had a total savings of \$3,405,493.62 over the billed amount in fiscal year 2019.

Payment Amounts by Type Fiscal Year 2019				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Chiropractic/Physical Therapy	118	73,817.06	23,941.63	49,875.43
Counseling	1204	357,655.45	102,218.90	255,436.55
Survivor Benefits	68	53,881.68	0.00	53,881.68
Dental	62	159,618.78	51,775.57	107,843.21
Discretionary*	421	312,935.94	537.67	312,398.27
Funeral Expense	39	141,155.93	0.05	141,155.88
Lost Wages	364	369,485.41	0.00	369,485.41
Medical - Hospital	222	3,473,335.39	3,014,832.37	458,503.02
Medical - Other	590	562,125.67	211,280.57	350,845.10
Prescription	32	3,297.50	0.00	3,297.50
Vision	23	5,642.68	906.86	4,735.82
Total Payments YTD FY2019	3143	\$5,512,951.49	\$3,405,493.62	\$2,107,457.87
*Discretionary payments include: Relocations, Temporary Housing, Crime Scene Clean-up, etc.				
*Totals subject to change based on stale and stopped payments, lost checks, and reclassified bill types.				

Victim Payments by Crime Type

The following pie chart shows amounts approved for payment by crime type for fiscal year 2019.



Financial Review

The chart below shows projected revenues and fund balances including reserves for FY 2019, and recommendations for 2nd quarter FY 2019 based on projections. These projections of revenue and anticipated expenses are used for purposes of determining compliance with NRS 217.260 and policies of the Board.

Financial Position and Second Quarter 2019 Projections	
Projected Funds Available for Payments FY19 Less 45 Day Reserves**	\$9,463,619.96
1st Quarter Priority 1 & 2 Payments	\$1,498,660.15
1st Quarter Priority 3 Payments	\$608,797.72
Total 1st Quarter 2019 Payments	\$2,107,457.87
Projected Remaining Funds Available for FY19 Less 45 Day Reserves	\$7,356,162.09
Projected Payments 2nd Quarter FY19 *	\$2,015,493.43
Projected Funds Available after 2nd Quarter Payments	\$5,340,668.67
Recommended Priority 3 Payment Percentage 2nd Quarter FY19	100%
*Based on average of last 6 months	
**Adjusted Projection after Fiscal Year Closing	

As required, a 45 day operating expense reserve of \$1,014,180.04 is maintained to cover up to 45 days of victim's claims and administrative expenses.

The Route 91 Harvest Music Festival tragedy has had, and will continue to have an extraordinary impact on this program. We have struggled to estimate the projected costs of these claims. The victim demographic has some significant differences when compared to our usual crime victim demographic. Many victims have insurance, so payments have been delayed while we obtain insurance information and Explanation of Benefit forms. To date, we have processed 5,795 applications related to Route 91, and have another 788 pending applications. Payments made to date on these claims total \$3,043,523.61.

Our 2019 Beginning Cash totals \$8.1 million. Projected Revenue totals \$4.5 million. If payments continue at the current pace, total expenses for FY 2019 will reach \$8.2 million which will leave the program with \$4.4 in cash for Fiscal Year 2020. After maintaining a required 45 day operating expense reserve we will still have \$3.4 million. We expect to receive additional federal grant funds before then.

Recommendation

We are projecting Priority One and Two payments totaling **\$1,531,091.97** and projected Priority Three payments totaling **\$484,401.46** for the 2nd quarter.

After reserving **\$1,014,180.04** for 45 days operating expenses, our budget shows VOCP revenues and reserves available for 3rd quarter FY2019 will be **\$5,340,668.67** after projected quarterly payments.

Based on these projections the VOCP recommends paying Priority One and Two and

Three claims at **100%** of the approved amount for the 2nd quarter of FY 2019.

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: November 8, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Jim Rodriguez, 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 ADMINISTRATION – BUILDINGS AND GROUNDS

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration, Buildings and Grounds (B&G) request approval to purchase one replacement vehicle and two new vehicles for a total amount not to exceed \$101,357 in fiscal year 2019.

Additional Information:

The agency is requesting to move forward with the purchase of a replacement vehicle as approved in the Division's 2017-19 legislatively approved budget (DU E715). Funding in the amount of \$27,439 was approved for the purchase of this vehicle. The estimated cost for the replacement truck is \$33,216.87. The difference between the requested amount and the legislatively approved amount will be covered through a combination of identified saving with the agency's legislatively approved budget.

The agency is also requesting to purchase two new vehicles not previously authorized in B&G's budget. The agency has identified the immediate need for a new vehicle for transporting inmate labor to various job sites. B&G currently utilizes multiple vehicles to transport inmates to multiple job sites, which requires additional time and personnel to perform. This situation also introduces significant security challenges for the agency. B&G is requesting the authority to purchase a 12-passenger van that will be used to support its inmate labor field services activities. The estimated cost of the van is \$34,923.25.

Additionally, B&G has recently surplused several trucks from its vehicle inventory that were significantly beyond their useful operational life spans and had critical mechanical issues that rendered the vehicles unsafe to operate. The elimination of those vehicles from the agency inventory has created an immediate need for at least one new pickup truck to support its Southern Nevada field services activities. The estimated cost for this new truck is \$33,216.87.

The funding for the 12-passenger van and the new pickup truck will be covered through a combination of identified savings within the agency's legislatively approved budget and Reserves. Work program C45602 to reprioritize available funding for the purchase of these vehicles has been submitted for consideration to the December 2018 IFC meeting.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

<p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p>
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**DEPARTMENT OF ADMINISTRATION
ADMINISTRATIVE SERVICES DIVISION**

**209 E. Musser Street, Room 304
Carson City, Nevada 89701-4204
(775) 684-0273
Fax (775) 684-5846**

MEMORANDUM

October 9, 2018

To: Jim Rodriguez, Executive Branch Budget Officer

From: Ward Patrick, SPWD Administrator
Ron Cothran, B&G Deputy Administrator
Jeanne Peat, Budget Analyst, ASD

Subject: 1349 Buildings & Grounds, Vehicle Purchase Request

This memo requests Board of Examiners approval to purchase two new Ford F-250 at \$33,216.87 each and one new 12 passenger van at \$34,923.25 in fiscal year 2019.

Vehicle replacement is for one truck, L01 approved for the FY19 biennium, decision unit E715, one additional truck and one van. This request will replace the following 7 vehicles: 1995 Ford F-150; odometer 171,896; 1994 Chevy odometer 154,897; 2001 Chevy K1500 odometer 137,727; 2003 Chevy Cavalier odometer 108,892; 1992 GMC odometer 177,246; 1999 GMC Van 2500 odometer 146,465; 2003 Jeep Liberty odometer 141,000. All vehicles are at end of life and have been sent to the State Purchasing Division for surplus. Revenue received from sales will be placed in Reserves.

Legislative approval is for a 4WD extended cab truck at \$27,439. However, the agency would like to purchase one 12 passenger van to transport trustees and to be utilized for the HVAC department. The three 3/4-ton single cab trucks with utility beds, are better suited for safely towing large, heavy equipment.

The requested van will support B&G and trustee/inmate crew transportation to job sites, eliminating the need for several trips and/or use of additional vehicles. Because of the type of work B&G is engaged in, all service trucks requested in the future should be at minimum a ¾ -ton capacity and preferably at a 1-ton capacity. This will assure hauling weights are within safety codes. An accessory package consisting of an 8-foot service body, rack and tow package can be purchased for approximately \$6,791.62 which will provide the necessary safety measures discussed above.

A service body versus an open bed is far more secure and lends itself well to storage of far greater number of repair parts also parts are organized and are easily accessible (safety). The overhead rack is industry standard for safely carrying pipes, conduits and large ladders. Finally, the tow package is required for having the ability to tow trailers and equipment safely. In the past smaller capacity trucks were purchased because of budgetary constraints requiring more rentals of upgraded trucks for towing, equipment transportation and use of additional vehicles to transport crews.

The need for new vehicles outweighs the need for Stewart Indian facility, grounds/maintenance equipment approved in fiscal year 2018 and was balanced forward to Reserves at closing (Kubota with accessories \$9,850; Bobcat with accessories \$12,000). Fiscal year 2019 approved funding also, will not be used this type of equipment purchases. (NEB990 included). This equipment purchase has been deferred to the fiscal year 2020-21 budget request.

The new vehicle purchases will be funded out of the Equipment Category with funding provided by existing authority of \$66,887.00 and pending December 2018 IFC, C45602, Reserves work program for the balance of \$34,469.99 for a total of \$101,356.99.

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

Agency Name: SPWD - Buildings and Grounds	Budget Account #: 1349
Contact Name: Ward Patrick	Telephone Number: 775-684-4100
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: 53,217 ³ <u>33,217</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.: Ford F-250 Pickup Truck Mission of the requested vehicle(s): Support agency field services and maintenance activities	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E-715</u> If no, please explain how the vehicles will be funded? A combination of Reserves and budget savings and the deferred equipment purchases
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 1314? If not, please explain. Exempt - (1) Pickup truck	
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: 1995 Ford F150 Odometer Reading: 171,896 Type of Vehicle: Pickup Truck Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? 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. YES - Heavier hauling and towing capacity
APPOINTING AUTHORITY APPROVAL:	
_____ Agency Appointing Authority	_____ Division Administrator Title
	_____ Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

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.:	3.1 CAB & CHASSIS ¾ TON: FULL SIZE 8800lb GVWR FORD, 2019 F-250, (F2A)		
Dealer Name:	FORD COUNTRY		
Delivery Location:	750 E. KING ST CARSON CITY, NV 89701		
Vehicle Colors:	Exterior: WHITE	Interior: EARTH	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 26,147.00	\$ 26,147.00
SPECIFY OPTIONS: (description) :			\$ 7,040.62 ✓
INTEGRATED TRAILER BRAKE	1	\$ 249.00 ✓	
HARBOR 8' UTILITY BODY & LADDER RACK	1	\$ 6,791.62 ✓	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 33,187.62
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 33,216.87

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME: Ford Country Tom Craddock 702-558-8064

Specify State's Vehicle Item Number: 3.1 Cab & Chassis 3/4 Ton; Full Size 8600 lb GVW (Page 1)		
Please provide MSRP pricing: \$36,445		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, F-250, 2019, (F2A/F2B)	\$26,147.00	\$25,747.00
State vehicle miles per gallon (MPG) NA exempt		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 6.2L V8 E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors: Blue Jeans, Race Red, Agate Black, Stone Gray, Oxford White, Magnetic, Ingot Silver		
Seats, Cloth: List available colors: Medium Earth Gray		
GVW:# 10,000		WHEELBASE:142"
(When Applicable)		(When Applicable)

ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 3.1 Cab & Chassis 3/4 Ton; Full Size 8800lb GVW (Page 3)

DEALER NAME: Ford Country

Tom Craddock

702-558-8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

ABS Brake System	standard		\$-
Air Conditioning	standard		\$-
Cruise Control	standard		\$-
Diesel Engine (B20)		\$8,391	\$- N/A
Engine Block Heater		\$92	\$- S
Four Wheel Drive (4x4)		\$2,795	\$- S
Heavy Duty Alternator		\$105	\$- S
Power Takeoff Provision		\$257	\$- S
Integrated Trailer Brake		\$249	\$- 249 ✓
Additional Key With Fob		\$224	\$- N/A
Limited Slip Differential		\$359	\$- S
17" Aluminum Wheels		\$552	\$- S
Power Mirrors	standard		\$-
Power Windows & Door Locks	standard		\$-
Molded Black Steps		\$295	\$- N/A
Daytime Running L Lights		\$41	\$- N/A
Reverse Vehicle Aid Sensor	N/A		\$- N/A
Radio; AM/FM Stereo, CD	standard		\$-
Operator Command Regeneration		\$251	\$- N/A
Seats, Cloth 40/20/40 Color: Medium Earth Gray			
LED Warning Strobe - Amber		\$667	
Rear View Camera Prep Kit		\$381	\$-
Electronic Shift on the Fly 4x4		\$171	\$-
Tailgate Step	N/A		\$-
Spray in Bedliner	N/A		\$-
Upfitter Switches		\$152	\$-
Skid Plates	N/A		\$-
SYNC Communications		\$415	
Exterior Backup Alarm		\$140	
Camper Package		\$148	
Extended Cab Option		\$ 2,385	
Crew Cab Option		\$3,250	
Delivery charge for other than Reno or Las Vegas (i.e. Ely)		\$1.00 per mile	

OPTION #1



255 Voyager Ave
 Brea, CA 92821
 Phone: 714-996-0411
 Fax: 714-996-0695

Sales Quote

Page 1 of 1

Sales Quote SQ14228
 Sales Quote Date: 6/27/2018
 Inside Sales Rep.: Kimberly Bellamy

Sell
 To: FORD COUNTRY
 TOM CRADDOCK
 DEALER# 71H168
 280 N. GIBSON ROAD
 HENDERSON, NV 89014

Ship
 To: FORD COUNTRY
 DEALER# 71H168
 280 N. GIBSON ROAD
 HENDERSON, NV 89014

Tax Ident. Type	Legal Entity	Customer ID	FLF02
Ship Via	HARBOR	SalesPerson	JEFF
Terms	2% 10 Days, Net 30	VIN	
Location	BREA		
Territory	REGION 1		

Harbor Truck Bodies is Not Held Responsible for any items not listed on this order/quote.
 Pricing on quote is valid 10 days from sales quote date.

Item No.	Description	Exp. Notes	Unit	Qty.	Unit Price	Net Price
FORD-056-R-SRW	FORD 56" CA REGULAR CAB SRW GAS-	LAS VEGAS WATER DISTRICT *	EACH	1		
HT098-1541A	8-FT TRADEMASTER FOR 56CA SRW. VERTICAL SERIES-C/S & S/S W/STAINLESS STEEL POP TOP LIDS. BODY IS APPROX 98"L, 79"W, 49" FLOOR, 41"H, 15"D COMPARTMENTS.		EACH	1	5,193.32	5,193.32
Z08-F/BRUL79-08	MOUNT 8-FT U-RECESS BUMPER W/ 8" STEP & LIGHTS		EACH	1		
M7PRONG	7 PRONG TRAILER CONNECTOR (POLLAK)		EACH	1	152.44	152.44
SEQ_1	RECESS BUMPER WITH NO LIGHT HOLES		EACH	1	125.80	125.80
SURCHARGE	SURCHARGE DUE TO STEEL & ALUMINUM COST INCREASE		EACH	1	375.00	375.00
C95-SRW-LED	ADD LED TAILLIGHTS TO 15"D REAR END PANELS		EACH	1	376.66	376.66
MBCK-UP-CAM-LB1	REAR BACKUP CAMERA INSTALL LABOR-1 ONLY	MUST FACTORY ORDER CHASSIS WITH 872	EACH	1	118.40	118.40
FREIGHT	Freight		EACH	1	450.00	450.00

Amount Subject to Sales Tax 0
 Amount Exempt from Sales Tax 6,791.62
 Authorized Signature _____ Date _____
 Dealer VIN/VON _____
 P.O.# _____

Subtotal: 6,791.62
 Invoice Discount: 0.00
 Total Sales Tax: 0.00
 Total: 6,791.62 ✓

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

Agency Name: SPWD - Buildings and Grounds	Budget Account #: 1349	
Contact Name: Jeanne Peat	Telephone Number: 775-684-5851	
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>\$34,923.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Mission of the requested vehicle(s):		
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? <small>A combination of Reserves and budget savings form deferred equipment purchases</small>	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> <u> </u> Addition(s) <input type="checkbox"/> <u> </u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain. Exempt - 12-Passenger Van		
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: <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. N/A <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A	
APPOINTING AUTHORITY APPROVAL:		
<hr/>	Ward Partick	10/29/2018
Agency Appointing Authority	Title	Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
<hr/>		<hr/>
Board of Examiners		Date

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.:	4.2 PASSENGER VAN: 12 PASSENGERS FORD, 2019 TRANSIT 350, MEDIUM ROOF (X2C)		
Dealer Name:	FORD COUNTRY		
Delivery Location:	750 E. KING ST CARSON CITY, NV 89701		
Vehicle Colors:	Exterior: WHITE	Interior: PEWTER	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 33,550.00	\$ 33,550.00
SPECIFY OPTIONS: (description)			\$ 1,344.00
PRIVACY GLASS (92E)	1	\$621.00	
TRAILER TOW PACKAGE (53B)	1	\$447.00	
TRAILER TOW MIRRORS (543)	1	\$65.00	
INTEGRATED TRAILER BRAKE (67D)	1	\$211.00	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 34,894.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 34,923.25

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME: Ford Country Tom Craddock 702-558-8064

Specify State's Vehicle Item Number: 4.2 Passenger Van: 12 passengers (page 1)		
Please provide MSRP pricing: \$41,590		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
TRANSIT, 2019, LOW ROOF (X2Z)	\$31,815.00	\$31,215
TRANSIT, 2019, MED ROOF (X2C)	\$33,550	\$32,950
TRANSIT, 2019, HIGH ROOF (X2X)	\$34,922	\$34,322
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 3.7L V6 Ti-VCT E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
School Bus Yellow, Race Red, Shadow Black Oxford White - No Charge		
Stone, Blue Jeans, White Gold, Ingot Silver, Magnetic & Green Gem - \$139 extra charge		
Seats, Cloth: List available colors: Pewter/Charcoal		
GVW: 9000#	WHEELBASE: 148"	
(When Applicable)	(When Applicable)	

ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 4.2 Passenger Van: 12 passengers (page 3)

DEALER NAME: Ford Country

Tom Craddock

702-558-8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

			DEDUCT AMOUNT
Backup Alarm	\$130		\$- N/A
Cruise Control	standard		\$-
15 Passenger Seating	\$1,376		\$- N/A
Engine Block Heater	\$69		\$- {
Battery, Heavy Duty Auxiliary	\$272		\$- {
Heavy Duty Alternator	\$240		\$- {
Trailer Tow Package	\$447	✓	\$- 447
Integrated Trailer Brake	\$211	✓	\$- 211
Additional Key w/fob	\$69		\$- N/A
Diesel Manual Regeneration	\$345		\$- {
Backup Camera	standard		\$-
Sliding Side Door	\$285		\$- 285
Running Board	\$148		\$- N/A
Reverse Vehicle Aid Sensor	\$272		\$- {
SYNC Bluetooth Communications	\$496		\$- {
Lane Keeping Alert	\$345		\$- {
16" Aluminum Rims	\$391		\$- {
Upfitter Switches (requires dual batteries)	\$79		\$- {
Privacy Glass	\$621	✓	\$- 621
Trailer Tow Mirrors	\$65		\$- 65 ✓
Keyless Entry Keypad	\$88		\$- N/A
Daytime Running Lights	\$41		\$- {
3.5L EcoBoost V6 Engine	\$1,716		\$- {
3.2L Diesel Engine	\$3,696		\$- {
Limited Slip Axle	\$299		\$- {
Rear Air conditioning	standard		\$-
Power Running Board	\$864		\$- {

OPTION #1
OPTION #2

OPTION #4

OPTION #5
OPTION #3

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 1.00 per mile.

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

Agency Name: SPWD - Buildings and Grounds	Budget Account #: 1349
Contact Name: Jeanne Peat	Telephone Number: 775-684-5851
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>\$33,217</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.: Ford F-250 Pickup Truck Mission of the requested vehicle(s): To support agency field maintenance and inmate transportation services	
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? <small>A combination of Reserves and budget savings and the deferred equipment purchases</small>
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> <u> </u> Addition(s) <input type="checkbox"/> <u> </u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain. Exempt - Pickup truck	
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: <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. N/A <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A
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

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.:	3.1 CAB & CHASSIS ¾ TON: FULL SIZE 8800lb GVWR FORD, 2019 F-250, (F2A)		
Dealer Name:	FORD COUNTRY		
Delivery Location:	750 E. KING ST CARSON CITY, NV 89701		
Vehicle Colors:	Exterior: WHITE	Interior: EARTH	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 26,147.00	\$ 26,147.00
SPECIFY OPTIONS: (description)			\$ 7,040.62
INTEGRATED TRAILER BRAKE	1	\$ 249.00 ✓	
HARBOR 8' UTILITY BODY & LADDER RACK	1	\$ 6,791.62 ✓	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 33,187.62
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 33,216.87

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME: Ford Country Tom Craddock 702-558-8064

Specify State's Vehicle Item Number: 3.1 Cab & Chassis 3/4 Ton; Full Size 8800 lb GVW (Page 1)		
Please provide MSRP pricing: \$36,445		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, F-250, 2019, (F2A/F2B)	\$26,147.00	\$25,747.00
State vehicle miles per gallon (MPG) NA exempt		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 6.2L V8 E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors: Blue Jeans, Race Red, Agate Black, Stone Gray, Oxford White, Magnetic, Ingot Silver		
Seats, Cloth: List available colors: Medium Earth Gray		
GVW:# 10,000		WHEELBASE: 142"
(When Applicable)		(When Applicable)

ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 3.1 Cab & Chassis 3/4 Ton; Full Size 8800lb GVW (Page 3)

DEALER NAME: Ford Country

Tom Craddock

702-558-8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

			DEDUCT AMOUNT
ABS Brake System	standard		\$-
Air Conditioning	standard		\$-
Cruise Control	standard		\$-
Diesel Engine (B20)		\$8,391	\$- N/A
Engine Block Heater		\$92	\$- S
Four Wheel Drive (4x4)		\$2,795	\$- S
Heavy Duty Alternator		\$105	\$- S
Power Takeoff Provision		\$257	\$- S
Integrated Trailer Brake		\$249	\$- 249 ✓
Additional Key With Fob		\$224	\$- N/A
Limited Slip Differential		\$359	\$- S
17" Aluminum Wheels		\$552	\$- S
Power Mirrors	standard		\$-
Power Windows & Door Locks	standard		\$-
Molded Black Steps		\$295	\$- N/A
Daytime Running L Lights		\$41	\$- N/A
Reverse Vehicle Aid Sensor	N/A		\$- N/A
Radio; AM/FM Stereo, CD	standard		\$-
Operator Command Regeneration		\$251	\$- N/A
Seats, Cloth 40/20/40 Color: Medium Earth Gray			
LED Warning Strobe - Amber		\$667	
Rear View Camera Prep Kit		\$381	\$-
Electronic Shift on the Fly 4x4		\$171	\$-
Tailgate Step	N/A		\$-
Spray in Bedliner	N/A		\$-
Upfitter Switches		\$152	\$-
Skid Plates	N/A		\$-
SYNC Communications		\$415	
Exterior Backup Alarm		\$140	
Camper Package		\$148	
Extended Cab Option		\$ 2,385	
Crew Cab Option		\$3,250	
Delivery charge for other than Reno or Las Vegas (i.e. Ely)		\$1.00 per mile	

OPTION #1



255 Voyager Ave
 Brea, CA 92821
 Phone: 714-996-0411
 Fax: 714-996-0695

Sales Quote

Page 1 of 1

Sales Quote SQ14228
 Sales Quote Date: 6/27/2018
 Inside Sales Rep.: Kimberly Bellamy

Sell
 To: FORD COUNTRY
 TOM CRADDOCK
 DEALER# 71H168
 280 N. GIBSON ROAD
 HENDERSON, NV 89014

Ship
 To: FORD COUNTRY
 DEALER# 71H168
 280 N. GIBSON ROAD
 HENDERSON, NV 89014

Tax Ident. Type Legal Entity

Customer ID FLF02
 SalesPerson JEFF
 VIN

Ship Via HARBOR
 Terms 2% 10 Days, Net 30
 Location BREA
 Territory REGION 1

Harbor Truck Bodies is Not Held Responsible for any items not listed on this order/quote.
 Pricing on quote is valid 10 days from sales quote date.

Item No.	Description	Exp. Notes	Unit	Qty.	Unit Price	Net Price
FORD-056-R-SRW	FORD 56" CA REGULAR CAB SRW GAS-	LAS VEGAS WATER DISTRICT *	EACH	1		
HT098-1541A	8-FT TRADEMASTER FOR 56CA SRW. VERTICAL SERIES-C/S & S/S W/STAINLESS STEEL POP TOP LIDS. BODY IS APPROX 98"L, 79"W, 49" FLOOR, 41"H, 15"D COMPARTMENTS.		EACH	1	5,193.32	5,193.32
Z08-F/BRUL79-08	MOUNT 8-FT U-RECESS BUMPER W/ 8" STEP & LIGHTS		EACH	1		
M7PRONG	7 PRONG TRAILER CONNECTOR (POLLAK)		EACH	1	152.44	152.44
SEO_1	RECESS BUMPER WITH NO LIGHT HOLES		EACH	1	125.80	125.80
SURCHARGE	SURCHARGE DUE TO STEEL & ALUMINUM COST INCREASE		EACH	1	375.00	375.00
C95-SRW-LED	ADD LED TAILLIGHTS TO 15"D REAR END PANELS		EACH	1	376.66	376.66
MBCK-UP-CAM-LB1	REAR BACKUP CAMERA INSTALL LABOR-1 ONLY	MUST FACTORY ORDER CHASSIS WITH 872	EACH	1	118.40	118.40
FREIGHT	Freight		EACH	1	450.00	450.00

Amount Subject to Sales Tax 0
 Amount Exempt from Sales Tax 6,791.62
 Authorized Signature _____ Date _____
 Dealer VIN/VON _____
 P.O.# _____

Subtotal: 6,791.62
 Invoice Discount: 0.00
 Total Sales Tax: 0.00
 Total: 6,791.62 ✓

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: November 8, 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
DIVISION OF CONSUMER EQUITABILITY**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Agriculture, Division Consumer Equitability, requests approval to purchase two replacement vehicles for a total amount not to exceed \$73,132 in fiscal year 2019.

Additional Information:

The request is to purchase two vehicles to replace two Ford Trucks which meet the Vehicle Replacement Policy of SAM 1316. The agency was budgeted for two replacement vehicles in E711 for \$59,560 during the 2017-2019 legislative session which is not sufficient due to pricing increases. Work Program C45450 has been submitted to fund the additional amount through reserves and is scheduled to be on December meeting of the Interim Finance Committee.

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.sqri.nv.gov>

October 30, 2018

MEMORANDUM

TO: Board of Examiners

FROM: Jerri Conrad, Interim Director – Nevada Department of Agriculture

RE: Approval to Purchase Vehicles – FY19

This memorandum will serve to advise that the Division of Consumer Equitability, Budget Account 4551, is requesting approval to purchase two new replacement vehicles. The vehicles were Legislatively approved in the FY18/19 budget.

The Legislatively approved amount of \$59,560 is not sufficient due to pricing increases. The current estimated amount of \$76,786. A Work Program C45450 has been submitted to the Governor's Finance Office to increase the current authority.

Thank you for your consideration

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Las Vegas Inspector Trucks
 Replaces EX 34478 1997 75,695
 and EX 34480 1997 130,621

STANDARD PAGE ~ BID #8475 FLEET VEHICLES ~ UPDATED 20171201

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>	2.16, TRUCK, 3/4TON, FULLSIZE, EXT CAB, LONGBED		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS	
2018 FORD F-250 (X2A/X2B)	\$26,628	\$26,978	
State vehicle miles per gallon (MPG): NA (EXEMPT)			
State manufactures warranty: 3 YRS/36000 MILES			
Specify alternate fuel engine size and emission rating: 6.2L V8 GAS SOHC EFI FLEX FUEL			
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:			
Exterior Color: List available colors: (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC)			
BLUE JEANS CC/M	N1	STERLING GRAY CC/M	UJ
VERMILLION RED CC	F1	INGOT SILVER CC/M	UX
GREEN GEM CC/M	W6	OXFORD WHITE CC	Z1
TUXEDO BLACK CC/M	UH	PALE ADOBE CC/M	LQ
Seats, Cloth: List available colors:			
GREY			
GVW: 9200# <small>(When Applicable)</small>		WHEELBASE: 158" <small>(When Applicable)</small>	

OPTION PACKAGE PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>	2.16, TRUCK, 3/4TON, FULLSIZE, EXT CAB, LONGBED	
Option Package Name/Code:	XLT	\$3,276
List Equipment Features Below: INCL. 40/20/40 CLOTH BENCH, A/C, AM/FM/CD, CARPET, CRUISE, TILT & POWER WINDOWS/LOCKS, HEATED TOW MIRRORS, TRAILER BRAKE CONTROLLER (TBC)		

ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		DEDUCT AMOUNT
ABS Brake System	\$ INCL.	\$-
Air Conditioning	\$ INCL.	\$-
Cruise Control	\$ INCL.	\$-
Diesel Engine (6.7L 4V V8)	\$8,276	\$-
Engine Block Heater	\$64	\$-
Four Wheel Drive (4x4)	\$2,457	\$-
Heavy Duty Alternator (200A; DIESEL ONLY)	\$64	\$-
Hitch Receiver	\$ INCL.	\$-
Integrated Trailer Brake	\$ INCL. w/TBC	\$-
Keyless Entry w/Fob	\$ INCL.	\$-
Limited Slip Differential	\$333	\$-
Paint, Metallic	\$ OPTIONAL N/C	\$-
Power Mirrors	\$ INCL.	\$-
Power Locks	\$ INCL.	\$-

Power Seat, DRIVER ONLY	\$ 826 (XLT ONLY)	\$-
Power Windows	\$ INCL.	\$-
Radio; AM/FM Stereo, CD	\$ INCL.	\$-
Rear Window Wiper	\$ NA	\$-
Seats, Vinyl	\$ NC	
Vinyl Colors: TAN OR GREY		
Skid Plate (4WD ONLY)	\$85	\$-
Tilt Steering	\$ INCL.	\$-
Tire, Spare, Full Size	\$ INCL.	\$-
Trailer Tow Mirrors	\$ INCL.	\$-
Trailer Tow Package	\$ INCL.	\$-

ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>	2.16, TRUCK, 3/4TON, FULLSIZE, EXT CAB, LONGBED	
Other:		
6.2L V8 GAS SOHC EFI FLEX FUEL	\$ INCL.	\$-
40/20/40 SPLIT BENCH SEAT	\$ INCL.	\$-
ALL TERRAIN TIRES	\$389	\$-
DUAL ALTERNATORS (355A; DIESEL ONLY)	\$324	\$-
REAR STABILIZER BAR	\$137	\$-
ELECTRONIC SHIFT ON FLY (4WD ONLY)	\$158	\$-
SNOW PLOW PREP PKG	\$73	\$-
CAB STEPS, BLACK	\$316	\$-
UPFITTER SWITCHES	\$107	\$-
TRANSMISSION PTO	\$239	\$-
TAILGATE ASSIST & STEP	\$320	\$-
TRAILER BRAKE CONTROLLER (TBC)	\$230	\$-
SPRAY-IN BEDLINER	\$405	\$-
DAYTIME RUNNING LIGHTS	\$38	\$-
SYNC (HANDS FREE PHONE)	\$386	\$-
EXTRA Keyless Entry w/Fob	\$350	\$-
Other:	\$	\$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 300 per unit mile.

Department of Agriculture
 Consumer Equitability Division
 Budget Account 4551-CE
 Vehicle Quote and Budget for SFY 2019

Las Vegas Inspector Trucks (2)

Replaces EX34478 and EX34480, 1997 Ford, Odometer 75,695 and 130,621

Dealer Pricing	Current Contract	5%¹⁾	Net	Total Cost for 2 Vehicles
Base	\$ 26,978.00	\$ 1,348.90	\$ 28,326.90	\$ 56,653.80
Diesel	\$ 8,276.00	\$ 413.80	\$ 8,689.80	\$ 17,379.60
Cab Steps	\$ 316.00	\$ 15.80	\$ 331.80	\$ 663.60
Trailer Brake Controller	\$ 230.00	\$ 11.50	\$ 241.50	\$ 483.00
Hands Free Sync	\$ 386.00	\$ 19.30	\$ 405.30	\$ 810.60
Extra Key Fob	\$ 350.00	\$ 17.50	\$ 367.50	\$ 735.00
Subtotal Dealer Options/Add-ons	\$ 9,558.00	\$ 477.90	\$ 10,035.90	\$ 20,071.80

Total Dealer \$ 36,536.00 \$ 1,826.80 \$ 38,362.80 \$ 76,725.60

Total DMV Fees \$ 30.00 \$ 60.00

$36,536.00 \times 2 = \$73,132.00$

76,786.00

Additional Options Added (after delivery from Dealer):

Service Body - Aftermarket	\$ 10,660.30	\$	\$	\$ 21,320.60
Grand Total	\$ 47,226.30	\$ 1,826.80	\$ 38,362.80	\$ 98,106.20

Budget/Authority

	Each Truck	Total 2 Trucks
L01 - Base	\$ 29,780.00	\$ 59,560.00
L01 - Options	\$ 4,560.00	\$ 9,120.00
L01 - Grand Total	\$ 34,340.00	\$ 68,680.00

Budget vs Projected/Actual Difference \$ (29,426.20)

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: November 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 \$27,502.

Additional Information:

The request is to purchase one vehicle to replace a 2001 Dodge Durango with an excess of 106,000 miles and meets the Vehicle Replacement Policy of SAM 1316. The total purchase price for the one vehicle is \$27,502. The agency was budgeted for a replacement vehicle in E713 for \$27,567 during the 2017-2019 legislative session.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

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

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

Agency Name: Bureau of Safe Drinking Water	Budget Account #: 3197
Contact Name: Kathryn Kochen	Telephone Number: 775-687-9518
<p>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:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>27,501.25</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 2.7 Truck, 4WD, 1/2 Ton, Crew Cab; Short Bed</p> <p>Mission of the requested vehicle(s): Bureau vehicle to be used for travel including but not limited to: inspections, meetings and conferences in Central and Northern Nevada.</p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: E713</p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>Yes</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: 2001 Odometer Reading: 106315 Type of Vehicle: Dodge Durango</p> <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>Yes</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>No</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p> <u>Administrator</u> <u>10/25/18</u></p> <p>Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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.:	2.7 Truck, 4WD, 1/2 Ton, Crew Cab; Short Bed		
Dealer Name:	Champion Chevrolet		
Delivery Location:	901 S. Stewart Street, Suite 3001, Carson City, NV 89701		
Vehicle Colors:	Exterior: Silver Ice Metallic	Interior: Jet Black	X Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$ 24,504.00	\$ 24,504.00
SPECIFY OPTIONS: (description)			\$ 2,968.00
Four Wheel Drive (4 X 4)	1	\$ 2,460.00	
Tires, All Terrain	1	\$ 200.00	
Deep Tint Glass	1	\$ 176.00	
Skid Plate	1	\$ 132.00	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$ 0.00
Total purchase price with options			\$ 27,472.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 27,501.25

Registered Owner:	Agency Name & Address: Bureau of Safe Drinking Water 901 S. Stewart Street, Suite 4001 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Bureau of Safe Drinking Water 901 S. Stewart Street, Suite 4001 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Kathryn Kochen 775-687-9518



Item # 2.7 – ½ Ton Full Size Crew Cab: Short Bed

• Base Price -	\$24,504.00
• Four Wheel Drive -	\$2,460.00
• Bluetooth for Phone	\$STD
• Cruise Control	\$STD
• Deep Tint Glass	\$176.00
• Skid Plates	\$132.00
• Tires, All Terrain	\$200.00
• Silver Ice Metallic	\$0.00
Nevada DRS/Title Fee	\$29.25
Grand Total	\$27,501.25

Fleet Manager

Kyle M. Outland

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: November 6, 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 \$12,231 during Fiscal Year 2019.

Additional Information:

The request is to purchase a 2015, Volkswagen Passat 1.8 T Sedan with 67,454 mileage from a State Purchasing approved vendor in the amount of \$12,231. This vehicle will replace a 2016 Chevrolet Equinox, license EX67067 that was involved in a September 1, 2018 automobile accident and considered a total loss by the Department of Administration – Risk Management, claim #2019-APD-0097.

The Department of Corrections plans on funding the purchase of the vehicle using the two insurance settlements received totaling \$13,715.50. Insurance settlement from the driver at fault in the amount of \$5,000 and \$8,715.50 from NV Department of Administration – Risk Management. The difference of \$1,484.50 will be placed in Reserve for Reversion to be reverted to the General Fund.

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 30, 2018

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

From: Scott J. Ewart 
Chief of Fiscal Services

Subject: NDOC Request to Purchase Replacement Vehicle

The NV Department of Corrections (NDOC) is seeking favorable approval to acquire a replacement vehicle not to exceed \$12,231 for a 2016 Chevrolet Equinox, license EX67067 that was involved in a September 1, 2018 automobile accident and considered a total loss by NV Department of Administration – Risk Management, claim #2019-APD-0097.

The 2016 Equinox with mileage of 68,227 at the time of the accident, was assigned to the NDOC Office of Inspector General (OIG). The vehicle was struck from behind by another motorist who was cited with a moving violation. There were no injuries as a result of the accident. The accident occurred out-of-state on NDOC business and the Inspector General was required to secure a rental car for the duration of his NDOC out-of-state business. The replacement vehicle will continue to be used by the NDOC OIG as legislatively intended.

The NDOC has obtained a quote for a replacement vehicle from a State Purchasing approved vendor in the amount of \$12,231. Replacement vehicle information is provided in a separate enclosure but is described below:

- 2015 Volkswagen Passat Sedan 1.8T
- 67,454 Mileage
- VIN: 1VWAT7A34FC030054

The NDOC has received two insurance settlements totaling \$13,715.50. Insurance settlement from the driver at fault in the amount of \$5,000 and \$8,715.50 from NV Department of Administration – Risk Management. The difference of \$1,484.50 will be placed in Reserve for Reversion.

The NDOC has submitted non-IFC work program C45636 for the Governor's Finance Office consideration to properly recognize the insurance settlement funds with the cooresponding offseting expenditure category amounts.

I am available to answer 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: one (1) **Amount of the request:** \$12,231

Is the requested vehicle(s) new or used: Used

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:

Sedan

Mission of the requested vehicle(s):

Primary used by Office of Inspector General (OIG)

Were funds legislatively approved for the request?

Yes No

If yes, please provide the decision unit number:

If no, please explain how the vehicles will be funded?
Insurance settlement funds

Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):

Addition(s) 1 Replacement(s)

Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.

No - used vehicle

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: 2016 Chevy Equinox

Odometer Reading 68,227

Type of Vehicle: Sedan

Vehicle #2 Model Year:

Odometer Reading:

Type of Vehicle:

Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.

No - Previous vehicle was involved in vehicle accident and totaled

If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

No

Please attach an additional sheet if necessary

APPOINTING AUTHORITY APPROVAL:

Scott Ewart
Agency Appointing Authority

ASO IV

Title

11/6/18
Date

BOARD OF EXAMINERS' APPROVAL:

Approved for Purchase Not Approved for Purchase

Board of Examiners

Date

Revised 10/2018

Carson Chrysler Jeep Dodge

3059 South Carson Street Carson City, NV 89701

Sales: 775-230-7846

Service: 775-883-2020

Parts: 775-883-2617

2015 Volkswagen Passat 1.8T Sedan



Price \$14,288.00

Dealer Discount \$2,057.00

Final Price \$12,231.00



mpgCity:

24

Hwy MPG:

35

Actual rating will vary with options, driving conditions, habits and vehicle condition.

Bodystyle: Sedan

Mileage: 67454 miles

Engine: 1.8L I-4 cyl

Transmission: 6 speed automatic

Drive Line: Front-wheel Drive

Exterior Color: Candy White

VIN: 1VWAT7A34FC030054

Stock #: 19T7033A

Comments: RETAIL (Y) : Y

Options

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 4-11) OPI 060

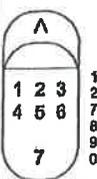
SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY SAN BERNARDINO	JUDICIAL DISTRICT SAN BERNARDINO SUPERIOR	LOCAL REPORT NUMBER 2018-00114495	
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO	REPORTING DISTRICT Police - David	BEAT	DAY OF WEEK S M T W T F S <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON N WATERMAN AVE			MO. DAY YEAR 09/01/2018	TIME (2400) 1220	NCIC # 3610	OFFICER I.D. 50819
	MILEPOST INFORMATION			GPS COORDINATES		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
	FEET/MILES OF			LATITUDE 34.07971	LONGITUDE - -117.2787		
	<input type="checkbox"/> AT INTERSECTION WITH			STATE HWY REL			
<input checked="" type="checkbox"/> OR: 15 FEET/MILES S OF ORANGE SHOW ROAD			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 01	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2018	MAKE/MODEL/COLOR NISSAN SILVER
DRIVER	NAME (FIRST, MIDDLE, LAST)						
<input checked="" type="checkbox"/>	STREET ADDRESS						
PEDES-TRIAN							
<input type="checkbox"/>							
PARKED VEHICLE	CITY/STATE/ZIP SAN BERNARDINO CA 92410						
BICY-CLIST	SEX M	HAIR BLK	EYES BRO	HEIGHT 5-6	WEIGHT 180	Mo. Day Year 12/26/1975	RACE H
OTHER	HOME PHONE (909)534-2694		BUSINESS PHONE				
	INSURANCE CARRIER INFINITY			POLICY NUMBER 104631627028001			
	DIR OF TRAVEL N	ON STREET OR HIGHWAY WATERMAN AVENUE			SPEED LIMIT 50		
PARTY 02	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE/MODEL/COLOR CHEVROLET WHITE
DRIVER	NAME (FIRST, MIDDLE, LAST)						
<input checked="" type="checkbox"/>	STREET ADDRESS						
PEDES-TRIAN							
<input type="checkbox"/>							
PARKED VEHICLE	CITY/STATE/ZIP						
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
OTHER	HOME PHONE		BUSINESS PHONE				
	INSURANCE CARRIER STATE OF NEVADA			POLICY NUMBER			
	DIR OF TRAVEL N	ON STREET OR HIGHWAY WATERMAN AVENUE			SPEED LIMIT 50		
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)						
<input type="checkbox"/>	STREET ADDRESS						
PEDES-TRIAN							
<input type="checkbox"/>							
PARKED VEHICLE	CITY/STATE/ZIP						
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
OTHER	HOME PHONE		BUSINESS PHONE				
	INSURANCE CARRIER			POLICY NUMBER			
	DIR OF TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT		
PREPARER'S NAME Anna Luna	DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME Jason King			DATE REVIEWED

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR) 09/01/2018	TIME (2400) 1220	NGIC # 3610	OFFICER I.D. 50819	NUMBER 2018-00114495
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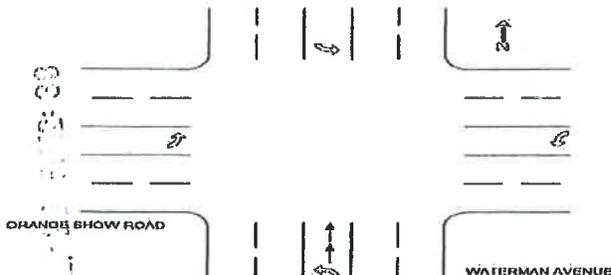
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION 	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED	SAFETY EQUIPMENT CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M/C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (P) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	01	02	SPECIAL INFORMATION	01	02	MOVEMENT PRECEDING COLLISION
01 A VC SECTION VIOLATED: 22350 VC-1	X A CONTROLS FUNCTIONING			A HAZARDOUS MATERIAL			A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*			B CELL PHONE HANDHELD IN USE	X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C CELL PHONE HANDSFREE IN USE			C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	D CELL PHONE NOT IN USE			D MAKING RIGHT TURN
	TYPE OF COLLISION			E SCHOOL BUS RELATED			E MAKING LEFT TURN
	A HEAD - ON			F 76 FT MOTORTRUCK COMBO			F MAKING U TURN
	B SIDE SWIPE			G 32 FT TRAILER COMBO			G BACKING
	X C REAR END			H			H SLOWING / STOPPING
	D BROADSIDE			I			I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT			J			J CHANGING LANES
X A CLEAR	F OVERTURNED			K			K PARKING MANEUVER
B CLOUDY	G VEHICLE / PEDESTRIAN			L			L ENTERING TRAFFIC
C RAINING	H OTHER*			M			M OTHER UNSAFE TURNING
D SNOWING	MOTOR VEHICLE INVOLVED WITH			N			N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.	A NON - COLLISION			O			O PARKED
F OTHER*	B PEDESTRIAN						P MERGING
G WIND	C OTHER MOTOR VEHICLE						Q TRAVELING WRONG WAY
LIGHTING	D MOTOR VEHICLE ON OTHER ROADWAY	01	02	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			R OTHER*
X A DAYLIGHT	E PARKED MOTOR VEHICLE			A VC SECTION VIOLATED:			
B DUSK - DAWN	F TRAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO			
C DARK - STREET LIGHTS	G BICYCLE			B VC SECTION VIOLATION:			
D DARK - NO STREET LIGHTS	H ANIMAL:			<input type="checkbox"/> YES <input type="checkbox"/> NO			
E DARK - STREET LIGHTS NOT FUNCTIONING*	I FIXED OBJECT:			C VC SECTION VIOLATION:			
ROADWAY SURFACE	J OTHER OBJECT:			<input type="checkbox"/> YES <input type="checkbox"/> NO	01	02	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
X A DRY	PEDESTRIAN'S ACTIONS			D	X	X	A HAD NOT BEEN DRINKING
B WET	A NO PEDESTRIANS INVOLVED			E VISION OBSCUREMENT:			B HBD - UNDER THE INFLUENCE
C SNOWY - ICY	B CROSSING IN CROSSWALK - AT INTERSECTION			F INATTENTION*:			C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)	C CROSSING IN CROSSWALK - NOT AT INTERSECTION			G STOP & GO TRAFFIC			D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	D CROSSING - NOT IN CROSSWALK			H ENTERING / LEAVING RAMP			E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	E IN ROAD - INCLUDES SHOULDER			I PREVIOUS COLLISION			F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	F NOT IN ROAD			J UNFAMILIAR WITH ROAD			G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	G APPROACHING / LEAVING SCHOOL BUS			K DEFECTIVE VEH. EQUIP.:			H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE				<input type="checkbox"/> YES <input type="checkbox"/> NO			I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH				L UNINVOLVED VEHICLE			
F FLOODED*				M OTHER*:			
G OTHER*:				N NONE APPARENT			
X H NO UNUSUAL CONDITIONS				O RUNAWAY VEHICLE			

SKETCH



MISCELLANEOUS

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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 09/01/2018	TIME (2400) 1220	NCIC NUMBER 3610	OFFICER I.D. NUMBER 50819	NUMBER 2018-00114495	
X ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	*X* ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:			
CITY/COUNTY/JUDICIAL DISTRICT SAN BERNARDINO SUPERIOR		SAN BERNARDINO		REPORTING DISTRICT/BEAT Police - David	CITATION NUMBER
LOCATION/SUBJECT N WATERMAN AVE / ORANGE SHOW ROAD				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2018 09 01 12:53

PREPARER'S NAME AND I.D. NUMBER Anna Luna 50819	DATE 09/01/2018	REVIEWER'S NAME Jason King	DATE
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Use previous editions until depleted.

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STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
 CHP 555 Page 3 (Rev. 11-06) OPI 066

DATE OF COLLISION (MO. DAY YEAR) 09/01/2018				TIME (2400) 12:23		NCIC # 3610		OFFICER I.D. 51069				NUMBER 2018-00114495					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D. O. B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D. O. B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D. O. B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D. O. B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D. O. B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME Ashtyn Alexander				I.D. NUMBER 51069		MO. DAY YEAR 09/01/2018		REVIEWER'S NAME				MO. DAY YEAR					

COPY

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 656 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 09/01/2018	TIME (2400) 12:23	NCIC NUMBER 3610	OFFICER I.D. NUMBER 61069	NUMBER 2018-00114495	
X ONE <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> Supplemental		*X* ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
CITY/COUNTY/JUDICIAL DISTRICT				REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT S. WATERMAN AVENUE / E. ORANGE SHOW ROAD				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTIFICATION:

On 9/01/2018, I was on duty for the San Bernardino Police Department in a marked patrol unit and in full uniform. I was assigned to the patrol division in the southeast district. At approximately 1223 hours, I was dispatched to the area of S. Waterman Avenue / E. Orange Show Road in the city and county of San Bernardino, in reference to a traffic collision. I arrived on scene at approximately 1228 hours. All times, speeds and measurements in this report are approximate and all measurements were obtained by pacing.

STATEMENTS:

Driver #1: _____ stated he was driving northbound on Waterman Avenue in the left turn lane to head west onto Orange Show Road. While driving, D1 began to fall asleep due to working long hours, and while falling asleep he collided into the rear of V2, which was stopped at the red light in the northbound left turn lane on Waterman Avenue. D1 could not provide any further information and I concluded my interview.

Driver #2: _____ stated he was stopped at the red light in the northbound left turn lane on Waterman Avenue, waiting to head west onto Orange Show Road. There were no vehicles in front of V2. While stopped, D2 glanced into his rearview mirror and observed V1 traveling toward him in the same lane, but several yards away, then D2 looked away. Moments later, D2 felt a hard impact from the rear, then noticed V1 had collided with the rear of his vehicle, V2. D2 could not provide any further information and I concluded my interview.

SUMMARY:

V2 was stopped at the red light in the northbound left turn lane on Waterman Avenue, waiting to head west onto Orange Show Road. While V2 was stopped, V1 was traveling northbound on Waterman Avenue in the dedicated left turn lane to head west onto Orange Show Road. As V1 approached V2 from the rear, D1 began to fall asleep and moments later, V1 collided with the rear of V2, causing major damage to the front end of V1 and moderate damage to the rear of V2.

AREA OF IMPACT:

AOI - was located approximately 15 feet south of the south curbline prolongation of E. Orange Show

PREPARER'S NAME AND I.D. NUMBER Ashtyn Alexander	DATE 09/01/2018	REVIEWER'S NAME	DATE
---	--------------------	-----------------	------

COPY

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

Page 3

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
09/01/2018	12:23	3610	51069	2018-00114495

(Narrative Continued)

Road; Approximately 40 feet west of the east curb of N. Waterman Avenue.

CAUSE:

D1 was at fault for this collision due to driving at a speed unsafe for the road and traffic conditions, in violation of CVC 22350 - Basic speed law.

09/01/2018 12:23

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Ashtyn Alexander	09/01/2018		

Use previous editions until depleted.



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COPY

CLA0002



NEVADA DEPARTMENT OF CORRECTIONS
ATTN: ALEXANDER ARCHIE
5500 SNYDER AVE BLDG 1
CARSON CITY NV 89701-6752

Date Processed: 10/05/18
Claim Number: 20003307896 -L4U
Date of Accident: 09/01/18
Insured Name:

PROPERTY DAMAGE PAYMENT FOR THE TOTAL LOSS OF THE 2016 CHEVROLET EQUINOX
VIN: 2GNFLFE33G6159336

THANK YOU

THIS CHECK MAY CONTAIN VOID PASTORAL AND OTHER INFORMATION

INFINITY CLAIMS

63-1058/670

Check Number 2011997335

Co. No.	Claim Office	Claim Sym	Claim Number	Clmt No.	Policy Number	Agent Number	Loss Date	Date
77	59	AL	20003307896	002	104631627028001	517367	09/01/18	10/05/18

Insured

In Payment For: PROPERTY DAMAGE PAYMENT FOR THE TOTAL LOSS OF THE 2016 CHEVROLET EQUINOX

Pay ***Five Thousand & 00/100 Dollars***

Amount
\$*****5,000.00

Order of:

INFINITY INSURANCE COMPANY

NEVADA DEPARTMENT OF CORRECTIONS
ATTN: ALEXANDER ARCHIE
5500 SNYDER AVE BLDG 1
CARSON CITY NV 89701-6752

BY Mary Linn Clark
Authorized Signature
CHECK MUST BE PRESENTED FOR PAYMENT WITHIN 150 DAYS

REGIONS BANK OF BIRMINGHAM, ALABAMA

REGIONS BANK OF BIRMINGHAM, ALABAMA

⑈ 20 1 1997335⑈ ⑆ 06 70 10583⑆ 0305021464⑈



Department of Administration
RISK MANAGEMENT



**PROPERTY/AUTO CLAIM
REIMBURSEMENT REQUEST**

Agency

To: Stacie Hancock
Risk Management

From: Nevada Department of Corrections

Department Fiscal Services

Date 10/19/2018 Claim Number 2019-APD-0097

Settlement

The repairs and or replacement of the above-mentioned claim have been made to our satisfaction. Proof of payment and copy of all paid invoices are attached. We formally request Risk Management to reimburse our agency using the following coding:

Budget # 3710 GL 4200 Fund 101

Agency 440 Org 0000 Sub —

APPR Unit 371000 Object 4200

Contact

Authorized Signature *[Signature]* Title Supervisor Compliance Enforcement Investigator

Phone 775-887-3255 Date Submitted 10/19/2018
(c) 775-722-8703

ARRF 9/14/17

RECEIVED

OCT 19 2018

Compliance Enforcement

Denise Martinez - RE: CLAIM #2019-APD-0097

From: "Stacie R. Hancock" <shancock@admin.nv.gov>
To: Alexander Archie <aarchie@doc.nv.gov>
Date: 10/22/2018 4:19 PM
Subject: RE: CLAIM #2019-APD-0097
Cc: Denise Martinez <dmartinez@doc.nv.gov>, Michelle Seibert <mseibert@doc.nv.gov>

Archie,

I processed your reimbursement and sent to our fiscal team. The amount reimbursed will be \$8,715.50.

Thank you,

Stacie Hancock | Program Officer
Nevada Department of Administration | Risk Management Division
New Phone Number: (775)687-1752 | F: (775)687-3195 | E: shancock@admin.nv.gov
www.risk.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: November 7, 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 WILDLIFE

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife requests approval to purchase 12 replacement vehicles across multiple budget accounts for a total amount not to exceed \$381,314.

Additional Information:

The request is to purchase 12 vehicles to replace current vehicles that comply with the Vehicle Replacement Policy of SAM 1316. The total purchase price for the 12 vehicles is \$381,314. The agency was budgeted for replacement vehicles in E711 decision units for total of \$390,294 during the 2017-2019 legislative session.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: _____ ACTION ITEM: _____

NDOW
Vehicle Request

Summary

December 2018 BOE Request

BA	DU	Budget	Request	Current Vehicle to Replace			New Vehicle	
				Year	Type	Odo	Make	Model
4462	E-711	\$ 34,603	\$ 39,409	2004	Ford Excursion	131,198	Chevy	Tahoe
4463	E-711	\$ 92,685	\$ 85,516	2004	Chevy Silverado	231,000	Chevy	Silverado
"	"	\$ 28,505	-	2001	Ford Pickup	182,000	Chevy	Silverado
"	"	-	-	1999	Chevy Pickup	190,000	Chevy	Silverado
4464-2	E-711	\$ 34,222	\$ 35,548	2001	Ford F-250	207,000	Toyota	Tacoma
4464-3	E-711	\$ 30,839	\$ 33,599	1997	GMC Sierra	226,000	Ford	F-250
4464-4	E-711	\$ 40,810	\$ 33,891	2004	Chevy Silverado	193,000	Dodge	Ram 3500
4465-2	E-711	\$ 28,649	\$ 28,536	1997	International	108,000	Chevy	Silverado
4465-3	E-711	\$ 29,732	\$ 28,611	2002	Ford F-250	195,000	Chevy	Silverado
4465-4	E-711	\$ 28,649	\$ 28,336	2001	Ford F-250	168,000	Chevy	Silverado
5564-6	E-711	\$ 37,708	\$ 37,318	2001	Ford F-250	148,000	Dodge	Ram 2500
4466	E-711	\$ 32,397	\$ 30,550	2000	Chevy Silverado	139,813	Chevy	Silverado
Totals				\$ 390,294	\$ 389,755			12
					386,314			

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

Agency Name: <u>Wildlife</u>	Budget Account #: <u>4462</u>	
Contact Name: <u>Liz O'Brien</u>	Telephone Number: <u>775-688-1982</u>	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u>	Amount of the request: \$34,803 <u>39,409</u>	
Is the requested vehicle(s) new or used: <u>New</u>		
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>SUV</u>		
Mission of the requested vehicle(s): <u>To replace current vehicle with high mileage.</u>		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>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. <u>Yes</u>		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>2004</u> Odometer Reading: <u>131,148</u> Type of Vehicle: <u>Ford Excursion</u> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10/30/18</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners _____		Date _____

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.:	5.3 – Sport Utility Vehicle; ½ Ton; 4x4; 5-6 Passengers; Chevy Tahoe – CK15706		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno		
Vehicle Colors:	Exterior: Silver Ice Metallic	Interior: Jet Black	× Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,976	\$37,976
SPECIFY OPTIONS: (description)			\$
Carpeted Floor w/Mats	1	\$190	\$1,404
Deep Tint Glass	1	\$295	
Keys, 6 additional	1	\$95	
Remote start	1	\$300	
Seat, third row	1	\$392	
Skid plate	1	\$132	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0	\$0
Total purchase price with options			\$39,380
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$39,409.25

Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89511
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89511
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	Chris Vasey 775-688-1553

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>	\$37,976.00	\$38,276.00

State vehicle miles per gallon (MPG): *15 CITY / 22 HIGHWAY*

Manufactures Suggested Retail Price(MSRP): *\$ 46,795.00*

State manufactures warranty: *3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain*

Specify standard engine size and emission rating: *5.3L Vortec V-8 Flex Fuel E85 Federal Emission*

Includes Minimum Standard Equipment Listed: Yes No If no, state exceptions:

Exterior Color: List available colors:

Black, Summit White, Silver Ice Metallic, Shadow Gray Metallic, Satin Steel Metallic, Blue Velvet Metallic, Pepperdust Metallic, Siren Red Tintcoat + \$495.00

Seats, Cloth: List available colors:

Jet Black

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
Limited Slip 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. Elj) \$ 375.00 flat.

the 1990s, the number of people who have been employed in the public sector has increased in all countries. In the United States, the number of public employees has increased from 10.5 million in 1980 to 15.5 million in 1998. In the United Kingdom, the number of public employees has increased from 2.5 million in 1980 to 3.5 million in 1998. In the United States, the number of public employees has increased from 10.5 million in 1980 to 15.5 million in 1998.

There are several reasons for this increase. One reason is that the public sector has become a more important part of the economy. In the United States, the public sector now accounts for 15% of the economy, up from 10% in 1980. In the United Kingdom, the public sector now accounts for 25% of the economy, up from 15% in 1980.

Another reason is that the public sector has become a more attractive place to work. Public employees often enjoy better benefits and job security than private employees. In the United States, public employees receive higher wages and better benefits than private employees. In the United Kingdom, public employees receive higher wages and better benefits than private employees.

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

Agency Name: Wildlife	Budget Account #: 4463	
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982	
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: \$31,219.25 <u>28,500.25</u>	
Is the requested vehicle(s) new or used: <u>New</u>		
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u>		
Mission of the requested vehicle(s): <u>To replace current vehicle with high mileage</u>		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 1 Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>Yes</u>		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>1994</u> Odometer Reading: <u>190,000</u> Type of Vehicle: <u>Chery pickup</u> 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. <u>Yes</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10/30/18</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners _____		Date _____

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.:	2.15 – Truck ¾ Ton; Full Size; Extended Cab; Short Bed – CK25753 4x4		
Dealer Name:	Champion Chevrolet		
Delivery Location:	6980 Sierra Center Pkwy., Ste. 120, Reno, NV 89511		
Vehicle Colors:	Exterior: Silver Ice Metallic	Interior: Dark Ash	X Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	\$ 27,119	\$81,357
SPECIFY OPTIONS: (description)			\$4,071
Engine Block Heater	3	\$88	
Heavy Duty Alternator (for LE lights/siren)	3	\$132	
Keyless Entry/Trailer Tow	3	\$880	
Skid Plate	3	\$132	
Upfitter Switches	3	\$125	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0	\$
Total purchase price with options		\$28,476	\$85,428
DMV Title and DRS Fee's	3	\$29.25	\$87.75
GRAND TOTAL:			\$85,515.75

Registered Owner:	Agency Name & Address: NV Dept. of Wildlife 6980 Sierra Center Parkway, Ste. 120 Reno, NV 89511
Legal Owner:	Agency Name & Address: NV Dept. of Wildlife 6980 Sierra Center Parkway, Ste. 120 Reno, NV 89511
County Vehicle Based In:	Statewide
Name & Phone of Person to contact when vehicle is ready for delivery:	Chris LaCasse, Fleet Manager (775) 688-1409

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2019 Chevrolet Silverado - CK25753 4x4</i>	\$27,119.00	\$27,419.00
State vehicle miles per gallon (MPG): NOT RATED		
Manufactures Suggested Retail Price(MSRP): \$ 35,360.00		
State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain		
Specify standard engine size and emission rating: 6.0L Vortec V-8 Flex Fuel Federal Emission		
Includes Minimum Standard Equipment Listed: ___Yes ___X___No If no, state exceptions:		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW</i>		
Exterior Color: List available colors:		
<i>Black, Summit White, Graphite Metallic, Deep Ocean Blue Metallic + \$375.00, Havanah Metallic, Silver Ice Metallic, Red Hot</i>		
Seats, Cloth: List available colors:		
<i>Dark Ash</i>		
GVW: 9500(GAS) 10,000(DIESEL)		WHEELBASE: 144.20

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed*

Option Package Name/Code: *1LT* \$4,669.00

List Equipment Features Below:

*17" Machined Aluminum Wheels, Chrome Front/Rear Bumper, Bodyside Moldings, Chrome Grille,
Power Mirrors, Power Windows, Remote Keyless Entry, Deep Tint Glass(Except front Windows),
Premium Cloth, Driver Side Lumbar Control, Carpeted Floor, Rubber Floor Mats, Leather Wrapped Steering Wheel,
Bluetooth, Onstar, Single Slot CD Player*

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Battery, Auxiliary	\$135.00	\$- N/A
Bedliner, Spray In	\$495.00	\$- N/A
Bluetooth for Phone(Includes My Link Radio)	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$176.00	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Four Wheel Drive	\$ STD	\$- N/A
Electronic Transfer Case(Requires 4x4)	\$200.00	\$- N/A
Gear Ratio 3.73 (4.10 Std on Gas)	\$100.00	\$- N/A
Heavy Duty Alternator	\$132.00	\$- N/A
Integrated Trailer Brake Controller	\$STD	\$- N/A
Keyless Entry w/Fob (Includes Power Mirrors)	\$880.00	\$- N/A
Keys, Two Additional(4 Total)	\$95.00	\$- N/A
Limited Slip Differential	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors (Includes Keyless Entry w/Fob)	\$880.00	\$- N/A
Power Locks	\$ STD	\$- N/A
Power Seat(Driver Side)	\$383.00	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth)	See Option Package	\$- N/A
Rear Window Defogger	\$198.00	\$- N/A
Seats, Vinyl	\$ Avail @ no extra charge	\$- N/A
Vinyl Colors: Dark Ash		
Skid Plate (Requires 4X4 option)	\$132.00	\$- N/A
Steps, 4" Black Round	\$630.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$ STD	\$- N/A
Tires, All Terrain	\$200.00	\$- N/A
Trailer Tow Mirrors (Not avail with Power Mirrors)	\$ STD	\$- N/A
Trailer Tow Mirrors-Power (Includes Keyless Entry)	\$880.00	\$- N/A
Trailer Tow Package (Incl 7 & 4 pin connectors)	\$ STD	\$- N/A
Upfitter Switches Bank of 4 @ 30 Amps Each	\$125.00	\$- N/A

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

Agency Name: <u>Wildlife</u>	Budget Account #: <u>4464</u>	
Contact Name: <u>Liz O'Brien</u>	Telephone Number: <u>776-688-1982</u>	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$35,548.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up</u> Mission of the requested vehicle(s): <u>To replace current vehicle with high mileage.</u>		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> 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. <u>Yes</u>		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <u>2001 Ford F250, 207,000</u> 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. <u>YES</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10/30/18</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners		_____ Date

NEVADA DEPARTMENT OF WILDLIFE

PURCHASE REQUISITION

Date: 10/02/18

Deliver To: Nevada Dept. of Wildlife

Required Delivery Date ASAP

6980 Sierra Center Pkwy, Ste 120. Reno, 89511

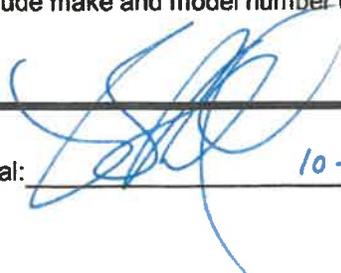
ORDER LIKE ITEMS ONLY ON EACH PURCHASE REQUISITION

(This permits completion of purchase requisition when item is delivered and aids in coding costs and payment of vendor's bill)

Item No.	Quan.	Unit	Description and Specification	COST ACCOUNTING								ESTIMATED	
				Org		Sub Org		Appr.		Job		Unit Price	Amount
				DIV	FS	Proj.	BA	Cat.	Loc.	GL No.			
1	1	1	2.3A 2019 Toyota Tacoma TRD Model 7544	02	48	11	4464	05	00	8310	35,549.00	-35,549.00	
											35,549.25	35,549.25	
											CL 10/4/18	CL 10/4/18	
Total Amount												-35,610.00	

Remarks or additional descriptions: (When writing specifications and descriptions include make and model number of item(s) you wish: forward brochure(s) if available.)

Requested by: Cassandra Grieve

Department Approval:  10-4-18

Approved by:

Supervisor: _____

Approval Date: _____

Location code: 00	Equipment custodian name: Shawn Espinosa	Custodian Position control #: 203
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Above portion must be filled in by supervisor or requester
 The above section for EQUIPMENT only

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.:	2.3A 2019 Toyota Tacoma TRD Model 7544		
Dealer Name:	Fallon Ford		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Silver	Interior: Graphite	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$	\$35,519.00
SPECIFY OPTIONS: (description)			\$0
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0	\$0
Total purchase price with options			\$35,519.00
DMV Title and DRS Fee's		\$29.25	\$35,548.25
GRAND TOTAL:			\$35,548.25

Registered Owner:	Agency Name & Address: NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY, STE 120 RENO, NV 89511
Legal Owner:	Agency Name & Address: NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY, STE 120 RENO, NV 89511
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	Cassandra Grieve 775-688-1529

STANDARD PAGE - FLEET VEHICLES 8475

(Use separate page for each package)

DEALER NAME_FALLON FORD

Specify State's Vehicle Item Number: 2.3A 2019 TOYOTA TACOMA TRD MODEL 7544

(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018 TACOMA TRD DBLCAB MODEL 7544	\$ 35,519.00	\$ 36,019.00

State vehicle miles per gallon (MPG):TBD

State manufactures warranty: 3 YEAR/36K MILES

Specify engine size and emission rating: TBD

Includes Minimum Standard Equipment Listed: Yes No If no, state exception
(Refer to page 6 of bid)

Exterior Color: List available colors:

WHITE, SILVER, RED, BLACK, CEMENT, QUICKSAND

Silver

Seats, Cloth: List available colors:

GRAPHITE

GVW:

(When Applicable)

WHEELBASE:

/hen Applicab

ITEMIZED OPTION PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME_FALLON FORD

DEDUCT AMOUNT

ABS Brake System	INC	\$-
Air Conditioning	INC	\$-
Cruise Control	INC	\$-
Diesel Engine	NA	\$-
Four Wheel Drive (4x4)	INC	\$-
ALL WEATHER FLOOR LINER/DOOR SILL	INC	\$-
Hitch Receiver	INC	\$-
BED MAT	INC	\$-
Keyless Entry w/Fob (must have power door locks)	INC	\$-
Limited Slip Differential	INC	\$-
DOOR EDGE GUARDS	INC	\$-
Power Mirrors	INC	\$-
Power Locks	INC	\$-
Power Seats	NA	\$-
Power Windows	INC	\$-
Radio; AM/FM Stereo	INC	\$-
PAINT PROTECTION FILM	INC	\$-
MINI TIE DOWN LOOI	INC	\$-
TECHNOLOGY PACKAGE	INC	\$-
TRD SKID PLATE	INC	\$-
MUD GUARDS	INC	\$-
D RINGS	INC	\$-
Tire, Spare, Full Size	INC	\$-
Trailer Tow Mirrors	NA	\$-
ATC LED CAMPER SHELL	\$	1,450.00 \$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 1.00

per mile.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

There are a number of reasons why the world's population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. This is due to a number of factors, including the fact that women are now having children at a younger age, and that there are more children surviving to adulthood.

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

Agency Name: <u>Wildlife</u>	Budget Account #: <u>4464</u>
Contact Name: <u>Liz O'Brien</u>	Telephone Number: <u>775-688-1982</u>
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u>	Amount of the request: <u>\$33,599.25</u>
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:	
Mission of the requested vehicle(s): <u>pick up</u> <u>To replace current vehicle with high mileage.</u>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> 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: Odometer Reading: Type of Vehicle: <u>1997 GMC Sierra, 228,000</u> 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. <u>YES</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title
	<u>10/30/18</u> Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners	Date

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.:	2.15 2019 Ford F-250 Truck, ¾ Ton, Full Size, Ext Cab, Shortbed		
Dealer Name:	Jones-West Ford		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Silver	Interior: Grey	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$ 26,628.00	\$26,628.00
SPECIFY OPTIONS: (description)			\$6,942.00
XLT		\$3,276.00	
4x4		\$2,457.00	
Limited Slip Differential		\$333.00	
Skid Plate		\$85.00	
SYNC Hands-Free		\$386.00	
Spray-in Bedliner		\$405.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0	
Total purchase price with options			\$33,570.00
DMV Title and DRS Fee's		\$29.25	\$33,599.25
GRAND TOTAL:			\$33,599.25

Registered Owner:	Agency Name & Address: NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY, STE 120 RENO, NV 89511
Legal Owner:	Agency Name & Address: NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY, STE 120 RENO, NV 89511
County Vehicle Based In:	Lincoln
Name & Phone of Person to contact when vehicle is ready for delivery:	Cassandra Grieve 775-688-1529

2.15

Cassandra Grieve

From: Cooper Munson
Sent: Tuesday, October 2, 2018 8:28 PM
To: Cassandra Grieve
Cc: Steven Kimble
Subject: RE: New Vehicle

From what I can tell, it looks like Jones West Ford out of Reno has the best price. I would like to get the same truck that Joe got which is:

Ford -F 250 Extended Cab Short bed

Options: XLT package, add 4x4, add limited slip rear differential, add SYNC handsfree, and add Skid plate.

Possible option: Spray in bedliner (if budget allows)

Without the bedliner it brings the total to \$32,865 and would be \$405 upcharge for the bedliner. That is about \$200 cheaper than having a bedliner in afterwards.

If you could check and make sure I can get these options I would appreciate it. Beyond that, I think we can go ahead and order!

Thanks,

Cooper Munson
Nevada Department of Wildlife
333 Cathedral Gorge
Panaca, NV 89042
Game Biologist
(775) 728-4233
cmunson@ndow.org

From: Cassandra Grieve
Sent: Tuesday, October 2, 2018 10:49 AM
To: Cooper Munson
Cc: Steven Kimble
Subject: New Vehicle

Dear Cooper,

There is a deadline to order this vehicle by – and it is Monday. I didn't know there was a deadline, so I'm sorry for the craziness. Please follow the link to the State Purchasing website. Click the vendor you want to use and then click a second link to get to your choices.

<http://purchasing.nv.gov/Contracts/Vehicle/Fleet-8475/>

So, for example, once you go to this link, if you look at ABC Hyundai, which is first on the list, click the link that says "ABC-8475" and it will take you to a 2nd page that tells you the choices in vehicles you can order. Click on 1.1

STANDARD PAGE -- BID #8475 FLEET VEHICLES -- UPDATED 20180928

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		2.15, TRUCK, 3/4TON, FULLSIZE, EXT CAB, SHORTBED	
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: 2019 FORD F-250 (X2A/X2B)		Base Price for RENO/CARSON CITY \$26,628	Base Price for LAS VEGAS \$26,978
State vehicle miles per gallon (MPG): NA (EXEMPT)			
State manufactures warranty: 3 YRS/36000 MILES			
Specify alternate fuel engine size and emission rating: 6.2L V8 GAS SOHC EFI FLEX FUEL			
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:			
Exterior Color: List available colors: (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC)			
BLUE JEANS CC/M	N1	STERLING GRAY CC/M	UJ
VERMILLION RED CC	F1	INGOT SILVER CC/M	UX
GREEN GEM CC/M	W6	OXFORD WHITE CC	Z1
TUXEDO BLACK CC/M	UH	PALE ADOBE CC/M	LQ
Seats, Cloth: List available colors:			
GREY			
GVW: 9200# <small>(When Applicable)</small>	WHEELBASE: 142" <small>(When Applicable)</small>		

OPTION PACKAGE PAGE -- BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		2.15, TRUCK, 3/4TON, FULLSIZE, EXT CAB, SHORTBED	
Option Package Name/Code: XLT		\$3,276	
List Equipment Features Below: INCL. 40/20/40 CLOTH BENCH, A/C, AM/FM/CD, CARPET, CRUISE, TILT & POWER WINDOWS/LOCKS, HEATED TOW MIRRORS, TRAILER BRAKE CONTROLLER (TBC)			

ITEMIZED OPTIONS PAGE -- BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>	2.15, TRUCK, 3/4TON, FULLSIZE, EXT CAB, SHORTBED		DEDUCT AMOUNT
ABS Brake System	\$ INCL.		\$-
Air Conditioning	\$ INCL.		\$-
Cruise Control	\$ INCL.		\$-
Diesel Engine (6.7L 4V V8)		\$8,276	\$-
Engine Block Heater		\$64	\$-
Four Wheel Drive (4x4)		\$2,457	\$-
Heavy Duty Alternator (200A; DIESEL ONLY)		\$64	\$-
Hitch Receiver	\$ INCL.		\$-
Integrated Trailer Brake	\$ INCL. w/TBC		\$-
Keyless Entry w/Fob	\$ INCL.		\$-
Limited Slip Differential		\$333	\$-
Paint, Metallic	\$ OPTIONAL N/C		\$-
Power Mirrors	\$ INCL.		\$-
Power Locks	\$ INCL.		\$-

Power Seat, DRIVER ONLY	\$ 826 (XLT ONLY)	\$-
Power Windows	\$ INCL.	\$-
Radio; AM/FM Stereo, CD	\$ INCL.	\$-
Rear Window Wiper	\$ NA	\$-
Seats, Vinyl	\$ NC	
Vinyl Colors: TAN OR GREY		
Skid Plate (4WD ONLY)	\$85	\$-
Tilt Steering	\$ INCL.	\$-
Tire, Spare, Full Size	\$ INCL.	\$-
Trailer Tow Mirrors	\$ INCL.	\$-
Trailer Tow Package	\$ INCL.	\$-

ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>	2.15, TRUCK, 3/4TON, FULLSIZE, EXT CAB, SHORTBED	
Other:		
6.2L V8 GAS SOHC EFI FLEX FUEL	\$ INCL.	\$-
40/20/40 SPLIT BENCH SEAT	\$ INCL.	\$-
ALL TERRAIN TIRES	\$389	\$-
DUAL ALTERNATORS (355A; DIESEL ONLY)	\$324	\$-
REAR STABILIZER BAR	\$137	\$-
ELECTRONIC SHIFT ON FLY (4WD ONLY)	\$158	\$-
SNOW PLOW PREP PKG	\$73	\$-
CAB STEPS, BLACK	\$316	\$-
UPFITTER SWITCHES	\$107	\$-
TRANSMISSION PTO	\$239	\$-
TAILGATE ASSIST & STEP	\$320	\$-
TRAILER BRAKE CONTROLLER (TBC)	\$230	\$-
SPRAY-IN BEDLINER	\$405	\$-
DAYTIME RUNNING LIGHTS	\$38	\$-
SYNC (HANDS FREE PHONE)	\$380	\$-
EXTRA Keyless Entry w/Fob	\$350	\$-
Other:	\$	\$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 300 per unit mile.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

There are a number of reasons why the world's population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. This is due to a number of factors, including the fact that women are now having children at a younger age, and that there is a higher birth rate in developing countries.

Another reason why the world's population is growing so rapidly is that the number of people who are surviving to old age has increased. This is due to a number of factors, including the fact that people are now living longer, and that there is a higher life expectancy in developed countries.

There are a number of other reasons why the world's population is growing so rapidly. One of the main reasons is that the number of people who are migrating to other parts of the world has increased. This is due to a number of factors, including the fact that there is a higher rate of migration in developing countries, and that there is a higher rate of migration in developed countries.

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

Agency Name: <u>Wildlife</u>	Budget Account #: <u>4464</u>
Contact Name: <u>Liz O'Brien</u>	Telephone Number: <u>775-688-1982</u>
<p>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:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$33,891.25</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u></p> <p>Mission of the requested vehicle(s): <u>To replace current vehicle with high mileage.</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: <u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>Yes</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <u>2004 Chevy Silverado, 100,000</u></p> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced.</p> <p><u>YES</u></p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10/30/18</u></p> <p>Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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.:	2.20A 2018 Dodge Ram 3500- D23L92 Crew Gas		
Dealer Name:	Carson Dodge Chrysler Jeep		
Delivery Location:	Minden, NV		
Vehicle Colors:	Exterior: Silver	Interior: Dark Slate Gray	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$	\$ 26,000.00
SPECIFY OPTIONS: (description)			\$7862.00
Four wheel Drive (4X4)		\$5500.00	
6.4L Hemi V-8		\$425.00	
Spray in Liner		\$425.00	
Skid Plate with tow hooks		\$85.00	
LT275/70R18E on off road tires		\$223.00	
Mopar Chrome Tube Steps		\$446.00	
Heavy Duty Alternator		\$85.00	
Limited Slip Differential		\$405.00	
Elect Transfer Case		\$268.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	
Total purchase price with options			\$33,862.00
DMV Title and DRS Fee's		\$29.25	\$33,891.25
GRAND TOTAL:			\$33,891.25

Registered Owner:	Agency Name & Address: NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY, STE 120 RENO, NV 89511
Legal Owner:	Agency Name & Address: NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY, STE 120 RENO, NV 89511
County Vehicle Based In:	Douglas
Name & Phone of Person to contact when vehicle is ready for delivery:	Rick Thielmann 775-687-6727

STANDARD PAGE - FLEET VEHICLES 8475

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

Specify State's Vehicle Item Number: 2.20A Dodge Ram 3500 Crew Cab LWB 4x2-4x4 Gas

(i.e. 1.1 Sedan Full size, 4 door, 6 passenger)

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Dodge Ram 3500 Crew Gas , 2018, D23L92	\$26,000.00	\$26,300.00
State vehicle miles per gallon (MPG): N/A HD Truck		
State manufactures warranty: 3/36,000 COMPREHNSIVE AND 5/100,000 POWERTRAIN		
Specify engine size and emission rating: 5.7 L Hemi V-8		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Black Forest Green, Blue Streak, Silver, White, Brilliant Black, Delmonico Red, Flame Red, Granite Crys		
Lux Brown, Max Steel, True Blue		
Special production color available for \$383.00-Call dealer for colors.		
Seats, Cloth: List available colors:		
Dark Slate Gray		
GVW: 10,700 #	WHEELBASE: 169.0	
(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	SEE 2.20	\$-
Engine Block Heater	\$81.00	\$-
Four Wheel Drive (4x4)	\$5,500.00 ✓	\$-
Heavy Duty Alternator	\$85.00 180 AMP ✓	\$-
Hitch Receiver	STD	\$-
Integrated Trailer Brake (3/4 ton only)	\$268.00	\$-
Keyless Entry w/Fob (must have power door locks)	STD	\$-
Limited Slip Differential	\$405.00 ✓	\$-
Paint, Metallic	SEE PAINTS	\$-
Power Mirrors	STD	\$-
Power Locks	STD	\$-
Power Seats	N/A	\$-
Power Windows	STD	\$-
Radio; AM/FM Stereo, Cassette Player	AM/FM STD	\$-
Radio; AM/FM Stereo, Cassette Player, CD	AUX INPUTS ✓	\$-
Rear Window Wiper	N/A	\$-
Seats, Vinyl		(-\$425.00)
Vinyl Colors: SLATE GRAY		
Skid Plate W/ Tow Hooks 4x4	\$85.00 ✓	\$-
Tilt Steering	STD	\$-
Tire, Spare, Full Size-	STD	\$-
Trailer Tow Mirrors	\$177.00	\$-
Trailer Tow Package	STD	\$-
Daytime Running Lamps	\$34.00	
LT 275/70R18E ON OFF ROAD TIRES	\$223.00 ✓	
Rear Sliding Window	N/A	
Mopar Chrome Tube Steps	\$446.00 ✓	
HD Snow Plow Prep 4x4	\$115.00	
Uconnect Handsfree Communication 5.0	\$723.00	
Park Assist System	\$268.00	
Park View Rear Backup Camera	STD	
Ram Cargo Box Mgmt System	\$1,178.00	
Aux Switches I/P Mounted	\$132.00	
Elect Mont Module	\$314.00	
Dual Alternators	\$359.00	

6.4 L Hemi V-8	\$425.00	
Elect Transfer Case	\$268.00	
LED Bed Lighting	\$150.00	
5th Wheel/Gooseneck Trailer Prep Group	\$405.00	
Spray In Liner	\$450.00	\$-

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

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million (19.5% of the population).

There is a growing awareness of the need to address the needs of older people, and the Government has set out a strategy for the 21st century in the White Paper on *Ageing Better* (Department of Health 1999). This sets out a vision of a society in which older people are able to live well, and to contribute to society. It also sets out a number of key objectives for the health care system, including:

• to improve the health and well-being of older people, and to reduce the burden of illness and disability;
• to ensure that older people have access to the services and support they need to live well;
• to ensure that the health care system is able to meet the needs of older people.

The White Paper also sets out a number of key principles for the health care system, including:

• *Equity* – everyone should have the same access to health care, regardless of their age, sex, race, religion, or social class;
• *Quality* – health care should be of the highest quality, and should be based on the best available evidence;
• *Choice* – older people should have the same choice of health care services as younger people;

• *Continuity* – health care should be provided in a way that is continuous and coordinated.

The White Paper also sets out a number of key actions for the health care system, including:

• to improve the health and well-being of older people, and to reduce the burden of illness and disability;
• to ensure that older people have access to the services and support they need to live well;
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The White Paper also sets out a number of key actions for the health care system, including:

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

Agency Name: <u>Wildlife</u>	Budget Account #: <u>4465</u>
Contact Name: <u>Liz O'Brien</u>	Telephone Number: <u>775-688-1982</u>
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$28,535.25</u>	
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up</u>	
Mission of the requested vehicle(s): <u>To replace current vehicle with high mileage.</u>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E 711</u> If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> 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.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <u>1997 International Cab & Chassis, 108,000</u>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. <u>Yes</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title
	<u>10/30/18</u> Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

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.:	2.15 – 2019 Chevrolet Silverado CK25753 4X4 ¾ Ton Truck; Full Size; Extended Cab; Short Bed 6.0L Vortec V-8 Flex Fuel		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Silver Ice Metallic	Interior: Dark Ash	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,119.00	\$27,119.00
SPECIFY OPTIONS: (description)			\$ 1,388.00
Trailer Tow Mirrors Power (incl. keyless entry)		\$880.00	
Skid Plate		\$132.00	
Deep Tint Glass		\$176.00	
Electronic Transfer Case (Requires 4x4)		\$200.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options			\$28,507.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$28,536.25

Registered Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
Legal Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
County Vehicle Based In:	White Pine
Name & Phone of Person to contact when vehicle is ready for delivery:	Heath Korell 775-289-1655 Ext. 225

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed*

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2019 Chevrolet Silverado - CK25753 4x4</i>	<i>\$27,119.00</i>	<i>\$27,419.00</i>
State vehicle miles per gallon (MPG): <i>NOT RATED</i>		
Manufactures Suggested Retail Price(MSRP): <i>\$ 35,360.00</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>6.0L Vortec V-8 Flex Fuel</i> Federal Emission		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW</i>		
Exterior Color: List available colors:		
<i>Black, Summit White, Graphite Metallic, Deep Ocean Blue Metallic + \$375.00, Havanah Metallic,</i>		
<i>Silver Ice Metallic, Red Hot</i>		
Seats, Cloth: List available colors:		
<i>Dark Ash</i>		
GVW: <i>9500(GAS) 10,000(DIESEL)</i>		WHEELBASE: <i>144.20</i>

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Battery, Auxiliary	\$135.00	\$- N/A
Bedliner, Spray In	\$495.00	\$- N/A
Bluetooth for Phone(Includes My Link Radio)	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$176.00	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Four Wheel Drive	\$ STD	\$- N/A
Electronic Transfer Case(Requires 4x4)	\$200.00	\$- N/A
Gear Ratio 3.73 (4.10 Std on Gas)	\$100.00	\$- N/A
Heavy Duty Alternator	\$132.00	\$- N/A
Integrated Trailer Brake Controller	\$STD	\$- N/A
Keyless Entry w/Fob (Includes Power Mirrors)	\$880.00	\$- N/A
Keys, Two Additional(4 Total)	\$95.00	\$- N/A
Limited Slip Differential	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors (Includes Keyless Entry w/Fob)	\$880.00	\$- N/A
Power Locks	\$ STD	\$- N/A
Power Seat(Driver Side)	\$383.00	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth)	See Option Package	\$- N/A
Rear Window Defogger	\$198.00	\$- N/A
Seats, Vinyl	\$ Avail @ no extra charge	\$- N/A
Vinyl Colors: Dark Ash		
Skid Plate (Requires 4X4 option)	\$132.00	\$- N/A
Steps, 4" Black Round	\$630.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$ STD	\$- N/A
Tires, All Terrain	\$200.00	\$- N/A
Trailer Tow Mirrors (Not avail with Power Mirrors)	\$ STD	\$- N/A
Trailer Tow Mirrors-Power (Includes Keyless Entry)	\$880.00	\$- N/A
Trailer Tow Package (Incl 7 & 4 pin connectors)	\$ STD	\$- N/A
Upfitter Switches Bank of 4 @ 30 Amps Each	\$125.00	\$- N/A

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.:	2.15 – 2019 Chevrolet Silverado CK25753 4X4 ¾ Ton Truck; Full Size; Extended Cab; Short Bed 6.0L Vortec V-8 Flex Fuel		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Silver Ice Metallic	Interior: Dark Ash	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,119.00	\$27,119.00
SPECIFY OPTIONS: (description)			\$ 1,463.00
Trailer Tow Mirrors Power (incl. keyless entry)		\$880.00	
Power Seats (Driver Side)		\$383.00	
Electronic Transfer Case (Requires 4x4)		\$200.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options			\$28,582.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$28,611.25

Registered Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
Legal Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
County Vehicle Based In:	Elko
Name & Phone of Person to contact when vehicle is ready for delivery:	Chris Drake 775-777-2334

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: <i>2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed</i>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2019 Chevrolet Silverado - CK25753 4x4</i>	<i>\$27,119.00</i>	<i>\$27,419.00</i>
State vehicle miles per gallon (MPG): <i>NOT RATED</i>		
Manufactures Suggested Retail Price(MSRP): <i>\$ 35,360.00</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>6.0L Vortec V-8 Flex Fuel</i> <i>Federal Emission</i>		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW</i>		
Exterior Color: List available colors:		
<i>Black, Summit White, Graphite Metallic, Deep Ocean Blue Metallic + \$375.00, Havanah Metallic, Silver Ice Metallic, Red Hot</i>		
Seats, Cloth: List available colors:		
<i>Dark Ash</i>		
GVW: <i>9500(GAS) 10,000(DIESEL)</i>		WHEELBASE: <i>144.20</i>

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed*

Option Package Name/Code: *1LT* \$4,669.00

List Equipment Features Below:

*17" Machined Aluminum Wheels, Chrome Front/Rear Bumper, Bodyside Moldings, Chrome Grille,
Power Mirrors, Power Windows, Remote Keyless Entry, Deep Tint Glass(Except front Windows),
Premium Cloth, Driver Side Lumbar Control, Carpeted Floor, Rubber Floor Mats, Leather Wrapped Steering Wheel,
Bluetooth, Onstar, Single Slot CD Player*

ITEMIZED OPTION PAGE - BID 8475 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Battery, Auxiliary	\$135.00	\$- N/A
Bedliner, Spray In	\$495.00	\$- N/A
Bluetooth for Phone(Includes My Link Radio)	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$176.00	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Four Wheel Drive	\$ STD	\$- N/A
Electronic Transfer Case(Requires 4x4)	\$200.00	\$- N/A
Gear Ratio 3.73 (4.10 Std on Gas)	\$100.00	\$- N/A
Heavy Duty Alternator	\$132.00	\$- N/A
Integrated Trailer Brake Controller	\$STD	\$- N/A
Keyless Entry w/Fob (Includes Power Mirrors)	\$880.00	\$- N/A
Keys, Two Additional(4 Total)	\$95.00	\$- N/A
Limited Slip Differential	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors (Includes Keyless Entry w/Fob)	\$880.00	\$- N/A
Power Locks	\$ STD	\$- N/A
Power Seat(Driver Side)	\$383.00	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth)	See Option Package	\$- N/A
Rear Window Defogger	\$198.00	\$- N/A
Seats, Vinyl	\$ Avail @ no extra charge	\$- N/A
Vinyl Colors: Dark Ash		
Skid Plate (Requires 4X4 option)	\$132.00	\$- N/A
Steps, 4" Black Round	\$630.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$ STD	\$- N/A
Tires, All Terrain	\$200.00	\$- N/A
Trailer Tow Mirrors (Not avail with Power Mirrors)	\$ STD	\$- N/A
Trailer Tow Mirrors-Power (Includes Keyless Entry)	\$880.00	\$- N/A
Trailer Tow Package (Incl 7 & 4 pin connectors)	\$ STD	\$- N/A
Upfitter Switches Bank of 4 @ 30 Amps Each	\$125.00	\$- N/A

the 1990s, the number of people aged 65 and over in the United States is projected to increase from 20 million to 35 million (U.S. Census Bureau 1997).

As the number of people aged 65 and over increases, the number of people aged 75 and over is also projected to increase. The number of people aged 75 and over in the United States is projected to increase from 10 million in 1990 to 15 million in 2000 (U.S. Census Bureau 1997). The number of people aged 75 and over is projected to increase from 15 million in 2000 to 25 million in 2010 (U.S. Census Bureau 1997). The number of people aged 75 and over is projected to increase from 25 million in 2010 to 35 million in 2020 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 35 million in 2020 to 45 million in 2030 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 45 million in 2030 to 55 million in 2040 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 55 million in 2040 to 65 million in 2050 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 65 million in 2050 to 75 million in 2060 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 75 million in 2060 to 85 million in 2070 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 85 million in 2070 to 95 million in 2080 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 95 million in 2080 to 105 million in 2090 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 105 million in 2090 to 115 million in 2100 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 115 million in 2100 to 125 million in 2110 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 125 million in 2110 to 135 million in 2120 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 135 million in 2120 to 145 million in 2130 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 145 million in 2130 to 155 million in 2140 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 155 million in 2140 to 165 million in 2150 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 165 million in 2150 to 175 million in 2160 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 175 million in 2160 to 185 million in 2170 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 185 million in 2170 to 195 million in 2180 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 195 million in 2180 to 205 million in 2190 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 205 million in 2190 to 215 million in 2200 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 215 million in 2200 to 225 million in 2210 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 225 million in 2210 to 235 million in 2220 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 235 million in 2220 to 245 million in 2230 (U.S. Census Bureau 1997).

The number of people aged 75 and over is projected to increase from 245 million in 2230 to 255 million in 2240 (U.S. Census Bureau 1997).

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

Agency Name: <u>Wildlife</u>	Budget Account #: <u>4465</u>
Contact Name: <u>Liz O'Brien</u>	Telephone Number: <u>775-688-1982</u>
<p>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:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$28,336.25</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</p> <p>Mission of the requested vehicle(s): <i>Pick up</i> <u>To replace current vehicle with high mileage.</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: <u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>Yes</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <u>2001 Ford F-250, 158,000</u></p> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced.</p> <p><u>Yes</u></p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10/30/18</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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.:	2.15 – 2019 Chevrolet Silverado CK25753 4X4 ¾ Ton Truck; Full Size; Extended Cab; Short Bed 6.0L Vortec V-8 Flex Fuel		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Silver Ice Metallic	Interior: Dark Ash	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,119.00	\$27,119.00
SPECIFY OPTIONS: (description)			\$ 1,188.00
Trailer Tow Mirrors Power (incl. keyless entry)		\$880.00	
Skid Plate		\$132.00	
Deep Tint Glass		\$176.00	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options			\$28,307.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$28,336.25

Registered Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
Legal Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	Pat Kelly 775-688-1536

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: <i>2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed</i>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2019 Chevrolet Silverado - CK25753 4x4</i>	<i>\$27,119.00</i>	<i>\$27,419.00</i>
State vehicle miles per gallon (MPG): <i>NOT RATED</i>		
Manufactures Suggested Retail Price(MSRP): <i>\$ 35,360.00</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>6.0L Vortec V-8 Flex Fuel</i> <i>Federal Emission</i>		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW</i>		
Exterior Color: List available colors:		
<i>Black, Summit White, Graphite Metallic, Deep Ocean Blue Metallic + \$375.00, Havanah Metallic, Silver Ice Metallic, Red Hot</i>		
Seats, Cloth: List available colors:		
<i>Dark Ash</i>		
GVW: <i>9500(GAS) 10,000(DIESEL)</i>		WHEELBASE: <i>144.20</i>

ITEMIZED OPTION PAGE - BID 8475 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 2.15 - Truck 3/4 Ton; Full Size; Extended Cab; Short Bed		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Battery, Auxiliary	\$135.00	\$- N/A
Bedliner, Spray In	\$495.00	\$- N/A
Bluetooth for Phone(Includes My Link Radio)	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$176.00	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Four Wheel Drive	\$ STD	\$- N/A
Electronic Transfer Case(Requires 4x4)	\$200.00	\$- N/A
Gear Ratio 3.73 (4.10 Std on Gas)	\$100.00	\$- N/A
Heavy Duty Alternator	\$132.00	\$- N/A
Integrated Trailer Brake Controller	\$STD	\$- N/A
Keyless Entry w/Fob (Includes Power Mirrors)	\$880.00	\$- N/A
Keys, Two Additional(4 Total)	\$95.00	\$- N/A
Limited Slip Differential	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors (Includes Keyless Entry w/Fob)	\$880.00	\$- N/A
Power Locks	\$ STD	\$- N/A
Power Seat(Driver Side)	\$383.00	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth)	See Option Package	\$- N/A
Rear Window Defogger	\$198.00	\$- N/A
Seats, Vinyl	\$ Avail @ no extra charge	\$- N/A
Vinyl Colors: Dark Ash		
Skid Plate (Requires 4X4 option)	\$132.00	\$- N/A
Steps, 4" Black Round	\$630.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$ STD	\$- N/A
Tires, All Terrain	\$200.00	\$- N/A
Trailer Tow Mirrors (Not avail with Power Mirrors)	\$ STD	\$- N/A
Trailer Tow Mirrors-Power (Includes Keyless Entry)	\$880.00	\$- N/A
Trailer Tow Package (Incl 7 & 4 pin connectors)	\$ STD	\$- N/A
Upfitter Switches Bank of 4 @ 30 Amps Each	\$125.00	\$- N/A

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1999).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is that the number of children who are surviving to the age of 5 has increased significantly in the past few decades. This is due to a number of factors, including improved medical care, better nutrition, and a decrease in the number of children who are dying from preventable diseases (United Nations 1999). Another reason is that the number of children who are being born is increasing. This is due to a number of factors, including a decrease in the number of children who are being aborted, and an increase in the number of children who are being born to women who are younger than in the past (United Nations 1999).

The increase in the number of children in the world is a cause for concern because it is putting a strain on the world's resources. There are not enough resources to provide for the needs of all the children in the world. This is especially true in the developing world, where there are not enough schools, hospitals, and other facilities to care for all the children. This is leading to a number of problems, including malnutrition, lack of access to education, and a lack of access to health care (United Nations 1999).

There are a number of things that can be done to help reduce the number of children in the world. One of the most important things is to improve the health care system in the developing world. This includes providing better medical care, better nutrition, and a decrease in the number of children who are dying from preventable diseases. Another important thing is to provide better education for children. This includes providing more schools, better teachers, and a decrease in the number of children who are out of school (United Nations 1999).

There are also a number of things that can be done to help reduce the number of children who are being born. One of the most important things is to provide better family planning services. This includes providing more information about family planning, and providing more access to family planning services. Another important thing is to provide better education for women. This includes providing more schools, better teachers, and a decrease in the number of women who are out of school (United Nations 1999).

The number of children in the world is increasing, and this is a cause for concern. There are a number of things that can be done to help reduce the number of children in the world, and it is important that we take action now. If we do not, the number of children in the world will continue to increase, and this will have a negative impact on the world's resources and the lives of children (United Nations 1999).

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

Agency Name: Wildlife	Budget Account #: 4465
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
<p>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:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$37318.25</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</p> <p><u>Pick up</u></p> <p>Mission of the requested vehicle(s):</p> <p><u>To replace current vehicle with high mileage.</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number:</p> <p><u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p><u>Yes</u></p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <u>2001 Ford F-250, 148,000</u></p> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced.</p> <p><u>Yes</u></p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10/30/18</u></p> <p>Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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.:	2.13A – 2019 Dodge Ram 2500 Truck; Full Size; Crew Cab; Short Bed 6.7L Cummins Diesel		
Dealer Name:	Carson Dodge		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Silver	Interior: Dark Slate Gray	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 34,500.00	\$34,500.00
SPECIFY OPTIONS: (description)			\$ 2,789.00
Four Wheel Drive		\$1,950.00	
Limited Slip Differential		\$405.00	
Skid Plate w/Tow Hooks 4x4		\$85.00	
Integrated Trailer Brake		\$268.00	
Engine Block Heater		\$81.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options			\$37,289.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$37,318.25

Registered Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
Legal Owner:	Nevada Department of Wildlife 6980 Sierra Center Parkway #120 Reno, NV 89511
County Vehicle Based In:	White Pine (Mason Valley Fish Hatchery)
Name & Phone of Person to contact when vehicle is ready for delivery:	Pat Kelly 775-688-1536

STANDARD PAGE - FLEET VEHICLES 8475

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

Specify State's Vehicle Item Number: 2.13A Dodge Ram 2500 Crew Cab SWB 4x2-4x4 Diesel		
<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
Dodge Ram 2500 Crew Diesel , 2018, DJ2L91	\$34,500.00	\$34,800.00
State vehicle miles per gallon (MPG): N/A HD Truck		
State manufactures warranty: 3/36,000 COMPREHNSIVE AND 5/100,000 POWERTRAIN		
Specify engine size and emission rating: 6.7 Liter Cummins Diesel		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Black Forest Green, Blue Streak, Silver, White, Brilliant Black, Delmonico Red, Flame Red, Granite Crys		
Lux Brown, Max Steel, True Blue		
Special production color available for \$383.00-Call dealer for colors.		
Seats, Cloth: List available colors:		
Dark Slate Gray		
GVW: 8800 #	WHEELBASE: 149.0	
(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	STD	\$-
Engine Block Heater	\$81.00	\$-
Four Wheel Drive (4x4)	\$1,950.00	\$-
Heavy Duty Alternator	\$85.00 220 AMP	\$-
Hitch Receiver	STD	\$-
Integrated Trailer Brake (3/4 ton only)	\$268.00	\$-
Keyless Entry w/Fob (must have power door locks)	STD	\$-
Limited Slip Differential	\$405.00	\$-
Paint, Metallic	SEE PAINTS	\$-
Power Mirrors	STD	\$-
Power Locks	STD	\$-
Power Seats	N/A	\$-
Power Windows	STD	\$-
Radio; AM/FM Stereo, Cassette Player	AM/FM STD	\$-
Radio; AM/FM Stereo, Cassette Player, CD	Aux Inputs	\$-
Rear Window Wiper	N/A	\$-
Seats, Vinyl		(-\$425.00)
Vinyl Colors: SLATE GRAY		
Skid Plate W/ Tow Hooks 4x4	\$85.00	\$-
Tilt Steering	STD	\$-
Tire, Spare, Full Size-	STD	\$-
Trailer Tow Mirrors	\$177.00	\$-
Trailer Tow Package	STD	\$-
Daytime Running Lamps	\$34.00	
LT 275/70R18E ON OFF ROAD TIRES	\$223.00	
Rear Sliding Window	N/A	
Mopar Chrome Tube Steps	\$446.00	
HD Snow Plow Prep 4x4	\$115.00	
Uconnect Handsfree Communication 5.0	\$723.00	
Uconnect Handsfree Communication 3.0	\$177.00	
Park Assist System	\$268.00	
Park View Rear Backup Camera	STD	
Ram Cargo Box Mgmt System	\$1,178.00	
Aux Switches I/P Mounted	\$132.00	
LED Bed Lighting	\$150.00	

Elect Transfer Case	\$230.00	
Dual Alternators at 440 AMPS	\$336.00	
Upfitter VISM Module	\$314.00	
Spray In Liner	\$450.00	\$-

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

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

There are a number of reasons why the world's population is growing so rapidly. One of the main reasons is that the death rate has fallen significantly since the 1950s. This is due to a number of factors, including improved medical care, better nutrition, and a decline in the number of wars and conflicts.

Another reason for the rapid population growth is that the birth rate has remained high in many developing countries. This is due to a number of factors, including a lack of access to family planning services, a high level of infant mortality, and a cultural emphasis on large families.

The rapid population growth is a major challenge for the world, particularly in developing countries. It is putting a strain on the environment, leading to deforestation, soil erosion, and water pollution. It is also putting a strain on the economy, leading to unemployment and poverty.

There are a number of ways in which the world's population growth can be slowed down. One of the most important is to improve access to family planning services. This will allow people to control the size of their families and reduce the number of children born.

Another way to slow down population growth is to improve the standard of living in developing countries. This will lead to a decline in the birth rate, as people will have fewer children when they are better educated and have access to better healthcare.

Finally, it is important to address the environmental impact of population growth. This will involve reducing deforestation, protecting soil, and improving water management. These actions will help to ensure that the world's resources are sustainable for future generations.

The world's population is growing rapidly, and this is a major challenge for the world. It is putting a strain on the environment, the economy, and society. There are a number of ways in which the world's population growth can be slowed down, and it is important that we take action now to address this challenge.

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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.:	2.13 3/4 ton Ext./Double Cab 2019 Chevrolet Silverado – TC25743		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno		
Vehicle Colors:	Exterior: Quicksilver	Interior: (H2R) Jet Black/Dark Ash	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,595	\$ 27,595
SPECIFY OPTIONS: (description)			\$ 2,926
Quick Silver Metallic	1	\$ 375	
HD Trailering Package	1	\$ 264	
4 Wheel Drive	1	\$ 2,045	
Integrated Trailer Brake Control	1	\$ 242	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options			\$ 30,521
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 30,550.25

Registered Owner:	Agency Name & Address: Nevada Dept. of Wildlife 6980 Sierra Ctr. Pkwy., Ste. #120 Reno, NV 89511
Legal Owner:	Agency Name & Address: Nevada Dept. of Wildlife 6980 Sierra Ctr. Pkwy., Ste. #120 Reno, NV 89511
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	David Catalano 775-688-1412 775-848-9773

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2019 Chevrolet Silverado - CC25743	\$27,595.00	\$27,895.00
State vehicle miles per gallon (MPG): NOT RATED		
Manufactures Suggested Retail Price(MSRP): \$ 36,965.00		
State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain		
Specify standard engine size and emission rating: 6.0L Vortec V-8 Flex Fuel Federal Emission		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:		
AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW		
Exterior Color: List available colors:		
<i>Black, Summit White, Graphite Metallic, Deep Ocean Blue Metallic + \$375.00, Havanah Metallic, Silver Ice Metallic, Red Hot</i>		
Seats, Cloth: List available colors:		
<i>Dark Ash</i>		
GVW: 9500(GAS) 10,000(DIESEL)		WHEELBASE: 153.70

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed*

Option Package Name/Code: *1LT* (Requires 2WD) \$4,599.00 (Requires 4WD) \$4,931.00

List Equipment Features Below:

*17" Machined Aluminum Wheels, Chrome Front/Rear Bumper, Bodyside Moldings, Chrome Grille,
Power Mirrors, Power Windows, Remote Keyless Entry, Deep Tint Glass (Except front Windows),
Premium Cloth, Driver Side Lumbar Control, Carpeted Floor, Rubber Floor Mats, Leather Wrapped Steering Wheel,
Bluetooth, Onstar, Single Slot CD Player*

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Battery, Auxiliary	\$135(Std on Diesel)	\$- N/A
Bedliner, Spray In	\$495.00	\$- N/A
Bluetooth for Phone(Includes My Link Radio)	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$176.00	\$- N/A
Engine, Alt Size 6.6L V-8 Duramax Diesel	\$8,268.00	\$- N/A
Engine Block Heater	\$88.00(Std on Diesel)	\$- N/A
Four Wheel Drive	\$2,045.00	\$- N/A
Electronic Transfer Case(Requires 4x4)	\$200.00	\$- N/A
Gear Ratio 3.73 (4.10 Std on Gas / 3.73 Std on Diesel)	\$100.00	\$- N/A
Heavy Duty Alternator	\$132(Gas) \$335(Diesel)	\$- N/A
Integrated Trailer Brake Controller(Req Tow Pack)	\$242.00	\$- N/A
Keyless Entry w/Fob (Includes Power Mirrors)	\$317.00	\$- N/A
Keys, Two Additional(4 Total)	\$95.00	\$- N/A
Limited Slip Differential	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors (Includes Keyless Entry w/Fob)	\$317.00	\$- N/A
Power Locks	\$STD	\$- N/A
Power Seat(Driver Side)	\$383.00	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth)	See Option Package	\$- N/A
Rear Window Defogger	\$198.00	\$- N/A
Seats, Vinyl Vinyl Colors: Dark Ash	\$ Avail @ no extra charge	\$- N/A
Skid Plate (Requires 4X4 option)	\$132.00	\$- N/A
Steps, 4" Black Round	\$630.00	\$- N/A
Tilt Steering	\$STD	\$- N/A
Tire, Spare, Full Size	\$STD	\$- N/A
Tires, All Terrain	\$200.00	\$- N/A
Trailer Tow Mirrors (Not avail with Power Mirrors)	\$62.00	\$- N/A
Trailer Tow Mirrors-Power (Requires Power Mirrors)	\$308.00	\$- N/A
Trailer Tow Package (Incl 7 & 4 pin connectors)	\$264.00	\$- N/A
Upfitter Switches Bank of 4 @ 30 Amps Each	\$125.00	\$- N/A

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 400.00 flat.

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: November 6, 2018

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

From: Bridgette Garrison, 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 CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Corrections requests authority to contract with Jacques Graham, a current Administrative Assistant IV with the Nevada Department of Corrections, to deliver packages to inmates.

Additional Information:

Nevada Department of Corrections (NDOC) currently has a revenue Master Service Agreement (MSA) with Keefe Group, LLC DBA Keefe Supply Company. This MSA contract is comprised of commissions earned on the Inmate Package Program. Each eligible inmate is allowed to order one clothing item and one food package per quarter or monthly if the inmate is in transitional housing. Total packages may not exceed \$425 in value or \$250 in value if the inmate is in transitional housing. The commissions are earned from the purchases made by inmates/family/friends from a special catalog for delivery to an inmate.

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours. Ms. Graham is contracted to deliver packages on an as needed basis through September 30, 2019.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____

Purchasing Division
Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3252
Fax: (775) 887-3343



Brian Sandoval
Governor

James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

State of Nevada
Department of Corrections

MEMORANDUM

TO: Bridgette Garrison, Executive Branch Budget Officer I,
Governor's Finance Office – Budget Division

FROM: Scott J. Ewart, Chief of Fiscal Services *Scott Ewart*

DATE: October 25, 2018

SUBJECT: Request to Contract with Current State Employees

Nevada Department of Corrections is currently contracted with Access Securepak to provide a package program for incarcerated individuals, their family, and friends, to purchase food and/or clothing from Access Securepak. Due in part to ensuring safety and security within NDOC facilities, Access Securepak employs current NDOC employees to deliver the packages to inmates during off duty hours.

The Department is respectfully requesting approval to continue to authorize the contractor to use current NDOC employees to deliver the packages during off duty hours while the Department pursues other options for the delivery of inmate packages within its facilities.

Attached are two new requests for prior Authorization to Contract with a Current Employee. The employees will not start employment with the contractor until after approval by BOE.

Should you have any questions please contact me at (775) 887-3210 or by email at sewart@doc.nv.gov.

Thank you.



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

RECEIVED

OCT 30 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Jacques Graham
Employee ID Number:	57452
Job Title:	Administrative Assistant IIV
Current Employee Agency:	Nevada Department of Corrections - High Desert State Prison
Current Class and Grade:	2.210 Grade 29
Employment Dates:	6/22/2015 to Current
Contracting Agency:	Nevada Department of Corrections
Please check which of the following applies:	
<input type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current 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.	
<p>Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.</p>	
b. Document the employee's current job description.	
<p>See attached State of Nevada Work Performance Standards</p>	
c. Explain how this differs from current State duties.	
<p>Commissary Representative – Administrative Assistant IV provides administrative and/or program support in an assigned program, section or division of an agency. Incumbents may serve in a generalist capacity and perform a variety of support duties, or they may perform program-specific duties.</p>	
d. Explain why existing State employees within your agency cannot perform this function.	
<p>After reviewing, this duty can be performed by a state employee, a Retail Storekeeper within the NDOC; however, at this time there is not a dedicated FTE assigned to this function. Moving forward an additional FTE is being pursued in the FY 20-21 budget.</p>	

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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](#).

No

f. List contractor's hourly rate.

The vendor pays the Delivery Clerk \$5 per packaged delivered.

g. List the range of comparable State employee rates.

Not applicable

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.

Not applicable

i. Document justification for hiring contractor.

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

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

No

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

Currently – September 30, 2019

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

Part-time depending on number of packages received at the facility.

Comments:

Al Bonom 10/25/18
Contracting Agency Head's Signature and Date

Barbara W. Woodhead 10/29/18
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and 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: November 6, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison, the Executive Branch Budget Officer.

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 333.705, subsection 1, the Nevada Department of Corrections requests authority to contract with Danyeale Sipes, a current Administrative Assistant II with the Nevada Department of Corrections, to deliver packages to inmates.

Additional Information:

Nevada Department of Corrections (NDOC) currently has a revenue Master Service Agreement (MSA) with Keefe Group, LLC DBA Keefe Supply Company. This MSA contract is comprised of commissions earned on the Inmate Package Program. Each eligible inmate is allowed to order one clothing item and one food package per quarter or monthly if the inmate is in transitional housing. Total packages may not exceed \$425 in value or \$250 in value if the inmate is in transitional housing. The commissions are earned from the purchases made by inmates/family/friends from a special catalog for delivery to an inmate.

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours. Mr. Sipes is contracted to deliver packages on an as needed basis through September 30, 2019.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____

Purchasing Division
Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3252
Fax: (775) 887-3343



State of Nevada
Department of Corrections

MEMORANDUM

TO: Bridgette Garrison, Executive Branch Budget Officer I,
Governor's Finance Office – Budget Division

FROM: Scott J. Ewart, Chief of Fiscal Services

DATE: October 25, 2018

SUBJECT: Request to Contract with Current State Employees

Scott Ewart

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BUDGET DIVISION
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OCT 30 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Nevada Department of Corrections is currently contracted with Access Securepak to provide a package program for incarcerated individuals, their family, and friends, to purchase food and/or clothing from Access Securepak. Due in part to ensuring safety and security within NDOC facilities, Access Securepak employs current NDOC employees to deliver the packages to inmates during off duty hours.

The Department is respectfully requesting approval to continue to authorize the contractor to use current NDOC employees to deliver the packages during off duty hours while the Department pursues other options for the delivery of inmate packages within its facilities.

Attached are two new requests for prior Authorization to Contract with a Current Employee. The employees will not start employment with the contractor until after approval by BOE.

Should you have any questions please contact me at (775) 887-3210 or by email at sewart@doc.nv.gov.

Thank you.



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

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OCT 30 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Danyelee Sipes
Employee ID Number:	63088
Job Title:	Administrative Assistant II
Current Employee Agency:	Nevada Department of Corrections - High Desert State Prison
Current Class and Grade:	2.212 Grade 25
Employment Dates:	7/31/2017 to Current
Contracting Agency:	Nevada Department of Corrections

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NOV - 5 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Please check which of the following applies:

Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.

Contract is with an entity (contractor) other than a temporary employment agency that employs a current 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.

Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.

b. Document the employee's current job description.

See attached State of Nevada Work Performance Standards

c. Explain how this differs from current State duties.

Commissary Representative – Administrative Assistant II provide administrative and/or program support in an assigned program, section or division of an agency. Incumbents may serve in a generalist capacity and perform a variety of support duties, or they may perform program-specific duties.

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

After reviewing, this duty can be performed by a state employee, a Retail Storekeeper within the NDOC; however, at this time there is not a dedicated FTE assigned to this function. Moving forward an additional FTE is being pursued in the FY 20-21 budget.

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](#).

No

f. List contractor's hourly rate.

The vendor pays the Delivery Clerk \$5 per packaged delivered.

g. List the range of comparable State employee rates.

Not applicable

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.

Not applicable

i. Document justification for hiring contractor.

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

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

No

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

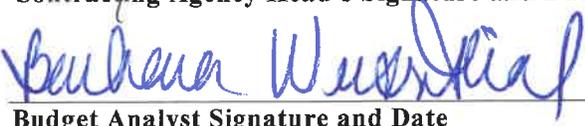
Currently – September 30, 2019

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

Part-time depending on number of packages received at the facility.

Comments:

 10/25/18
Contracting Agency Head's Signature and Date

 10/29/18
Budget Analyst Signature and Date


Clerk of the Board of Examiners Signature and 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 26, 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

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

Department of Education

Agenda Item Write-up:

The Division requests approval to pay \$100,000 from the General Fund, Stale Claims Account, for a FY 2018 invoice from WestED for work related to the Department of Education's assessment system.

Additional Information:

The agency seeks approval to pay the stale claim for the months of March 2018 through June 2018. This claim was not received from the vendor until 10/02/18; therefore it was not received from the agency for reimbursement until October 2018.

STALE CLAIM REQUEST

To: Catherine Brekken, Executive Branch Budget Officer I
Department of Administration, Budget Division

Date: 10/16/18

From: Andrea Osborne, ASO III *AO*
Department of Education, Business & Support Division

Subject: Stale Claim for State Fiscal Year - 18

RECEIVED

OCT 18 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: WestED
 Vendor/Employee Number: T81012500 Invoice/Term Date: 03/13/18 – 06/30/18
 Invoice Number: 18-2529R Invoice/Claim Amount: \$ 100,000.00

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2697	101	46	100,000.00
Total			100,000.00

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2697	101	46	100,000.00
<i>4888</i>	<i>101</i>	<i>10</i>	
Total			100,000.00

Explanations: Reason for Stale Claim/Funding Allocations/Noted Attachments:

The attached invoice was never paid because it was not turned into the fiscal office before the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

Authorized to pay from current fiscal year Acct? FULL
 [Indicate if full or partial payment from current year funds]

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY
Approval for payment from

Fund 101 B/A 4888
Catherine Brekken *10/26/18*
 Budget Analyst Date

Clerk of the Board Date
 Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

BRIAN SANDOVAL
Governor

STATE OF NEVADA

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

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction



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

October 3, 2018



MEMORANDUM

TO: Andrea Osborne
Nevada Department of Education
Administrative Services Officer 3, Business and Support Services Division

FROM: Nancy Martineau, Administrative Assistant III, CCM *nm*
Nevada Department of Education
Assessment, Data, and Accountability Management

SUBJECT: Stale Claim Invoice for WestEd

This memorandum is to submit and invoice for WestEd is for FY18 as a stale claim. This invoice is being submitted late due to WestEd not submitting the invoice to me until October 2, 2018.

We appreciate your consideration in this matter.



excellence in research, development, and service



Invoice Number: 18-2529R

Invoice Date: 10/10/2018

Description: Payment due for 100% of original contract

Bill To: Nevada Department of Education
Attn: Peter Zutz
700 East Fifth Street
Carson City, NV 89701

Remit To: WestEd
Attn: WestEd Operating Account
P. O. BOX 399001
San Francisco, CA 94139-9001

Customer Number: A324
Prime Contract Number: 19593
Subcontractor Number:

Project Number: A324
Project Name: Nevada Assessment System
Project POP: 03/13/2018 to 10/31/2018
Terms: NET 30
Due Date: 11/09/2018

Billing Period From: 3/13/2018
To: 06/30/2018

Scheduled Payment

Current Amount
\$100,000.00
\$100,000.00

Invoice Total

\$100,000.00

Authorized Certifying Official

Remittance should be made payable to WestEd:
mail to the address above.

Billing Questions?
Call Accounts Receivable (562) 799-5132
email: billing@wested.org

Ok to Pay	nm				
Authorized Signature					
T#	T# 81012500				
Budget#	101	300	0000	269746	70608436917
Date to F.S	10/11/18		Initial	nm	



excellence in research, development, and service

October 23, 2018

Nevada Department of Education
Attn: Peter Zutz
700 East Fifth Street
Carson City, NV 89701

Contract Number: 19593
Project Number: A324
Project Name: Nevada Assessment System
Invoice 18-2529R

List of Activities for billing period March 13, 2018 to June 30, 2018

- Generate updated work plan and secure NDE approval.
- Collect from NDE any relevant stakeholder perception data about state assessments.
- Review past WestEd work in Nevada, including the 2016 Nevada State and District Assessment Survey.
- Prepare survey items for district test directors.
- Examine policies and procedures governing how Nevada's assessments are administered.

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) 687-0260

Date: November 7, 2018

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

From: Curtis Palmer, Executive Branch Budget Officer *CP*
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 CONSERVATION AND NATURAL RESOURCES
DIVISION OF FORESTRY**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests an allocation of \$3,837,742 from the Interim Finance Committee General Fund Contingency Account to cover incurred and projected emergency response costs until the Division can make a supplemental request during the 2019 Legislative session.

Additional Information:

Historical records show that the 2-3 years following the heavy precipitation years tend to have the most devastating and active wildland fire seasons. Precipitation during the spring of 2018 came at a time that led to significant growth of annual grasses (cheat grass). Additionally, the relatively mild winter of 2017/2018 did not produce a significant snow pack to crush the previous season's grass growth. The large production of easily ignited fuel combined with the unburned growth from the previous season have contributed to several large wildfires this year. Corresponds with work program C45656.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: *CP*
ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
NEVADA DIVISION OF FORESTRY

2478 Fairview Drive
Carson City, Nevada 89701
Phone (775) 684-2500 Fax (775) 684-2570

November 20, 2018

MEMORANDUM

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

Through: Curtis Palmer
Executive Branch Budget Officer

From: Bradley Crowell, Director 
Department of Conservation and Natural Resources

Subject: Interim Finance Committee Contingency Fund Request – Work Program C45656:
B/A 4196 for \$3,837,742

The Nevada Division of Forestry (NDF) is requesting an allocation from the Interim Finance Committee Contingency Fund to cover actual and projected emergency response expenses within the NDF Forest Fire Suppression account (B/A 4196). The NDF is requesting \$3,837,742 to cover incurred expenses as well as a portion of projected emergency response costs until NDF can make a supplemental request during the 2019 Legislative session.

The Executive and Legislative branches of government have recognized the unpredictability of costs associated with emergency response activities, including wildland fire, flooding, and other natural resource emergencies. Historical records show that the 2-3 years following the heavy precipitation years tend to have the most devastating and active wildland fire seasons. Precipitation during the spring of 2018 came at a time that led to significant growth of annual grasses (cheat grass). Additionally, the relatively mild winter of 2017/2018 did not produce a significant snow pack to crush the previous season's grass growth. The large production of easily ignited fuel combined with the unburned growth from the previous season have contributed to several large wildfires this year. The Martin Fire, at almost 400,000 acres, was the largest wildfire to have burned in Nevada. Several fires have exceeded 100,000 acres this season. To date, Nevada has experienced 619 wildfires that have burned over 1,028,958 acres. The State has been financially responsible for approximately 28% of these fires. The cost of fighting wildland fires is initially borne by the jurisdictional agency at the point of origin. That

November 20, 2018

Page 2 of 2

jurisdictional agency then seeks reimbursement through cost share agreements with all other responsible jurisdictional agencies.

In the past, fire seasons averaged 5 months, but are now averaging 7 to 9 months nationwide. The increased fire activity in Nevada this season has resulted in significantly higher than anticipated expenditures for personnel and fire response operations. This request will partially cover known actual expenses for fire, flood, and other natural resource emergencies for State Fiscal Year 2019.

cc: Kacey KC, State Forester Firewarden, DCNR, NDF
Dave Prather, Deputy Administrator, DCNR, NDF
Kurt Green, ASOIII, DCNR, NDF
Kimbra Ellsworth, Program Analyst, LCB Fiscal Division

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: November 8, 2018

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

From: Jim Rodriguez, Executive Branch Budget Officer
Budget Division

A handwritten signature in black ink, appearing to read "Jim Rodriguez".

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 – DIVISION OF EMERGENCY MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for \$291,773 from Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year's Eve activities.

Additional Information:

In 2015, 2016, and again in 2017 the Governor authorized the use of Nevada Guard personnel to support Clark County with its security needs surrounding New Year's Eve celebration activities planned for the Las Vegas area. This year the division is coordinating available resources with the county in advance of the event and will again call upon the Nevada Guard to assist the county with its security needs.

Given the security concerns generated with the October 1, 2017 mass casualty event in Las Vegas, the Division and the County are planning for greater security needs at this year's celebration events, therefore, the funding request will be somewhat higher than in previous years. However, every effort is being taken to ensure resources are utilized as efficiently and effectively as possible to minimize the cost. The following is a summary of the request for the 2018 New Year's Eve deployment:

SFY19 New Year's Eve
National Guard Deployment

	<u>Personnel</u>		<u>Stock</u>			
Airport 1	7,357.44	3	22,072.32	305.37	3	916.11
Airport 2	7,357.44	4	29,429.76	305.37	4	1,221.48
C2 (Command & Control)	10,355.30	6	62,131.80	503.20	6	3,019.20
Fremont	5,391.43	2	10,782.86	1,582.26	2	3,164.52
Strip	23,789.98	2	47,579.96	3,212.54	2	6,425.08
SPL Staff/CMD (Leadership)	3,136.44	3	9,409.32	92.30	3	276.90
Medical Advance Team	9,597.15	2	19,194.30	880.41	2	1,760.82
Medical Security	2,583.48	2	5,166.96	506.00	2	1,012.00
Medical CERFP*	10,948.09	3	32,844.27	657.62	3	1,972.86
	80,516.75		238,611.55	8,045.07		19,768.97

Personnel	238,611.55
Rolling Stock	19,768.97
Meals	26,612.00
Travel/Lodging	6,780.00

291,772.52

A detailed cost breakout is attached for the Boards reference.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: 

ACTION ITEM: _____

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701

Telephone (775) 687-0300 • Fax (775) 687-0322 • <http://dem.state.nv.us/>

November 2, 2018

TO: Paul Nicks, Director – Governor’s Finance Office
Rick Combs, Director – Legislative Counsel Bureau

THROUGH: Jim Rodriguez, Budget Officer – Governor’s Finance Office
James Malone, Program Analyst – Legislative Counsel Bureau

FROM: Caleb Cage, Chief
DPS Division of Emergency Management

SUBJECT: Emergency funding request

The Department of Public Safety, Division of Emergency Management, is requesting assistance to provide funding for expenses related to the upcoming New Year’s Eve activities in Clark County to support the efforts and capabilities to protect public safety. The division is coordinating resources to assist with this event and the Nevada National Guard will be used to provide security support.

The amount requested is based on planning efforts between Clark County, Las Vegas Metropolitan Police Department (LVMPD), the Nevada National Guard, and the division to make sure enough security personnel are in place to support Clark County and LVMPD’s needs for the event. The Clark County Office of Emergency Management is a division within the Clark County Fire Department, and that office is responsible for coordinating the multi-agency planning for these types of major events and emergency incidents. The planning for the event is a coordinated effort and the Nevada National Guard personnel will be integrated into the overall security plan for the event to support the state and local resources. Once the level of need was determined, the Nevada National Guard provided calculations for personnel, transportation equipment, meals, travel, and lodging as detailed in the included backup documentation.

Based on the security request from the County, please accept this request for emergency funding for a grant in the amount of \$291,773 to cover these projected emergency expenditures. The funds will not be sub-granted or used to reimburse any cities or counties. The funds will be used on National Guard expenses for the event. The division does not anticipate that this event will be eligible for any reimbursement, Federal or otherwise.

Please contact Justin Luna at justin.luna@dps.state.nv.us or 775-687-0304 if you have any questions or need additional information to process this request.

Respectfully,

A handwritten signature in blue ink that reads "Caleb S. Cage".



**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 23, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Tiffany Greenameyer, Executive Branch 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.

Governor's Finance Office – Stale Claims Account

Agenda Item Write-up:

Pursuant to NRS 353.268, the Governor's Finance Office requests The Board's recommendation to the Interim Finance Committee for an allocation of \$427,929 from the IFC Contingency Account to replenish the Stale Claims account through June 30, 2019.

Statutory Authority:

NRS 353.268

REVIEWED: _____
ACTION ITEM: _____

**BA 4888 Stale Claims Account
NRS 353.097
FY 2019 (as of November 13, 2018)**

Beginning Cash

798,536.00

Total Revenue

\$ 798,536.00

Paid Claims:

Supreme Court	(253.32)
NSLA Library	(4,458.36)
DHHS Aging Services	(148,633.95)
DHHS Southern NV Adult Mental Health	(7,226.41)
LV Childrns Behavioral Health	(1,012.90)
Mental Health Inst	(761.60)
DCNR Water Resources	(4,433.40)
Dept of Taxation	(17,633.67)
Dept of Corrections	(7,626.78)
Veteran's	(122.52)
Dept of Public Safety	(4,417.88)
DHHS Child and Family Services	(304.31)
Business & Industry Director	(1,050.00)
Parks	(1,048.86)
Youth Service Division	(696.32)
Dept of Education	(200.00)
Total Payments	(199,880.28)
Account Balance	<u>\$ 598,655.72</u>

Claims Pending BOE Approval

DCFS	(93,187.00)
ADSD	(58,833.00)
Submitted for Payment	(152,020.00)
Account Balance	<u>\$ 446,635.72</u>

Projected Outstanding Claims :

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	0.00
Total Pending Claims	(874,564.72)
Estimated Account Balance - Including all Claims	<u>\$ (427,929.00)</u>



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

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260

Date: November 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
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 323.100, the State Land Registrar may, with the approval of the Board and the Interim Finance Committee, exchange state lands for any other lands if the Division determines that the value of the lands are equal, or if the values are not equal, that the land value may be equalized by the payment of money if the payment is not more than 25% of the total land value.

The State Land Registrar and the Board of Regents, Nevada System of Higher Education OBO University of Nevada Reno (UNR) seek the Board's approval of an exchange of money and properties, including undeveloped land on and near the UNR campus which fulfill the requirements of NRS 323.100.

Additional Information:

- The Division of State Lands owns the Nevada Historical Society Building located on UNR Campus at 1650 N Virginia St, Reno. UNR owns the Warren Nelson property located off campus at 401 West 2nd Street, Reno.
- The Division of Museums and History entered into a 99-year lease with UNR in 1967 to occupy the Nevada Historical Society Building.
- Appraisals completed value the Nevada Historical Society building at \$2.85 million and the Warren Nelson property at \$4.5 million.
- The State owns two undeveloped land parcels adjacent to the UNR campus valued at \$876, 375.

- The Division of Museums and History has secured a gift of \$773,625 (approximately a 17% equalization).
- If updated appraisals are needed pursuant to NRS 321.007 (1)(a) and UNR's appraisal policy, the Division of Museums and History may contribute additional monetary donations up to 25%.
- State Lands and UNR agree that disproportionate values of new appraisals of properties in excess of 5%, the Agreement may be terminated.

Statutory Authority:

NRS 323.100

REVIEWED: _____

ACTION ITEM: _____



Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources
Brian Sandoval, Governor
Bradley Crowell, *Director*
Charles C. Donohue, *Administrator*

RECEIVED

OCT 30 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

MEMORANDUM

DATE: October 30, 2018

TO: CURTIS PALMER, EXECUTIVE BRANCH BUDGET OFFICER 1

THROUGH: CHARLES DONOHUE, DCNR, STATE LANDS ADMINSTRATOR AND REGISTRAR

FROM: DEANN MCKAY, DCNR, NDSL, STATE LAND AGENT III

SUBJECT: BOE AGENDA ITEMS FOR DECEMBER 4, 2018
NEVADA DIVISION OF STATE LANDS & BOARD OF REGENTS (UNR)

The Nevada Division of State Lands ("NDSL") and the University of Nevada, Reno, Board of Regents ("UNR") are pursuing an exchange of properties, including undeveloped land on and near the UNR campus. NDSL owns the Nevada Historical Society Building located at 1650 N. Virginia Street, located on UNR campus. The State of Nevada on behalf of the Department of Cultural Affairs, Division of Museums and History ("Museums") entered into a 99 year land lease with UNR on July 25, 1967. The State constructed the Nevada Historical Society Building shortly thereafter. UNR owns the Warren Nelson Property located off campus at 401 West 2nd Street, Reno.

Museums has outgrown their current location at the Nevada Historical Society and desires to acquire the Warren Nelson Property. With the Nevada Historical Society Building being located on campus, UNR would like to secure ownership of the building and absorb it into their campus for future use.

Two appraisals were completed in the spring of 2018 to determine the value of the buildings and associated real property. The Nevada Historical Society Building had an appraised value of \$2,850,000 as of April 27, 2018 while the Warren Nelson Property appraised at \$4,500,000 on May 15, 2018.

The State also owns two parcels of Undeveloped Land adjacent to the campus which UNR would like to acquire and incorporate into their campus. It has been determined the Undeveloped Land is in excess of the State's needs. The Undeveloped Land was appraised on August 28, 2018 with a market value of \$876,375.00. UNR agrees to assume all cost associated with surveys, preparation of parcels maps and filing fees associated with a boundary line adjustment of the Undeveloped Land.

The State proposes to bundle the Undeveloped Land with the Nevada Historical Society Building in exchange for the Warren Nelson Building. However, the appraised values of the properties prevent an equitable exchange.

NRS 323.100 allows values of the lands to be exchanged to be equalized by payment of money, if payment is not more than 25 percent of the total value of the lands or interests in land.

Museums has secured a monetary gift in the amount of \$773,625 for the acquisition of the Warren Nelson Property which represents approximately a 17 percent equalization, to complete the exchange as authorized under NRS 323.100.

The State and UNR understand and agree updated appraisals may need to be secured for their respective properties as pursuant to NRS 321.007 (1)(a), appraisals will need to be performed within 6 months of the date in which the State offered the land for sale. UNR's appraisal policy allows for 1 year from the original issue date. It has further been agreed the State is responsible for the updated appraisal of the Nevada Historical Society Building, while the UNR shall pay for the updated appraisal of the Warren Nelson Property, if applicable, and the Undeveloped Land.

It has been agreed upon by the State and UNR, should the updated appraisals result in disproportionate value of the properties in excess of 5%, the Agreement may be terminated. It is further understood, Museums reserves the right to contribute additional monetary donations, up to 25 % should the value of the Warren Nelson Property increase.

If you have any questions or require additional information, please do not hesitate to contact Deann McKay at 684-2729 or via email at dmckay@lands.nv.gov

Thank you.



RECEIVED

OCT 30 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

MUS-4/DMM
Interest: 15633
Project: 6362
Contract: n/a
Washoe County APNs:
003-180-13; 003-180-15;
011-026-04; 011-023-01; 011-023-02;
003-361-55

DIVISION OF STATE LANDS
901 S. STEWART ST. Suite 5003
CARSON CITY, NV 89701-5246

**THE NEVADA DIVISION OF STATE LANDS AND
BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON
BEHALF OF THE UNIVERSITY OF NEVADA RENO
EXCHANGE AND BOUNDARY LINE ADJUSTMENT AGREEMENT**

THIS EXCHANGE AND BOUNDARY LINE ADJUSTMENT AGREEMENT,
made and entered into this 30th day of October, 2018, by and between the STATE
OF NEVADA, acting through the DIVISION OF STATE LANDS, for and on behalf of the
DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS, DIVISION OF MUSEUMS
AND HISTORY, hereinafter referred to as "STATE" and the BOARD OF REGENTS OF
THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE
UNIVERSITY OF NEVADA RENO, hereinafter referred to as the "UNIVERSITY".

WITNESSETH:

WHEREAS, the UNIVERSITY owns the parcel located at 1650 N. Virginia Street,
Washoe County Assessor Parcel Numbers: 003-180-13 and 003-180-15 while the STATE

owns the building commonly known as the Nevada Historical Society Building situated on said parcel; and

WHEREAS, the STATE and the UNIVERSITY entered into a Land Lease for the land upon which Nevada Historical Society sits on July 25, 1967 for a term of NINETY-NINE (99) years; and

WHEREAS, the UNIVERSITY owns 401 West 2nd Street, commonly known as the Warren Nelson Property, Assessor Parcel Numbers: 011-026-04, 011-023-01 and 011-023-02 in Washoe County, Reno, Nevada; and

WHEREAS, the STATE also owns land (“Undeveloped Land”), located adjacent to the UNIVERSITY campus, a portion of Washoe County Assessor Number 003-361-55 which is undeveloped and eligible for disposal; and

WHEREAS, the STATE has outgrown their current location at the Nevada Historical Society Building and desires to secure ownership of the Warren Nelson Property; and

WHEREAS, the UNIVERSITY desires to secure ownership of the Nevada Historical Society Building as it is located on campus and they are the underlying land owner; and

WHEREAS, the STATE proposes to bundle the Undeveloped Land with the Nevada Historical Society Building in exchange for the Warren Nelson Property; and

WHEREAS, the UNIVERSITY agrees to the exchange and to a boundary line adjustment of the Undeveloped Land to incorporate the Undeveloped Land into their campus; and

WHEREAS, the boundary line adjustment and exchange benefit both the STATE and the UNIVERSITY as the Undeveloped Land has been deemed in excess of the STATE’S

needs and the UNIVERSITY desires to expand their campus and develop the Undeveloped Land; and

WHEREAS, the appraised market value of the Warren Nelson Property as of May 15, 2018 was \$4,500,000.00 as prepared by Nevada Certified Appraiser, Scott Griffin of Johnson, Perkins, Griffin, Real Estate Appraisers and Consultants; and

WHEREAS, the appraised market value of the Nevada Historical Society Building as of April 27, 2018 was \$2,850,000.00 as prepared by Nevada Certified Appraiser, Scott Griffin of Johnson, Perkins, Griffin, Real Estate Appraisers and Consultants; and

WHEREAS, the appraised market value of the Undeveloped Land as of August 29, 2018 was \$876,375.00 as prepared by Nevada Certified Appraiser, Scott Griffin of Johnson, Perkins, Griffin, Real Estate Appraisers and Consultants; and

WHEREAS, pursuant to NRS 323.100, if values of the lands to be exchanged are not of equal value, the values may be equalized by the payment of money, if payment is not more than 25 percent of the total value of the lands or interests in land; and

WHEREAS, the Division of Museums and History has received a monetary donation in the amount of \$773,625.00 for the acquisition of the Warren Nelson Property which represents approximately a 17 percent equalization; and

WHEREAS, the STATE and UNIVERSITY do not foresee any change to the market values, yet agree that updated appraisals will need to be secured if appraisals were performed 6 months before the date on which the STATE offered the land for sale pursuant to NRS 321.007 (1)(a) and as required by the UNIVERSITY'S policy, appraisal shall not exceed 1 year from issue date, for their respective property interests of the lands being exchanged, and

the STATE and UNIVERSITY shall review and approve the resulting information and values to ensure that the buildings and lands being exchanged are of equitable value.

NOW THEREFORE, in consideration of the mutual covenants, promises and agreements set forth in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the STATE and UNIVERSITY agree to exchange the Nevada Historical Society Building and the Undeveloped Land for the Warren Nelson Property, upon the following terms and conditions;

1. **EXCHANGE:** The STATE agrees to transfer and convey the Nevada Historical Society Building and the Undeveloped Land (Building A, Parcels B & C) to the UNIVERSITY, and the UNIVERSITY agrees to transfer and convey to the STATE the Warren Nelson Property (Property D). The buildings and lands to be exchanged are generally depicted on **EXHIBITS A and A-1**, attached hereto and made a part hereof. The final legal descriptions will be determined and identified through the surveys necessary to complete the boundary line adjustment on the state-owned land, with the existing Washoe County Assessor Parcel Number 003-361-55. All legal descriptions and survey maps must be reviewed, approved and accepted by the STATE and UNIVERSITY in writing.
2. **ESCROW:** The exchange shall be consummated through an escrow according to the following terms:
 - A. The escrow agent for this transaction shall be Old Republic Title Company, 4730 South Fort Apache Road, Suite 100, Las Vegas, Nevada 89147. Upon execution

of this Agreement, the parties shall open escrow by delivering to the Escrow Officer a fully executed copy of this Agreement.

- B. This Agreement shall constitute the escrow instructions; however, the STATE and UNIVERSITY agree to immediately execute and return after the receipt thereof such additional escrow instructions, not inconsistent with this Agreement, as escrow officer may reasonably require. No failure by either party to execute such additional escrow instructions shall affect the validity or enforceability of this Agreement. In the event of any inconsistency between such escrow instructions and this Agreement, the terms of the Agreement shall govern.
- C. Provided that all of the conditions precedent stated herein have been satisfied or waived, escrow shall close no later than **March 31, 2020**. The Close of Escrow shall take place prior to any relocation or physical improvements to the properties.
- D. This date may be extended via an Amendment to this Agreement executed by both parties.
- E. By consummating this transaction, the STATE warrants that the exchange is duly authorized, subject to approval pursuant to NRS 323.100.
- F. Attached hereto as **EXHIBITS B and C** are the preliminary title reports generated by Old Republic Title Company on October 9, 2018 for the UNIVERSITY'S Warren Nelson Property, the Leasehold interest in the Nevada Historical Society Building and the state-owned land with the existing Washoe County Assessor's Parcel Number 003-361-55.

- G. BOARD OF REGENTS CONTINGENCY: This Agreement is contingent upon approval of the terms by the Board of Regents of the Nevada System of Higher Education. If the Board of Regents, in its sole and absolute discretion, does not approve, the terms made herein shall be deemed null and void without the necessity of further documentation and shall be deemed to be of no binding effect whatsoever.
- H. NEVADA DIVISION OF STATE LANDS CONTINGENCY: This Agreement is contingent upon approval of the Board of Examiners and the Interim Finance Committee unless has been terminated by mutual agreement of the parties, or has been terminated pursuant to any other provision of this Agreement.
- I. The STATE and UNIVERSITY will deliver onto the other any necessary documents which they may be in control or possession thereof including but not limited to covenants, conditions, restrictions, contracts, leases and easements affecting the property which may not be included in the Preliminary Title Report. Any issues arising from the Preliminary Title Report will be resolved to the satisfaction of the STATE and UNIVERSITY prior to close of escrow.
- J. At the close of escrow, the STATE shall execute and deliver to the UNIVERSITY a Grant, Bargain and Sale Deed or similar document deemed appropriate for such transfers for all right, title and interest, including all lease interest rights, in and to the real property commonly referred to as the Nevada Historical Society Building and Undeveloped Land.

K. At the close of escrow, the UNIVERSITY shall execute and deliver to STATE a Grant, Bargain and Sale Deed for the Warren Nelson property and the appropriate documents that effect the boundary line adjustment including but not limited to any records of surveys, and actions by Washoe County that approve and finalize the boundary line adjustment conveying the Undeveloped Land to the UNIVERSITY, subject only to the matters set forth in the preliminary title report that are acceptable to the STATE.

3. DISCLOSURES: the STATE and UNIVERSITY acknowledge and agree that they will thoroughly and independently inspect, investigate and exercise due diligence to become informed and fully satisfy itself regarding any and all matters relating to the Properties. The STATE and UNIVERSITY agree to disclose any conditions and defects that they know or should have known of their respective properties and to exchange Facility Condition Analysis Reports as prepared by the Nevada State Public Works Department and the University's Facility Services. The STATE and UNIVERSITY shall not be liable for any non-obvious or undiscovered conditions or defects of their respective properties. Disclosing of information does not obligate the STATE or the UNIVERSITY to mitigate or remedy any of the conditions or defects, as it is understood the Properties are being exchanged in as-is condition.

4. COSTS: the State is responsible for the cost of the updated appraisal for the Nevada Historical Society Building and the Preliminary Title Report for the Warren Nelson Property. The UNIVERSITY is responsible for the cost of the updated appraisal for Warren Nelson Property and the Undeveloped Land and the Preliminary Title Reports for the Nevada

Historical Society Building and the Undeveloped Land. The UNIVERSITY agrees to pay all costs associated with the exchange and boundary line adjustment of the Undeveloped Land, including but not limited to costs for appraisals, any and all surveys, escrow fees, costs incurred to ensure clear title, any fees, taxes, or assessments, and all costs related to successfully processing the boundary line adjustment with Washoe County.

5. TRANSITION AGREEMENT: the STATE and UNIVERSITY intend to enter into a separate Agreement as approved by Agency Administrators for the purpose of moving, relocating and the storing of materials, equipment and historical artifacts. Said Agreement shall become effective upon close of escrow and remain effective for 1 (ONE) calendar year thereafter.

6. NOTICES: All notices required by this Agreement shall be in writing and shall be given by any of the following means to the listed addresses or fax numbers:

1. Certified or registered mail, postage prepaid, return receipt requested; in which case notice shall be deemed delivered three (3) business days after the postmark date;
2. Recognized commercial overnight courier; in which case notice shall be deemed delivered one (1) business day after deposit with the courier;
3. Personal delivery; in which case the notice shall be effective when received:

STATE:

DIVISION OF STATE LANDS
901 S. Stewart Street, Suite 5003
Carson City, NV 89701

UNIVERSITY:

TROY MILLER
Director of Real Estate
895 N. Center St.
Reno, Nevada 89501

OLD REPUBLIC TITLE COMPANY: 4730 South Fort Apache Road, Suite 100
Las Vegas, NV 89147

7. BROKER COMMISSIONS: Each party represents and warrants to the other that no broker or real estate agent has been retained or consulted in connection with this transaction and no commission will be due from either party except UNIVERSITY will owe a commission to Colliers International who currently has a listing on the building under a separate listing agreement. Each party agrees to defend, indemnify, and hold harmless the other party from any claim, liability, or expense, including reasonable attorneys' fees, arising in connection with a breach of that party's representations and warranties under this Section. Notwithstanding any other provision in this Agreement, the representations, warranties, and liabilities under this Section shall survive termination of this Agreement or close of escrow.

8. GENERAL PROVISIONS:

A. This Agreement shall be construed as if prepared by both parties. Captions and headings are used for reference only and shall not be used in construing or interpreting this Agreement. All exhibits referred to in this Agreement are attached to it and incorporated by this reference.

B. This Agreement shall be binding upon and inure to the benefit of the parties hereto and to their respective heirs, representatives, successors and permitted assignees. This Agreement is intended for the exclusive use of the UNIVERSITY and STATE and is not intended and shall not be interpreted as conferring any benefit on any third party, including any real estate broker or agent, or the general public.

C. Each party shall reserve the right to equalize disproportionate values with additional monetary compensation so long as it does not exceed 25 percent of the total value of lands or interests in land.

D. Each party shall have the right to terminate this Agreement if the updated appraisals result in an unreasonably disproportionate value for the properties being exchanged, only if disproportionate value is in excess of 5% variation of the previous appraised values. This termination shall be in writing and executed by both parties.

E. Each party shall have the right to terminate this Agreement if the costs associated with the process are unreasonably large compared to transactions of a similar nature, provided that the costs incurred to the date of the termination shall be paid by the responsibility party. This termination shall be in writing and executed by both parties.

F. If any provision of this Agreement is or shall become invalid or unenforceable, the remaining provisions of this Agreement shall not be affected.

G. Time is of the essence in each and every term and provision of this Agreement.

All references to days herein shall be deemed to refer to calendar days unless otherwise specified. In the event that the final date for performance of any act required by this Agreement falls on a Saturday, Sunday, or legal holiday, such act may be performed on the next day which is not a Saturday, Sunday, or legal holiday.

H. The validity, interpretation, performance and effect of the terms of this Agreement shall be governed by the laws of the State of Nevada. Jurisdiction and venue for any action concerning this Agreement shall be in Carson City, Nevada.

I. In the event of any litigation or other proceedings between the parties concerning this Agreement, the prevailing party shall be entitled to the payment by the nonprevailing party of all of its reasonable attorneys' fees and costs as allowed by the court.

J. The waiver of a breach of any provision in this Agreement shall not be construed as a waiver of any other breach of the same or other provision of this Agreement, including the time of performance of any provision.

K. This Agreement is intended by the parties to be the final expression of their agreement and constitutes the entire and exclusive understanding and agreement between the parties regarding this subject matter. This Agreement supersedes any previous negotiations, letters of intent, offers, counteroffers, agreements, or representations that may have been communicated or executed by the parties. Any and all such previous offers, agreement, etc. are hereby terminated and cancelled in their entirety. No amendment or modification may be made to this Agreement unless in writing and signed by the parties hereto.

L. Each party shall promptly do any act or execute and deliver any document reasonably necessary to comply with their respective obligations under this Agreement in order to carry out the intent of the parties in consummating this transaction.

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IN WITNESS WHEREOF, the duly authorized representatives of the parties hereto have executed this Agreement as of the day and year first above written.

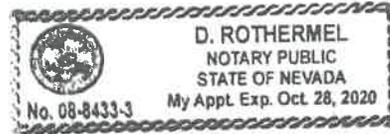
**STATE OF NEVADA
Division of State Lands**

By: Charles Donohue
CHARLES DONOHUE
Administrator and State Land Registrar

STATE OF NEVADA)
 :ss.
CARSON CITY)

On OCTOBER 30, 2018, personally appeared before me, a notary public CHARLES DONOHUE, Administrator and State Land Registrar, Division of State Lands, who acknowledged that he executed the above document.

D. Rothermel
NOTARY PUBLIC



APPROVED as to Form:
ADAM PAUL LAXALT
Attorney General

By: _____
LORI M. STORY
Senior Deputy Attorney General

Date: _____

STATE OF NEVADA)
 :SS.
CARSON CITY)

On _____, 2018, personally appeared before me, a notary public
CHARLES DONOHUE, Administrator and State Land Registrar, Division of State Lands,
who acknowledged that he executed the above document.

NOTARY PUBLIC

APPROVED as to Form:
ADAM PAUL LAXALT
Attorney General

By: 
LORI M. STORY
Senior Deputy Attorney General

Date: Oct. 29, 2018

APPROVED:
STATE OF NEVADA
Department of Tourism and Cultural Affairs

By: _____
PETER BARTON
Administrator, Division of Museums & History

Date: _____

APPROVED:
STATE OF NEVADA
Department of Tourism and Cultural Affairs

By: *Peter Barton*
PETER BARTON
Administrator, Division of Museums & History

Date: *October 29, 2018*

APPROVED:

STATE OF NEVADA

Department of Health and Human Services/Division of Child and Family Services

By: 

RICHARD WHITLEY

Director, Department of Health and Human Services

Date: 10/29/18

RECOMMENDED BY:

By: 
MARC A. JOHNSON
President, UNR

Date: 10-30-18

BOARD OF REGENTS OF THE NEVADA
SYSTEM OF HIGHER EDUCATION
On behalf of the
UNIVERSITY OF NEVADA RENO

By: 
THOM REILLY
Chancellor, NSHE

Date: 10/31/18

APPROVED as to Form:
NEVADA BOARD OF EXAMINERS

By: _____

Date: _____

APPROVED:
INTERIM FINANCE COMMITTEE

By: _____

Date: _____

EXHIBIT A

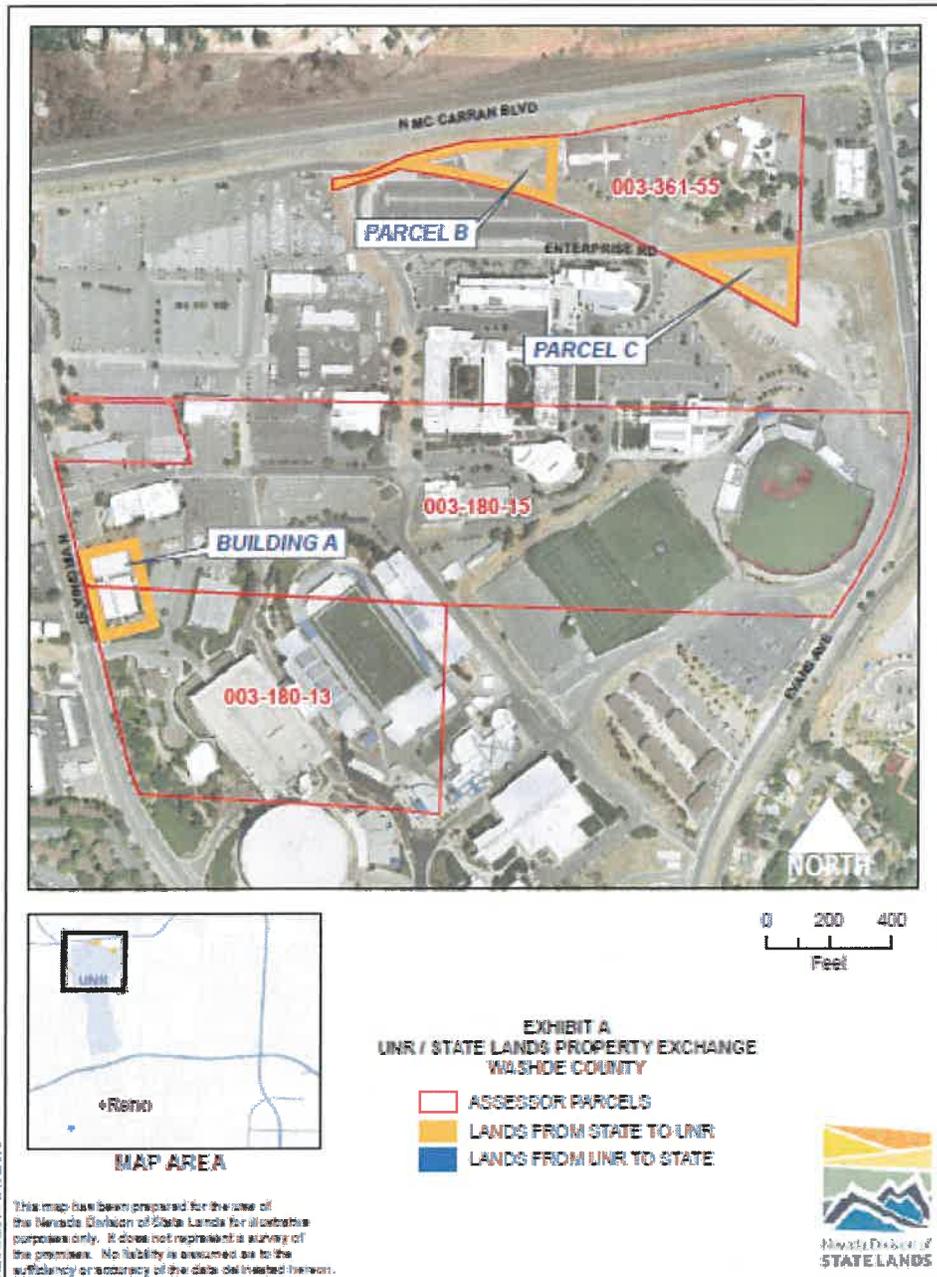
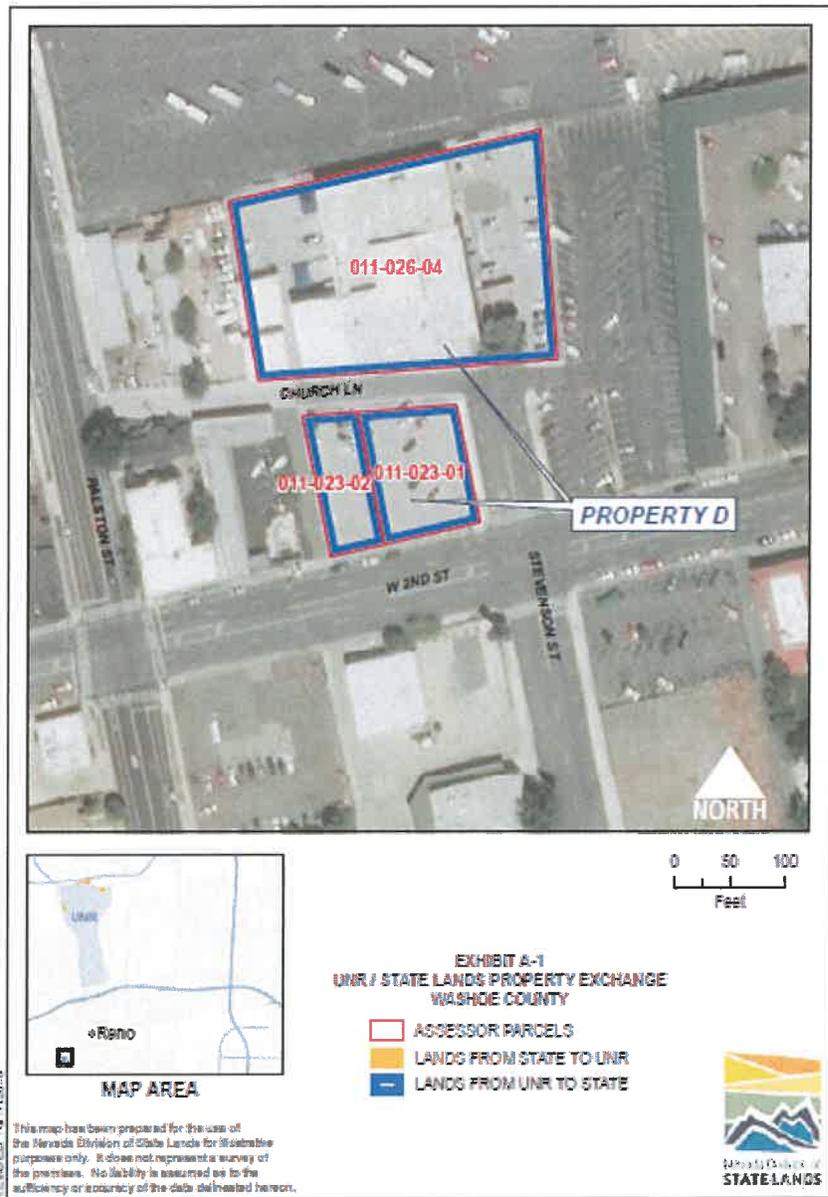


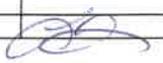
EXHIBIT A-1



LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS	RENO NOTEHOLDERS, LLC	\$602,604
		This is a new lease to relocate and reduce the amount of leased office space square footage.	
	Term of Lease:	01/01/2019 – 12/31/2028	Located in Reno
2.	DEPARTMENT OF EDUCATION	PARK FLAMINGO	\$391,016
		This full service lease includes extensive tenant improvements. In addition to providing necessary additional space, the new location was designed specifically to meet the needs of the agency's program.	
	Term of Lease:	04/01/2019 – 03/31/2029	Located in Las Vegas
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES	O'FLAHERTY RENTALS, LLC	\$242,988
		This is an extension of an existing lease.	
	Term of Lease:	01/01/2019 – 12/31/2024	Located in Ely
4.	STATE PUBLIC CHARTER SCHOOL AUTHORITY	PARK FLAMINGO, LP	\$339,616
		This full service lease includes extensive tenant improvements. In addition to providing necessary additional space, the new location was designed specifically to meet the needs of the agency's program.	
	Term of Lease:	04/01/2019 – 03/31/2026	Located in Las Vegas

revised

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	

REAL PROPERTY (FOR BOARDS AND COMMISSIONS)
OR STORAGE LEASE INFORMATION

1. Agency (Lessee): Board of Professional Engineers and Land Surveyors
1755 East Plumb Lane, Suite 135
Reno, NV 89502
Contact: Patty Mamola, PE
Phone: 775.688.1231 Fax: 775.688.2991 Email: pmamola@boe.state.nv.us

Purpose: New lease--terminates existing lease upon completion of tenant improvements in a new lease space in the same building. Relocating from Suite 130-137 to Suite 258, in the same building, to reduce amount of leased office space square footage.

Exceptions/Special Lease Terms: Tenant Improvement allowance of \$100,000 to be paid by the Landlord

2. Name of Landlord (Lessor): Reno Noteholders, LLC

3. Address of Landlord: 5455 Kietzke Lane
Reno, NV 89511

4. Property Contact: Nevada Commercial Services, Inc
Lindsey Juriaan, Property Manager
Phone: 775.737.7306 Fax: 775.851.3667 Email: ljuriaan@ncsreno.com

5. Address of Lease Property: 1755 East Plumb Lane, Suite 258
Reno, NV 89502

a. Square Footage or Unit Description: 3,021 square feet

b. Cost:

Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
4,380.45	12	52,565.40	Jan 1, 2019 - December 31, 2019	1.45
4,511.86	12	54,142.32	Jan 1, 2020 - December 31, 2020	1.49
4,647.22	12	55,766.64	Jan 1, 2021 - December 31, 2021	1.54
4,786.64	12	57,439.68	Jan 1, 2022 - December 31, 2022	1.58
4,930.24	12	59,162.88	Jan 1, 2023 - December 31, 2023	1.63
	120		Jan 1, 2024 - December 31, 2028	

Increase %: 3% per year

c. Total Lease Consideration: \$602,603.52

d. Option to Renew: Yes No Renewal Terms: one identical term

e. Holdover Notice: # of Days Required 90 Holdover Terms: 5%/90

f. Term: 120 months

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: \$2.10 - \$2.25 Reno Area

l. Specific termination clause in lease: Breach/Default/Lack of Funding

m. Lease will be paid for by Agency Budget Account Number or BOC Number: B008

6. BOE Threshold:

7. This lease constitutes:

Relocating from Suite 130-137 to Suite 258 in the same building to reduce leased office space square footage.

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: \$ 2,500 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

Patty Mamola  10/10/2018
Authorized Agency Signature Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20101832509</u>	Exp:	<u>11/30/2018</u>
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 Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29036884</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.

For Budget Division Use Only	
Reviewed by: <i>CB</i>	<i>11/6/18</i>
Reviewed by: <i>Ta</i>	<i>11/8/18</i>
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 Education
700 East Fifth Street
Carson City, Nevada 89701
Andrea Osbourne
775.687.9169 Fax: 775.687.9190 andreao@doe.nv.gov

Remarks: This full service lease includes extensive tenant improvements (consisting of built out premises based on plans dated 10.10.18). In addition to providing necessary additional space, the new location was designed specifically to meet the needs of the agency's program.

Exceptions/Special notes:

2. Name of Lessor: Park Flamingo, LP

3. Address of Lessor: 9420 Wilshire Boulevard, Suite 400
Beverly Hills, California 90212

4. Property contact: Omninet Property Management
Afatia Teofilo
702.778.7815 Fax: 702.788.7815 afatiat@amnet.com

5. Address of Lease property: 2080 East Flamingo Road, Suites 114, 210, 220
Las Vegas, Nevada 89119

a. Square Footage: Rentable
 Usable 19,836

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$ 28,951.00	12	\$347,412.00	Anticipated start date April 1, 2019 / Months 1 - 12	\$1.46
0% \$ 28,951.00	12	\$347,412.00	Months 13 - 24	\$1.46
3% \$ 29,819.53	12	\$357,834.36	Months 25 - 36	\$1.50
0% \$ 29,819.53	12	\$357,834.36	Months 37 - 48	\$1.50
3% \$ 30,714.12	12	\$368,569.44	Months 49 - 60	\$1.55
0% \$ 30,714.12	12	\$368,569.44	Months 61 - 72	\$1.55
3% \$ 31,635.54	12	\$379,626.48	Months 70 - 84	\$1.59
0% \$ 31,635.54	12	\$379,626.48	Months 85 - 96	\$1.59
3% \$ 32,584.61	12	\$391,015.32	Months 97 - 108	\$1.64
0% \$ 32,584.61	12	\$391,015.32	Months 109 - 120	\$1.64
			Anticipated end date, March 31, 2029	

Increase %

c. Total Lease Consideration: 120 \$3,688,915.20

d. Option to renew: Yes No 180 Renewal terms: One Identical Term

e. Holdover notice: # of Days required 30 Holdover terms: 10%/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: \$1.84 - \$2.42 - 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: 2720

6. Purpose of the lease: To house the Department of Education

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: TBD Furnishings: TBD Data/Phones: TBD

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OCT 31 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

 10.29.18
 Authorized Agency Signature Date

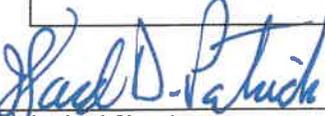
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20101138228	Exp:	2/28/2019	47
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 checked="" 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:	T29023573			

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

 10/31/18
 Authorized Signature Date
 Public Works Division

//
 For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	10/18 ml
Reviewed by:	
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 Child and Family Services
 4126 Technology Way, 3rd floor
 Carson City, Nevada 89706
 Melaine Mason
 (775) 684-4462 Fax: (775) 684-4455 mmason@dcsf.nv.gov

Remarks: Leasing Services negotiated this renewal in accordance with current terms.

Exceptions/Special notes:

2. Name of Lessor: O'Flaherty Rentals, LLC

3. Address of Lessor: 965 Pioche Highway
 Ely, Nevada 89301

4. Property contact: John O'Flaherty
 (775) 289-2801 Fax: (775) 289-8183 oflahertyph@sbcglobal.net

5. Address of Lease property: 740 Park Avenue
 Ely, Nevada 89301

a. Square Footage: Rentable Usable 2,500

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 3,275.00	12	\$39,300.00	January 1, 2019 - December 31, 2019	\$1.31
2%	\$ 3,341.00	12	\$40,092.00	January 1, 2020 - December 31, 2020	\$1.34
0%	\$ 3,341.00	12	\$40,092.00	January 1, 2021 - December 31, 2021	\$1.34
2%	\$ 3,408.00	12	\$40,896.00	January 1, 2022 - December 31, 2022	\$1.36
0%	\$ 3,408.00	12	\$40,896.00	January 1, 2023 - December 31, 2023	\$1.36
2%	\$ 3,476.00	12	\$41,712.00	January 1, 2024 - December 31, 2024	\$1.39

c. Total Lease Consideration: 72 \$242,988.00

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: 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: 3229

6. Purpose of the lease: To house the Division of Child and Family 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: \$0.00 Data/Phones: \$0.00

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OCT 30 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

Manda Davis
Authorized Agency Signature

10/22/18
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071746105</u>	Exp:	<u>11/30/2018</u>	9
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>T80692360</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

Harold D. Patrick
Authorized Signature
Public Works Division

10/25/18
Date

PS
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>DB</i>	<i>10/31/18</i>
Reviewed by: <i>JL</i>	<i>10/31/18</i>
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: State Public Charter School Authority
 1749 North Stewart Street, Suite 40
 Carson City, Nevada 89706
 Audra Blackwell
 775.687.9165 Fax: 775.687.9113 audrab@spsca.nv.gov

Remarks: This full service lease includes extensive tenant improvements (consisting of built out premises based on plans dated 08.23.18). In addition to providing necessary additional space, the new location was designed specifically to meet the needs of the agency's program.

Exceptions/Special notes:

2. Name of Lessor: Park Flamingo, LP

3. Address of Lessor: 9420 Wilshire Boulevard, Suite 400
 Beverly Hills, California 90212

4. Property contact: Omninet Property Management
 Afatia Teofilo
 702.778.7815 Fax: 702.788.7815 afatiate@omninet.com

5. Address of Lease property: 2080 East Flamingo Road, Suite 230
 Las Vegas, Nevada 89119

a. Square Footage: Rentable Usable 2,663

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 3,887.98	12	\$46,655.76	Anticipated start date April 1, 2019 Months 1 - 12	\$1.46
0%	\$ 3,887.98	12	\$46,655.76	Months 13 - 24	\$1.46
3%	\$ 4,004.62	12	\$48,055.44	Months 25 - 36	\$1.50
0%	\$ 4,004.62	12	\$48,055.44	Months 37 - 48	\$1.50
3%	\$ 4,127.65	12	\$49,531.80	Months 49 - 60	\$1.55
0%	\$ 4,127.65	12	\$49,531.80	Months 61 - 72	\$1.55
3%	\$ 4,260.80	12	\$51,129.60	Months 73 - 84	\$1.60
				Anticipated end date, March 31, 2026	

c. Total Lease Consideration: 84 \$339,615.60

d. Option to renew: Yes No 180 Renewal terms: One Identical Term

e. Holdover notice: # of Days required 30 Holdover terms: 10%/90

f. Term: Seven (7) 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: \$1.84 - \$2.42 - 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: 2711

6. Purpose of the lease: To house the State Public Charter School Authority

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

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 GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

a. Estimated Expenses: Moving: TBD 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

Jan De Ba 10/30/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20101138228</u>	Exp:	<u>2/28/2019</u>	6
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 checked="" 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>T29023573</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

Paul Patrick 10/31/18
Authorized Signature Date
Public Works Division

(initials) For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MARQUIS AURBACH COFFING, PC	OTHER: TORT CLAIM FUNDS	\$25,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides attorney representation for a defendant in a lawsuit against the State of Nevada, Board of Regents, University of Nevada Las Vegas, et al. This amendment increases the maximum amount from \$45,000 to \$70,500 due to an increased need for services.				
		Term of Contract:	08/28/2017 - 08/31/2021	Contract # 19193		
2.	050	TREASURER'S OFFICE - STATE TREASURER	BANK OF NEW YORK MELLON TRUST COMPANY, N.A.	OTHER: INVESTMENT EARNINGS	\$750,000	
	Contract Description:	This is a new contract to provide custodial banking services to transact securities trading based on the State's direction as well as hold securities and provide reporting.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 21270		
3.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	PENSION CONSULTING ALLIANCE, LLC	OTHER: TRANSFER FROM TREASURER	\$958,000	
	Contract Description:	This is a new contract to provide investment consulting services for the College Savings Plans and the Prepaid Tuition Trust Fund.				
		Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21254		
4.	060	CONTROLLER'S OFFICE	MACIAS, GINI & O'CONNELL, LLP	GENERAL	\$250,811	Professional Service
	Contract Description:	This is a new contract to provide ongoing audit services as part of the annual audit of the Public Employees Retirement System of Nevada financial statements from January 2019 to December 31, 2022, for fiscal years 2018 through 2021, in accordance with Governmental Accounting Standards Board Statements 67, 68, 73 and 82.				
		Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21222		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	QUALITY CONTROL SYSTEMS DBA QCS	OTHER: BUILDING RENTAL INCOME REVENUES	\$30,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance and repair services to heating, ventilation, and air conditioning systems for the Reno Department of Motor Vehicle main building and purchasing warehouse. This amendment increases the maximum amount from \$38,200 to \$68,200 due to the increase in services outside of regular maintenance for the main building.				
		Term of Contract:	10/18/2017 - 09/01/2021	Contract # 19268		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	VERUS ASSOCIATES NEVADA, LLC	BONDS	\$127,190	Professional Service
	Contract Description:	This the first amendment to the original contract which provides professional architectural/engineering services, to include design, construction administration and programming services, for the High Desert State Prison Phase 2 Door Control System Upgrade project: CIP Project No. 17-M02; SPWD Contract No. 111339. This amendment increases the maximum amount from \$443,370 to \$570,560 due to the need for additional construction administration and programming/commissioning to Housing Units 1, 2 & 3.				
	Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19206			
7.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	HUMANA INSURANCE COMPANY	OTHER: HEALTHY NEVADA FUNDS	\$213,656	Exempt
	Contract Description:	This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
	Term of Contract:	01/01/2019 - 12/31/2020	Contract # 21094			
8.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	HUMANA WISCONSIN ORGANIZATION	OTHER: HEALTHY NEVADA FUNDS	\$53,162	Exempt
	Contract Description:	This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
	Term of Contract:	01/01/2019 - 12/31/2020	Contract # 21095			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	CARSON CITY CONSOLIDATED MUNICIPALITY	OTHER: REVENUE	\$60,000	
	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 # 21271		
10.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF CHILD AND FAMILY SERVICES	FEDERAL	\$10,005,997	
	Contract Description:	This is a new interlocal contract that continues to provide the Division of Child and Family Services the federal share of the costs associated with the Medicaid administrative activities such as outreach, utilization review and referral services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21184		
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	FIRST DATA GOVERNMENT SOLUTIONS, LP	GENERAL 21.4% FEDERAL 78.6%	\$2,064,304	
	Contract Description:	This is a new contract to implement an approved technology investment which provides an Electronic Visit Verification system. This contract places the Division in compliance with the H.R. 34 - 21st Century Cures Act which requires the use of an Electronic Visit Verification system for all Medicaid funded personal care services that are provided under a State plan or a waiver by 2020 and Home Health by 2023.				
		Term of Contract:	04/01/2019 - 03/31/2023	Contract # 21166		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	MYERS AND STAUFFER, LC	FEE: HEALTH FACILITY 34% FEDERAL 66%	\$732,631	Professional Service
	Contract Description:	This is a new contract to provide planning, design, application, negotiation, implementation and monitoring of Section 1115(a) demonstrations. The vendor will provide services related to Nevada Department of Health and Human Services plans to submit an 1115(a) demonstration waiver application to the Centers for Medicare & Medicaid Services for substance use disorder services.				
		Term of Contract:	Upon Approval - 12/30/2019	Contract # 21247		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	HEALTHCARE MANAGEMENT SOLUTIONS, LLC	FEE: HEALTH FACILITY	\$2,113,404	
	Contract Description:	This is the first amendment to the original contract which provides health facility inspection services that will assist in reducing the current backlog of inspections. This amendment increases the maximum amount from \$837,168 to \$2,950,572 due to a revised scope of work to reflect additional inspection types and an increase in inspection workload for current inspection types.				
		Term of Contract:	12/12/2017 - 12/12/2019	Contract # 19432		
14.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - UNITY/SACWIS	PUBLIC CONSULTING GROUP, INC.	GENERAL 47% OTHER: RENT AND NSLP 8% FEDERAL 45%	\$103,442	Sole Source
	Contract Description:	This is a new contract to provide continuing AlloCAP and cost allocation related support to Child Welfare and Children's Mental Health Programs on an ad hoc basis due to the continued need for these services. These services were previously provided under a license agreement.				
		Term of Contract:	01/01/2019 - 12/31/2019	Contract # 21201		
15.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	FM MARKETING, LLC	FEDERAL	\$50,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing custom media lists for placement of a media advertising plan; follow-up with civic groups, not-profit education organizations for potential referral sources and to provide all forms of public relations.				
		Term of Contract:	12/04/2018 - 09/30/2019	Contract # 21256		
16.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	MARK S. PRESTON DBA PRESTON MANAGEMENT & ORGANIZATIONAL CONSULTING	FEDERAL	\$80,000	Professional Service
	Contract Description:	This is a new contract to provide evaluation of the Kinship Navigator program.				
		Term of Contract:	10/24/2018 - 09/30/2019	Contract # 21006		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	431	OFFICE OF THE MILITARY	HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD.	FEDERAL	\$94,900	Professional Service
	Contract Description:	This is a new contract to provide a cold storage feasibility study to design and construct two cold storage buildings with taxiways for aircrafts at the Reno facility.				
		Term of Contract:	Upon Approval - 09/30/2020	Contract # 21213		
18.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	CHARDONNAY DIALYSIS, INC.	GENERAL	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing onsite hemodialysis services for inmates.				
		Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21230		
19.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	MAJESTIC INTERNATIONAL SPICE	GENERAL	\$300,000	
	Contract Description:	This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment increases the maximum contract amount from \$100,000 to \$400,000 due to purchasing projections exceeding the original estimate and the decrease of purchases from another vendor.				
		Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19006		
20.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	NICHOLAS & COMPANY FOODSERVICE, INC.	GENERAL	\$650,000	
	Contract Description:	This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment increases the maximum contract amount from \$100,000 to \$750,000 due to purchasing projections exceeding the original estimate and the decrease of purchases from another vendor.				
		Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19007		
21.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	NICHOLAS & COMPANY RENO, LLC DBA C & M FOOD DISTRIBUTION	GENERAL	(\$650,000)	
	Contract Description:	This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment decreases the maximum amount from \$12,750,000 to \$12,100,000 due to purchasing projections under the original estimate and the increase of purchases from another vendor.				
		Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19008		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	SYSCO USA I, INC. DBA SYSCO LAS VEGAS	GENERAL	(\$300,000)	
	Contract Description:	This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment decreases the maximum amount from \$13,050,000 to \$12,750,000 due to purchasing projections under the original estimate and the increase of purchases from another vendor.				
		Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19009		
23.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	MATTHEW BENDER AND COMPANY DBA LEXISNEXIS MATTHEW BENDER	OTHER: INMATE WELFARE FUNDS	\$41,020	
	Contract Description:	This is the second amendment to the original contract which provides specific legal materials and references to the inmate law libraries at seven correctional institutions. This amendment extends the termination date from December 31, 2018 to June 30, 2019 and increases the maximum amount from \$313,964 to \$396,004 due to the continued need for these services.				
		Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15399		
24.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	NARDONE BROTHERS BAKING COMPANY	FEDERAL	\$3,750,000	
	Contract Description:	This is a new contract to provide ongoing food purchasing services to local school districts throughout Nevada for the National School Lunch and Breakfast Programs.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21210		
25.	580	PUBLIC UTILITIES COMMISSION	SOLIX, INC.	OTHER: LIFELINE UNIVERSAL SERVICES FUND	\$563,950	
	Contract Description:	This is the first amendment to the original contract which provides a Third-Party Eligibility Administrator to qualify customers of Eligible Telecommunications Carriers for Lifeline Service. This amendment extends the termination date from December 31, 2018 to December 31, 2019, changes the wording in the Scope of Work for clearer translation and increases the maximum amount from \$1,107,462 to \$1,671,412 due to the continued need for these services. The original contract termination date was incorrectly entered into CETS as December 31, 2019 and should have been December 31, 2018. Pursuant to NRS 704.040(5), a separate fund is maintained by PUC to administer this program and therefore, the Commission acts as a pass-through entity.				
		Term of Contract:	01/13/2015 - 12/31/2019	Contract # 16216		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	FLIGHT CHECK, LTD.	FEE: SPORTSMEN	\$29,500	
	Contract Description:	This is the first amendment to the original contract which provides annual training for helicopter pilots. This amendment increases the maximum amount from \$22,500 to \$52,000 due to an underestimated service amount needed per year.				
	Term of Contract:	02/01/2018 - 01/01/2022	Contract # 19629			
27.	702	DEPARTMENT OF WILDLIFE - HABITAT	UNITED STATES DEPARTMENT OF THE INTERIOR, BUREAU OF LAND MANAGEMENT	FEE: HABITAT CONSERVATION-7.5%, UPLAND GAME STAMP-7.5% SPORTSMEN REVENUE-15% BONDS 5% OTHER: COMMUNITY FOUNDATION GRANT-2.5% HERITAGE-2.5% FEDERAL 60%	\$1,000,000	
	Contract Description:	This is a new interlocal agreement to provide wildlife habitat and ecological restoration services to improve wildlife habitat and diversity and restore vegetative and wetlands communities.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 21267			
28.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	AMBIENT EDGE HEATING/AIR CONDITIONING & REFRIGERATION, INC.	FEE: UTILITY SURCHARGE	\$75,000	
	Contract Description:	This is a new contract to provide Heating and Air Conditioning maintenance, repair and/or replacement at the Southern Region State Parks.				
	Term of Contract:	Upon Approval - 11/01/2022	Contract # 21203			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS	GENERAL 87% OTHER: NURSERY FUNDS 13%	\$81,130	
	Contract Description:	This is the second amendment to the original contract to provide ongoing heating and air conditioning system, water treatment and plumbing repair services at the Western Region facility, Washoe Nursery, Sierra Front Interagency Dispatch Center Air Operations facility, Eastern Sierra Conservation Camp and Humboldt Conservation Camp. This amendment increases the maximum amount from \$116,089 to \$197,219 due to higher than anticipated service needs.				
		Term of Contract:	04/10/2018 - 04/30/2022	Contract # 19714		
30.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BUREAU OF SERVICES TO PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED	MARSHALL B. KETCHUM UNIVERSITY	GENERAL 21.3% FEDERAL 78.7%	\$313,436	
	Contract Description:	This is a new contract to provide ongoing services for a 3-day clinic sessions for professional eye care services to enable eligible clients with low vision to meet the demands in an employment environment.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 21195		
31.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	CURTIS MEYER, DBA SUPERIOR JANITORIAL SERVICE	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND, & CAREER ENHANCEMENT FUND 29.1% FEDERAL 69%	\$63,040	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the facility located in Elko.				
		Term of Contract:	Upon Approval - 10/31/2022	Contract # 21221		
32.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	F.A.A.D JANITORIAL, INC.	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69%	\$61,769	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the facility located at the Fallon Job Connect Office.				
		Term of Contract:	Upon Approval - 11/30/2022	Contract # 21248		

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: **19193** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **MARQUIS AURBACH COFFING, PC**

Agency Code: **030** Contractor Name: **MARQUIS AURBACH COFFING, PC**

Appropriation Unit: **1348-15** Address: **10001 PARK RUN DR**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89145-8857**

If "No" please explain: Not Applicable Contact/Phone: **CRAIG ANDERSON 702/942-2126**

Vendor No.: **T81035998**

NV Business ID: **NV19721001853**

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 % TORT CLAIM FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/28/2017**

Anticipated BOE meeting date: **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2021**

Contract term: **4 years and 4 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which provides attorney representation for a defendant in a lawsuit against the State of Nevada, Board of Regents, University of Nevada Las Vegas, et al. This amendment increases the maximum amount from \$45,000 to \$70,500 due to an increased need for services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	\$25,500.00	\$25,500.00	\$70,500.00	Yes - Action
3. New maximum contract amount:	\$70,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Originally, the Office of the Attorney General was providing representation on this case; however, a potential conflict of interest had arisen between the defendants creating the need for outside counsel in August of 2016. Due to medical reasons, the original contractor was unable to continue this case and new counsel had to be obtained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Due to the conflict of interest the Attorney General's Office cannot do 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?

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	cschon1	10/31/2018 15:03:36 PM
Division Approval	cschon1	10/31/2018 15:03:38 PM
Department Approval	cschon1	10/31/2018 15:03:43 PM
Contract Manager Approval	cschon1	10/31/2018 15:03:45 PM
Budget Analyst Approval	hfield	11/07/2018 07:55:51 AM
BOE Agenda Approval	hfield	11/07/2018 07:55:54 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: **21270**

Agency Name:	TREASURER - TREASURER'S OFFICE	Legal Entity Name:	BANK OF NEW YORK MELLON TRUST COMPANY, N.A.
Agency Code:	050	Contractor Name:	BANK OF NEW YORK MELLON TRUST COMPANY, N.A.
Appropriation Unit:	1080-04	Address:	240 Greenwich Street
Is budget authority available?:	Yes	City/State/Zip:	New York, NY 10286
If "No" please explain:	Not Applicable	Contact/Phone:	David Blakeley 212-298-1579
		Vendor No.:	T27004869
		NV Business ID:	NV20101598277

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 % Investment Earnings

Agency Reference #: RFP#05TO-S152

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 12/2018

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: **Custodial Bank Svcs**

5. Purpose of contract:

This is a new contract to provide custodial banking services to transact securities trading based on the State's direction as well as hold securities and provide reporting.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$750,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. The Treasurer's Office pays approximately ~58% of the total and the other ~42% is paid by LGIP and NVEST participants (the local governments and political subdivisions). Therefore, the split on the \$750,000 would be ~\$435,000 for the State's portion and ~\$315,000 to LGIP and NVEST participants.

II. JUSTIFICATION

7. What conditions require that this work be done?

The conditions require that entities that trade securities, like the State Treasurer's Office, require a third-party bank to hold (custody) securities and to transact trades on the entity's behalf.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State requires a third-party bank to transact securities trading with brokerage firms and to hold securities.

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):

Crawford & Company
The Bank of New York Mellon
Navigant

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP#05TO-S152, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/10/2018 Anticipated re-bid date: 05/10/2023

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:

1997-Present
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 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	thagan	10/31/2018 11:33:27 AM
Division Approval	thagan	10/31/2018 11:33:30 AM
Department Approval	thagan	10/31/2018 11:33:33 AM
Contract Manager Approval	abar1	10/31/2018 11:34:32 AM
Budget Analyst Approval	laaron	11/06/2018 10:57:40 AM
BOE Agenda Approval	lfree1	11/06/2018 15:42:26 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: **21254**

Agency Name:	TREASURER - COLLEGE SAVINGS TRUST	Legal Entity Name:	PENSION CONSULTING ALLIANCE, LLC
Agency Code:	051	Contractor Name:	PENSION CONSULTING ALLIANCE, LLC
Appropriation Unit:	1092-04	Address:	411 NW PARK AVE STE 401
Is budget authority available?:	Yes	City/State/Zip:	PORTLAND, OR 97209-3358
If "No" please explain:	Not Applicable	Contact/Phone:	Kay Ceserani 203-226-1050
		Vendor No.:	T32003871
		NV Business ID:	NV20151395290

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 % Transfer from Treasurer

Agency Reference #: RFP # 05TO-S337

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 12/2018

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: **Investment Consultin**

5. Purpose of contract:

This is a new contract to provide investment consulting services for the College Savings Plans and the Prepaid Tuition Trust Fund.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$958,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. Year 1: \$205,000; Year 2: \$212,000; Year 3: \$217,000; Year 4: \$224,000; Special Projects - not to exceed \$100,000 (life of contract)

II. JUSTIFICATION

7. What conditions require that this work be done?

Statutes designate the State Treasurer, as well as the Board of Trustees to be the administrator of the College Savings Plans of Nevada and the Prepaid Tuition Trust Fund. They specify the types of investments which may be purchased and the related constraints on how the Plan and Trust must be administered.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work requires specialized knowledge and tools in the management and monitoring of the College Savings and Prepaid Trust Fund.

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):

Cammack LaRhette Advisors, LLC
Navigant
Pension Consulting Alliance, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #05TO-S337, 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: 09/12/2018 Anticipated re-bid date: 09/12/2022

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:

Office of the State Treasurer
2011-Present
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	alaw1	10/31/2018 08:46:59 AM
Division Approval	alaw1	10/31/2018 08:47:01 AM
Department Approval	alaw1	10/31/2018 08:47:04 AM
Contract Manager Approval	alaw1	10/31/2018 08:47:06 AM
Budget Analyst Approval	laaron	10/31/2018 09:53:20 AM
BOE Agenda Approval	lfree1	11/03/2018 10:39:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21222**

Agency Name: CONTROLLER'S OFFICE	Legal Entity Name: Macias, Gini & O'Connell, LLP
Agency Code: 060	Contractor Name: Macias, Gini & O'Connell, LLP
Appropriation Unit: 1130-04	Address: 3000 S. Street
Is budget authority available?: Yes	Suite 300
If "No" please explain: Not Applicable	City/State/Zip: Sacramento, CA 95816
	Contact/Phone: Richard A. Green, CPA, Partner 916-642-7046
	Vendor No.: T32007440
	NV Business ID: NV20101373277

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 12/2018

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: **MGO CPA**

5. Purpose of contract:

This is a new contract to provide ongoing audit services as part of the annual audit of the Public Employees Retirement System of Nevada financial statements from January 2019 to December 31, 2022, for fiscal years 2018 through 2021, in accordance with Governmental Accounting Standards Board Statements 67, 68, 73 and 82.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,811.00**

Other basis for payment: \$60,080.00 per Audit for Fiscal Year Ending 2018; \$61,791.00 per Audit for Fiscal Year Ending 2019; \$63,567.00 per Audit for Fiscal Year Ending in 2020; and \$65,373.00 per Audit for Fiscal Year Ending in 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Government Accounting Standards Board Statements 67, 68, 73 and 82 established standard requirements for accounting and financial reporting for pensions that are provided to the employees of state and local governmental employers through pension plans, effective for fiscal years after June 15, 2014.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Auditing for public employee pensions plans should be conducted by an outside, neutral auditor to prevent the appearance of conflict of interest.

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 vendor has the very specialized knowledge and experience required for auditing government pension and related funds.

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:

LLP

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 09:19:11 AM
Division Approval	jsmack	10/18/2018 09:19:14 AM
Department Approval	jsmack	10/18/2018 09:19:16 AM
Contract Manager Approval	hbill1	10/18/2018 12:58:55 PM
Budget Analyst Approval	dbaughn	10/19/2018 09:59:46 AM
BOE Agenda Approval	tgreenam	10/24/2018 07:57:14 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: 19268	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: QUALITY CONTROL SYSTEMS DBA QCS
Agency Code: 082	Contractor Name: QUALITY CONTROL SYSTEMS DBA QCS
Appropriation Unit: 1349-12	Address: 61 CONTINENTAL DRIVE SUITE 200
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-3432
If "No" please explain: Not Applicable	Contact/Phone: STEVE MASKALY 775-359-1691
	Vendor No.: T80912477
	NV Business ID: NV19871024410

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 % BUILDING RENTAL INCOME Revenues

Agency Reference #: **ASD 2603295**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2017**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/01/2021**

Contract term: **3 years and 319 days**

4. Type of contract: **Contract**

Contract description: **HAVC MAINTENANCE**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing maintenance and repair services to heating, ventilation, and air conditioning systems for the Reno Department of Motor Vehicle main building and purchasing warehouse. This amendment increases the maximum amount from \$38,200 to \$68,200 due to the increase in services outside of regular maintenance for the main building.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$38,200.00	\$38,200.00	\$38,200.00	Yes - Info
2. Amount of current amendment (#1):	\$30,000.00	\$30,000.00	\$68,200.00	Yes - Action
3. New maximum contract amount:	\$68,200.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC equipment must be maintained in working order.

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 to handle HVAC repair and maintenance

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?

Per SAM 0338.0, each contractor will be contacted to submit bids on projects

d. Last bid date: 09/01/2017 Anticipated re-bid date: 08/30/2021

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:

B&G has used QCS since 1999 and service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	10/23/2018 07:26:16 AM
Division Approval	ssands	10/23/2018 07:26:20 AM
Department Approval	ssands	10/23/2018 07:26:25 AM
Contract Manager Approval	ssands	10/23/2018 08:47:57 AM
Budget Analyst Approval	mmoren1	11/01/2018 10:41:10 AM
BOE Agenda Approval	hfield	11/01/2018 10:48:39 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: 19206	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: VERUS ASSOCIATES NEVADA, LLC
Agency Code: 082	Contractor Name: VERUS ASSOCIATES NEVADA, LLC
Appropriation Unit: 1550-52	Address: 9210 PROTYPE DRIVE, SUITE 101
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: Don Mewes 775-870-1004
	Vendor No.: T29038999A
	NV Business ID: NV20161620968

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111339

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This the first amendment to the original contract which provides professional architectural/engineering services, to include design, construction administration and programming services, for the High Desert State Prison Phase 2 Door Control System Upgrade project: CIP Project No. 17-M02; SPWD Contract No. 111339. This amendment increases the maximum amount from \$443,370 to \$570,560 due to the need for additional construction administration and programming/commissioning to Housing Units 1, 2 & 3.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$443,370.00	\$443,370.00	\$443,370.00	Yes - Action
2. Amount of current amendment (#1):	\$127,190.00	\$127,190.00	\$127,190.00	Yes - Action
3. New maximum contract amount:	\$570,560.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	lmars1	11/06/2018 12:39:00 PM
Division Approval	lmars1	11/06/2018 12:39:04 PM
Department Approval	lmars1	11/06/2018 12:39:08 PM
Contract Manager Approval	lmars1	11/06/2018 12:39:11 PM
Budget Analyst Approval	mmoren1	11/08/2018 10:00:15 AM
BOE Agenda Approval	hfield	11/09/2018 13:10:09 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: **21094**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: HUMANA INSURANCE COMPANY
Agency Code: 402	Contractor Name: HUMANA INSURANCE COMPANY
Appropriation Unit: 3156-16	Address: PO BOX 533
Is budget authority available?: Yes	City/State/Zip: CAROL STREAM, IL 60132-5333
If "No" please explain: Not Applicable	Contact/Phone: Ruth Setzer 502/476-0867
	Vendor No.: T27015590A
	NV Business ID: NV20181754848

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 % Healthy Nevada Funds

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 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2020**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:

This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$213,656.00**

Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not authorized to perform the needed 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

\$.90 (90 cents) per member - Administrative Fee

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 7/1/2018 - Current Former Provider agreement

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	10/22/2018 12:25:32 PM
Division Approval	dbowma1	10/22/2018 12:25:36 PM
Department Approval	vmilazz1	10/25/2018 16:58:01 PM
Contract Manager Approval	ltuttl1	10/30/2018 10:29:00 AM
Budget Analyst Approval	bwooldri	11/05/2018 09:25:43 AM
BOE Agenda Approval	nhovden	11/05/2018 11:20:22 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: **21095**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: HUMANA WISCONSIN ORGANIZATION
Agency Code: 402	Contractor Name: HUMANA WISCONSIN ORGANIZATION
Appropriation Unit: 3156-16	Address: 500 WEST MAIN STREET
Is budget authority available?: Yes	City/State/Zip: LOUISVILLE, KY 40202-2946
If "No" please explain: Not Applicable	Contact/Phone: Ruth Setzer 502/476-0867
	Vendor No.: T29041389
	NV Business ID: NV20181754784

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 % Healthy Nevada Funds

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 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2020**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:

This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,162.00**

Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not authorized to perform the needed 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

\$.90 (90 cents) per member - Administrative Fee

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	dbowma1	10/22/2018 12:24:12 PM
Division Approval	dbowma1	10/22/2018 12:24:15 PM
Department Approval	vmilazz1	10/25/2018 17:04:15 PM
Contract Manager Approval	ltuttl1	10/29/2018 09:41:23 AM
Budget Analyst Approval	bwooldri	11/05/2018 09:21:46 AM
BOE Agenda Approval	nhovden	11/05/2018 11:21:03 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: **21271**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: Carson City Consolidated Municipality
Agency Code: 402	Contractor Name: Carson City Consolidated Municipality
Appropriation Unit: 3167-00	Address: 201 N. Carson Street, Suite 2
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.:
	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 12/2018

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: **Carson City Consolid**

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: **\$60,000.00**

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:

MHDS 7/1/11 - 6/30/13, ADSD 7/1/13 - 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	10/31/2018 13:34:35 PM
Division Approval	dbowma1	10/31/2018 13:34:39 PM
Department Approval	vmilazz1	11/05/2018 11:03:19 AM
Contract Manager Approval	ltuttl1	11/05/2018 13:41:08 PM
Budget Analyst Approval	bwooldri	11/05/2018 16:37:26 PM
BOE Agenda Approval	nhovden	11/06/2018 08:38:51 AM
BOE Final Approval	Pending	

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 Carson City Consolidated Municipality Revenue Contract

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) revenue contract with Carson City Consolidated Municipality 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: **21184**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Department of Health and DIVISION OF CHILD AND FAMILY SERVICES
Agency Code:	403	Contractor Name:	Department of Health and DIVISION OF CHILD AND FAMILY SERVICES
Appropriation Unit:	3158-11	Address:	4126 TECHNOLOGY WAY FL 3
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89706-2023
If "No" please explain:	Not Applicable	Contact/Phone:	775-684-4400
		Vendor No.:	D40900000
		NV Business ID:	Government 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 %
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 **07/01/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **Yes**

If "Yes", please explain

This contract is retroactive due to a delay in the gathering of necessary data for the cost reports required for the purposes of budget building and utilization review.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Title XIX Admin**

5. Purpose of contract:

This is a new interlocal contract that continues to provide the Division of Child and Family Services the federal share of the costs associated with the Medicaid administrative activities such as outreach, utilization review and referral services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,005,997.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

DCFS performs Medicaid administrative activities including outreach, utilization review and referrals. This contract allows DHCFP as the "single state agency" for Medicaid, to receive and pass on federal funds for these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work. State employees in DCFS perform duties because these are Child Welfare Medicaid recipients.

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	10/30/2018 11:18:54 AM
Division Approval	pcolegro	10/30/2018 11:31:32 AM
Department Approval	vmilazz1	10/30/2018 12:05:56 PM
Contract Manager Approval	iknigh1	10/30/2018 14:47:02 PM
Budget Analyst Approval	bwooldri	11/02/2018 15:08:08 PM
BOE Agenda Approval	nhovden	11/08/2018 08:14:16 AM
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 10, 2018
To: Bessie Wooldridge, Executive Branch Officer I
Through: Richard Whitley, Director
From: Ellen Crecelius, DHCFP 
Re: Division of Child and Family Services

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 collect the non-federal share for administrative activities such as outreach, utilization review, and referral services for Medicaid recipients. This contract was delayed due to a delay in the necessary cost reporting which allows Medicaid staff to build an accurate budget and program projections. To prevent a Retro Memo from being required in the future, the request for cost reports will be sent three months earlier.

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: **21166**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY Agency Code: 403 Appropriation Unit: 3158-04 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: First Data Government Solutions, LP Contractor Name: First Data Government Solutions, LP Address: 5565 Glenridge Connector NE Mail Stop GH-16 City/State/Zip: Atlanta, GA 30342 Contact/Phone: Kevin Doyle, Sales Director 916-835-4053 Vendor No.: PUR0003255 NV Business ID: NV20041329558
--	--

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	21.40 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	78.60 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2019**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EVV**

5. Purpose of contract:

This is a new contract to implement an approved technology investment which provides an Electronic Visit Verification system. This contract places the Division in compliance with the H.R. 34 - 21st Century Cures Act which requires the use of an Electronic Visit Verification system for all Medicaid funded personal care services that are provided under a State plan or a waiver by 2020 and Home Health by 2023.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,064,304.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Congress passed H.R. 34 - 21st Century Cures Act, mandating that all States require the use of an Electronic Visit Verification system for all Medicaid funded personal care services that are provided under a State plan or a waiver of the plan, including services provided under section 1915(c), 1915(i), 1915(j), or 1915(k) or under a waiver under section 1115. States not implementing the use of an EVV system for such services by January 1, 2020 will see a reduction in the federal funding received.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State lacks resources and 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):

First Data Government Solutions, LP
Fei Systems
Ernst & Young
Conduent State and Local Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S78, 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:

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:

This vendor has been under contract by several State agencies and performance has been found 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:

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	10/03/2018 12:29:12 PM
Division Approval	ecreceli	10/08/2018 08:08:33 AM
Department Approval	vmilazz1	10/08/2018 11:08:22 AM
Contract Manager Approval	cmoriart	10/08/2018 12:00:24 PM
EITS Approval	lolso3	10/09/2018 08:55:58 AM
Budget Analyst Approval	bwooldri	11/01/2018 10:58:49 AM
BOE Agenda Approval	nhovden	11/02/2018 11:05:07 AM
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: February 28, 2018

TO: Sandie Ruybalid, IT Manager 2
Robin Ochenschlager, Management Analyst IV
Michelle Kiehne, Management Analyst 3

CC: David Haws, Interim Administrator, EITS, DOA
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
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA
Governor's Finance Office

FROM: Tim Lewis, Technical Investment Administrator, EITS, DOA

SUBJECT: TIR Approval: Nevada Electronic Visit Verification (EVV) Project

We reviewed and approved the updated Technical Investment Request for the implementation of an EVV system. Per federal mandate, the DHCFP plans to procure an Electronic Visit Verification (EVV) system to track Medicaid-funded home care.

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 security through guidance related to system architecture and the establishment of proper security controls. 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.

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 CONTRACT1. Contract Number: **21247**

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:	3158-20	Address:	1349 W. Peachtree Ste. 101
Is budget authority available?:	Yes	City/State/Zip:	Atlanta, GA 30009
If "No" please explain:	Not Applicable	Contact/Phone:	404-524-0775
		Vendor No.:	
		NV Business ID:	NV20001070243

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	34.00 % Health Facility
X Federal Funds	66.00 %		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 Applicable3. Termination Date: **12/30/2019**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **1115(a) Waiver**

5. Purpose of contract:

This is a new contract to provide planning, design, application, negotiation, implementation and monitoring of Section 1115(a) demonstrations. The vendor will provide services related to Nevada Department of Health and Human Services plans to submit an 1115(a) demonstration waiver application to the Centers for Medicare & Medicaid Services for substance use disorder services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$732,631.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal and State mandates require specific audits and rate settings be conducted for CCBHCs 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 Applicableb. 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?

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 who has offices in Virginia provides accounting services to DHCFP, the George offices will provide the new 1115(a0 demonstration 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:

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	10/24/2018 11:02:55 AM
Division Approval	pcolegro	10/24/2018 11:04:31 AM
Department Approval	vmilazz1	10/25/2018 15:30:17 PM
Contract Manager Approval	iknigh1	10/30/2018 14:47:31 PM
Budget Analyst Approval	bwooldri	11/07/2018 17:30:54 PM
BOE Agenda Approval	nhovden	11/07/2018 19:09:14 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: **19432** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Healthcare Management Solutions, LLC**

Agency Code: **406** Contractor Name: **Healthcare Management Solutions, LLC**

Appropriation Unit: **3216-08** Address: **1000 Technology Dr., Ste 1310**

Is budget authority available?: **Yes** City/State/Zip: **Fairmont, WV 26554**

If "No" please explain: **Not Applicable** Contact/Phone: **Melissa Downs 304-368-0288**

Vendor No.: **T27041930**

NV Business ID: **NV20151012189**

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Health Facility
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP 3476/C 16345**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2017**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/12/2019**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Health Facility Insp**

5. Purpose of contract:

This is the first amendment to the original contract which provides health facility inspection services that will assist in reducing the current backlog of inspections. This amendment increases the maximum amount from \$837,168 to \$2,950,572 due to a revised scope of work to reflect additional inspection types and an increase in inspection workload for current inspection types.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$837,168.00	\$837,168.00	\$837,168.00	Yes - Action
2. Amount of current amendment (#1):	\$2,113,404.00	\$2,113,404.00	\$2,113,404.00	Yes - Action
3. New maximum contract amount:	\$2,950,572.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency must provide health facility inspections to comply with the Centers for Medicaid/Medicare Services (CMS) mission and priority statements, NRS 449 and NAC 441A.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are capable of performing this work, however recruitment and retention is challenging for the Health Facility Inspector classification series.

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 #3476, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/01/2017 Anticipated re-bid date: 08/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has had a contract with DPBH since 12/17 - 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	10/25/2018 10:57:54 AM
Division Approval	rmorse	10/25/2018 10:57:57 AM
Department Approval	vmilazz1	10/25/2018 16:27:31 PM
Contract Manager Approval	rmorse	10/29/2018 12:58:17 PM
Budget Analyst Approval	afrantz	11/08/2018 10:01:37 AM
BOE Agenda Approval	nhovden	11/08/2018 10:56:32 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: **21201**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: PUBLIC CONSULTING GROUP, INC.
Agency Code: 409	Contractor Name: PUBLIC CONSULTING GROUP, INC.
Appropriation Unit: 3143-26	Address: 148 State Street Floor 10
Is budget authority available?: Yes	City/State/Zip: Boston, MA 02109-2510
If "No" please explain: Not Applicable	Contact/Phone: Kara Hammer 617-717-1488
	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	47.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	45.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	8.00 % Rent and NSLP

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 12/2018

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: **AlloCAP/CAP Services**

5. Purpose of contract:

This is a new contract to provide continuing AlloCAP and cost allocation related support to Child Welfare and Children's Mental Health Programs on an ad hoc basis due to the continued need for these services. These services were previously provided under a license agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$103,442.00**

Payment for services will be made at the rate of \$550.00 per Month

Other basis for payment: Additional services as outlined in the Scope of Work

II. JUSTIFICATION

7. What conditions require that this work be done?

DCFS requires a cost allocation system to perform cost allocation activities in compliance with federal regulations to equitably assess costs across multiple funding sources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have a cost allocation system, thus a vendor is necessary to provide the cost allocation software and support.

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?

Solicitation Waiver 180303 approved by Purchasing Division Administrator on 03/15/18.

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:

DCFS 2013 - 2014. 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:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

Anthony Lonnegren, Management Analyst 3 Ph: 775-684-4416

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	10/23/2018 10:10:20 AM
Division Approval	knielsen	10/23/2018 10:12:02 AM
Department Approval	vmilazz1	10/23/2018 16:55:49 PM
Contract Manager Approval	sknigge	10/24/2018 08:33:46 AM
Budget Analyst Approval	nhovden	10/25/2018 10:59:24 AM
BOE Agenda Approval	nhovden	10/25/2018 10:59:27 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		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		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

1c	Type of Waiver Requested – Check the appropriate type:	
	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:	#			
	CETS:	#			

1e	Term:			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	11/1/2018	End Date:

1f	Funding:	
	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	

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:
	<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>
	<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>
	<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>

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. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>			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>						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
	11/1/14	10/31/18	\$484,483.00	Cost Allocation (DHCFP)	Exempt - Waiver #140807		
	6/11/13	6/30/17	\$254,942.00	Cost Allocation (DPBH)	Informal – original contract amount was \$49,999.		
	8/1/16	8/31/16	\$24,843.00	Cost Allocation Training (DPBH)	Informal		
7/1/11	6/30/13	\$9,990.00	Cost Allocation (DPBH) – this contract was pre-web-based computation and was strictly cost allocation consultation.	Exempt - Waiver #110503			

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>
	<i>Recommend the following language: 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

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: **21256**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: FM MARKETING, LLC
Agency Code: 409	Contractor Name: FM MARKETING, LLC
Appropriation Unit: 3229-42	Address: 7473 W LAKE MEAD BLVD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128-0265
If "No" please explain: Not Applicable	Contact/Phone: 702/249-9900
	Vendor No.: T29040933
	NV Business ID: NV20041045342

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 **12/04/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **299 days**

4. Type of contract: **Contract**

Contract description: **Media Campaign**

5. Purpose of contract:

This is a new contract to provide ongoing custom media lists for placement of a media advertising plan; follow-up with civic groups, not-profit education organizations for potential referral sources and to provide all forms of public relations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: Per breakdown of projects in Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

A shortage of Foster Homes in rural Nevada causes children to be placed outside of their community of origin. A comprehensive media campaign coupled with collaborative outreach by courts and community partnership will yield homes in rural Nevada and enhance efforts to keep children in their schools and communities when they must be removed from their parents due to safety reasons.

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 to undertake launching a media campaign.

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 #: 180607

Approval Date: 06/29/2018

c. Why was this contractor chosen in preference to other?

FM Marketing developed DCFS' media campaign in 2014. This contract is a continuation of that existing campaign.

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:

Contractor has been under contract with the Division since 2014 and 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 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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	10/29/2018 08:08:35 AM
Division Approval	knielsen	10/29/2018 08:08:38 AM
Department Approval	vmilazz1	11/02/2018 14:03:48 PM
Contract Manager Approval	sknigge	11/02/2018 15:08:09 PM
Budget Analyst Approval	nhovden	11/05/2018 11:13:42 AM
BOE Agenda Approval	nhovden	11/05/2018 11:13:45 AM
BOE Final Approval	Pending	

State of Nevada
Department of Administration

Purchasing Division

515 E. Messer Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	180607

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:				
State Agency: DCFS				
1a	<i>Contact Name and Title</i>		<i>Phone Number</i>	<i>Email Address</i>
	Maria Hickey		684-1975	mhickey@dcfs.nv.gov
	Betsy Crumrine		684-1979	bcrumrine@dcfs.nv.gov

Vendor Information:		
1b	Identify Vendor:	FM Marketing, LLC
	Contact Name:	Susan Somers
	Address:	7473 West Lake Mead, Suite 100 Las Vegas NV 89128
	Telephone Number:	(702) 227-8700 or cell (702) 249-9900
	Email Address:	susan@fmnnpr.com

Type of Waiver Requested – Check the appropriate type:		
1c	Sole or Single Source:	X single source
	Professional Service Exemption:	

Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

Term:				
1e	One (1) Time Purchase:			
	Contract:	Start Date:	Upon Approval	End Date: June 30, 2022

Funding:		
1f	State Appropriated:	
	Federal Funds:	
	Grant Funds:	Title XX
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$49,000.00

2 Provide a description of work/services to be performed or commodity/good to be purchased:
 Create custom media lists for placement of media plan/advertising; follow up with civic groups, non-profits and education organizations that DCFS has presented panel discussions to recruit/create awareness for potential referral sources; provide public relations services, such as writing & distributing press releases, media alerts, place radio, TV, print and online media, schedule for TV and radio interviews, news stories, briefs, sound bites, online submissions and listings, promote upcoming foster parent training and events, coordinate media interviews, photo shoots, media training in rural Nevada communities; provide updated content for Childs Journey Home, Facebook page, Instagram or twitter messaging.

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor:
 This media campaign was developed in 2014, FM Marketing knows DCFS and the rural region and has the expertise to reproduce our advertising and/or place the media with the most effective outlets available.

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
 This advertising campaign was developed including print, media, and radio content in 2014. To put this out to bid would mean starting over and creating something different, and we would lose the recognize-ability that we already have with the print material that now defines our "brand" and message. The service provider developed relationships with media outlets in rural Nevada and we want to capitalize on those relationships where available.

5 Were alternative services or commodities evaluated? Check One. Yes: No:

a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.

b. If not, why were alternatives not evaluated?
 This advertising campaign was developed including print, media, and radio content in 2014. To put this out to bid would mean starting over and creating something different, and we would lose the recognize-ability that we already have with the print material that now defines our "brand" and message. The service provider developed relationships with media outlets in rural Nevada and we want to capitalize on those relationships where available.

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 ALL previous waivers MUST accompany this request. Yes: No:

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#, RFO#, Waiver #)
July 1, 2014 - September 30, 2014	\$60,175.00	Create media plan and positive awareness opportunities in rural	See attached

				<i>Nevada communities by using developed media lists, create and publicize DCFS message through press releases, radio, TV, print & online media, billboards and content for DCFS facebook page, Childs Journey Home, etc.</i>	
	<i>October 1, 2014</i>	<i>September 30, 2015</i>	<i>\$93,525.00</i>	<i>Same as above, this was an amendment.</i>	
			<i>\$</i>		
			<i>\$</i>		
			<i>\$</i>		

7 **What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
This advertising campaign was developed including print, media, and radio content in 2014 at a substantial cost. To put this out to bid would mean starting over and creating something different, and we would lose the recognize-ability that we already have with the print material that now defines our "brand" and message.

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?**
FM Marketing created this media plan in 2014 and having done so, they have everything needed to recreate the plan, with enhancements where requested, in an effective and timely manner.

9 **Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.** Yes: No:

a. *If yes, please provide details regarding future obligations or needs.*
If the Division of Child and Family Services has future funding available to use these print, media, and radio materials again we need to do so. It is vital to keep the need for foster/relative/adoptive resource homes for rural children in the forefront in all rural communities. The need to keep children in their community and schools of origin is in the best interest for the children and their parents.

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.

Brenda Powell
Agency Representative Initiating Request

Reesha Powell
Print Name of Agency Representative Initiating Request

5/31/2018
Date

Ross Armstrong
Signature of Agency Head Authorizing Request

[Signature]
Print Name of Agency Head Authorizing Request

6/7/18
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

6.29.2018
Date

Katrina Nielsen

From: Cindy L. Stoeffler
Sent: Monday, August 20, 2018 8:10 AM
To: DCFS contracts
Cc: Katrina Nielsen; Mandi Davis
Subject: RE: 20599 - FM Marketing

Good Morning Sharon:

I'm good, thank you. I hope you're doing very well.

Jeff Haag is not in the office this week. He is at a conference in TN; however, I double checked with our legal counsel, Kevin Doty, and he agrees that if the request was approved as a waiver at \$49,000.00, it would still be an approved waiver at \$49,862.00. Therefore, please change your dollar amt in 1g to reflect the new total and use this "approval email" as an attachment to your document.

Best Regards,

Cindy Stoeffler
State of Nevada
Department of Administration
Tel (775) 684-0173
Fax (775) 684-0188
cstoeffler@admin.nv.gov

This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by E-mail and delete the original message.

From: DCFS contracts
Sent: Friday, August 17, 2018 3:58 PM
To: Cindy L. Stoeffler <cstoeffler@admin.nv.gov>
Cc: Katrina Nielsen <KNielsen@dcfs.nv.gov>; Mandi Davis <Mandi.Davis@dcfs.nv.gov>
Subject: 20599 - FM Marketing
Importance: High

Hi Cindy,

I hope this finds you well.

We had a Solicitation Waiver approved (Attached). The issue is the quote from the vendor is slightly above the amount approved on the waiver. I have attached an email stream between yourself and Katrina Nielsen. It includes the quote from the vendor. I guess my question is... can we adjust the amount on the waiver to meet the amount on the quote/contract? The difference is \$862.

Please advise and have a great weekend!

Thank you,



Sharon Knigge

Management Analyst II
Nevada Department of Health and Human Services
Division of Child and Family Services | Contract Manager
4126 Technology Way, 3rd Floor | Carson City, NV 89706
T: (775) 684-7952 | F: (775) 684-4455 | E: sharon.knigge@dchfs.nv.gov
www.dhhs.nv.gov | www.dchfs.nv.gov

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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: **21006**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Mark S Preston dba Preston Management & Organizational Consulting
Agency Code:	409	Contractor Name:	Mark S Preston dba Preston Management & Organizational Consulting
Appropriation Unit:	3229-43	Address:	Preston Mgmt & Organization 11371 Corsica Mist Avenue
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89135
If "No" please explain:	Not Applicable	Contact/Phone:	Mark Preston 702-363-7386
		Vendor No.:	
		NV Business ID:	NV20161557952

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 **10/24/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **Yes**

If "Yes", please explain

The Kinship Navigator grant is a new one-year federal grant award, expiring on September 30, 2019. Due to the short time period for reporting it is important that the evaluator begin work as quickly as possible.

3. Termination Date: **09/30/2019**

Contract term: **341 days**

4. Type of contract: **Contract**

Contract description: **Evaluation Services**

5. Purpose of contract:

This is a new contract to provide evaluation of the Kinship Navigator program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Family First Prevention Services Act (FFPSA)

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees to do not have the expertise needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Agile Solutions LLC
Mark S. Preston
KIISS
Education for Quality Living
Boost Development

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only response to RFP RCW19-01.

d. Last bid date: 10/01/2018 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 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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	10/23/2018 17:41:40 PM
Division Approval	knielsen	10/23/2018 17:41:43 PM
Department Approval	vmilazz1	10/25/2018 16:38:56 PM
Contract Manager Approval	sknigge	10/25/2018 17:17:48 PM
Budget Analyst Approval	nhovden	10/30/2018 15:25:51 PM
BOE Agenda Approval	nhovden	10/30/2018 15:25:55 PM
BOE Final Approval	Pending	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
2533 North Carson St., Suite 100
Carson City, NV 89706
Telephone 775-684-1930 • Fax 775-687-4903
<http://dcfs.nv.gov>

MEMORANDUM

Date: October 22, 2018

To: Nikki Hovden, Executive Branch Budget Officer
Governor's Finance Office

Through: Richard Whitley, Director DHHS use for file

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

Re: Retro start date for Kinship Navigator Evaluator

A handwritten signature in blue ink, appearing to read "Katrina Nielsen".

A retroactive effective date of October 24, 2018, is requested for the contract between the Division of Child and Family Services (DCFS) and Preston Management and Organizational Consulting. The Family First Prevention Services Act provided for States to apply for funds no later than June 20, 2018 and those funds have been allocated. This is a one-year federal grant to provide for activities through September 30, 2019. Due to this short time period for reporting it is important that the evaluator begin work as quickly as possible.

These services were determined by the Purchasing Division to fall under the RFP process and this has been completed. An individual contract and scope of work has been developed to facilitate the necessary work to capture the necessary elements to report back to the federal government and show the program as evidence based. Title IV-E funding may be impacted if our Kinship Navigator program is not seen as evidence based.

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: **21213**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD.
Agency Code:	431	Contractor Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD.
Appropriation Unit:	3650-10	Address:	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:	Max Hershenow 775/332-6640
		Vendor No.:	T80984709
		NV Business ID:	NV19941047730

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 1-19-S

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 Applicable3. Termination Date: **09/30/2020**Contract term: **1 year and 303 days**4. Type of contract: **Contract**Contract description: **Feasibility Study**

5. Purpose of contract:

This is a new contract to provide a cold storage feasibility study to design and construct two cold storage buildings with taxiways for aircrafts at the Reno facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$94,900.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

A cold storage feasibility study to design and construct two cold storage buildings with taxiways is needed to get cost estimates for future construction.

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 requisite skills and certifications to perform the feasibility study.

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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Per NAC 333.150, vendor has requisite skills and certifications to perform the professional architect and engineer feasibility study.

d. Last bid date: 10/01/2018 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:

Vendor has been doing work with our agency and State Public Works Division for years and 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/02/2018 15:40:53 PM
Division Approval	ctyle1	11/02/2018 15:40:56 PM
Department Approval	ctyle1	11/02/2018 15:40:58 PM
Contract Manager Approval	twollan1	11/02/2018 15:51:35 PM
Budget Analyst Approval	aprasa1	11/08/2018 10:31:59 AM
BOE Agenda Approval	hfield	11/09/2018 13:47:28 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: **21230**

Agency Name: **DEPARTMENT OF CORRECTIONS**
 Agency Code: **440**
 Appropriation Unit: **3706-50**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **CHARDONNAY DIALYSIS, INC.**
 Contractor Name: **CHARDONNAY DIALYSIS, INC.**
 Address: **807 W FAIRCHILD STREET**
 City/State/Zip: **DANVILLE, IL 61832-3708**
 Contact/Phone: **JOE BURKE 217/477-1490**
 Vendor No.: **T81009401**
 NV Business ID: **NV19951062552**

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.

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 #: **RFP #44DOC-S332-AM**

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 **12/2018**

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: **Inmate Dialysis**

5. Purpose of contract:

This is a new contract to provide ongoing onsite hemodialysis services for inmates.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Corrections is required by Statute to provide medical care to incarcerated inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department does not have the expertise and/or equipment necessary to perform hemodialysis treatments.

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):

The LewinGroup
 WestCare Nevada, Inc.
 Examinetics, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #44DOC-S332, 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: 09/18/2018 Anticipated re-bid date: 06/30/2023

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:

Nevada Department of Corrections from July 1, 2014 to present. They 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:

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	amonro1	10/30/2018 09:23:52 AM
Division Approval	amonro1	10/30/2018 09:23:58 AM
Department Approval	sewart	10/30/2018 09:39:09 AM
Contract Manager Approval	mkillia1	10/30/2018 09:40:20 AM
Budget Analyst Approval	aprasa1	10/31/2018 13:16:31 PM
BOE Agenda Approval	hfield	10/31/2018 15:40:02 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: 19006	Amendment Number: 1
Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: MAJESTIC INTERNATIONAL SPICE
Agency Code: 440	Contractor Name: MAJESTIC INTERNATIONAL SPICE
Appropriation Unit: 3716-50	Address: 6433 CANNING STREET
Is budget authority available?: Yes	City/State/Zip: COMMERCE, CA 90040
If "No" please explain: Not Applicable	Contact/Phone: Salim Mavany 323-303-3324
	Vendor No.: T27041666
	NV Business ID: NV20171353248

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3441-AM**

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 **12/2018**

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: **Food products**

5. Purpose of contract:

This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment increases the maximum amount from \$100,000 to \$400,000 due to purchasing projections exceeding the original estimate and the decrease of purchases from another vendor.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
2. Amount of current amendment (#1):	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Department of Corrections food service policies and procedures require all inmates are provided three (3) nutritionally adequate meals per day at a reasonable cost.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not able to provide the amount and variety of food required to feed inmates.

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# 3441, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/16/2017 Anticipated re-bid date: 02/15/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	dmartine	11/06/2018 09:27:37 AM
Division Approval	amonro1	11/06/2018 11:33:39 AM
Department Approval	sewart	11/06/2018 11:41:41 AM
Contract Manager Approval	ahailey	11/06/2018 12:10:54 PM
Budget Analyst Approval	mmoren1	11/08/2018 10:55:41 AM
BOE Agenda Approval	hfield	11/09/2018 13:32:09 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: **19007** Amendment Number: **1**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **NICHOLAS & COMPANY FOODSERVICE, INC.**

Agency Code: **440** Contractor Name: **NICHOLAS & COMPANY FOODSERVICE, INC.**

Appropriation Unit: **3716-50** Address: **5520 W. HAROLD GATTY DRIVE**

Is budget authority available?: **Yes** City/State/Zip: **SALT LAKE CITY, UT 84116**

If "No" please explain: **Not Applicable** Contact/Phone: **Bill Diamant 801-530-1100**

Vendor No.: **pur000087**

NV Business ID: **NV20071016193**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3441-AM**

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 **12/2018**

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: **Food products**

5. Purpose of contract:

This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment increases the maximum amount from \$100,000 to \$750,000 due to purchasing projections exceeding the original estimate and the decrease of purchases from another vendor.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
2. Amount of current amendment (#1):	\$650,000.00	\$650,000.00	\$650,000.00	Yes - Action
3. New maximum contract amount:	\$750,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Department of Corrections food service policies and procedures require all inmates are provided three (3) nutritionally adequate meals per day at a reasonable cost.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not able to provide the amount and variety of food required to feed inmates.

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# 3441, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/16/2017 Anticipated re-bid date: 02/15/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	dmartine	07/10/2018 16:58:46 PM
Division Approval	amonro1	07/11/2018 10:51:57 AM
Department Approval	sewart	08/24/2018 07:34:30 AM
Contract Manager Approval	ahailey	11/05/2018 14:40:48 PM
Budget Analyst Approval	mmoren1	11/08/2018 10:44:57 AM
BOE Agenda Approval	hfield	11/09/2018 13:18:08 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: 19008	Amendment Number: 1
Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: NICHOLAS & COMPANY RENO, LLC DBA C&M FOOD DISTRIBUTION
Agency Code: 440	Contractor Name: NICHOLAS & COMPANY RENO, LLC DBA C&M FOOD DISTRIBUTION
Appropriation Unit: 3716-50	Address: 7935 SUGAR PINE COURT
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: Pat Magee 775-787-3020
	Vendor No.: T27041408
	NV Business ID: NV20161748735

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3441-AM**

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 **12/2018**

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: **Food products**

5. Purpose of contract:

This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment decreases the maximum amount from \$12,750,000 to \$12,100,000 due to purchasing projections under the original estimate and the increase of purchases from another vendor.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,750,000.00	\$12,750,000.00	\$12,750,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$650,000.00	-\$650,000.00	-\$650,000.00	Yes - Action
3. New maximum contract amount:	\$12,100,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Department of Corrections food service policies and procedures require all inmates are provided three (3) nutritionally adequate meals per day at a reasonable cost.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not able to provide the amount and variety of food required to feed inmates.

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# 3441, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/16/2017 Anticipated re-bid date: 02/15/2021

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:

Nevada Department of Corrections - 2013 to present; vendor's products and 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:
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	dmartine	08/22/2018 07:18:08 AM
Division Approval	amonro1	08/23/2018 11:16:06 AM
Department Approval	sewart	08/24/2018 07:31:45 AM
Contract Manager Approval	ahailey	11/05/2018 14:57:32 PM
Budget Analyst Approval	mmoren1	11/08/2018 10:30:52 AM
BOE Agenda Approval	hfield	11/09/2018 13:27:48 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: **19009** Amendment Number: **1**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **SYSCO USA I, INC. DBA SYSCO LAS VEGAS**

Agency Code: **440** Contractor Name: **SYSCO USA I, INC. DBA SYSCO LAS VEGAS**

Appropriation Unit: **3716-50** Address: **6201 E. CENTENNIAL PARKWAY**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89115**

If "No" please explain: **Not Applicable** Contact/Phone: **Trudi Morrison 702-632-1800**

Vendor No.:

NV Business ID: **NV20131520415**

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	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3441-AM**

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 **12/2018**

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: **Food products**

5. Purpose of contract:

This is the first amendment to the original contract which provides food products for inmates at a competitive price. This amendment decreases the maximum amount from \$13,050,000 to \$12,750,000 due to purchasing projections under the original estimate and the increase of purchases from another vendor.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$13,050,000.00	\$13,050,000.00	\$13,050,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$300,000.00	-\$300,000.00	-\$300,000.00	Yes - Action
3. New maximum contract amount:	\$12,750,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Department of Corrections food service policies and procedures require all inmates are provided three (3) nutritionally adequate meals per day at a reasonable cost.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not able to provide the amount and variety of food required to feed inmates.

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# 3441, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/16/2017 Anticipated re-bid date: 02/15/2021

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:

Nevada Department of Corrections - 2013 to present; the vendor's products and 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:
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	dmartine	08/22/2018 07:16:57 AM
Division Approval	amonro1	08/23/2018 10:16:18 AM
Department Approval	sewart	08/24/2018 07:32:54 AM
Contract Manager Approval	ahailey	11/05/2018 14:46:37 PM
Budget Analyst Approval	mmoren1	11/08/2018 10:36:53 AM
BOE Agenda Approval	hfield	11/09/2018 13:23:44 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: 15399	Amendment Number: 2	
Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: MATTHEW BENDER AND Company DBA LEXISNEXIS MATTHEW BENDER	Contractor Name: MATTHEW BENDER AND Company DBA LEXISNEXIS MATTHEW BENDER
Agency Code: 440	Address: LEXISNEXIS MATTHEW BENDER	1275 BROADWAY
Appropriation Unit: 3763-16	City/State/Zip: ALBANY, NY 12204	
Is budget authority available?: Yes	Contact/Phone: Kim Shields 573-673-4230	
If "No" please explain: Not Applicable	Vendor No.: T80994758B	
	NV Business ID: NV20101752753	

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % INMATE WELFARE FUNDS

Agency Reference #: **RFP 2054**

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 **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2018**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Legal Research Svcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides specific legal materials and references to the inmate law libraries at seven correctional institutions. This amendment extends the termination date from December 31, 2018 to June 30, 2019 and increases the maximum amount from \$313,964 to \$396,004 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$313,964.00	\$313,964.00	\$313,964.00	Yes - Action
a. Amendment 1:	\$41,020.00	\$41,020.00	\$41,020.00	Yes - Info
2. Amount of current amendment (#2):	\$41,020.00	\$41,020.00	\$82,040.00	Yes - Action
3. New maximum contract amount:	\$396,004.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Corrections (NDOC) is obligated to maintain current legal materials and updates in all seven (7) of their correctional institution law libraries.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically the Department has outsourced the legal resource research services to ensure prompt and current law library resources to incarcerated inmates.

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 #2054, 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: 01/14/2014 Anticipated re-bid date: 01/02/2018

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 Corrections - 2010 to current. Service has been determined 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:

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	bweisent	10/29/2018 17:01:29 PM
Division Approval	amonro1	10/31/2018 07:52:55 AM
Department Approval	amonro1	10/31/2018 07:52:59 AM

Contract Manager Approval
Budget Analyst Approval
BOE Agenda Approval

mkillia1
mmoren1
hfield

10/31/2018 08:36:25 AM
10/31/2018 12:01:41 PM
10/31/2018 15:17:09 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 #:	251

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

CXR RFC
 # 233

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:	Department of Corrections		
	Contact Name(s) and Titles:	Michele Killian, Contracts Manager; Amy Trelease, Management Analyst III		
	Telephone Number(s):	(775) 887-3333 / (775) 887-3144		
	Email Address(s):	mlkillian@doc.nv.gov		

2	Contractor Information:			
	Contractor:	Mathew Bender & Co., Inc. dba LexisNexis Mathew Bender		
	Contact Name:	Kim Shields, Esq.		
	Address:	1275 Broadway, Albany, NY 12204		
	Phone Number:	(573)673-4230		
	Email Address:	Kim.shields@lexisnexis.com		

3	Ongoing relationship disclosure – List all previous contract information:			
	Procurement method:			
	CETS #:			
	Contract “not to exceed amount”:			
	Contract term:	Start date: mm/dd/yy	End date: mm/dd/yy	

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:	2054		
	Quote, solicitation # if applicable:			
	Waiver, provide number:			
	Other:			

5	Current contract information:			
	CETS #:	15399		
	Initial contract “not to exceed amount”:	\$313,964.00		
	Contract term:	Start date: mm/dd/yy	07/01/2014	End date: mm/dd/yy

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	Extend the current term of the contract for six months through 12/31/18, to allow for the facilitation of either a joinder with a NASPO MSA or the facilitation and completion of a RFP.	\$352,984.00 12/31/2018

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	2	<i>Extend the current term of the contract for six months through 06/30/2019, to allow for the facilitation of either a joinder with a NASPO MSA or the facilitation and completion of a RFP.</i>	\$396,004.00 06/30/2019

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):
	<i>DOC is seeking out a joinder through a NASPO Master Service Agreement (MSA) for legal research services for incarcerated inmates. State Purchasing suggested DOC contact North Dakota regarding their MSA for legal research as the benefits to the NASPO MSA are generally lower service rates, improved negotiations, and a reduction in duplication of effort in state government. The existing contract is being extended to ensure the inmates continue to have uninterrupted access to legal services during the research period of the MSA and possible joinder, or, if necessary, the facilitation of an RFP through State Purchasing.</i>

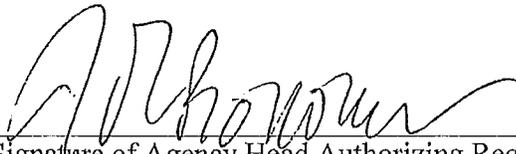
9	What are the potential consequences to the State if the contract extension request is denied?
	The DOC is obligated to maintain current legal materials and updates in all of their correctional institution law libraries for incarcerated inmates. Denial of this request would deny the inmates access to legal materials resulting in inmate grievances and possible lawsuits filed against the State.

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

Michele Killian, Contracts Manager
Print Name of Agency Representative Initiating Request


Date



Signature of Agency Head Authorizing Request

John Borrowman, Deputy Director Support Services

Print Name of Agency Head Authorizing Request

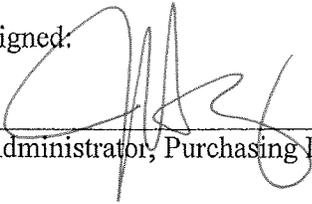
10/25/18

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

10-30-2018

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: **21210**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: NARDONE BROTHERS BAKING, CCompany
Agency Code: 550	Contractor Name: NARDONE BROTHERS BAKING, CCompany
Appropriation Unit: 1362-21	Address: 420 NEW COMERCE BLVD
Is budget authority available?: Yes	City/State/Zip: WILKES BARRE, PA 18706-1445
If "No" please explain: Not Applicable	Contact/Phone: Vincent Nardone 570/823-0141
	Vendor No.: T32004302
	NV Business ID: NV20161538227

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 %
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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **2 years and 211 days**

4. Type of contract: **Contract**

Contract description: **USDA-Pizza**

5. Purpose of contract:

This is a new contract to provide ongoing food purchasing services to local school districts throughout Nevada for the National School Lunch and Breakfast Programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,750,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use processed food products in their lunch program which creates this necessity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only USDA approved manufacturers may do so.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Richandre Inc. dba Ardella's
Rose & Shore
The Tony Roberts Company
Schwan's Food Service Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S311, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/21/2018 Anticipated re-bid date: 01/02/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	10/19/2018 09:07:49 AM
Division Approval	bbel1	10/19/2018 11:25:19 AM
Department Approval	bbel1	10/19/2018 11:25:21 AM
Contract Manager Approval	melli2	10/19/2018 11:33:36 AM
Budget Analyst Approval	mtum1	11/06/2018 17:29:24 PM
BOE Agenda Approval	cmurph3	11/07/2018 15:24:41 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: 16216	Amendment Number: 1
Agency Name: PUBLIC UTILITIES COMMISSION	Legal Entity Name: SOLIX, INC.
Agency Code: 580	Contractor Name: SOLIX, INC.
Appropriation Unit: 3920-04	Address: 30 LANIDEX PLAZA WEST
Is budget authority available?: Yes	City/State/Zip: PARSIPPANY, NJ 07054-2717
If "No" please explain: Not Applicable	Contact/Phone: Eric Seguin 973-581-7676
	Vendor No.: PUR0005590
	NV Business ID: NV20051804228

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 % Lifeline Universal Services Fund

Agency Reference #: **RFP # 3141**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2015**
 Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2019**
 Contract term: **4 years and 353 days**

4. Type of contract: **Contract**
 Contract description: **Lifeline Eligibility**

5. Purpose of contract:
This is the first amendment to the original contract which provides a Third-Party Eligibility Administrator to qualify customers of Eligible Telecommunications Carriers for Lifeline Service. This amendment extends the termination date from December 31, 2018 to December 31, 2019, changes the wording in the Scope of Work for clearer translation and increases the maximum amount from \$1,107,462 to \$1,671,412 due to the continued need for these services. The original contract termination date was incorrectly entered into CETS as December 31, 2019 and should have been December 31, 2018. Pursuant to NRS 704.040(5), a separate fund is maintained by PUC to administer this program and therefore, the Commission acts as a pass-through entity.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,107,462.00	\$1,107,462.00	\$1,107,462.00	Yes - Action
2. Amount of current amendment (#1):	\$563,950.00	\$563,950.00	\$563,950.00	Yes - Action
3. New maximum contract amount:	\$1,671,412.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 704.040 states that an independent administrator shall administer the Lifeline Universal Service Fund.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 704.040 states that an independent administrator shall administer the Lifeline Universal Service Fund.

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 #3141, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/01/2014 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	jlemburg	10/30/2018 11:43:01 AM
Division Approval	jlemburg	10/30/2018 11:43:07 AM
Department Approval	bpotte1	10/30/2018 14:49:25 PM
Contract Manager Approval	jlemburg	10/30/2018 14:51:20 PM
Budget Analyst Approval	laaron	11/07/2018 11:16:08 AM
BOE Agenda Approval	lfree1	11/07/2018 11:33:06 AM



Purchasing Use Only:	
Approval #:	250

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:	580 Public Utilities Commission of Nevada		
	Contact Name(s) and Titles:	Nichole Shafer, Administrative Services Officer II		
	Telephone Number(s):	775-684-6195		
	Email Address(s):	nshafer@puc.nv.gov		

2	Contractor Information:			
	Contractor:	Solix, Inc.		
	Contact Name:	James McCarthy, Vice President, Sales and Marketing		
	Address:	30 Lanidex Plaza West, Parsippany, NJ 07054		
	Phone Number:	973-581-5305		
Email Address:	James.mccarthy@solixinc.com			

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	RFP			
	CETS #:	16216			
	Contract “not to exceed amount”:	\$1,107,462.00			
	Contract term:	Start date:	01/13/2015	End date:	12/31/2018
		mm/dd/yy		mm/dd/yy	

4	Procurement method used to award the current contract:	
	RFP, solicitation # if applicable:	3141
	Quote, solicitation # if applicable:	
	Waiver, provide number:	
Other:		

5	Current contract information:			
	CETS #:	16216		
	Initial contract “not to exceed amount”:	\$1,107,462.00		
	Contract term:	Start date:	01/13/2015	End date:
		mm/dd/yy		mm/dd/yy

Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	<i>Modify the “not to exceed” amount, expiration date and scope of work</i>	<i>\$1,671,412.00 +\$563,950.00</i>	<i>12/31/2019</i>

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):		
	<i>A Federal program, the National Verifier, is being established to replace the need for this contract. The National Verifier is not yet active in Nevada but is expected to be active in all states by the end of 2019. Rather than do another RFP for a one-year term, the PUCN is requesting to do a one-year amendment with the current provider. Additionally, the PUCN is informing that a possible second amendment may be necessary, in the event that, the federal program is delayed past the end of 2019. Should the Federal Verifier program be delayed past 2019 the PUCN will seek to extend for one more year to December, 2020.</i>		

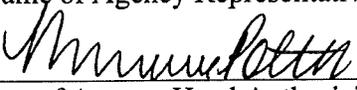
9	What are the potential consequences to the State if the contract extension request is denied?		
	<p>If the contract extension is denied there will be a lapse in coverage for the administrator.</p> <p>NRS 704.040 (6). The Commission shall by regulation establish:</p> <p>(a) The procedure for contracting with an independent administrator who will certify or recertify the eligibility of customers for Lifeline service as defined in NRS 707.450, including:</p> <p>(1) The selection of the independent administrator pursuant to open competitive bidding procedures established by the Commission; and</p> <p>(2) The duties of the independent administrator which must be promulgated in advance of conducting the initial request for proposal for the independent administrator.</p> <p>(b) The duties of the independent administrator which must:</p> <p>(1) Be determined by criteria adopted by the Commission or the Federal Communications Commission;</p> <p>(2) Provide for the independent administration to be able to accomplish all functions necessary for interfacing with the National Lifeline Accountability Database when it is established and operational pursuant to 47 C.F.R. 54.404 and any other national eligibility database for eligible telecommunications providers; and</p> <p>(3) Require the independent administrator to be responsible for informing eligible telecommunication providers of the status of their customers’ eligibility to receive Lifeline service as defined in NRS 707.450.</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

Jennifer Lemburg
Print Name of Agency Representative Initiating Request

10/29/18
Date

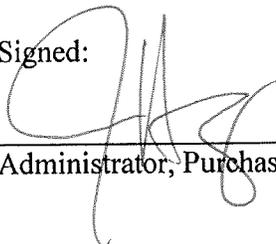

Signature of Agency Head Authorizing Request

Breanne Potter
Print Name of Agency Head Authorizing Request

10/29/18
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

10-30-2018
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: 19629	Amendment Number: 1
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: FLIGHT CHECK, LTD.
Agency Code: 702	Contractor Name: FLIGHT CHECK, LTD.
Appropriation Unit: 4464-23	Address: 5905 MCCART AVENUE
Is budget authority available?: Yes	City/State/Zip: FORT WORTH, TX 76133-2426
If "No" please explain: Not Applicable	Contact/Phone: 817/346-9220
	Vendor No.: T29030203
	NV Business ID: NV20151234916

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Sportsmen
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 18-40

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/01/2022**

Contract term: **3 years and 335 days**

4. Type of contract: **Contract**

Contract description: **Pilot Training**

5. Purpose of contract:

This is the first amendment to the original contract which provides annual training for helicopter pilots. This amendment increases the maximum amount from \$22,500 to \$52,000 due to an underestimated service amount needed per year.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$22,500.00	\$22,500.00	\$22,500.00	Yes - Info
2. Amount of current amendment (#1):	\$29,500.00	\$29,500.00	\$52,000.00	Yes - Action
3. New maximum contract amount:	\$52,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for flight training for the Department's helicopter pilots. These pilots, flying NDOW-owned helicopters, fly approximately 900 hours annually conducting wildlife surveys under dangerous mountainous conditions. Generally the pilots are accompanied by two NDOW biologists. This annual training is an important safety measure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have certified instructor pilots, proficient in the Eagle Bell 407HP aircraft.

- 9. Were quotes or proposals solicited? Yes
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best Cost and the department is satisfied with training services based upon previous use by NDOW and NDF.

d. Last bid date: Anticipated re-bid date:

- 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

With the Department of Wildlife and Forestry and has had satisfactory service.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Partnership

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	09/28/2018 10:57:50 AM
Division Approval	tdoucett	09/28/2018 13:59:37 PM
Department Approval	eobrien	10/24/2018 15:59:55 PM
Contract Manager Approval	nrob1	11/01/2018 16:22:55 PM
Budget Analyst Approval	cpalme2	11/02/2018 08:33:12 AM
BOE Agenda Approval	cmurph3	11/02/2018 13:20:37 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: **21267**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: United Stat Department of the Interior, Bureau of Land Management
Agency Code: 702	Contractor Name: United Stat Department of the Interior, Bureau of Land Management
Appropriation Unit: 4467-08	Address: 2550 Riverside Drive
Is budget authority available?: Yes	City/State/Zip: Susanville, CA 96130
If "No" please explain: Not Applicable	Contact/Phone: 530-252-0456
	Vendor No.:
	NV Business ID: Government 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.

General Funds	0.00 %	X	Fees	30.00 %	Habitat Conservation-7.5%, Upland Game Stamp-7.5% and Sportsmen Revenue-15%
X Federal Funds	60.00 %	X	Bonds	5.00 %	
Highway Funds	0.00 %	X	Other funding	5.00 %	Community Foundation Grant-2.5% and Heritage-2.5%

Agency Reference #: 18-71

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **4 years and 180 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Hab/Ecological Resto**

5. Purpose of contract:

This is a new interlocal agreement to provide wildlife habitat and ecological restoration services to improve wildlife habitat and diversity and restore vegetative and wetlands communities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat resource degradation is and will continue to occur.

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 capacity to manage all work pertaining to spring enhancement, fire rehab, fuels, weeds, etc. Having this contract will allow us to be more efficient with our resources expanding our work accomplishments as directed by NDOW's Strategic Plan.

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:

Mark Freese, Biologist 4 Ph: 775-688-1145

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	10/31/2018 10:08:28 AM
Division Approval	tdoucett	11/01/2018 08:30:59 AM
Department Approval	eobrien	11/01/2018 12:21:33 PM
Contract Manager Approval	nrob1	11/01/2018 13:22:43 PM
Budget Analyst Approval	cpalme2	11/02/2018 09:06:19 AM
BOE Agenda Approval	cmurph3	11/02/2018 11:10:09 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: **21203**

Agency Name: DCNR - PARKS DIVISION Agency Code: 704 Appropriation Unit: 4605-19 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Ambient Edge Heating/Air Conditioning & Refrigeration, Inc. Contractor Name: Ambient Edge Heating/Air Conditioning & Refrigeration, Inc. Address: 110 Corporate Park Drive Suite 111 Henderson, NV 89704 City/State/Zip: Henderson, NV 89704 Contact/Phone: Amy Johnson 702-489-9011 Vendor No.: NV Business ID: NV20081415996
--	--

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 % 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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/01/2022**

Contract term: **3 years and 335 days**

4. Type of contract: **Contract**

Contract description: **HAVAC service**

5. Purpose of contract:

This is a new contract to provide Heating and Air Conditioning maintenance, repair and/or replacement at the Southern Region State Parks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State Parks has many HVAC unit requiring maintenance and repair.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the staff with 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?

Lowest responsible 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:

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:

Tony Howerton, Facilities Manager Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/09/2018 15:05:00 PM
Division Approval	sdecrona	10/09/2018 15:05:02 PM
Department Approval	sdecrona	10/09/2018 15:05:05 PM
Contract Manager Approval	sdecrona	10/25/2018 08:59:10 AM
Budget Analyst Approval	cpalme2	11/01/2018 13:03:50 PM
BOE Agenda Approval	cmurph3	11/02/2018 15:14:05 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: 19714	Amendment Number: 2
Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS
Agency Code: 706	Contractor Name: RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS
Appropriation Unit: 4195-07	Address: 1008 E. 4th Street PO BOX 2957
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89505-2957
If "No" please explain: Not Applicable	Contact/Phone: 775/322-9434
	Vendor No.: PUR0002724A
	NV Business ID: NV20041446186

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	87.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	13.00 % NURSERY FUNDS

Agency Reference #: **NDF18-009**

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 **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2022**

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **HVAC/PLUMBING**

5. Purpose of contract:

This is the second amendment to the original contract to provide ongoing heating and air conditioning system, water treatment and plumbing repair services at the Western Region facility, Washoe Nursery, Sierra Front Interagency Dispatch Center Air Operations facility, Eastern Sierra Conservation Camp, and Humboldt Conservation Camp. This amendment increases the maximum amount from \$116,089 to \$197,219 due to higher than anticipated service needs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$97,849.00	\$97,849.00	\$97,849.00	Yes - Action
a. Amendment 1:	\$18,240.00	\$18,240.00	\$18,240.00	Yes - Info
2. Amount of current amendment (#2):	\$81,130.00	\$81,130.00	\$99,370.00	Yes - Action
3. New maximum contract amount:	\$197,219.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's facilities have complex heating and cooling systems which are required to be operational 24 hours/day, 7 days per week. Regular maintenance and/or repair of the systems is necessary to ensure optimal function of the systems and facilities. Additionally, the plumbing systems at the facilities require periodic services and/or repairs to maintain the efficiency and ensure the safety of the staff and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the technical expertise for the type of services required under this contract.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen as the best value to NDF and the state. The vendor has performed work for the division in previous contracts in a satisfactory manner.

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:

RHP Mechanical has been under contract with the Nevada Division of Forestry for multiple contracts in the past. Work performed has 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:
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	dgree6	10/30/2018 14:34:44 PM
Division Approval	dprather	10/30/2018 15:14:19 PM

Department Approval	dprather	10/30/2018 15:14:23 PM
Contract Manager Approval	jcoope8	10/30/2018 16:05:32 PM
Budget Analyst Approval	cpalme2	11/02/2018 10:29:45 AM
BOE Agenda Approval	cmurph3	11/02/2018 11:07:13 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: **21195**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Marshall B. Ketchum University
Agency Code: 901	Contractor Name: Marshall B. Ketchum University
Appropriation Unit: 3254-09	Address: Southern California College of 2575 Yorba Linda Blvd.
Is budget authority available?: Yes	City/State/Zip: Fullerton, CA 92831
If "No" please explain: Not Applicable	Contact/Phone: Pat Yoshinaga 714-463-7585
	Vendor No.: T81032817
	NV Business ID: NV20101614325
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.

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 #: **3271-24-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 **12/2018**

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: **Low Vision Clinics**

5. Purpose of contract:

This is a new contract to provide ongoing services for 3-day clinic sessions for professional eye care services to enable eligible clients with low vision to meet the demands in an employment environment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$313,436.05**

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?

NRS 426.550, NRS 426.600

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 time or the experience to provide this service, nor the proper licensing and certification in Optometry with special training in low vision.

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):

**Christopher Burt, OD, PC
StaffPro Network
Protech Ophthalmics, LLC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #90DETR-S249, 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: 09/13/2018 Anticipated re-bid date: 09/13/2023

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:

DETR � 1985 � present
Quality of services is satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kim Cantiero, Rehabilitation Manager Ph: 702-486-5230

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	10/15/2018 09:33:30 AM
Division Approval	kdesoci1	10/16/2018 16:15:28 PM
Department Approval	kdesoci1	10/16/2018 16:15:30 PM
Contract Manager Approval	swilli31	10/22/2018 14:35:33 PM
Budget Analyst Approval	dbaughn	10/25/2018 08:28:36 AM
BOE Agenda Approval	tgreenam	10/28/2018 10:38:06 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: **21221**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: CURTIS MEYER, DBA SUPERIOR JANITORIAL SERVICE
Agency Code: 902	Contractor Name: CURTIS MEYER, DBA SUPERIOR JANITORIAL SERVICE
Appropriation Unit: 4770-04	Address: SUPERIOR JANITORIAL SERVICE PO BOX 2443
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89803
If "No" please explain: Not Applicable	Contact/Phone: Curtis Meyer 775/777-2075
	Vendor No.: T29005555
	NV Business ID: NV20081681479

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.

X General Funds	1.90 %	Fees	0.00 %
X Federal Funds	69.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	29.10 %

BEN, ESD Special Fund, & Career Enhancement Fund

Agency Reference #: **3274-23-DETR**

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: **10/31/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial services for the facility located in Elko.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,040.00**

Payment for services will be made at the rate of \$1,105.00 per month

Other basis for payment: \$10K added for additional services such as cleaning chairs, etc.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada must maintain a clean facility for the safety and health of department clients and staff.

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 have the manpower to provide this service in-house.

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 Clean
The Clean Team
Jacki's Cleaning Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The only vendor that wanted to provide services in Elko.

d. Last bid date: 10/03/2018 Anticipated re-bid date: 08/02/2022

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:

Lori Roa, Office Manager Ph: 775.753.1904
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	10/17/2018 07:35:09 AM
Division Approval	kdesoci1	10/19/2018 12:14:23 PM
Department Approval	kdesoci1	10/19/2018 12:14:26 PM
Contract Manager Approval	swilli31	10/19/2018 13:02:56 PM
Budget Analyst Approval	dbaughn	10/30/2018 08:22:23 AM
BOE Agenda Approval	tgreenam	11/08/2018 14:01:56 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: **21248**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: F.A.A.D JANITORIAL, INC.
Agency Code: 902	Contractor Name: F.A.A.D JANITORIAL, INC.
Appropriation Unit: 4770-04	Address: 52 GLEN CARRAN CIR
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Donna Leidner 775 351-2405
	Vendor No.: T27017486
	NV Business ID: NV20041538232
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	1.90 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	69.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	29.10 % BEN, ESD Special Fund and Career Enhancement Program

Agency Reference #: 3279-23-DETR

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? **Yes**

If "Yes", please explain

Signatures could not be obtained before the deadline for the appropriate Board of Examiner's meeting.

3. Termination Date: **11/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial services for the facility located at the Fallon Job Connect Office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,768.99**

Payment for services will be made at the rate of \$1,056.51 per month

Other basis for payment: \$10K added for additional services such as cleaning chairs, etc.

II. JUSTIFICATION

7. What conditions require that this work be done?

Required for a safe and clean environment

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The resources and training aren't available

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):

E.H. Hursh, Inc. DBA Behind The Schene Cleaning Inc.

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:

DETR has used this vendor in the past and has been 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	jbende2	10/24/2018 12:57:17 PM
Division Approval	rolso1	10/29/2018 10:13:47 AM
Department Approval	kdesoci1	10/29/2018 15:36:59 PM
Contract Manager Approval	swilli31	10/31/2018 08:03:13 AM
Budget Analyst Approval	dbaughn	10/31/2018 15:13:31 PM
BOE Agenda Approval	tgreenam	11/08/2018 14:04:02 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: October 31, 2018

TO: Darlene Baughn, Executive Branch Budget Officer
Governor's Finance Office – Budget Division

FROM: Kathleen DeSocio, Chief Financial Officer

SUBJECT: RETROACTIVE Memo for 121 Industrial Way, Fallon, NV
FAAD Janitorial Services Inc.

Pursuant to the Governor's Finance Office, Budget Division, when a contract's total is greater than \$49,999 BOE approval is required regardless of the state fiscal year allocation. Please accept this retroactive request to renew existing janitorial services contract at the current office site. By the time all signatures had been obtained, the deadline for the appropriate Board of Examiners meeting had passed.

Thank you for your consideration. If you have any questions regarding this request, please contact Shontae Williams, Contract Manager, at 775-684-3823.

Kathleen DeSocio
DETR Chief Financial Officer

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	AGAPE HOME CARE, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. Term of Contract: 12/04/2018 - 06/30/2022 Contract # 21227				
2.		VARIOUS STATE AGENCIES	CSSI BEHAVIORAL HEALTH SERVICES, 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 # 21259				
3.		VARIOUS STATE AGENCIES	CHRIS CORBETT PSYCHOLOGICAL SERVICES, INC.	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide psychology services statewide. Term of Contract: Upon Approval - 06/30/2022 Contract # 21257				
4.		VARIOUS STATE AGENCIES	CREATIVE FAMILY HEALTH AND WELLNESS CENTER	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide group home services statewide. Term of Contract: Upon Approval - 06/30/2022 Contract # 21258				
5.		VARIOUS STATE AGENCIES	EMERGENCY LIFELINE WEST	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide personal emergency response system services statewide. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 21014				
6.		VARIOUS STATE AGENCIES	HANNAH DAVIS	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide psychology case worker services statewide. Term of Contract: Upon Approval - 06/30/2022 Contract # 21249				
7.		VARIOUS STATE AGENCIES	INVISION EYE CENTER, INC.	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide optometry services statewide. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 21237				
8.		VARIOUS STATE AGENCIES	KLAS ENTERPRISES, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide community-based living services statewide. Term of Contract: 09/01/2018 - 06/30/2022 Contract # 20914				
9.		VARIOUS STATE AGENCIES	MEDICAL SERVICES OF NEVADA DBA ALL VALLEY HOME HEALTH CARE	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 20727				

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.		VARIOUS STATE AGENCIES	NEUBAUER MENTAL HEALTH SERVICES APC	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide social work and mental health services statewide.				
		Term of Contract:	09/01/2018 - 06/30/2022	Contract # 21264		
11.		VARIOUS STATE AGENCIES	PRIME HEALTHCARE SERVICES RENO, LLC DBA SAINT MARY'S REGIONAL MEDICAL CENTER	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide acute care hospital services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21234		
12.		VARIOUS STATE AGENCIES	PROGRESSIVE PATHWAYS GROUP, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide independent living services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21250		
13.		VARIOUS STATE AGENCIES	RENO BEHAVIORAL HEALTHCARE HOSPITAL, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide.				
		Term of Contract:	12/04/2018 - 06/30/2022	Contract # 21238		
14.		VARIOUS STATE AGENCIES	SAINT MARY'S MEDICAL GROUP, INC. DBA SAINT MARY'S FITNESS CENTER	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide physician services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21235		
15.		VARIOUS STATE AGENCIES	TRITHERAPY LV	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide physical, occupational and speech therapy services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21255		
16.		VARIOUS STATE AGENCIES	WEST PUBLISHING CORPORATION	OTHER: VARIOUS	\$4,000,000	Professional Service
	Contract Description:	This is a new contract to provide online legal and public records research services statewide.				
		Term of Contract:	12/04/2018 - 10/31/2022	Contract # 21283		
17.		VARIOUS STATE AGENCIES	WESTERN PACIFIC CARE, LLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide group home services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21252		

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: **21227**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Agape Home Care, LLC
Agency Code: MSA	Contractor Name: Agape Home Care, LLC
Appropriation Unit: 9999 - All Categories	Address: 3777 BROADRIVER DR
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89108
If "No" please explain: Not Applicable	Contact/Phone: Lisa Dibernardo 702-417-3501
	Vendor No.: T27042545
	NV Business ID: NV20141402790

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 #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 208 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement 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?

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	10/22/2018 11:28:05 AM
Division Approval	mstewa10	10/22/2018 11:28:07 AM
Department Approval	mstewa10	10/22/2018 11:28:10 AM
Contract Manager Approval	mstewa10	10/22/2018 11:28:12 AM
Budget Analyst Approval	mmoren1	10/24/2018 09:40:59 AM
BOE Agenda Approval	lfree1	10/29/2018 10:20:37 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: **21259**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CSSI BEHAVIORAL HEALTH SERVICES, LLC
Agency Code:	MSA	Contractor Name:	CSSI BEHAVIORAL HEALTH SERVICES, LLC
Appropriation Unit:	9999 - All Categories	Address:	3620 N RANCHO DR STE 111
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89130-3154
If "No" please explain:	Not Applicable		
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 #: RM167

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: **06/30/2022**

Contract term: **3 years and 211 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	jthom17	10/29/2018 09:50:59 AM
Division Approval	jthom17	10/29/2018 09:51:02 AM
Department Approval	jthom17	10/29/2018 09:51:04 AM
Contract Manager Approval	rvradenb	10/29/2018 10:04:26 AM
Budget Analyst Approval	mmoren1	10/30/2018 11:02:08 AM
BOE Agenda Approval	lfree1	11/03/2018 10:48:45 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: **21257**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Chris Corbett Psychological Services, Inc.
Agency Code:	MSA	Contractor Name:	Chris Corbett Psychological Services, Inc.
Appropriation Unit:	9999 - All Categories	Address:	4900 SW. Griffith Dr. Suite 26
Is budget authority available?:	Yes	City/State/Zip:	Beaverton, OR 97005
If "No" please explain:	Not Applicable	Contact/Phone:	Chris Corbett 971-409-5247
		Vendor No.:	T29041367
		NV Business ID:	NV20181732747

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 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **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: **\$300,000.00**

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:
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	jthom17	10/29/2018 09:49:28 AM
Division Approval	jthom17	10/29/2018 09:49:32 AM
Department Approval	jthom17	10/29/2018 09:49:37 AM
Contract Manager Approval	rvradenb	10/29/2018 10:03:56 AM
Budget Analyst Approval	mmoren1	10/30/2018 09:48:26 AM
BOE Agenda Approval	lfree1	11/03/2018 10:41:21 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: **21258**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Creative Family Health and Wellness Center
Agency Code:	MSA	Contractor Name:	Creative Family Health and Wellness Center
Appropriation Unit:	9999 - All Categories	Address:	6849 W. Charleston Blvd #B
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89117
If "No" please explain:	Not Applicable	Contact/Phone:	Brittany Sanders 702-639-4405
		Vendor No.:	T29041407
		NV Business ID:	NV20181452279

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 #: RM167

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: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home 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	10/29/2018 09:51:22 AM
Division Approval	jthom17	10/29/2018 09:51:26 AM
Department Approval	jthom17	10/29/2018 09:51:29 AM
Contract Manager Approval	rvradenb	10/29/2018 10:04:43 AM
Budget Analyst Approval	mmoren1	10/30/2018 11:30:58 AM
BOE Agenda Approval	lfree1	11/03/2018 10:55:17 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: **21014**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: EMERGENCY LIFELINE WEST
Agency Code: MSA	Contractor Name: EMERGENCY LIFELINE WEST
Appropriation Unit: 9999 - All Categories	Address: 7929 CORAL POINT AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128-6756
If "No" please explain: Not Applicable	Contact/Phone: 702/900-7543
	Vendor No.: T29032150
	NV Business ID: NV20081041689

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 #: **RM167**

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 **12/2018**

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. This contract provides service for a emergency response provider in Southern Nevada.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal emergency response system 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 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	mstewa10	10/23/2018 08:43:53 AM
Division Approval	mstewa10	10/23/2018 08:43:55 AM
Department Approval	mstewa10	10/23/2018 08:43:58 AM
Contract Manager Approval	mstewa10	10/23/2018 08:44:00 AM
Budget Analyst Approval	aprasa1	10/24/2018 11:13:06 AM
BOE Agenda Approval	lfree1	10/29/2018 10:45:39 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 18, 2018
Subject: Retroactive Memo – Emergency Lifeline West

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. Emergency Lifeline West has submitted their contract twice for approval in which both times they have been used for services by DHHS before the Governor's Finance Office has applied approval for the BOE. In both circumstances the contract was halted with the need for a specific retro memo after paid service agreements through the Controller's office. DHHS has need of Emergency Lifeline West's services as an emergency response provider in Southern Nevada, resulting in a request for a retro-active status for their contract for 99SWC-S167.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.

A handwritten signature in blue ink, appearing to read "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: **21249**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Hannah Davis
Agency Code: MSA	Contractor Name: Hannah Davis
Appropriation Unit: 9999 - All Categories	Address: 208 Vassar St.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Hannah Davis 775-233-3192
	Vendor No.:
	NV Business ID: NV20181753484

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 **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychology case 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: 03/08/2018 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	10/29/2018 09:52:56 AM
Division Approval	jthom17	10/29/2018 09:53:00 AM
Department Approval	jthom17	10/29/2018 09:53:03 AM
Contract Manager Approval	rvradenb	10/29/2018 10:05:11 AM
Budget Analyst Approval	mmoren1	10/30/2018 14:28:18 PM
BOE Agenda Approval	lfree1	11/03/2018 10:53:16 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: **21237**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: INVISION EYE CENTER, INC.
Agency Code: MSA	Contractor Name: INVISION EYE CENTER, INC.
Appropriation Unit: 9999 - All Categories	Address: 820 N Spring St., Suite D
Is budget authority available?: Yes	City/State/Zip: CALIENTE, NV 89008-1048
If "No" please explain: Not Applicable	Contact/Phone: Josh Terry 775/726-3911
	Vendor No.: T29025436
	NV Business ID: NV20101318776

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? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date **12/2018**

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 need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

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 optometry 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 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: 03/08/2018 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	10/22/2018 11:29:26 AM
Division Approval	mstewa10	10/22/2018 11:29:28 AM
Department Approval	mstewa10	10/22/2018 11:29:30 AM
Contract Manager Approval	mstewa10	10/22/2018 11:29:32 AM
Budget Analyst Approval	mmoren1	10/24/2018 11:19:33 AM
BOE Agenda Approval	lfree1	10/29/2018 10:33:09 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 18, 2018
Subject: Retroactive Memo – InVision Eye Center

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. InVision Eye Center was unable to complete their vendor registration within NevadaEpro.com successfully and missed deadlines. They have been providing optometry services to DHHS under what they assumed was the necessary step after applying for bid solicitation 99SWC-S107 for Medical Providers. Their contract was signed and returned past the Retro Deadline of September 16, 2018. DHHS has need of InVision Eye Center's services as a Medical Provider in rural Nevada, resulting in a request for a retro-active status for their contract 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: **20914**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KLAS Enterprises, LLC
Agency Code: MSA	Contractor Name: KLAS Enterprises, LLC
Appropriation Unit: 9999 - All Categories	Address: 6561 Jenny Lake Ave
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89110
If "No" please explain: Not Applicable	Contact/Phone: 702-505-1208
	Vendor No.: T32007073
	NV Business ID: NV20141355029

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 #: 167-RM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2018**

Anticipated BOE meeting date 12/2018

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 303 days**

4. Type of contract: **MSA**
Contract description: **NonMedical Provider**

5. Purpose of contract:
This is a new contract to provide community-based living 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?

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	jthom17	10/24/2018 12:30:16 PM
Division Approval	jthom17	10/24/2018 12:30:18 PM
Department Approval	jthom17	10/24/2018 12:30:22 PM
Contract Manager Approval	rvradenb	10/24/2018 12:30:44 PM
Budget Analyst Approval	mmoren1	10/24/2018 12:56:00 PM
BOE Agenda Approval	lfree1	10/29/2018 10:30:29 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 16, 2018
Subject: Retroactive Memo – KLAS Enterprises LLC.

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. KLAS Enterprises LLC. is one of those providers. DHHS has needed their services to house individuals in need of supportive care. At the time of writing the contract, there had been no payments made to the vendor. Now with the need to support these citizens, services have been given and payments have been made. This need has resulted 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 September 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 CONTRACT1. Contract Number: **20727**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	dba Advanced Home Health Care
Agency Code:	MSA	Contractor Name:	Medical Services of Nevada
Appropriation Unit:	9999 - All Categories	Address:	1325 Airmotive Way, ste 262
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Edgar V. Jimenez 702-8286-420
		Vendor No.:	T81086597
		NV Business ID:	NV200013376578

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

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 12/2018

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 need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care 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: **\$3,000,000.00**

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: 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:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

dba is different than entity name

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	10/29/2018 09:55:21 AM
Division Approval	jthom17	10/29/2018 09:55:24 AM
Department Approval	jthom17	10/29/2018 09:55:26 AM
Contract Manager Approval	rvradenb	10/29/2018 10:06:38 AM
Budget Analyst Approval	mmoren1	10/30/2018 15:05:33 PM
BOE Agenda Approval	lfree1	11/03/2018 10:51:47 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 19, 2018
Subject: Retroactive Memo – Medical Services of Nevada Inc dba All Valley Home Health Care

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. Due to the number of providers renewing their contracts, many had similar names, descriptions, or "doing business as" (dba) that created apparent duplicate contracts. The supposed duplicates were deleted and not put forth to the BOE within the retro memo timeframe Medical Services of Nevada Inc. submitted all their required information for RFQ 99SWC-S167 as All Valley Home Health Care but filled out the RFQ documents as Advanced Home Health Care. There are two other vendors under the names All Valley Home Care and an additional separate vendor registered as Advanced Home Health Care, which were assumed to be the "doing business as" names. It was deleted on August 14, 2018. DHHS has currently been using their services under the guidance of the retro memo released in August and have asked for them to be submitted as retroactive.

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: **21264**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEUBAUER MENTAL HEALTH SERVICES APC
Agency Code:	MSA	Contractor Name:	NEUBAUER MENTAL HEALTH SERVICES APC
Appropriation Unit:	9999 - All Categories	Address:	5426 VEGAS DR
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89108-2403
If "No" please explain:	Not Applicable	Contact/Phone:	Kari Lockhart 702/806-5268
		Vendor No.:	T27025067
		NV Business ID:	NV20091527556

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? **No** or b. other effective date **09/01/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **Yes**

If "Yes", please explain

A retroactive contract effective September 1, 2018 is requested between the Division of Child and Family Services and Neubauer Mental Health Services to continue to provide Juvenile Sex Offender (JSO) treatment for youth at the Summit View Youth Center Juvenile Justice facility. Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, their original contract was terminated.

3. Termination Date: **06/30/2022**

Contract term: **3 years and 303 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide social work and mental health services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

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?

[Empty text box]

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	jthom17	10/31/2018 09:50:55 AM
Division Approval	jthom17	10/31/2018 09:50:58 AM
Department Approval	jthom17	10/31/2018 09:51:00 AM
Contract Manager Approval	rmille8	10/31/2018 11:23:24 AM
Budget Analyst Approval	mmoren1	10/31/2018 11:29:48 AM
BOE Agenda Approval	lfree1	11/03/2018 10:37:54 AM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Richard Whitley
Director

Ross E. Armstrong
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Telephone (775) 684-4000 • Fax (775) 684-4010
dcfs.nv.gov

MEMORANDUM

DATE: September 18, 2018

TO: Jeffrey Haag, Administrator, Purchasing Division

FROM: Ross Armstrong, Administrator, Division of Child and Family Services 

RE: DCFS Retroactive Master Services Agreement Contract Request for Neubauer Mental Health Services

A retroactive Master Services Contract effective September 1, 2018 is requested between the Division of Child and Family Services and Neubauer Mental Health Services to continue to provide Juvenile Sex Offender (JSO) treatment for youth at the Summit View Youth Center Juvenile Justice facility.

Originally the Summit View Youth Center contacted with Eagle Quest via a provider agreement for these services. After the notification that provider agreements would be terminated was issued, Eagle Quest began the RFQ/Service Agreement process and we believe currently holds a BOE approved contract (VEN # 4635). Per directives, the agency did in fact use Eagle Quest for these services between July and August. However, Eagle Quest has since provided notice that they do not intend to enter into a Service Agreement for services at the Summit View Youth Center, thereby leaving the facility without a vendor for JSO treatment services. Upon questioning, it is believed that Eagle Quest has found that the services at the Summit View Youth Center are simply not profitable enough due to lack of volume and therefore they are not willing to continue services.

The facility currently holds two youth that require JSO treatment, which is considered critical to the youth's programming and release. Therefore, the agency has reviewed all options and has found Neubauer Mental Health Services who does in fact provide JSO treatment services and is willing to provide these services at the Summit View Youth Center. The agency also ensured that Neubauer Mental Health Services is aware that there are currently only two youth that request these specific services and the vendor is not concerned with the volume. The agency has also explained the RFQ/Service Agreement process to the vendor and they have already started the RFQ process.

Considering the critical nature of these services, including the immediate need for JSO treatment services, DCFS is requesting retroactive approval for a Master Service Agreement contract with Neubauer Mental Health Services effective September 1, 2018.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4440 or Ross.Armstrong@dcfs.nv.gov.

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: **21234**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PRIME HEALTHCARE SERVICES RENO, LLC DBA SAINT MARY'S REG MED CTR
Agency Code:	MSA	Contractor Name:	PRIME HEALTHCARE SERVICES RENO, LLC DBA SAINT MARY'S REG MED CTR
Appropriation Unit:	9999 - All Categories	Address:	235 W. 6th Street
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89503
If "No" please explain:	Not Applicable	Contact/Phone:	Alan Smith 775-770-7227
		Vendor No.:	T29030949
		NV Business ID:	NV20121244548

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 **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide acute care hospital services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

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: 03/08/2018 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	10/22/2018 11:27:17 AM
Division Approval	mstewa10	10/22/2018 11:27:19 AM
Department Approval	mstewa10	10/22/2018 11:27:21 AM
Contract Manager Approval	mstewa10	10/22/2018 11:27:24 AM
Budget Analyst Approval	aprasa1	10/25/2018 08:29:06 AM
BOE Agenda Approval	lfree1	10/29/2018 10:44:08 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: **21250**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PROGRESSIVE PATHWAYS GROUP, INC.
Agency Code:	MSA	Contractor Name:	PROGRESSIVE PATHWAYS GROUP, INC.
Appropriation Unit:	9999 - All Categories	Address:	1941 NAPOLEON DR
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89156-7187
If "No" please explain:	Not Applicable	Contact/Phone:	Vicki Green-Jobe 702/438-8452
		Vendor No.:	T27011609
		NV Business ID:	NV20051389453

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 #: RM167

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: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide independent living 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 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	10/29/2018 09:57:04 AM
Division Approval	jthom17	10/29/2018 09:57:06 AM
Department Approval	jthom17	10/29/2018 09:57:09 AM
Contract Manager Approval	rvradenb	10/29/2018 10:07:10 AM
Budget Analyst Approval	mmoren1	10/30/2018 15:19:20 PM
BOE Agenda Approval	lfree1	11/03/2018 10:56:22 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: **21238**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Reno Behavioral Healthcare Hospital, LLC
Agency Code:	MSA	Contractor Name:	Reno Behavioral Healthcare Hospital, LLC
Appropriation Unit:	9999 - All Categories	Address:	6940 Sierra Center Parkway
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	Don Butterfield 775-393-2226
		Vendor No.:	
		NV Business ID:	NV20161473226

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 #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 208 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis 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	mstewa10	10/22/2018 11:33:52 AM
Division Approval	mstewa10	10/22/2018 11:33:54 AM
Department Approval	mstewa10	10/22/2018 11:33:57 AM
Contract Manager Approval	mstewa10	10/22/2018 11:33:59 AM
Budget Analyst Approval	mmoren1	10/24/2018 13:25:37 PM
BOE Agenda Approval	lfree1	10/29/2018 10:23:43 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: **21235**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SAINT MARY'S MEDICAL GROUP, INC.
Agency Code: MSA	Contractor Name: SAINT MARY'S MEDICAL GROUP, INC.
Appropriation Unit: 9999 - All Categories	Address: 411 W. 6th Street
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-4460
If "No" please explain: Not Applicable	Contact/Phone: Alan Smith 775/770-7227
	Vendor No.: T32001984B
	NV Business ID: NV20121369634

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 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Service**

5. Purpose of contract:

This is a new contract to provide physician services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

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: 03/08/2018 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	10/22/2018 11:30:57 AM
Division Approval	mstewa10	10/22/2018 11:31:00 AM
Department Approval	mstewa10	10/22/2018 11:31:02 AM
Contract Manager Approval	mstewa10	10/22/2018 11:31:06 AM
Budget Analyst Approval	mmoren1	10/24/2018 13:16:21 PM
BOE Agenda Approval	lfree1	10/29/2018 10:25:48 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: **21255**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: TRITHERAPY LV
Agency Code: MSA	Contractor Name: TRITHERAPY LV
Appropriation Unit: 9999 - All Categories	Address: 10540 HEADWIND AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89129-6491
If "No" please explain: Not Applicable	Contact/Phone: Andrea Simms 717/405-1228
	Vendor No.: T32006298
	NV Business ID: NV20181075267

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 **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide physical, occupational and speech 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: 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	jthom17	10/29/2018 09:49:56 AM
Division Approval	jthom17	10/29/2018 09:49:59 AM
Department Approval	jthom17	10/29/2018 09:50:02 AM
Contract Manager Approval	rvradenb	10/29/2018 10:04:12 AM
Budget Analyst Approval	mmoren1	10/30/2018 10:27:33 AM
BOE Agenda Approval	lfree1	11/03/2018 10:43:48 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: **21283**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WEST PUBLISHING CORPORATION
Agency Code: MSA	Contractor Name: WEST PUBLISHING CORPORATION
Appropriation Unit: 9999 - All Categories	Address: THOMSON REUTERS BUSINESS P.O. BOX 64833
Is budget authority available?: Yes	City/State/Zip: EAGAN, MN 55123
If "No" please explain: Not Applicable	Contact/Phone: KAY ENGLER 480-275-0875
	Vendor No.: PUR0001037
	NV Business ID: NV19971102844

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 Agencies

Agency Reference #: **NF-Legal Research**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2022**

Contract term: **3 years and 331 days**

4. Type of contract: **MSA**

Contract description: **Legal Research**

5. Purpose of contract:

This is a new contract to provide online legal and public records research services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require this service in order to have online access to legal libraries that are constantly being updated. The previous contract expired in late 2017 and there is still a need for this service statewide.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no state agency that is fully-equipped to provide the comprehensive public records and online legal literature that West Publishing Corporation can provide.

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?

There are only two companies that provide this service: Westlaw and LexusNexus. We have agency-level contracts with LexusNexus; however, we needed a statewide contract to allow multiple agencies use of these services. LexusNexus is not willing to do a statewide contract at this time but still has multiple agency-level contracts in use.

d. Last bid date: Anticipated re-bid date: 06/30/2022

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?

Yes If "Yes", please explain

Attorney General's Office and Department of Public Safety are two of the biggest users.

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:

There was an MSA contract (CETS: 10964) in place through 12/31/2017.

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 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	jthom17	11/06/2018 14:16:40 PM
Division Approval	jthom17	11/06/2018 14:16:44 PM
Department Approval	jthom17	11/06/2018 14:16:46 PM
Contract Manager Approval	mstewa10	11/06/2018 14:48:11 PM
Budget Analyst Approval	aurruty	11/06/2018 15:29:17 PM
BOE Agenda Approval	lfree1	11/06/2018 15:34:13 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: **21252**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WESTERN PACIFIC CARE, LLC
Agency Code: MSA	Contractor Name: WESTERN PACIFIC CARE, LLC
Appropriation Unit: 9999 - All Categories	Address: 7854 Enchantress Ct.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89139
If "No" please explain: Not Applicable	Contact/Phone: Zedrik Querol 702-830-0181
	Vendor No.: T27042541
	NV Business ID: NV20181426391

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 #: **RM167**

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: **06/30/2022**

Contract term: **3 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home 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:

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	10/29/2018 09:56:06 AM
Division Approval	jthom17	10/29/2018 09:56:09 AM
Department Approval	jthom17	10/29/2018 09:56:13 AM
Contract Manager Approval	rvradenb	10/29/2018 10:06:56 AM
Budget Analyst Approval	mmoren1	10/30/2018 15:08:13 PM
BOE Agenda Approval	lfree1	11/03/2018 10:54:20 AM
BOE Final Approval	Pending	

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	CARAHSOFT	OTHER: PERSONNEL ASSESSMENT	\$75,302	
	Contract Description:	This is a new work plan under Statewide contract #18855 which provides Cloud Services. This work plan is for LinkedIn Recruiter software to provide access to potential employment candidates, including targeting recruitment efforts by pro-activity searching and contacting candidates with the appropriate qualification for difficult to fill positions.				
	Term of Contract:	12/04/2018 - 10/03/2019	Contract # 21299			

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: **21299**

Agency Name: ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT	Legal Entity Name: CARAHSOFT
Agency Code: 070	Contractor Name: CARAHSOFT
Appropriation Unit: 1363-04	Address: 1860 Michael Faraday Dr.
Is budget authority available?: Yes	City/State/Zip: Reston, VA 20190-5328
If "No" please explain: Not Applicable	Contact/Phone: 703-230-7537
	Vendor No.: PUR0004357
	NV Business ID: NV20151127305
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 % Personnel Assessment
Agency Reference #: ASD 2830822	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2018**
 Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/03/2019**

Contract term: **302 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Online Recruiting**

5. Purpose of contract:

This is a new work plan under Statewide contract #18855 which provides Cloud Services. This work plan is for LinkedIn Recruiter software to provide access to potential employment candidates, including targeting recruitment efforts by pro-activity searching and contacting candidates with the appropriate qualification for difficult to fill positions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,302.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

DHRM continues to pursue technology that enhances the potential employment candidates for all state positions.

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 Statewide contract #18855.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Frank Richardson, Deputy Administrator Ph: 684-0150

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdevere	11/09/2018 16:20:05 PM
Division Approval	sdevere	11/09/2018 16:20:08 PM
Department Approval	sdevere	11/09/2018 16:20:10 PM
Contract Manager Approval	sdevere	11/09/2018 16:20:15 PM
EITS Approval	daxtel1	11/13/2018 09:48:19 AM
Budget Analyst Approval	laaron	11/19/2018 16:00:56 PM
BOE Agenda Approval	lfree1	11/19/2018 17:32:41 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	STROLIN CONSULTING, LLC	HIGHWAY 80% OTHER: WESTERN GOVERNORS' ASSOCIATION 20%	\$40,000	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides for oversight of the Yucca Mountain repository program and the Nuclear Regulatory Commission licensing proceeding. This amendment extends the termination date from December 31, 2018 to June 30, 2019 and increases the maximum amount from \$245,000 to \$285,000 due to the continued need for these services.				
		Term of Contract:	01/01/2016 - 06/30/2019	Contract # 17152		
2.	017	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION - ADMINISTRATION	EDUCATIONAL COMPUTER SYSTEMS	GENERAL	\$24,000	
	Contract Description:	This is a new contract to provide ongoing loan servicing and will include monthly billing and collection of student loan payments for processing and forwarding payments to WICHE/State bank accounts.				
		Term of Contract:	11/07/2018 - 06/30/2022	Contract # 21016		
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MCDONALD CARANO, LLP	OTHER: TORT CLAIM	\$30,000	Exempt
	Contract Description:	This is a new contract to provide services to represent defendant in case number. A-18-777312-B.				
		Term of Contract:	09/05/2018 - 06/30/2019	Contract # 21263		
4.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ROBSON FORENSIC	OTHER: TORT CLAIM	\$19,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing expert witness services for case number CV17-00225. This amendment increases the maximum amount from \$30,000 to \$49,000 due to trial preparation and expert witness testimony.				
		Term of Contract:	01/26/2018 - 01/25/2021	Contract # 19694		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BOMBARD ELECTRIC	OTHER: BUILDING & GROUNDS - BUILDING RENT INCOME REVENUE	\$30,000	
	Contract Description:	This is a new contract to provide ongoing electrical services, maintenance and repairs as needed, in southern Nevada.				
		Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21023		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	GLOBAL CONSTRUCTION CONSULTING	OTHER: BUILDING & GROUNDS - BUILDING RENT INCOME REVENUE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing professional consulting services to include complete document review and assessment of State Public Works Division contract forms.				
		Term of Contract:	09/01/2018 - 06/30/2019	Contract # 21241		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	CASHMAN EQUIPMENT	FEE: BUILDING & GROUNDS - BUILDING RENT INCOME REVENUE	\$32,033	
	Contract Description:	This is a new contract to provide preventative maintenance, repairs, and other requested services as needed, to include extra services and/or emergencies for the 1986 International S1800 dump truck and Hyundai loader HL 740-3 and John Deere 310G Backhoe.				
		Term of Contract:	10/29/2018 - 10/31/2022	Contract # 21216		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	GENERAL	\$28,000	Professional Service
	Contract Description:	This is a new contract to provide professional commissioning, surveying, and other miscellaneous services for the Marlette Lake Grant Assistance project that will assist with preparing a FEMA Pre-Disaster Mitigation grant for the Marlette Lake Multi-Hazard Mitigation Project. Services will include preparation of a Benefit Costs Analysis memorandum, and grant application: CIP Project No. 17-S04; SPWD Contract No. 112230				
		Term of Contract:	11/01/2018 - 06/30/2021	Contract # 21261		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	STEPHANIE A. HICKS	GENERAL	\$43,500	Professional Service
	Contract Description:	This is a new contract to provide professional Surveying and Commissioning services for the Marlette Lake & Hobart Reservoir Grant Preparation project and will include preparation of Benefit Cost Analyses in accordance with FEMA methodology, draft and entry into the FEMA eGrants application database: CIP Project No. 17-S04; SPWD Contract No. 112216				
		Term of Contract:	10/29/2018 - 06/30/2021	Contract # 21231		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES	BONDS	\$14,400	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the for the replacement of approximately 47 fan coil units in building #6 and 40 fan coil units in building #107 at the Stewart Facility in Carson City: CIP Project No. 15-M26; SPWD Contract No. 109828. This amendment increases the maximum amount from \$50,000 to \$64,400 due to the added structural engineering design services for project-specific calculations and detailing for seismic anchoring of the new fan coil installations for this job.				
		Term of Contract:	12/08/2015 - 06/30/2019	Contract # 17229		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	GALLAGHER & ASSOCIATES, LLC	BONDS 97% FEDERAL 3%	\$25,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural design services for the Stewart Facility - Cultural Center CIP project to include the design of exhibits and interpretive media for the Cultural Center Exhibits located within the administrative building at the Stewart Campus in Carson City: CIP Project No. 17-C08A; SPWD Contract No. 111796. This amendment increases the maximum amount from \$247,000 to \$272,000 due to the additional designs required for the lobby, storytelling room and museum store space related to this project				
		Term of Contract:	02/13/2018 - 06/30/2021	Contract # 19619		
12.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	JORGE RODRIGUEZ	OTHER: ASSESSMENTS TO INSURERS	\$11,000	
	Contract Description:	This is the third amendment to the original contract which provides ongoing Spanish interpretation services during administrative hearings, required by NRS 645B, to non-English speaking injured workers so they are appropriately represented at appeal hearings. This amendment increases the maximum amount from \$24,000 to \$35,000 to complete the interpreter contract.				
		Term of Contract:	07/06/2015 - 06/30/2019	Contract # 16851		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	331	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - MUSEUMS AND HISTORY - NEVADA STATE MUSEUM, CARSON CITY	ELEVATOR SERVICE, INC. DBA KOCH ELEVATOR COMPANY	GENERAL 14% OTHER: 69% ADMISSION CHARGE/17% TOURISM	\$10,033	
	Contract Description:	This is a new contract that continues ongoing maintenance services for the Nevada State Museum's passenger elevators, freight elevator and wheelchair lift.				
		Term of Contract:	11/06/2018 - 11/30/2022	Contract # 21265		
14.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	CAPTIONS UNLIMITED OF NEVADA, INC.	GENERAL 50% FEDERAL 50%	\$41,725	Sole Source
	Contract Description:	This is a new contract to provide ongoing real time captioning services for staff that are hearing impaired. Assist staff with meetings and training both on and off site including conference calls by having an interrupter available in person or by telephone to interpret and provide a real time written transcript.				
		Term of Contract:	11/02/2018 - 06/30/2019	Contract # 21207		
15.	431	OFFICE OF THE MILITARY	HUMANN BUILDING SOLUTIONS, LLC	FEDERAL	\$17,250	Professional Service
	Contract Description:	This is a new contract to provide professional facility audit services for the National Guard's Floyd Edsall Field maintenance shop facilities located in Las Vegas.				
		Term of Contract:	08/15/2017 - 12/31/2018	Contract # 21212		
16.	440	DEPARTMENT OF CORRECTIONS - HUMBOLDT CONSERVATION CAMP	AEDGE WATER TECHNOLOGIES, LLC	GENERAL	\$25,917	
	Contract Description:	This is a new contract to provide the removal, exchange, and disposal of Bayoxide media from Humboldt Conservation Camp's water treatment system.				
		Term of Contract:	11/07/2018 - 01/31/2019	Contract # 21140		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	I&E ELECTRIC, INC.	FEE: UTILITY SURCHARGE	\$40,000	
	Contract Description:	This is a new contract to provide services for electrical equipment repairs at South Fork and Wild Horse State Recreation Area.				
		Term of Contract:	11/01/2018 - 12/31/2020	Contract # 21228		
18.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	PLUMB LINE MECHANICAL, INC.	FEE: UTILITY SURCHARGE	\$40,000	
	Contract Description:	This is a new contract to provide services for plumbing issues at South Fork and Wild Horse Recreation Area.				
		Term of Contract:	11/07/2018 - 12/31/2020	Contract # 21225		
19.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	AM SMITH ELECTRIC, INC.	GENERAL	\$29,614	
	Contract Description:	This is a new contract to provide replacement of the failed UPS system and batteries at Elko Interagency Dispatch Center.				
		Term of Contract:	11/07/2018 - 12/15/2018	Contract # 21251		
20.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	SNYDER SERVICES, INC.	GENERAL	\$20,536	
	Contract Description:	This is a new contract to provide replacement of the boiler burner assemblies at the Elko Interagency Dispatch Center.				
		Term of Contract:	04/17/2018 - 12/31/2018	Contract # 21217		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - CONSERVATION CAMPS	SAM PEMELTON DBA ELKO OVERHEAD DOOR COMPANY	GENERAL	\$10,313	
Contract Description:		This is a new contract to provide replacement of a damaged overhead door and motor operator at the Carlin Conservation Camp.				
Term of Contract:			11/07/2018 - 01/15/2019	Contract # 21103		

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: **17152** Amendment Number: **3**

Agency Name: **NUCLEAR PROJECTS OFFICE** Legal Entity Name: **STROLIN CONSULTING, LLC**

Agency Code: **012** Contractor Name: **STROLIN CONSULTING, LLC**

Appropriation Unit: **1005-11** Address: **117 SUSSEX PL**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89703**

If "No" please explain: Not Applicable Contact/Phone: **Joseph Strolin 775-720-4938**

Vendor No.: **T29022105**

NV Business ID: **NV20091397942**

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 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	80.00 %	X Other funding	20.00 % Western Governors' Association

Agency Reference #: **JCS5**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2018**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Licensing Support**

5. Purpose of contract:

This is the third amendment to the original contract providing for the continued oversight of the Yucca Mountain repository program and the on-going Nuclear Regulatory Commission licensing proceeding. The amendment extends the termination date from December 31, 2018 to June 30, 2019 and increases the maximum amount of the contract from \$245,000 to \$285,000 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:	\$75,000.00	\$75,000.00	\$75,000.00	Yes - Action
a. Amendment 1:	\$75,000.00	\$75,000.00	\$75,000.00	Yes - Action
b. Amendment 2:	\$95,000.00	\$95,000.00	\$95,000.00	Yes - Action
2. Amount of current amendment (#3):	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$285,000.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

During the second half of FY 2019, the Agency expects Yucca Mountain licensing activity to increase together with renewed Yucca Mountain efforts on the part of the U.S. Department of Energy. Mr. Strolin extend the contract for six months to assist the Agency on a part-time basis to assure that important Planning Division work can continue and to provide support and assistance with important licensing and Yucca Mountain oversight activities. Mr. Strolin has unique qualifications, knowledge, and experience as a result of his long tenure with the Agency and close involvement with the Yucca Mountain program and other nuclear waste issues/activities in Nevada over a period of more than 30 years. During the six month period, Mr. Strolin will be working with new Agency staff to effect the transfer of knowledge and to train/orient new staff regarding Planning Division work and responsibilities involving the Yucca Mountain licensing, impact assessment, nuclear waste transportation, and other key aspects of the Agency work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Mr. Strolin has unique experience and qualifications with regard to the Yucca Mountain program and nuclear waste activities in Nevada that are not available elsewhere within the Agency or other State agencies. This is especially important given that the Yucca Mountain licensing proceedings are in the process of being restarted.

- 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 #: 150905
Approval Date: 09/30/2015

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:

Currently under contract to the Agency for Nuclear Projects. Quality of service is exemplary.

- 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	bsuwe	10/30/2018 11:37:18 AM
Division Approval	bsuwe	10/30/2018 11:37:27 AM
Department Approval	bsuwe	10/30/2018 11:37:35 AM
Contract Manager Approval	bsuwe	10/30/2018 11:37:43 AM
Budget Analyst Approval	mtum1	11/13/2018 12:13:38 PM



Purchasing Use Only:	
Approval #:	254

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:	Agency for Nuclear Projects	
	Contact Name(s) and Titles:	Robert J. Halstead, Executive Director	
	Telephone Number(s):	775-687-3744	
	Email Address(s):	bhalstead@nuc.state.nv.us	

2	Contractor Information:		
	Contractor:	Strolin Consulting, LLC	
	Contact Name:	Joseph C. Strolin	
	Address:	177 Sussex Place, Carson City, Nevada, 89703	
	Phone Number:	775-720-4938	
	Email Address:	jstrolin@gmail.com	

3	Ongoing relationship disclosure – List all previous contract information:			
	Procurement method:	Sole Source Waivers: #090523, #130906, #150905		
	CETS #:	11020; 12850; 15048; 17152		
	Contract “not to exceed amount”:	\$75,000; \$150,000; \$245,000		
	Contract term:	Start date: mm/dd/yy		End date: mm/dd/yy
	01/01/16		12/31/16	
	01/01/17		12/31/17	
	01/01/18		12/31/18	

4	Procurement method used to award the current contract:	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number:	#150905
	Other:	

5	Current contract information:		
	CETS #:	17152	
	Initial contract “not to exceed amount”:	\$150,000	
	Contract term:	Start date: mm/dd/yy	End date: mm/dd/yy
	01/01/16	01/31/18	

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	<i>Amendment extended the termination date by one year</i>	<i>Increased to \$150,000</i> <i>12/31/17</i>
	2	<i>Amendment extended the termination date by one year and changed the hourly rate from \$60 to \$90</i>	<i>Increased to \$245,000</i> <i>12/31/18</i>

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	3	<i>This amendment is to extend the termination date by 6 months and add additional funding</i>	<i>Increase “not to exceed” amount to \$285,000</i> <i>06/30/19</i>

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):		
	<p>The complex licensing process for the Yucca Mountain repository program has been ordered to restart by a federal appeals court. The Nuclear Regulatory Commission has begun the process of restarting the licensing proceeding. Mr. Strolin has been and still is heavily involved in assessing the impacts of the restarted licensing proceeding on the State of Nevada and giving counsel and advice to the Agency. Mr. Strolin is also the State Agency Integrator under the Agreement-in-Principle between the State of Nevada and the US Department of Energy/NNSA, dealing with Nevada National Security Site issues and low-level radioactive waste and mixed hazardous waste shipments through Nevada. His continued availability to the State and this Agency is important to maintain. Mr. Strolin has also indicated that this will be his last contract term with the Agency.</p>		

9	What are the potential consequences to the State if the contract extension request is denied?		
	<p>Providing for the continued services of Mr. Strolin is crucial at a time when the licensing proceeding for the Yucca Mountain nuclear waste repository is being restarted. Mr. Strolin has unique qualifications, knowledge and experience as a result of this long tenure with the Agency and his close involvement with the Yucca Mountain program and with other nuclear waste issues/activities in the state. There is no one available in or out of state service who has the knowledge, experience and ability to assure the continuity of Agency activities with respect to policy, planning, licensing, impact assessment, and transportation of nuclear waste and nuclear materials. His advice and counsel have proven to be essential during the past few years, and it is expected that having his knowledge and expertise available as the Agency ramps up plans for the complex and highly charged licensing proceeding will be extremely important.</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.

Belinda A. Suwe
Signature of Agency Representative Initiating Request

BELINDA A. SUWE 11-08-18
Print Name of Agency Representative Initiating Request Date

Robert J. Halstead
Signature of Agency Head Authorizing Request

ROBERT J. HALSTEAD 11-08-18
Print Name of Agency Head Authorizing Request 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: [Signature] 11-13-2018
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: **21016**

Agency Name:	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION	Legal Entity Name:	EDUCATIONAL COMPUTER SYSTEMS
Agency Code:	017	Contractor Name:	EDUCATIONAL COMPUTER SYSTEMS
Appropriation Unit:	2995 - All Categories	Address:	INC DBA HEARTLAND CAMPUS SLTNS 1 HEARTLAND WAY
Is budget authority available?:	Yes	City/State/Zip:	JEFFERSONVILLE, IN 47130-5870
If "No" please explain:	Not Applicable	Contact/Phone:	800-437-6931
		Vendor No.:	T27038495A
		NV Business ID:	No

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 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 086

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2018**

Anticipated BOE meeting date 08/2018

Retroactive? **Yes**

If "Yes", please explain

The signatory authority for this contract was out of town.

3. Termination Date: **06/30/2022**

Contract term: **3 years and 235 days**

4. Type of contract: **Contract**

Contract description: **Loan Servicing**

5. Purpose of contract:

This is a new contract to provide ongoing loan servicing and will include monthly billing and collection of student loan payments for processing and forwarding payments to WICHE/State bank accounts.

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 \$500.00 per month

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

WICHE originates and manages its private student loan database. ECSI collects payments, bills the student monthly issues and sends 1099's to borrowers each year. Each week ECSI sends collected payments to the state bank account via EFT. ECSI provides customer support via email and phone.

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 materials and lack the expertise needed to complete the 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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Board of Regents, 2014 for various amounts with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

The vendor does not have any assets, business locations, employees, or affiliates in the State.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

The vendor does not have any assets, business locations, employees, or affiliates in the State.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

The legal entity is not registered with the Nevada Secretary of the State's Office. They are not in good or bad standing.

19. Agency Field Contract Monitor:

lenox, colleen, Account Tech Ph: 775-684-0991

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdevere	10/19/2018 15:37:31 PM
Division Approval	sdevere	10/19/2018 15:37:36 PM
Department Approval	sdevere	10/19/2018 15:37:42 PM
Contract Manager Approval	sdevere	10/19/2018 15:37:46 PM
Budget Analyst Approval	dbaughn	11/07/2018 17:12:50 PM



100 North Stewart Street, Suite 220
Carson City, NV 89701
Phone 775-687-0991
Fax 775-687-0990

June 29, 2018

******Memorandum******

The attached new contract between the Governor's Office of the Western Regional Education Compact, Western Interstate Commission for Higher Education (WICHE) and Heartland Campus Solutions/Educational Computer Systems, Inc. (ECSI) includes a retroactive signature dated to June 29, 2018.

This contract needs a retroactive signature for three reasons:

- The signatory authority for this contract was out of town this week.
- The previous contract between the Nevada System of Higher Education on behalf of WICHE with ECSI expires on June 30, 2018. The new contract between WICHE and ECSI takes effect July 1, 2018.
- The timing of this contract occurs over the weekend.

Brian L. Mitchell

Director
Governor's Office of Science, Innovation and Technology
Signatory Authority for Nevada WICHE BA2995

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: **21263**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: MCDONALD CARANO, LLP
Agency Code: 030	Contractor Name: MCDONALD CARANO, LLP
Appropriation Unit: 1348-15	Address: 2300 WEST SAHARA AVENUE STE 12
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: 775/788-2000
	Vendor No.: T81073509B
	NV Business ID: NV19961000027

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 % TORT CLAIM FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/05/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **Yes**

If "Yes", please explain

We request this contract to be retroactive effective September 5, 2018 due to the emergent nature of this specific defendant in the litigation. The nature of this ongoing litigation has narrowed the timeframe for timely submission.

3. Termination Date: **06/30/2019**

Contract term: **298 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide services to represent defendant in case no. A-18-777312-B.

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 need for attorney services in the defense of litigation against the State. Due to potential conflicts in representation, the Office of the Attorney General could not represent this defendant and required outside counsel for the representation.

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 needed for this matter.

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?

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:

LLP

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 Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	10/31/2018 11:17:51 AM
Division Approval	cschon1	10/31/2018 11:17:54 AM
Department Approval	cschon1	10/31/2018 11:17:56 AM
Contract Manager Approval	cschon1	10/31/2018 11:17:58 AM
Budget Analyst Approval	hfield	11/07/2018 08:45:00 AM

ADAM PAUL LAXALT
Attorney General



NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: October 31, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #21263 for McDonald Carano
Wilson, LLP

We request this contract to be retroactive effective September 5, 2018 due to the emergent nature of this specific defendant in the litigation. The nature of this ongoing litigation has narrowed the timeframe for timely submission.

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: **19694** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **ROBSON FORENSIC**

Agency Code: **030** Contractor Name: **ROBSON FORENSIC**

Appropriation Unit: **1348-15** Address: **354 North Prince Street**

Is budget authority available?: **Yes** City/State/Zip: **Lancaster, PA 17603**

If "No" please explain: Not Applicable Contact/Phone: **Michael Wetzel 669-273-6440**

Vendor No.: **pending**

NV Business ID: **NV20131198256**

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TORT CLAIM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**

Anticipated BOE meeting date: **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/25/2021**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing expert witness services for case number CV17-00225. This amendment increases the maximum amount from \$30,000 to \$49,000 due to trial preparation and expert witness testimony.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#1):	\$19,000.00	\$19,000.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$49,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state is involved in ongoing litigation that will require the service of the expert witness.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not experts in this field

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	10/18/2018 09:05:19 AM
Division Approval	cschon1	10/18/2018 09:05:22 AM
Department Approval	cschon1	10/18/2018 09:05:24 AM
Contract Manager Approval	cschon1	10/18/2018 09:05:28 AM
Budget Analyst Approval	hfield	10/25/2018 13:01:29 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: **21023**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BOMBARD ELECTRIC
Agency Code: 082	Contractor Name: BOMBARD ELECTRIC
Appropriation Unit: 1349-12	Address: 3570 West Post Road
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: suzanne.rosenberger@bombardelec.com 702-263-3570
	Vendor No.: T27020126
	NV Business ID: NV20051306419

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 2830351

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 09/2018

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: **Electrical**

5. Purpose of contract:

This is a new contract to provide ongoing electrical services, maintenance, and repairs as needed, at the request and approval of Buildings and Grounds in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per Hour

Other basis for payment: M-F, 6:00 A.M to 2:30 P.M. Everything after the hours stated above including Holidays and weekends are double time. Please see complete rate sheet with the contract.

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:

Beyond the expertise of B&G personnel.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of many contractors and per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 08/15/2018 Anticipated re-bid date: 11/15/2022

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?

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	10/23/2018 11:31:58 AM
Division Approval	ssands	10/23/2018 11:32:00 AM
Department Approval	ssands	10/23/2018 11:32:04 AM
Contract Manager Approval	ssands	10/23/2018 11:32:07 AM
Budget Analyst Approval	mmoren1	10/29/2018 13:53:26 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: **21241**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GERALD KATZ
Agency Code: 082	Contractor Name: GLOBAL CONSTRUCTION CONSULTING
Appropriation Unit: 1349-04	Address: PO BOX 5238
Is budget authority available?: Yes	City/State/Zip: EDWARDS, CO 81632
If "No" please explain: Not Applicable	Contact/Phone: 703-309-2922
	Vendor No.: T32005357
	NV Business ID: NV20181763494
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 % B&G BUILDING RENT INCOME REVENUE
Agency Reference #: ASD 2830794	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2018**
 Anticipated BOE meeting date **10/2018**

Retroactive? **Yes**

If "Yes", please explain

Public Works had asked for a time extension in Global Construction Consulting contract 19416 first amendment and I erred in, not including the time extension and was not aware of this error until an invoice from the vendor arrived for payment. This is a new contract for Public Works to complete the work the vendor has been consulting on. I am respectfully asking for a retro start date of Sept. 1, 2018, as this was my error and not SPWD or the vendor's error.

3. Termination Date: **06/30/2019**
 Contract term: **302 days**

4. Type of contract: **Contract**
 Contract description: **Consultant**

5. Purpose of contract:

This is a new contract to provide ongoing professional consulting services to include complete document review and assessment of SPWD contract forms.

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?

Outdated forms, codes, laws etc. could cause liability to the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of knowledge and 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?

[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:
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 sole proprietor Gerald Katz, dba global construction consulting.

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	10/29/2018 08:45:44 AM
Division Approval	ssands	10/29/2018 08:45:47 AM
Department Approval	ssands	10/29/2018 08:45:52 AM
Contract Manager Approval	ssands	11/07/2018 10:56:35 AM
Budget Analyst Approval	mmoren1	11/07/2018 11:32:25 AM



**DEPARTMENT OF ADMINISTRATION
ADMINISTRATIVE SERVICES DIVISION**

**209 E. Musser Street, Room 304
Carson City, Nevada 89701-4204**

(775) 684-0273

Fax (775) 684-5846

MEMORANDUM

TO: Jim Rodriguez
Paul Nicks, Acting Director
Governor's Finance Office, Budget Division
State of Nevada
Carson City, Nevada 89701

FROM: Sue Sands – Program Officer I
Department of Administration
Administrative Services Division
Contracts Unit

November 2, 2018

SUBJECT Retro Memo for Global Construction Consultation

The original contract for this vendor CETS # 19416 expired on June 30, 2018.

Public Works had asked for an amendment changing dollars and extending the termination date in the above contract and I inadvertently missed changing the expiration date when I put in the amendment.

Unfortunately, Public Works and I were not aware of this mishap until an invoice from the vendor arrived for asking for payment.

Therefore, I am asking for approval of this new contract with a start date of My mishap and not the requestor or vendors error.

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: **21216**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Cashman Equipment
Agency Code: 082	Contractor Name: Cashman Equipment
Appropriation Unit: 1366-04	Address: 600 Glendale Avenue
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: jaredbetancourt@cashmanequipment.com 775-358-5111
	Vendor No.:
	NV Business ID: NV19601000406

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 % B&G Building Rent Income Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD 2830680**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2018**
Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2022**

Contract term: **4 years and 3 days**

4. Type of contract: **Contract**

Contract description: **Preventive Maintenanc**

5. Purpose of contract:

This is a new contract to provide preventative maintenance, repairs, and other requested services as needed and approved by SWPD Marlette Lake designee, to include extra services and/or emergencies for the 1986 International S1800 dump truck and Hyundai loader HL 740-3 and John Deere 310G Backhoe.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,033.21**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide annual preventive maintenance, repair, and other requested services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

lack of manpower and 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?

This is continued maintenance of sole source (only vendor to bid) from the original contract.

d. Last bid date: 10/01/2018 Anticipated re-bid date: 10/01/2022

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	10/24/2018 08:13:42 AM
Division Approval	ssands	10/24/2018 08:13:45 AM
Department Approval	ssands	10/24/2018 08:13:48 AM
Contract Manager Approval	ssands	10/24/2018 08:13:52 AM
Budget Analyst Approval	mmoren1	10/29/2018 11:28:41 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: **21261**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LUMOS & ASSOCIATES, INC.
Agency Code: 082	Contractor Name: LUMOS & ASSOCIATES, INC.
Appropriation Unit: 1558 - All Categories	Address: 9222 PROTOTYPE DR.
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-8989
If "No" please explain: Not Applicable	Contact/Phone: 775-827-6111
	Vendor No.: T80912843A
	NV Business ID: NV19791006982

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	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 #: 112230

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 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **2 years and 242 days**

4. Type of contract: **Contract**

Contract description: **MISCELLNEOUS**

5. Purpose of contract:

This is a new contract to provide professional commissioning, surveying, and other miscellaneous services for the Marlette Lake Grant Assistance project that will assist with preparing a FEMA Pre-Disaster Mitigation(PDM) grant for the Marlette Lake Multi-Hazard Mitigation Project. Services will include preparation of a Benefit Costs Analysis memorandum, and grant application: CIP Project No. 17-S04; SPWD Contract No. 112230

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 leg approved 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 Commissioning, Surveying and other Miscellaneous 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?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	10/29/2018 15:53:25 PM
Division Approval	lmars1	10/29/2018 15:53:27 PM
Department Approval	lmars1	10/29/2018 15:53:31 PM
Contract Manager Approval	lmars1	10/29/2018 15:53:34 PM
Budget Analyst Approval	aprasa1	11/01/2018 10:49:50 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: **21231**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HICKS, STEPHANIE A.
Agency Code: 082	Contractor Name: HICKS, STEPHANIE A.
Appropriation Unit: 1585-50	Address: 1881 PINTO CIR.
Is budget authority available?: Yes	City/State/Zip: GARDNERVILLE,, NV 89410-6818
If "No" please explain: Not Applicable	Contact/Phone: 775-790-1690
	Vendor No.: T32006456
	NV Business ID: NV20181452042

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	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 #: 112216

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2018**

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 245 days**

4. Type of contract: **Contract**

Contract description: **Miscellaneous**

5. Purpose of contract:

This is a new contract to provide professional Surveying and Commissioning services for the Marlette Lake & Hobart Reservoir Grant Preparation project and will include preparation of Benefit Cost Analyses (BCA) in accordance with FEMA methodology, draft and entry into the FEMA eGrants application database: CIP Project No. 17-S04; SPWD Contract No. 112216

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP Project

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 Surveying and Commissioning 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?

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 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	10/18/2018 13:37:01 PM
Division Approval	lmars1	10/18/2018 13:37:03 PM
Department Approval	lmars1	10/18/2018 13:37:06 PM
Contract Manager Approval	lmars1	10/18/2018 13:37:09 PM
Budget Analyst Approval	mmoren1	10/29/2018 10:40:59 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: **17229** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **AINSWORTH ASSOCIATES**

Agency Code: **082** Contractor Name: **AINSWORTH ASSOCIATES**

Appropriation Unit: **1590-68** Address: **1420 HOLCOMB AVE., SUITE 201**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-8003**

If "No" please explain: **Not Applicable** Contact/Phone: **775-329-9100**

Vendor No.: **T27012245A**

NV Business ID: **NV19751005286**

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 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **109828**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2015**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 204 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the replacement of approximately 47 fan coil units in building #6 and 40 fan coil units in building #107 at the Stewart Facility in Carson City: CIP Project No. 15-M26; SPWD Contract No. 109828. This amendment increases the maximum amount from \$50,000.00 to \$64,400.00 due to the added structural engineering design services for project-specific calculations and detailing for seismic anchoring of the new fan coil installations for this job.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
2. Amount of current amendment (#1):	\$14,400.00	\$14,400.00	\$14,400.00	Yes - Info
3. New maximum contract amount:	\$64,400.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

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	lmars1	10/22/2018 13:39:18 PM
Division Approval	lmars1	10/22/2018 13:39:21 PM
Department Approval	lmars1	10/22/2018 13:39:26 PM
Contract Manager Approval	lmars1	10/22/2018 13:39:31 PM
Budget Analyst Approval	mmoren1	10/29/2018 11:52:23 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: **19619** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Gallagher & Associates, LLC**

Agency Code: **082** Contractor Name: **Gallagher & Associates, LLC**

Appropriation Unit: **1592-25** Address: **290 KING STREET, SUITE 10B**

Is budget authority available?: **Yes** City/State/Zip: **SAN FRANCISCO, CA 94107**

If "No" please explain: **Not Applicable** Contact/Phone: **415-975-0905**

Vendor No.: **T27042033**

NV Business ID: **NV20181726650**

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	3.00 %	X Bonds	97.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111796

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 137 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 design services for the Stewart Facility - Cultural Center CIP project to include the design of exhibits and interpretive media for the Cultural Center Exhibits located within the administrative building at the Stewart Campus in Carson City: CIP Project No. 17-C08A; SPWD Contract No. 111796. This amendment increases the maximum amount from \$247,000.00 to \$272,000.00 due to the additional designs required for the lobby, storytelling room and museum store space related to this project

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$247,000.00	\$247,000.00	\$247,000.00	Yes - Action
2. Amount of current amendment (#1):	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
3. New maximum contract amount:	\$272,000.00			

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

No Registered Agency required for Non-Title 7 Business Licenses.

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	lmars1	10/22/2018 14:08:13 PM
Division Approval	lmars1	10/22/2018 14:08:17 PM
Department Approval	lmars1	10/22/2018 14:08:20 PM
Contract Manager Approval	lmars1	10/22/2018 14:08:24 PM
Budget Analyst Approval	mmoren1	10/29/2018 10:23:45 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: **16851** Amendment Number: **3**

Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **JORGE RODRIGUEZ**

Agency Code: **089** Contractor Name: **JORGE RODRIGUEZ**

Appropriation Unit: **1015-04** Address: **PO BOX 31165**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89173**

If "No" please explain: **Not Applicable** Contact/Phone: **702-755-2232**

Vendor No.: **T29016727A**

NV Business ID: **NV20141157139**

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ASSESSMENTS TO INSURERS

Agency Reference #: **ASD #1924717**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/06/2015**

Anticipated BOE meeting date **11/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 360 days**

4. Type of contract: **Contract**

Contract description: **Interpreter Services**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing Spanish interpretation services during administrative hearings, required by NRS 645B, to non-English speaking injured workers so they are appropriately represented at appeal hearings. This amendment increases the maximum amount from \$24,000.00 to \$35,000.00 to complete the interpreter contract.

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
a. Amendment 1:	\$0.00	\$0.00	\$24,000.00	No
b. Amendment 2:	\$0.00	\$0.00	\$24,000.00	No
2. Amount of current amendment (#3):	\$11,000.00	\$11,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$35,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This Division is required by statute to provide interpreter services to non-English speaking injured workers so that they are properly represented at appeals hearings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not employ interpreters except by independent contract.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Proposals are not solicited as the Division pays a flat rate of \$80 per hour. This contractor is one of four (two in Northern Nevada and two in Southern Nevada) who provide this service.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

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 2012 thru June 2015 Hearings and Appeals Division - 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	lmars1	10/24/2018 13:02:51 PM
Division Approval	lmars1	10/24/2018 13:02:54 PM
Department Approval	lmars1	10/24/2018 13:02:58 PM
Contract Manager Approval	lmars1	10/30/2018 13:12:28 PM
Budget Analyst Approval	cbrekken	10/30/2018 13:13:00 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: **21265**

Agency Name:	DTCA - MUSEUMS AND HISTORY DIVISION	Legal Entity Name:	ELEVATOR SERVICE INC DBA
Agency Code:	331	Contractor Name:	ELEVATOR SERVICE INC DBA
Appropriation Unit:	2940-07	Address:	KOCH ELEVATOR COMPANY 561 SUNSHINE LN
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89502-1534
If "No" please explain:	Not Applicable		
		Contact/Phone:	LISA KOCH 775/323-8822
		Vendor No.:	T27012989
		NV Business ID:	NV20021389523

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.

X	General Funds	14.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	86.00 % 69% Admission Charge/17% Tourism Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2022**

Contract term: **4 years and 25 days**

4. Type of contract: **Contract**

Contract description: **NSM Elevator Maint**

5. Purpose of contract:

This is a new contract that continues ongoing maintenance services for the Nevada State Museum's passenger elevators, freight elevator and wheelchair lift.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,033.00**

Payment for services will be made at the rate of \$627.01 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The service is necessary in order to maintain operation and safety of elevators for public use at the Nevada State Museum, Carson City.

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 or qualifications necessary to perform the inspections or maintenance of elevators.

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):

Koch Elevator
Schindler Elevator
Otis Elevator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because they have performed this work for the museum in the past demonstrating that they are highly qualified to do this work. This company was also the lowest bidder.

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?

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 Museum 2014 - 2018; Results 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:

Rich Parker, Facility Maintenance Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cedlefse	10/30/2018 14:17:03 PM
Division Approval	cedlefse	10/30/2018 14:17:07 PM
Department Approval	amathies	10/31/2018 07:44:34 AM
Contract Manager Approval	cedlefse	11/01/2018 07:43:11 AM
Budget Analyst Approval	mmoren1	11/06/2018 09:37:28 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: **21207**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Captions Unlimited of Nevada, Inc.
Agency Code: 403	Contractor Name: Captions Unlimited of Nevada, Inc.
Appropriation Unit: 3158-04	Address: P.O. Box 20905
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89515
If "No" please explain: Not Applicable	Contact/Phone: 775-746-3534
	Vendor No.: T81082135
	NV Business ID: NV19971149411

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	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 **11/02/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **240 days**

4. Type of contract: **Contract**

Contract description: **Captioning Services**

5. Purpose of contract:

This is a new contract which provides ongoing real time captioning services for staff that are hearing impaired. Assists staff with meetings and training both on and off site including conference calls by having a live person available in person or by telephone to interpret and provide a real time written transcript.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,725.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to DHCFP employees who are hearing impaired and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to employees with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or certified to provide these services pursuant to NRS 656A.084 and NRS 656A.400.

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 #: 180905

Approval Date: 09/27/2018

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:
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	pcolegro	10/23/2018 15:26:35 PM
Division Approval	ecreceli	10/23/2018 16:36:46 PM
Department Approval	vmilazz1	10/25/2018 11:14:36 AM
Contract Manager Approval	iknigh1	10/25/2018 14:48:35 PM
Budget Analyst Approval	bwooldri	11/02/2018 15:06:42 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#:	180905

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>Division of Health Care Financing and Policy (DHCFP)</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Ellen M. Crecelius</i>	<i>775-684-3668</i>	<i>ellen.crecelius@dhcfp.nv.gov</i>
	<i>Ian Knight</i>	<i>775-684-3704</i>	<i>i.knight@dhcfp.nv.gov</i>

Vendor Information:	
Identify Vendor:	<i>Captions Unlimited of Nevada, Inc.</i>
Contact Name:	<i>Denise Phipps</i>
Address:	<i>PO Box 20905</i>
Telephone Number:	<i>(775) 746-3534</i>
Email Address:	<i>denise@captionsunlimited.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	<input checked="" type="checkbox"/>

Contract Information:			
1d	Is this a new Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Amendment:	#	
	CETS:	#	

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>11/01/2018</i>	End Date:

1f	Funding:	
	State Appropriated:	<i>50</i>
	Federal Funds:	<i>50</i>
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$41,725</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	Real-time captioning services are provided as a reasonable accommodation for DHCFP staff who are hearing impaired, additionally real-time captioning services are used to provide a record of meetings and meeting actions.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p><i>Pursuant to NRS 656A.84 and 656A.400 unique qualifications include:</i></p> <p>NRS 656A.400 Application; registration.</p> <ol style="list-style-type: none"> 1. A person who wishes to engage in the practice of realtime captioning in this State must submit to the Division: <ol style="list-style-type: none"> (a) Proof that the applicant is at least 18 years of age; (b) An application in the form prescribed by the Division; (c) Proof that the applicant has complied with the requirements for education, training, experience and certification required for the practice of realtime captioning as prescribed by a regulation of the Division pursuant to <u>NRS 656A.084</u>; and (d) Any other information or evidence the Division may require to determine whether the applicant has complied with the requirements to engage in the practice of realtime captioning. 2. The Division shall register each applicant who complies with the provisions of this section and issue to the applicant proof of registration. <p>(Added to NRS by <u>2005, 965</u>; A <u>2007, 166</u>; <u>2009, 2404</u>)</p>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p>A real-time captioning service is a specialty service, similar to court stenography, and is the simultaneous process through which spoken-word English becomes readable English. A highly skilled captioner, with the aid of cutting-edge computer software, listens and takes down all spoken communication in steno shorthand. The computer software then reinterprets the captioner's shorthand into readable English, which it displays on a computer monitor, television screen, video or overhead projector, or other type of audiovisual device. The communication is instantaneous and fluid.</p> <p>Real-time captioning is used primarily by people who are deaf and hard of hearing to facilitate communication. Though in many instances people who are deaf and hard of hearing will require a sign language interpreter, real-time captioning is often the preferred option of late-deafened individuals and persons who do not use sign language as their primary mode of communication. For these people, real-time captioning is the most effective and reasonable accommodation.</p> <p>From researching various sources, real-time captioning services within the local area (Reno/Carson City) are limited to only this vendor. Since 2002, DHCFP has had an ongoing contract with Captions Unlimited. In that time, Captions Unlimited has developed unique expertise regarding Division of Health Care Financing and Policy programs, staff, acronyms and their context, professional English usage, and the like. For example, all Captions Unlimited employees, through the use of an extensive macro dictionary, are able to differentiate between similar acronyms, such as HIFA and HIPAA, often intermingled in the same conversation, and record each usage correctly.</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>				
A real-time captioning service is the reasonable accommodation that is needed for DHCFP staff. An informal telephone survey of other divisions referred us to Captions Unlimited as their preferred vendor.					

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 ALL previous waivers MUST accompany this request.				Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	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>		
	<i>11/1/2018</i>	<i>6/30/2018</i>	<i>\$41,725</i>	<i>Captioning Services</i>		<i>Waiver</i>		
	<i>07/01/2014</i>	<i>06/30/2018</i>	<i>\$173,370</i>	<i>Captioning Services</i>		<i>Waiver</i>		
	<i>07/01/2010</i>	<i>06/30/2014</i>	<i>\$195,789</i>	<i>Captioning Services</i>		<i>Waiver</i>		
<i>08/08/2006</i>	<i>06/60/2010</i>	<i>\$95,000</i>	<i>Captioning Services</i>		<i>Waiver</i>			
		\$						

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	Vendors outside of the State of Nevada may not meet the standards as required by NRS 656A.084 and 656A.400. If a vendor outside of the local area were to be selected, they may not be able to provide real-time captioning services on-site as needed. Due to the local vendor's limited availability, failure to secure a sole source contract could result in the inability of DHCFP to provide the reasonable accommodations necessary for key employees to perform the duties and responsibilities of their positions. This sole source request is scheduled to concede with the state of Nevada Purchasing MSA vendor scheduled to begin July 1, 2019.

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?
	Reviewed of listings of local yellow pages, Internet search, and current MSA contracts was conducted. Of the caption services provided for the hearing impaired, only a few of vendors provide real-time captioning services, other than Captions Unlimited and there were no other local vendors. It is necessary for this vendor to be available on-site for some meetings and during legislative sessions, as well as remotely for more ordinary meetings, videoconferences, or teleconferences.

	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
9	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.

Ellen M Creelius
Agency Representative Initiating Request

Ellen Creelius 9/18/18
Print Name of Agency Representative Initiating Request Date

Marta Jensen
Signature of Agency Head Authorizing Request

Marta Jensen 9/20/18
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: [Signature] 9-27-2018
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: **21212**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: HUMANN BUILDING SOLUTIONS, LLC
Agency Code: 431	Contractor Name: HUMANN BUILDING SOLUTIONS, LLC
Appropriation Unit: 3650-10	Address: 360 E. DESERT INN ROAD UNIT 604
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89109-9055
If "No" please explain: Not Applicable	Contact/Phone: Daniel A. Huard 702/604-3359
	Vendor No.: T29040092
	NV Business ID: NV20141515776

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2017**

Anticipated BOE meeting date 12/2018

Retroactive? **Yes**

If "Yes", please explain

This retroactive contract will allow the agency to reimburse Humann Building Solutions, LLC for services performed. Original contract was with Greenview Global LLC, CETS#19013 and company was dissolved. One of the partners, Daniel Huard had did some of the work but has his own company Humann Building Solutions, LLC. Our agency was waiting for the final settlement agreement between Greenview Global and Huard's own company Humann Building Solutions, LLC before proceeding payments.

3. Termination Date: **12/31/2018**

Contract term: **1 year and 138 days**

4. Type of contract: **Contract**

Contract description: **Energy**

5. Purpose of contract:

This is a new contract to provide professional facility audit services for the National Guard's Floyd Edsall Field maintenance shop facilities located in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,250.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with federal requirements, professional audit services are needed to analyze the infrastructure of the maintenance shops locate at the Floyd Edsall Training Center in Las Vegas and provide practical recommendations for energy savings initiates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency personnel do not possess the necessary skills and certifications to perform specified 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?

Per NAC 333.150, vendor has requisite skills and certifications to perform the professional American Society of Heating and Air-Conditioning Engineers (ASHRAE) Level 2 audit.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	10/12/2018 13:24:31 PM
Division Approval	ctyle1	10/12/2018 13:24:33 PM
Department Approval	ctyle1	10/12/2018 13:24:35 PM
Contract Manager Approval	twollan1	10/12/2018 14:12:54 PM
Budget Analyst Approval	aprasa1	10/31/2018 10:26:32 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: **21140**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: AEDGE WATER TECHNOLOGIES LLC
Agency Code: 440	Contractor Name: AEDGE WATER TECHNOLOGIES LLC
Appropriation Unit: 3741-95	Address: 2055 BOGGS RD
Is budget authority available?: Yes	City/State/Zip: DULUTH, GA 30096-4690
If "No" please explain: Not Applicable	Contact/Phone: 678-730-6517
	Vendor No.: PUR0005583
	NV Business ID: NV20141776888

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 **11/07/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2019**

Contract term: **85 days**

4. Type of contract: **Contract**

Contract description: **Arsenic removal**

5. Purpose of contract:

This is a new contract to provide the removal, exchange, and disposal of Bayoxide media from Humboldt Conservation Camp's water treatment system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,917.00**

Other basis for payment: Upon satisfactory completion of services and submission of invoice. The balance of \$7,288.00 is encumbered in cat 07, GL 7060.

II. JUSTIFICATION

7. What conditions require that this work be done?

The water treatment system at HCC requires the removal and replacement of the media housed in the system's canisters. If the system is not filtering the water properly the Nevada Bureau of Safe Drinking Water will require the system to be shut down and the Department will be required to incur the additional expense for bottled water.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified to provide the service and the Department does not have the necessary 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?

Other vendors declined to provide quotes because AdEdge is the sole supplier of the media.

d. Last bid date: 09/11/2018 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, 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:

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	dbretche	10/01/2018 15:06:46 PM
Division Approval	amonro1	10/04/2018 12:00:36 PM
Department Approval	sewart	10/04/2018 13:27:12 PM
Contract Manager Approval	mkillia1	11/07/2018 12:13:17 PM
Budget Analyst Approval	bmacke1	11/07/2018 12:20:21 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: **21228**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: I&E ELECTRIC, INC.
Agency Code: 704	Contractor Name: I&E ELECTRIC, INC.
Appropriation Unit: 4605-06	Address: 1425 DOERR DRIVE
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Steve Hrmann 775/738-3058
	Vendor No.: T27015600
	NV Business ID: NV199111046250
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 %	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 **11/01/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2020**

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **On call Electrical**

5. Purpose of contract:

This is a new on-call contract to provide services for any electrical equipment repairs at either South Fork or Wild Horse State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: \$20,000 per state park

II. JUSTIFICATION

7. What conditions require that this work be done?

Aging equipment requires on call maintenance.

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 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?

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 with South Fork and Wild Horse State Recreation Area since 2016 with satisfactory performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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: 775-744-4346

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/18/2018 09:51:07 AM
Division Approval	sdecrona	10/18/2018 09:51:09 AM
Department Approval	sdecrona	10/18/2018 09:51:12 AM
Contract Manager Approval	sdecrona	10/18/2018 09:53:49 AM
Budget Analyst Approval	cpalme2	11/01/2018 16:10:06 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: **21225**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: PLUMB LINE MECHANICAL, INC.
Agency Code: 704	Contractor Name: PLUMB LINE MECHANICAL, INC.
Appropriation Unit: 4605-06	Address: 449 West Commercial Street
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Tino Ayala 775/753-7586
	Vendor No.: T29024917
	NV Business ID: NV20041377558
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 %	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 **11/07/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2020**

Contract term: **2 years and 55 days**

4. Type of contract: **Contract**

Contract description: **On Call Plumbing**

5. Purpose of contract:

This is a new on call contract to provide services for any plumbing issues at either South Fork or Wild Horse Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: \$20,000 per park

II. JUSTIFICATION

7. What conditions require that this work be done?

We have some aging equipment and extreme temperatures in winter which results in a need for repair on an on call basis.

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):

**Sheen Plumbing
Charles Chester Plumbing**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The only responding 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?

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 under contract since 2014 to present 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	10/17/2018 14:12:16 PM
Division Approval	sdecrona	10/17/2018 14:12:18 PM
Department Approval	sdecrona	10/17/2018 14:12:21 PM
Contract Manager Approval	sdecrona	11/01/2018 08:23:16 AM
Budget Analyst Approval	cpalme2	11/07/2018 10:12:00 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: **21251**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: AM SMITH ELECTRIC INC
Agency Code: 706	Contractor Name: AM SMITH ELECTRIC INC
Appropriation Unit: 4195-95	Address: SUITE 43
Is budget authority available?: Yes	3370 EXECUTIVE POINTE WAY
If "No" please explain: Not Applicable	City/State/Zip: CARSON CITY, NV 89706-7975
	Contact/Phone: MELISSA SMITH 775/885-0333
	Vendor No.: PUR0002678
	NV Business ID: NV19801010061
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 #: **NDF19-011**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **Yes**

If "Yes", please explain

The Nevada Division of forestry's (NDF) Elko Interagency Dispatch Center's uninterrupted power supply (UPS) system failed and require immediate replacement to ensure NDF's Northern Region and Elko's 911 Call Center's emergency services remained uninterrupted and operational.

3. Termination Date: **12/15/2018**

Contract term: **38 days**

4. Type of contract: **Contract**

Contract description: **Emergency UPS Elko**

5. Purpose of contract:

This is a new emergency contract to replace failed UPS system and batteries at Elko Interagency Dispatch Center to ensure emergency services remain uninterrupted and operational.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,614.02**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of Contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an emergency contract to replaced the failed UPS system at NDF's Elko Interagency Dispatch Center.

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 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?

Smith Electric posses the expertise to perform the necessary replacement.

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:

NDF has an additional contract with Smith Electric Company, Contract #20090

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:

Simerly, Brett, Support Services Program Manager Ph: 775-684-2517

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	10/24/2018 16:36:38 PM
Division Approval	dprather	10/25/2018 10:09:44 AM
Department Approval	dprather	10/25/2018 10:09:47 AM
Contract Manager Approval	jcoope8	10/30/2018 16:40:21 PM
Budget Analyst Approval	cpalme2	11/07/2018 08:05:45 AM



STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
NEVADA DIVISION OF FORESTRY
2478 Fairview Drive
Carson City, Nevada 89701
Phone (775) 684-2500 Fax (775) 684-2570

MEMORANDUM

TO: Curtis Palmer, Budget Analyst IV, Governors Finance Office

FROM: Brett Simerly, Support Services Program Manager

SUBJECT: **Justification** (\$29,614.02) NDF M425 Deferred Maintenance Elko Interagency Dispatch Center Electrical Upgrades Emergency Uninterrupted Power Supply Replacement Project in Elko, Nevada

The Nevada Division of Forestry's Elko Interagency Dispatch Center's uninterrupted power supply (UPS) system failed and required immediate replacement. The immediate replacement of this UPS system was critical to ensure NDF's Northern Region and Elko's 911 Call Center's emergency services remained uninterrupted and operational. The failed UPS system provided vitally needed electrical power during power outages and provided temporary electric power to the facilities phone, radio and computer systems.

Smith Electric Company has provided us a formal quotation for replacing the failed and inoperable UPS system for \$29,614.02. After reviewing the quotation provided by Smith Electric Company it is my recommendation that a contract be awarded to Smith Electric Company.

Funding for this project will come from budget 4195 category 95.

Respectfully,

Brett C. Simerly
Support Services Program Manager
Nevada Division of Forestry

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: **21217**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: SNYDER SERVICES, INC.
Agency Code: 706	Contractor Name: SNYDER SERVICES, INC.
Appropriation Unit: 4195-07	Address: PO BOX 2775
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89803-2775
If "No" please explain: Not Applicable	Contact/Phone: Scott Oxborrow 775/738-5616
	Vendor No.: T80925991
	NV Business ID: NV20011319542
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.

<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 #: **NDF 19-007**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/17/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **Yes**

If "Yes", please explain

On April 17, 2018 NDF's Elko Interagency Dispatch Center experienced a catastrophic HVAC system boiler burner assembly failure. This dispatch center is staffed by personnel from NDF, BLM, US Forestry Service, and the City of Elko's 911 Call Center. The decision to enter into an emergency contract with Snyder Mechanical allowed the interagency dispatch center to remain open, and operational allowing emergency resources support and dispatch services to continue.

3. Termination Date: **12/31/2018**

Contract term: **258 days**

4. Type of contract: **Contract**

Contract description: **Boiler Burner Replac**

5. Purpose of contract:

This is a new contract replace the boiler burner assemblies at the Elko Interagency Dispatch Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,536.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of Contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to replace the HVAC system boiler burner assembly at the Elko interagency Dispatch Center that suffered a critical failure.

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 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?

Snyder Mechanical has the necessary expertise to conduct this critical replacement and has performed satisfactorily in the past.

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:

Snyder Mechanical completed a Chiller installation project at the NDF Elko Interagency Dispatch Center in April 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 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:

Simerly, Brett, Support Serives Program Manager Ph: 775-684-2517

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	10/18/2018 11:50:40 AM
Division Approval	dprather	10/25/2018 10:13:33 AM
Department Approval	dprather	10/25/2018 10:13:36 AM
Contract Manager Approval	jcoope8	10/30/2018 16:33:08 PM
Budget Analyst Approval	cpalme2	11/08/2018 09:53:44 AM



STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
NEVADA DIVISION OF FORESTRY
2478 Fairview Drive
Carson City, Nevada 89701
Phone (775) 684-2500 Fax (775) 684-2570

MEMORANDUM

TO: Curtis Palmer, Budget Analyst IV, Governors Finance Office

FROM: Brett Simerly, Support Services Program Manager

SUBJECT: **Justification** (\$20,536.00) Elko Interagency Dispatch Center Emergency Boiler Burner Assemblies Replacement Retroactive Contract at Elko, Nevada.

On April 17, 2018 the Nevada Division of Forestry's Elko Interagency Dispatch Center experienced a catastrophic HVAC system boiler burner assembly failure. This dispatch center is staffed by personnel from the Nevada Division of Forestry, US Bureau of Land Management, US Forest Service, and the City of Elko's 911 call center. Through an emergency contract with Snyder Mechanical, the failed boiler burner assemblies were replaced with new direct replacement burner assemblies. This decision was made to keep the interagency dispatch center open and operational so emergency resources could be supported and dispatching operations could continue. The failed burner assemblies provided vitally needed hot water for the facilities HVAC system which maintains a safe and healthy work environment for its occupants.

Funding for this contract will come from budget 4195 category 95.

Respectfully,

Brett C. Simerly
Support Services Program Manager
Nevada Division of Forestry

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: **21103**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: PEMELTON, SAM DBA ELKO OVERHEAD DOOR CO
Agency Code: 706	Contractor Name: PEMELTON, SAM DBA ELKO OVERHEAD DOOR CO
Appropriation Unit: 4198-95	Address: 1076 RIVER STREET
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775/738-7433
	Vendor No.: T80105580
	NV Business ID: NV20131638316

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 #: **NDF19-006**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2018**

Anticipated BOE meeting date **12/2018**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/15/2019**

Contract term: **69 days**

4. Type of contract: **Contract**

Contract description: **O/H Door Replacement**

5. Purpose of contract:

This is a new contract to replace a damaged overhead door and motor operator at the Carlin Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,313.00**

Payment for services will be made at the rate of \$0.00 per NA

Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The overhead door and motor operator failed and are non-operational. This service is needed to rectify this situation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Division employees are not properly trained to perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Sam Pemelton, DBA Elko Overhead Door
Overhead Door Company
Hanson Overhead Garage Door Service
D&D Overhead Door

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor to submit a quote for this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contract is currently under contract with the Nevada Division of Forestry for window replacement at the Northern Region Headquarters in Elko.

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:

Brett Simerly, Support Services Program Manager Ph: 775-684-2517

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	10/16/2018 16:58:07 PM
Division Approval	dprather	10/25/2018 10:16:09 AM
Department Approval	dprather	10/25/2018 10:16:12 AM
Contract Manager Approval	jcoope8	10/30/2018 16:39:57 PM
Budget Analyst Approval	cpalme2	11/07/2018 10:24:59 AM

INFORMATION CONTRACT SUMMARY (ADDITIONAL)

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS LTD DBA TSK ARCHITECTS	OTHER: UNIVERSITY FUNDS	(\$14,400,330)	Professional Service	
		Contract Description: This is the first amendment to the original contract which provides professional architectural/engineering services for the design and construction administration for the University of Nevada, Las Vegas, Nevada School of Medicine, Medical Education Building CIP Project. This amendment decreases the maximum amount from \$14,400,330 to \$0 and restricts the termination date from June 30, 2021 to November 15, 2018 due to an Owner and Consultant agreement to mutually terminate this contract pursuant to Article 10. This allows for the negotiation of a new agreement that is consistent with the recently revised project scope: CIP Project No. 17-C15; SPWD Contract No. 111369.					
		Term of Contract:	10/10/2017 - 11/15/2018	Contract # 19226			
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	THE WHITING TURNER CONTRACTING COMPANY	GENERAL 50% OTHER: UNIVERSITY SYSTEM FUNDING 50%	(\$500,620)	Professional Service	
		Contract Description: This is the first amendment to the original contract which provides Construction Manager at Risk (CMAR) pre-construction services for the University of Nevada, Las Vegas Medical School Building CIP project. This amendment decreases the maximum amount from \$500,620 to \$0 and restricts the termination date from June 30, 2021 to November 15, 2018 due to an Owner and Consultant agreement to mutually terminate this contract pursuant to Article 13. This allows for the negotiation of a new agreement that is consistent with the recently revised project scope: CIP Project No. 17-C15; SPWD Contract No. 111560.					
		Term of Contract:	03/13/2018 - 11/15/2018	Contract # 19456			

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: 19226	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TATE SNYDER KIMSEY ARCHITECTS LTD DBA TSK ARCHITECTS
Agency Code: 082	Contractor Name: TATE SNYDER KIMSEY ARCHITECTS LTD DBA TSK ARCHITECTS
Appropriation Unit: 1510-68	Address: DBA TSK ARCHITECTS 314 S WATER ST
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015-7311
If "No" please explain: Not Applicable	Contact/Phone: MIKE PURTILL 702-456-3000
	Vendor No.: T80883470
	NV Business ID: NV19821003232

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % University Funds

Agency Reference #: 111369

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**
Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **1 year and 36 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the design and construction administration for the University of Nevada, Las Vegas, Nevada School of Medicine, Medical Education Building CIP Project. This amendment decreases the maximum amount from \$14,400,330 to \$0 and restricts the termination date from June 30, 2021 to November 15, 2018 due to an Owner and Consultant agreement to mutually terminate this contract pursuant to Article 10. This allows for the negotiation of a new agreement that is consistent with the recently revised project scope: CIP Project No. 17-C15; SPWD Contract No. 111369.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,400,330.00	\$14,400,330.00	\$14,400,330.00	Yes - Action
2. Amount of current amendment (#1):	-\$14,400,330.00	-\$14,400,330.00	-\$14,400,330.00	Yes - Action
3. New maximum contract amount:	\$0.00			
and/or the termination date of the original contract has changed to:	11/15/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

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	11/16/2018 10:47:42 AM
Division Approval	ssands	11/16/2018 10:47:46 AM

Department Approval	ssands	11/16/2018 10:47:49 AM
Contract Manager Approval	ssands	11/16/2018 10:47:53 AM
Budget Analyst Approval	mmoren1	11/16/2018 12:12:08 PM
BOE Agenda Approval	hfield	11/16/2018 14:02:12 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: **19456** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **THE WHITING TURNER CONTRACTING COMPANY**

Agency Code: **082** Contractor Name: **THE WHITING TURNER CONTRACTING COMPANY**

Appropriation Unit: **1510-68** Address: **6720 VIA AUSTI PKWY SUITE 300**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-3569**

If "No" please explain: **Not Applicable** Contact/Phone: **702-650-0700**

Vendor No.: **T27035303A**

NV Business ID: **NV19821000674**

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.

<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 % UNIVERSITY SYSTEM FUNDING

Agency Reference #: 111560

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **Yes**

If "Yes", please explain

Termination date effective upon the date of signatures of the Contractor and the Owner.

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **247 days**

4. Type of contract: **Contract**
Contract description: **CMAR Pre-Con**

5. Purpose of contract:

This is the first amendment to the original contract which provides Construction Manager at Risk (CMAR) pre-construction services for the University of Nevada, Las Vegas Medical School Building CIP project. This amendment decreases the maximum amount from \$500,620 to \$0 and restricts the termination date from June 30, 2021 to November 15, 2018 due to an Owner and Consultant agreement to mutually terminate this contract pursuant to Article 13. This allows for the negotiation of a new agreement that is consistent with the recently revised project scope: CIP Project No. 17-C15; SPWD Contract No. 111560.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,620.00	\$500,620.00	\$500,620.00	Yes - Action
2. Amount of current amendment (#1):	-\$500,620.00	-\$500,620.00	-\$500,620.00	Yes - Action
3. New maximum contract amount:	\$0.00			
and/or the termination date of the original contract has changed to:	11/15/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional CMAR Pre-Construction services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	11/16/2018 10:49:17 AM
Division Approval	ssands	11/16/2018 10:49:20 AM
Department Approval	ssands	11/16/2018 10:49:23 AM

Contract Manager Approval	ssands	11/16/2018 10:49:28 AM
Budget Analyst Approval	mmoren1	11/16/2018 12:15:39 PM
BOE Agenda Approval	hfield	11/16/2018 13:54:41 PM



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

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260

Date: November 1, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

FISCAL YEAR 2019 – 1st QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2019 first quarter overtime report by department.

Additional Information:

As of the first quarter of fiscal year 2019, overtime pay and accrued compensatory leave accounted for a total of approximately \$13.04 million, or 5.1% of total pay, a 14.7% decrease from fiscal year 2018.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for 1st quarter FY19 accounted for 89.6% of the total:

1. Department of Health & Human Services – \$2.93 million
2. Department of Corrections – \$2.83 million
3. Department of Public Safety – \$2.33 million
4. Department of Conservation & Natural Resources – \$2.25 million
5. Department of Transportation – \$1.34 million

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 1st quarter FY19 were:

1. Department of Conservation & Natural Resources – 17.7%
2. Department of Public Safety – 10.8%
3. Department of Corrections – 7.8%

4. Commission on Mineral Resources – 7.8%
5. Department of Veterans Service – 6.3%

At the Department of Corrections, overtime and comp time increased by \$1.8 million (168%) from the prior quarter, and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for 1st quarter FY19 were highest at these 7 locations, which accounted for 73.3% of the total overtime for the department:

1. Ely State Prison – \$704k
2. High Desert State Prison – \$416k
3. Lovelock Correctional Center – \$299k
4. Northern Nevada Correctional Center– \$243k
5. Southern Desert Correctional Center – \$147k
6. Stewart Conservation Camp – \$141k
7. Prison Medical – \$128k

The highest four causes accounted for 76.4% of the overtime for 1st quarter FY 2019:

1. Covering annual and military leave – \$947k
2. Covering holiday shifts – \$460k
3. Hospital coverage – \$392k
4. Wildfire coverage – \$367k

At the Department of Health and Human Services, overtime was driven by Public & Behavioral Health (\$1.46 million - primarily in Southern Nevada Adult Mental Health (\$942k) and Facility for the Mental Offender (\$286k) budget accounts), Child and Family Services (\$762k) and Aging and Disability Services (\$548k). By event code, the highest four causes accounted for 69.9% of the overtime:

1. Covering vacant shifts – \$999k
2. Covering 24 hour shifts – \$584k
3. Budget preparation – \$242k
4. Reducing backlog – \$221k

REVIEWED: 
INFO ITEM: _____

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 SUMMARY (QTR 1)
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 4, 2018

CUMULATIVE STATEWIDE TOTALS (QTR 1)

	2017	2018	2019
BASE PAY	\$223,221,734	\$231,050,443	\$242,559,037
OVERTIME PAY + ACCRUED COMP	\$11,774,087	\$15,286,896	\$13,037,868
TOTAL PAY	\$234,995,821	\$246,337,339	\$255,596,905
OT/COMP AS A SHARE OF TOTAL PAY	5.01%	6.21%	5.10%

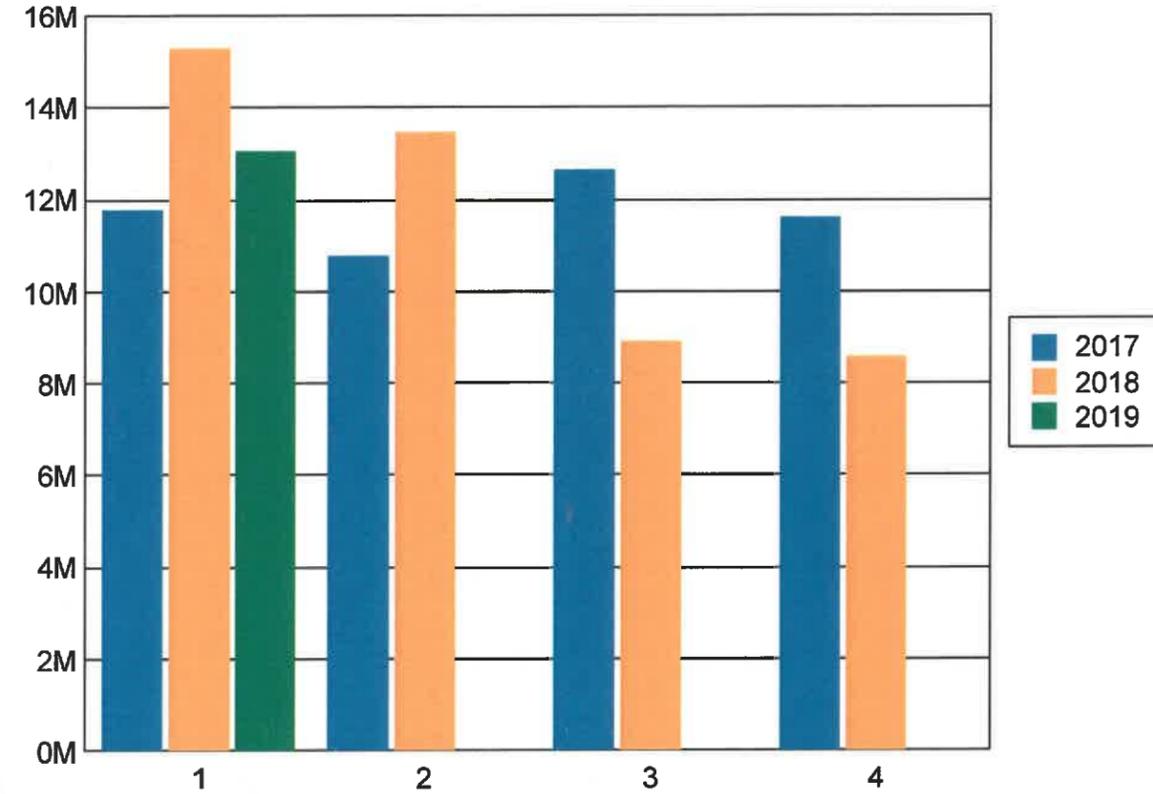
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,927,185	4.09%
44	DEPARTMENT OF CORRECTIONS	\$2,834,499	7.79%
65	DEPARTMENT OF PUBLIC SAFETY	\$2,331,011	10.77%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$2,250,394	17.66%
80	DEPARTMENT OF TRANSPORTATION	\$1,338,918	5.11%

Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$2,250,394	17.66%
65	DEPARTMENT OF PUBLIC SAFETY	\$2,331,011	10.77%
44	DEPARTMENT OF CORRECTIONS	\$2,834,499	7.79%
50	COMMISSION ON MINERAL RESOURCES	\$16,458	7.75%
24	DEPARTMENT OF VETERANS SERVICE	\$175,838	6.32%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2017	\$223,221,734	\$220,013,839	\$248,467,071	\$250,067,764
2018	\$231,050,443	\$261,097,986	\$232,532,332	\$264,769,651
2019	\$242,559,037	\$0	\$0	\$0

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 QUARTERLY ANALYSIS vs FY2018

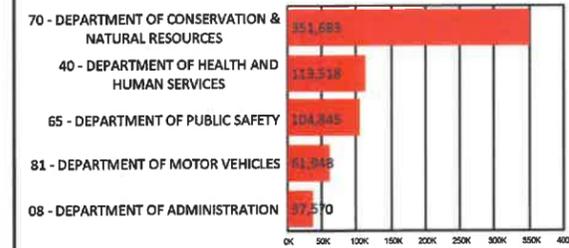
NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 4, 2018

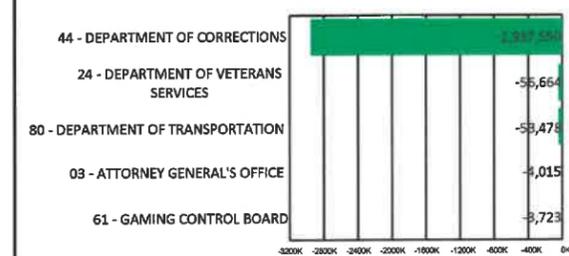


FY2019 - QTR1

Greatest increases in OT/Comp expenditures vs FY2018



Greatest reductions in OT/Comp expenditure vs FY2018



FY2019 - QTR2

Greatest increases in OT/Comp expenditures vs FY2018

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2018

No Data Available

FY2019 - QTR3

Greatest increases in OT/Comp expenditures vs FY2018

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2018

No Data Available

FY2019 - QTR4

Greatest increases in OT/Comp expenditures vs FY2018

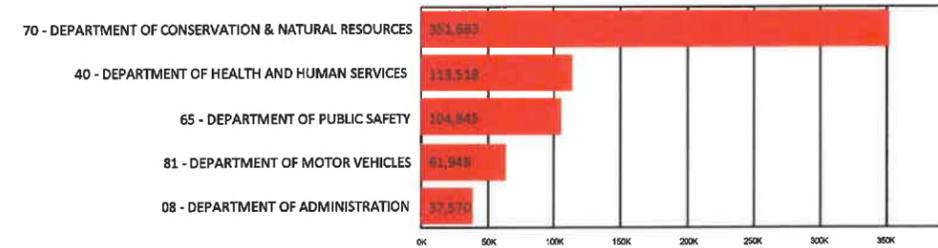
No Data Available

Greatest reductions in OT/Comp expenditure vs FY2018

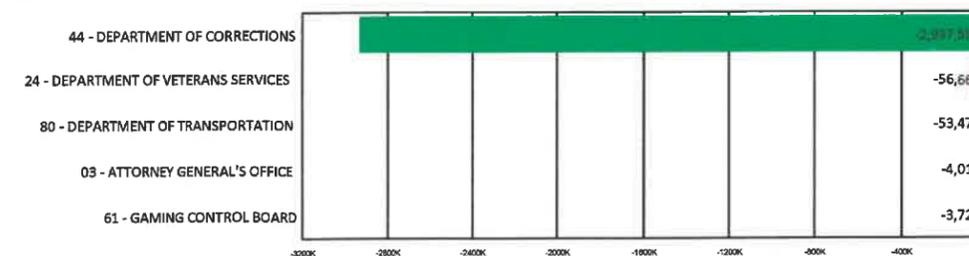
No Data Available

FY2019 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2018



Greatest reductions in OT/Comp expenditure vs FY2018



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 4, 2018



	FY2019QTR1				FY2019 QTR1-QTR1			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2018	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2018 (YTD)
01 - GOVERNOR'S OFFICE	\$35,865	\$1,540,285	2.33%	\$35,565	\$35,865.04	\$1,540,284.93	2.33%	\$35,565
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$79,060	0.00%	\$0	\$0.00	\$79,060.16	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$16,585	\$6,292,411	0.26%	\$-4,015	\$16,585.17	\$6,292,410.71	0.26%	\$-4,015
04 - SECRETARY OF STATE'S OFFICE	\$5,525	\$1,674,793	0.33%	\$1,977	\$5,524.72	\$1,674,793.10	0.33%	\$1,977
05 - TREASURER'S OFFICE	\$362	\$585,477	0.06%	\$-946	\$361.94	\$585,476.64	0.06%	\$-946
06 - CONTROLLER'S OFFICE	\$7,116	\$654,750	1.09%	\$-385	\$7,115.52	\$654,750.39	1.09%	\$-385
08 - DEPARTMENT OF ADMINISTRATION	\$164,440	\$7,883,549	2.09%	\$37,570	\$164,440.24	\$7,883,548.55	2.09%	\$37,570
09 - JUDICIAL BRANCH	\$2,506	\$6,861,627	0.04%	\$446	\$2,506.43	\$6,861,627.42	0.04%	\$446
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$8,083	\$1,526,336	0.53%	\$2,988	\$8,082.85	\$1,526,336.27	0.53%	\$2,988
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$666,628	0.00%	\$0	\$0.00	\$666,628.25	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$48,020	\$4,808,366	1.00%	\$12,522	\$48,019.70	\$4,808,366.43	1.00%	\$12,522
15 - COMMISSION ON ETHICS	\$0	\$100,787	0.00%	\$0	\$0.00	\$100,787.20	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$96,983	0.00%	\$0	\$0.00	\$96,983.04	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$217	\$228,617	0.09%	\$217	\$216.87	\$228,616.87	0.09%	\$217
24 - DEPARTMENT OF VETERANS SERVICES	\$175,838	\$2,783,218	6.32%	\$-56,664	\$175,837.60	\$2,783,218.45	6.32%	\$-56,664
30 - DEPARTMENT OF EDUCATION	\$78,691	\$2,553,559	3.08%	\$14,087	\$78,691.16	\$2,553,558.83	3.08%	\$14,087
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$12,176	\$294,250	4.14%	\$10,651	\$12,176.38	\$294,249.98	4.14%	\$10,651
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,927,185	\$71,504,113	4.09%	\$113,518	\$2,927,185.07	\$71,504,112.52	4.09%	\$113,518
43 - ADJUTANT GENERAL	\$63,467	\$1,311,973	4.84%	\$4,279	\$63,466.54	\$1,311,972.84	4.84%	\$4,279
44 - DEPARTMENT OF CORRECTIONS	\$2,834,499	\$36,384,892	7.79%	\$-2,937,550	\$2,834,499.27	\$36,384,891.99	7.79%	\$-2,937,550
50 - COMMISSION ON MINERAL RESOURCES	\$16,458	\$212,274	7.75%	\$-2,538	\$16,457.86	\$212,274.45	7.75%	\$-2,538
55 - DEPARTMENT OF AGRICULTURE	\$37,783	\$1,802,872	2.10%	\$17,893	\$37,783.04	\$1,802,871.79	2.10%	\$17,893
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,849,658	0.00%	\$0	\$0.00	\$1,849,657.50	0.00%	\$0
61 - GAMING CONTROL BOARD	\$154,557	\$5,928,075	2.61%	\$-3,723	\$154,556.93	\$5,928,074.80	2.61%	\$-3,723
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,331,011	\$21,644,915	10.77%	\$104,845	\$2,331,011.14	\$21,644,915.06	10.77%	\$104,845
69 - COLORADO RIVER COMMISSION	\$445	\$697,940	0.06%	\$-374	\$445.13	\$697,939.69	0.06%	\$-374
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$2,250,394	\$12,742,489	17.66%	\$351,683	\$2,250,394.08	\$12,742,489.08	17.66%	\$351,683
72 - DEPARTMENT OF WILDLIFE	\$72,936	\$3,659,110	1.99%	\$18,790	\$72,935.66	\$3,659,110.13	1.99%	\$18,790
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$68,571	\$8,580,540	0.80%	\$14,504	\$68,571.22	\$8,580,540.04	0.80%	\$14,504
80 - DEPARTMENT OF TRANSPORTATION	\$1,338,918	\$26,213,528	5.11%	\$-53,478	\$1,338,917.65	\$26,213,527.61	5.11%	\$-53,478
81 - DEPARTMENT OF MOTOR VEHICLES	\$195,212	\$12,837,075	1.52%	\$61,948	\$195,212.26	\$12,837,075.25	1.52%	\$61,948
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$191,008	\$10,936,485	1.75%	\$7,163	\$191,008.37	\$10,936,484.57	1.75%	\$7,163
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$439,202	0.00%	\$0	\$0.00	\$439,201.89	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$221,069	0.00%	\$0	\$0.00	\$221,068.80	0.00%	\$0
Total	\$13,037,868	\$255,596,905	5.10%	\$-2,249,028	\$13,037,868	\$255,596,905	5.10%	\$-2,249,028

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR1) VS FY2017-FY2018

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 4, 2018



	FY 2017 QTR1-QTR1				FY 2018 QTR1-QTR1				FY 2019 QTR1-QTR1			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$31,369	\$1,290,637	2.43%	\$27,967	\$300	\$1,386,065	0.02%	\$-31,069	\$35,865	\$1,540,285	2.33%	\$35,565
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$79,369	0.00%	\$0	\$0	\$67,337	0.00%	\$0	\$0	\$79,060	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$24,134	\$6,100,336	0.40%	\$9,360	\$20,601	\$6,029,201	0.34%	\$-3,533	\$16,585	\$6,292,411	0.26%	\$-4,015
04 - SECRETARY OF STATE'S OFFICE	\$20,487	\$1,484,439	1.38%	\$15,683	\$3,548	\$1,656,484	0.21%	\$-16,939	\$5,525	\$1,674,793	0.33%	\$1,977
05 - TREASURER'S OFFICE	\$1,040	\$593,459	0.18%	\$-2,127	\$1,308	\$536,564	0.24%	\$268	\$362	\$585,477	0.06%	\$-946
06 - CONTROLLER'S OFFICE	\$13,200	\$611,362	2.16%	\$8,118	\$7,501	\$630,176	1.19%	\$-5,699	\$7,116	\$654,750	1.09%	\$-385
08 - DEPARTMENT OF ADMINISTRATION	\$141,729	\$6,929,095	2.05%	\$74,594	\$126,870	\$7,325,103	1.73%	\$-14,859	\$164,440	\$7,883,549	2.09%	\$37,570
09 - JUDICIAL BRANCH	\$1,495	\$6,597,313	0.02%	\$-1,410	\$2,060	\$6,646,265	0.03%	\$565	\$2,506	\$6,861,627	0.04%	\$446
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$3,918	\$1,385,609	0.28%	\$-373	\$5,095	\$1,469,112	0.35%	\$1,177	\$8,083	\$1,526,336	0.53%	\$2,988
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$707,915	0.00%	\$0	\$0	\$740,216	0.00%	\$0	\$0	\$666,628	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$82,728	\$4,089,933	2.02%	\$71,491	\$35,497	\$4,531,146	0.78%	\$-47,231	\$48,020	\$4,808,366	1.00%	\$12,522
15 - COMMISSION ON ETHICS	\$0	\$99,194	0.00%	\$0	\$0	\$110,080	0.00%	\$0	\$0	\$100,787	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$97,436	0.00%	\$0	\$0	\$99,941	0.00%	\$0	\$0	\$96,983	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$0	0.00%	\$0	\$0	\$219,352	0.00%	\$0	\$217	\$228,617	0.09%	\$217
23 - COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$0	\$207,025	0.00%	\$-913	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$295,094	\$2,570,294	11.48%	\$162,740	\$232,502	\$2,676,785	8.69%	\$-62,593	\$175,838	\$2,783,218	6.32%	\$-56,664
30 - DEPARTMENT OF EDUCATION	\$40,649	\$2,292,964	1.77%	\$21,537	\$64,604	\$2,345,475	2.75%	\$23,955	\$78,691	\$2,553,559	3.08%	\$14,087
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$7,300	\$199,786	3.65%	\$6,265	\$1,526	\$186,142	0.82%	\$-5,774	\$12,176	\$294,250	4.14%	\$10,651
36 - COMMISSION ON POSTSECONDARY EDUCATION	\$0	\$42,879	0.00%	\$-2,155	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,485,279	\$65,907,411	3.77%	\$634,514	\$2,813,667	\$67,295,302	4.18%	\$328,388	\$2,927,185	\$71,504,113	4.09%	\$113,518
43 - ADJUTANT GENERAL	\$65,076	\$1,466,373	4.44%	\$-11,890	\$59,187	\$1,152,025	5.14%	\$-5,889	\$63,467	\$1,311,973	4.84%	\$4,279
44 - DEPARTMENT OF CORRECTIONS	\$3,183,492	\$33,911,579	9.39%	\$692,207	\$5,772,049	\$38,462,578	15.01%	\$2,588,557	\$2,834,499	\$36,384,892	7.79%	\$-2,937,550
50 - COMMISSION ON MINERAL RESOURCES	\$13,375	\$182,945	7.31%	\$2,240	\$18,996	\$217,136	8.75%	\$5,621	\$16,458	\$212,274	7.75%	\$-2,538
55 - DEPARTMENT OF AGRICULTURE	\$29,997	\$1,673,704	1.79%	\$5,098	\$19,890	\$1,746,722	1.14%	\$-10,107	\$37,783	\$1,802,872	2.10%	\$17,893
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,613,451	0.00%	\$0	\$0	\$1,622,008	0.00%	\$0	\$0	\$1,849,658	0.00%	\$0
61 - GAMING CONTROL BOARD	\$105,601	\$5,721,009	1.85%	\$-8,478	\$158,280	\$5,870,044	2.70%	\$52,679	\$154,557	\$5,928,075	2.61%	\$-3,723
65 - DEPARTMENT OF PUBLIC SAFETY	\$1,998,104	\$19,620,082	10.18%	\$323,574	\$2,226,166	\$20,632,474	10.79%	\$228,062	\$2,331,011	\$21,644,915	10.77%	\$104,845
69 - COLORADO RIVER COMMISSION	\$557	\$647,166	0.09%	\$-1,109	\$819	\$636,261	0.13%	\$262	\$445	\$697,940	0.06%	\$-374
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,541,750	\$10,647,388	14.48%	\$281,136	\$1,898,711	\$11,572,828	16.41%	\$356,962	\$2,250,394	\$12,742,489	17.66%	\$351,683
72 - DEPARTMENT OF WILDLIFE	\$70,905	\$3,451,660	2.05%	\$-26,967	\$54,145	\$3,479,562	1.56%	\$-16,760	\$72,936	\$3,659,110	1.99%	\$18,790
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$99,664	\$7,939,967	1.26%	\$39,222	\$54,068	\$8,164,376	0.66%	\$-45,596	\$68,571	\$8,580,540	0.80%	\$14,504
80 - DEPARTMENT OF TRANSPORTATION	\$1,200,535	\$23,995,691	5.00%	\$342,636	\$1,392,396	\$25,157,192	5.53%	\$191,861	\$1,338,918	\$26,213,528	5.11%	\$-53,478
81 - DEPARTMENT OF MOTOR VEHICLES	\$110,425	\$11,837,934	0.93%	\$18,373	\$133,264	\$12,405,333	1.07%	\$22,839	\$195,212	\$12,837,075	1.52%	\$61,948
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$204,023	\$10,400,740	1.96%	\$24,230	\$183,846	\$10,684,167	1.72%	\$-20,177	\$191,008	\$10,936,485	1.75%	\$7,163
92 - DEFERRED COMPENSATION	\$48	\$20,956	0.23%	\$48	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$0	0.00%	\$0	\$0	\$376,696	0.00%	\$0	\$0	\$439,202	0.00%	\$0
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$383,016	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$2,113	\$195,706	1.08%	\$2,113	\$0	\$207,190	0.00%	\$-2,113	\$0	\$221,069	0.00%	\$0
Total	\$11,774,087	234,995,820.81	5.01%	\$2,707,721	\$15,286,896	246,337,339.25	6.21%	\$3,512,857	\$13,037,868	255,596,905.23	5.10%	\$-2,249,028

Department of Health and Human Services

Dept.	(All)	
Row Labels	Sum of Total OT Code Dollars	
COVER-VACANT	\$	998,580.04
COVER-24 HR	\$	584,448.09
BUDGET PREP	\$	241,668.36
WORKLOAD	\$	220,680.98
COVER-HOL/WK	\$	193,630.51
COVER-SICK	\$	137,728.16
COVER-AL/MIL	\$	81,479.78
CLIENT SVCS	\$	69,967.21
AGENCY DEFINE	\$	67,196.28
TRAINING	\$	50,858.04
TRAVEL	\$	49,085.38
ACCT/FISCAL	\$	48,284.43
PROGRAM DEAD	\$	38,260.33
INVESTIGATE	\$	36,652.39
EMERGENCIES	\$	27,413.72
OFFICE SPRT	\$	18,383.69
SPECIAL EVNT	\$	9,749.18
SITE REPAIR	\$	7,986.46
BACKLOG REDU	\$	7,900.89
STAFF MEET	\$	5,948.87
ADMIN	\$	5,268.67
COVER-TRAIN	\$	4,855.89
PERSONNEL	\$	4,387.56
TRAIN-PERSON	\$	3,536.70
MEETINGS	\$	3,513.68
ACCIDENTS	\$	3,434.65
CLIENT MEET	\$	2,636.37
CONFERENCES	\$	1,399.96
COVER-INJURY	\$	774.62
COURT	\$	735.93
ADMIN SUPPRT	\$	730.18
UNDEFINED	\$	222.84
WORKSHOPS	\$	164.26
(blank)	\$	(379.03)
Grand Total	\$	2,927,185.07
COVER-VACANT	\$	998,580.04
COVER-24 HR	\$	584,448.09
BUDGET PREP	\$	241,668.36
WORKLOAD	\$	220,680.98
	\$	2,045,377.47
		69.9%

Row Labels	Sum of Total Dollars
406	\$ 1,455,113.20
HR-SO NEV ADULT MENTAL HEALTH	\$ 941,659.40
HR-FAC FOR MENTAL OFFENDER	\$ 286,314.27
HR-NNV ADULT MENTAL HEALTH SVC	\$ 100,241.21
HR-OFF OF STATE HEALTH ADMIN	\$ 84,542.65
HR-HEALTH CARE FACILITY REG	\$ 30,503.67
HR-BEHAVIORAL HEALTH PREV & TR	\$ 3,447.83
HR-BEHAVIORAL HEALTH ADMINSTR	\$ 2,310.04
HR-ENVIRONMENTAL HEALTH SRVCS	\$ 1,378.26
HR-RADIATION CONTROL PROGRAM	\$ 977.60
HR-MATERNAL CHILD HEALTH SRVC	\$ 956.26
HR-HEALTH STATISTICS&PLANNING	\$ 929.52
HR-HEALTH ALERT NETWORK	\$ 604.74
HR-COMMUNITY HEALTH SERVICES	\$ 601.92
HR-EMERGENCY MEDICAL SERVICES	\$ 389.16
HR-IMMUNIZATION PROGRAM	\$ 256.67
(blank)	
HR-HHS HD BIOSTATS & EPIDMLG	\$ -
HR-CANCER CONTROL REGISTRY	\$ -
HR-CHILD CARE SERVICES	\$ -
HR- MARIJUANA HEALTH REGISTRY	\$ -
HR-WIC FOOD SUPPLEMENT	\$ -
HR-CHRONIC DISEASE	\$ -
HR-HHS DPBH RURAL CLINICS	\$ -
HR-COMMUNICABLE DISEASES	\$ -
409	\$ 762,244.96
HR-CALIENTE YOUTH CENTER	\$ 217,901.52
HR-NEVADA YOUTH TRAINING CTR	\$ 154,798.33
HR-SO NEV CHILD & ADLSCNT SVCS	\$ 126,994.15
HR-RURAL CHILD WELFARE	\$ 87,851.25
HR-SUMMIT VIEW YOUTH CENTER	\$ 77,845.07
HR-CHILDREN/YOUTH/FAMILY ADMIN	\$ 39,757.83
HR-NO NEV CHILD & ADLSCNT SVCS	\$ 31,105.59
HR-YOUTH PAROLE SERVICES	\$ 25,991.22
(blank)	
HR-COMMUNITY JUV JUSTICE PRG	\$ -
HR-UNITY/SACWIS	\$ -
402	\$ 548,246.01
HR-DESERT REGIONAL CENTER	\$ 456,111.47
HR-AGING FEDERAL PROG & ADMIN	\$ 67,250.23
HR-SIERRA REGIONAL CENTER	\$ 18,576.86
HR-COMMUNITY BASED SERVICES	\$ 5,410.72
HR-RURAL REGIONAL CENTER	\$ 706.87
HR-EARLY INTERVENTION SVCS	\$ 189.86
(blank)	
HR-SENIOR RX AND DISABILITY RX	\$ -
403	\$ 73,638.79
HR-HEALTH CARE FIN & POLICY	\$ 73,638.79
(blank)	
407	\$ 70,098.52
HR-WELFARE ADMINISTRATION	\$ 66,043.54
HR-CHILD SPRT ENFORCEMNT PROG	\$ 3,389.39
HR-WELFARE FIELD SERVICES	\$ 665.59
(blank)	
HR-CHILD CARE ASSIST & DEVEL	\$ -
HR-ENERGY ASSISTANCE - WELFARE	\$ -
400	\$ 17,843.59
HR-ADMINISTRATION	\$ 14,517.38
HR-DEVELOPMENTAL DISABILITIES	\$ 3,326.21
HR-PUBLIC DEFENDER	\$ -
HR-IDEA PART C COMPLIANCE	\$ -
HR-CONSUMER HEALTH ASSISTANCE	\$ -
HR-GRANTS MANAGEMENT UNIT	\$ -
Grand Total	\$ 2,927,185.07



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

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260

Date: November 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 **INFORMATION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, the Division is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 1st quarter of Fiscal Year 2019.

Additional Information:

- There were no land acquisitions during this quarter, and five transfers of interest in real property. The transfers resulted in 5,263 square feet of potential or restored land coverage and an increase to the Land Bank of \$108,482.

Statutory Authority:

NRS 321.5954

REVIEWED: _____

INFO ITEM: _____



October 23, 2018

MEMORANDUM

TO: Paul Nicks, Acting Director
Governor's Office of Finance

FROM: Charles Donohue, Administrator
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT
AND LAKE TAHOE MITIGATION PROGRAM – 1st QUARTER FY 2019
BOARD OF EXAMINERS MEETING DATE OF DECEMBER 11, 2018**

RECEIVED

OCT 31 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below.

- There was no activity under the Tahoe Basin Act

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending September 30, 2018.

- There were no acquisitions of land during this quarter. However, five (5) transfers of interest in real property occurred during this quarter and are listed below:

On **July 18, 2018**, a transaction was finalized involving the sale of 17 square feet of Class 1b, potential land coverage for a residential landing pad in the Incline Village area. This transaction resulted in \$680.00 in proceeds for the Nevada Land Bank.

On **July 24, 2018**, a transaction was finalized involving the sale of 233 square feet of Class 4, potential land coverage for a single family dwelling in the Incline Village area. This transactions resulted in \$5,825.00 in proceeds for the Nevada Land Bank.

On **August 1, 2018**, a transaction was finalized involving the sale of 1,460 square feet of Class 1a, restored soft land coverage for a single family dwelling in the South

Stateline area. This transaction resulted in \$32,120.00 in proceeds for the Nevada Land Bank.

On **September 18, 2018**, a transaction was finalized involving the sale of 1,179 square feet of Class 1a, restored soft land coverage for a single family dwelling in the South Stateline area. This transaction resulted in \$25,938.00 in proceeds for the Nevada Land Bank.

On **September 28, 2018**, a transaction was finalized involving the sale of 2,374 square feet of Class 1b, restored soft land coverage for a single family dwelling in the South Stateline area. This transaction resulted in \$43,919.00 in proceeds for the Nevada Land Bank.

All proceeds from the above transactions were deposited in the respective budget accounts to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please contact Brenda Swart, Land Agent @ 775-684-2735.

CD/bs

cc: Bradley Crowell, Director, Department of Conservation and Natural Resources