

Governor Brian Sandoval
Chairman

James R. Wells, CPA
Clerk of the Board



Attorney General Adam Paul Laxalt
Member

Secretary of State Barbara K. Cegavske
Member

STATE OF NEVADA BOARD OF EXAMINERS

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

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: June 19, 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 May 8, 2018 Minutes** (For possible action)

4. Department of Administration – Victims of Crime Fiscal Year 2018 3rd Quarter Report and Fiscal Year 2018 4th Quarter Recommendation

Pursuant to NRS 217.260, Department of Administration shall prepare and submit quarterly to the Board of Examiner, 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 3rd quarter Fiscal Year 2018 Victims of Crime Program report states all approved claims were resolved totaling \$3,786,355.49 with \$1,891,392.09 paid out of the Victims of Crime Program account and \$1,894,963.40 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$7.3 million to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 4th quarter of fiscal year 2018.

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

Department of Administration – Victims of Crime Program

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

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Fleet Services Division	2	\$48,239
Department of Conservation and Natural Resources – Division of State Parks	3	\$221,856
Total	5	\$270,095

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

Pursuant NRS 286.523, the Administrator of the Aging and Disability Services Division (ADSD) requests the Board of Examiners designate the Physical Therapist-Pediatric classification as a "critical labor shortage" and grant a Public Employees Retirement System exception for Robbin Hickman. This designation is requested through June 30, 2020 for approximately 30 hours per week and will allow for the reemployment of qualified retired employees to fill ADSD Physical Therapist-Pediatric needs for Nevada Early Intervention Services locations, which a critical labor shortage has been appropriately identified.

8. Recommendation Regarding the Agency's Determination to use the Emergency Provision to Contract with a Current and/or Former State Employee (For possible action)

Pursuant to NRS 333.705, subsection 4, the Office of Attorney General seeks the Board's favorable finding regarding the Agency's determination to use the statute's emergency provision to contract with Melissa Piaseck MD PC, a current Dean with the Nevada System of Higher Education, to provide expert testimony and evaluations with lawsuits and criminal matters involving the State of Nevada. The Board of Examiners shall review the contract and notify the agency whether it would have approved the contract if it had been entered into pursuant to NRS 333.705, subsection 1.

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Purchasing Division requests authority to contract with a former correctional officer, Daniel Henson, through Allied Universal Security Services, Master Service Agreement #19049, to provide uniformed security guard services.

B. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Kenneth Oates. Diversified Consulting Services plans to utilize Mr. Oates as an Inspector Level IV on an as-needed basis in NDOT Construction Crew District III. This will be a full-time contracted position with season layoffs working from June 2018 to April 2020.

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Thomas Pearson. Diversified Consulting Services plans to utilize Mr. Pearson as an Inspector Level IV position on as-needed basis in NDOT Construction Crew District III. This will be a full-time contracted position with season layoffs working from June 2018 to April 2020.

D. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Mike Pendergraft. Henningson, Durham and Richardson, Inc. plans to utilize Mr. Pendergraft as an Inspector Level IV position in the Full Administration of District II Betterment Projects. This will be a full-time contracted position working forty hours per week from June 2018 to September 2019.

E. Attorney General's Office

Pursuant to NRS 333.705, subsection 1, the Office of Attorney General requests authority to contract with a current Dean with the Nevada System of Higher Education, Melissa Piasecki MD PC, a current Dean with the Nevada System of Higher Education, to assist with lawsuits and criminal matters. Relates to Information Contract number three, contract number 20071 and Information Contract number eight, contract number 20070.

10. 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 – FY 2018

Pursuant to NRS 353.268, the Division requests an allocation of \$1,621,538 from the Interim Finance Committee General Fund Contingency Account to fund emergency response activities in Fiscal Year 2018.

B. Department of Conservation and Natural Resources – Division of Forestry – FY 2019

Pursuant to NRS 353.268, the Division requests an allocation of \$2,500,000 from the Interim Finance Committee General Fund Contingency Account to replenish funds carried back from the Fiscal Year 2019 for emergency response activities in Fiscal Year 2018.

C. Department of Corrections

Pursuant to NRS 353.268, the Nevada Department of Corrections requests an allocation of \$3,174,606 in Fiscal Year 2018 from the Interim Finance Committee General Fund Contingency Account to fund projected shortfalls in Personnel Services, Inmate Driven and Utility expenditure categories for the remainder of the fiscal year.

D. Judicial Branch – Supreme Court and Court of Appeals

Pursuant to NRS 353.268, Nevada Judicial Branch Supreme Court and the Nevada Court of Appeals (COA) request an allocation of \$232,998 in Fiscal Year 2019 from the Interim Finance Committee General Fund Contingency Account to fund information technology projects that were unable to be completed in Fiscal Year 2018.

E. Department of Public Safety – Nevada Division of Investigations

Pursuant to NRS 353.268, the Nevada Division of Investigation requests an allocation of \$8,691 from the Interim Finance Committee Highway Fund Contingency Account to cover a projected shortfall in Highway Fund authorization within the Personnel Services category for the remainder of the fiscal year.

11. Requests for the Allocation and Disbursement of Funds for Salary Adjustments (For possible action)

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
	Department of Public Safety		
3743	Nevada Division of Investigations		\$8,612
	Total		\$8,612
	Nevada System of Higher Education		
2980	University of Nevada, Reno	\$3,400,865	
2987	University of Nevada, Las Vegas	\$4,565,294	
3011	College of Southern Nevada	\$1,866,952	
3005	Nevada State College	\$278,198	
3018	Truckee Meadows Community College	\$296,183	
3002	University of Nevada, Las Vegas – Dental School	\$274,657	
2988	University of Nevada, Las Vegas – Intercollegiate Athletics	\$31,257	
2992	University of Nevada, Las Vegas – Law School	\$144,558	
3001	University of Nevada, Las Vegas – Statewide Programs	\$32,710	
3004	Business Center North	\$21,845	
3014	University of Nevada, Las Vegas – School of Medicine	\$266,550	
	Total	\$11,179,069	
4204	Tahoe Regional Planning Agency	\$18,216	
	Total	\$18,216	
	Department of Tourism		
2601	Stewart Indian School Living Legacy	\$3,041	
	Total	\$3,041	

12. Approval of Master Lease Agreements (For possible action)

**Department of Administration – Division of Enterprise Information
Technology Services**

The Division seeks approval for the Fifth Amendment to the existing master lease agreement with International Business Machines. This amendment extends the termination date from November 30, 2021 to May 31, 2022 and increases the maximum amount from \$10,425,914.54 to \$11,717,676.30 due to the purchase/lease of hardware and hardware maintenance and services for the mainframe server.

13. Request for a Specific Travel Policy Change (For possible action)

Department of Conservation and Natural Resources

Pursuant to NRS 281.160 the Department of Conservation and Natural Resources, requests approval of a department specific travel policy which includes an employee per diem rate for camping and use of personal aircraft for state business for the convenience of the employee.

14. Approval of Proposed Leases (For possible action)

15. Approval of Proposed Contracts (For possible action)

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

17. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from April 17, 2018 through May 21, 2018.

18. Information Item – Reports

A. Statewide Quarterly Overtime Report – Fiscal Year 2018 3rd 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 3rd Quarter Overtime Report and analysis for Fiscal Year 2018.

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 3rd quarter of Fiscal Year 2018.

Additional Information:

- There was no activity to report during this quarter.

19. 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)

20. 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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Date and Time:

May 8, 2018, 10:00 AM

Location:

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

Video Conference Location:

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

MEMBERS PRESENT:

Governor Brian Sandoval

Attorney General Adam Paul Laxalt – Present in Las Vegas

Secretary of State Barbara Cegavske

James Wells, Clerk

OTHERS PRESENT:

Nicole O'Banion, Ombudsman, Domestic Violence, Attorney General's Office

Patrick Cates, Director, Department of Administration

Ron Cothran, Deputy Administrator, Department of Administration, Buildings and Grounds

Ross Armstrong, Interim Administrator, Department of Health and Human Services,
Division of Children and Family Services

John Munoz, Deputy Administrator, Department of Health and Human Services,
Child and Family Services Division, Juvenile Services

MINUTES

1. Call to Order / Roll Call

Governor: Good morning everyone, I will call the Board of Examiners Meeting to order. The Secretary of State is present here in Carson City. The Attorney General is present in Las Vegas.

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

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

Attorney General: No one here, Governor.

Governor: Thank you.

3. Approval of the April 10, 2018 Minutes (For possible action)

Governor: Thank you. We will move to agenda item number 3, approval of the April 10, 2018 Minutes. Have the Members had an opportunity to review the Minutes and are there any changes?

Secretary of State: I have and I have no changes. I will move to approve.

Governor: The Secretary of State has moved to approve the April 10, 2018 meeting minutes. Is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. That motion passes 3-0.

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

A. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Albert “Mike” Free. Diversified Consulting Services is proposing to engage Mr. Free to fill an Assistant Resident Engineer position under the contract for the SR 160 Phase 2 Widening Project in District 1.

B. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Brian Mitchell. Slater Hanifan Group, Inc. is proposing to engage Mr. Mitchell to fill a Tester position to augment NDOT Construction Crew 926 in District 1.

C. Department of Public Safety – Office of Traffic Safety

Pursuant to NRS 333.705, subsection 1, the Office of Traffic Safety requests authority to contract with former employee Joanne Lighthart to provide Quality Assurance service for the Nevada Rider Motorcycle Safety Program. This will be a part-time position, on an as-needed basis, not to exceed 75 hours per calendar year.

Governor: We will move to agenda item number 4, Authorization to Contract with a Current and/or Former State Employee. Good morning, Mr. Wells.

Clerk: Good morning Governor and Members of the Board. Item 4 includes 3 requests to contract with current and/or former employees pursuant to NRS 333.705 Subsection 1. The first two requests are from the Department of Transportation to allow contracted vendors to use former employees on projects that had been awarded to the vendor.

The first request is for an assistant resident engineer position for the State Route 160, Phase 2, Widening Project in District 1. The employee retired in March of 2017. The second is for a tester position to augment construction crew 926 in District 1. That employee retired in February of 2018. Neither of those employees had any influence or authority over the contracts with the vendor.

The third request is from the Department of Public Safety, Office of Traffic Safety to contract with a former employee to provide Certified Motorcycle Safety Instructor Training services which require special certification. This employee retired in October 2017. Representatives from the Departments are available to answer any questions the Board may have.

Governor: Thank you, Mr. Wells. I have no questions. Any questions, Board Members on agenda item number 4?

Attorney General: No, Governor. I move to approve.

Governor: Attorney General has moved to approve the authorizations to contract with a current and/or former state employee as present in agenda item number 4. Is there a second?

Secretary of State: I will second it Governor.

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

5. Requests for the Allocation and Disbursement of Funds for Salary Adjustments
(For possible action)

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
2941	Tourism – Museum and History Administration	\$2,579	
	Total	\$2,579	

Governor: Let's move to agenda item number 5, Request for the Allocation and Disbursement of Funds for Salary Adjustments. Mr. Wells.

Clerk: Thank you Governor. Sections 4, 5, 6 and 7 of Assembly Bill 517 and Sections 2, 3, 4 and 5 of Senate Bill 368 from the 2017 Legislative Session appropriated Salary Adjustment funds to the Board of Examiners to cover vacancy salary savings which are built into agency budgets, as well as the 3% cost of living adjustment that went into effect July 1, 2017, as these costs were not included in agency salary budgets.

An agency whose actual salaries exceed their budgeted amounts due to the vacancy savings or the cost of living adjustments is allowed to request salary adjustment dollars

from the Board of Examiners. This item represents the first requests to access those funds by the Department of Tourism and Cultural Affairs, Museums and History Administration account to cover the cost of the cost of living adjustments in the amount of \$2,579 in General Funds.

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

Governor: Thank you, Mr. Wells. I have no questions but I understand this is the first of many. Next month will be a little busier but this is very straightforward for me. Any questions from Board Members?

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

Governor: Secretary of State has moved to approve the request for the allocation and disbursement of funds for salary adjustments as presented in agenda item number 5. Is there a second?

Attorney General: I second.

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

6. Request for Approval to Join or Use Other Government's Contract **(For possible action)**

Department of Motor Vehicles \$283,913.64

Pursuant to NAC 333.175, the Division requests approval to utilize a Kentucky Transportation Cabinet/Division of Motor Carriers contract with Explore Information Services, LLC to provide access to an existing and fully operational International Fuel Tax Agreement system.

Governor: We will move to agenda item number 6, Request for Approval to join or use other government's contract. Mr. Wells.

Clerk: Thank you, Governor. Item 6 is a request to join or use other government's contract. NAC 332.175 allows the State to participate in a multistate contract as long as the contract is awarded by competitive selection in a manner that substantially complies with NRS Chapters 332 or 333.

This request from the Department of Motor Vehicles seeks approval to join a multi-state award under the State of Kentucky, Division of Motor Carriers to provide access to an existing, fully operational International Fuel Tax Agreement System. The work order for this service is \$283,914 through December 31, 2018.

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

Governor: I have no questions. The materials contained in the binder answered any questions that I would have. Board Members, any questions with regard to agenda item number 6?

Secretary of State: I have none. I will move for approval.

Governor: Secretary of State has moved to approve the request for approval to join or use other government's contract by the Department of Motor Vehicles in the sum of \$283,913.64. Is there a second?

Attorney General: I second.

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

7. Approval of Proposed Leases (For possible action)

Governor: We will move to agenda item number 7, Approval of Proposed Leases. Mr. Wells.

Clerk: Thank you Governor. There are two leases in agenda item 7 for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: I have no questions on agenda item number 7. Board Members?

Secretary of State: I have none, Governor and I will move for approval of proposed leases under item number 7.

Governor: Secretary of State has moved to approve the leases presented in agenda item number 7, is there a second?

Attorney General: I second.

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

8. Approval of Proposed Contracts (For possible action)

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

Clerk: Thank you Governor. There are 25 contracts in agenda item 9 for approval by the Board this morning. Members requested additional information on Contract number 3 between the Office of the Attorney General and Appriss, Inc., contract number 5 between the Department of Administration Public Works Division and WOW Cleaning Corporation and contract number 14 between the Department of Health and Human Services, Division of Child and Family Services and Multi Health Systems, Inc.

Governor: Thank you, Mr. Wells. We will begin with contract number 3.

Nicole O'Banion: Good morning Governor and Members of the Board. My name is Nicole O'Banion. I am the Ombudsman for Domestic Violence at the Attorney General's Office. I also have Christian Schonlau, our Chief Financial Officer for any financial questions you may have about this item.

The contract before you today extends the length and dollar amount of the contract with Appriss, our State Victim Information and Notification Everyday (VINE) Service Provider. VINE provides notifications via text, email or phone on offender custody status to registered victims. The services are available in both English and Spanish. VINE helps protect Nevada citizens from further victimization by notifying them of offender custody status changes, changes in location, transitioning to parole or exiting the system. VINE also notifies victims of court dates, so they can participate in the judicial process. Our most recent enhancement of this program added links to regional service providers so that all victims of crime have resources, even while the offender is not under supervision.

Last calendar year, the VINE system was searched approximately 840,000 times, which is an increase of approximately 75% from the prior year. Notifications to victims also increased by approximately 71% over the same time period, sending over 80,000 notifications on offender status.

The Attorney General's Office continues to advocate this service to the public, to ensure victims of crime have resources available to protect them from violent criminals. We are happy to answer any questions you may have about this item. Thank you.

Governor: Thank you very much, a very thorough presentation and excellent work.

Nicole O'Banion: Great.

Governor: I love to see that grow. That is fabulous.

Nicole O'Banion: Same here, thank you.

Governor: Any questions or comments from Board Members?

Attorney General: Governor?

Governor: Yes.

Attorney General: I just wanted to complement the Office for making our State the pilot program for this new expansion that actually took this program on to smartphones and created a smartphone application. There is certainly a direct correlation between Nevada being picked as the pilot state and the increased usage across Nevada, to be able to help victims. So, great job to the team and we're glad this program is working so well.

Governor: Any other questions or comments?

Thank you very much. All right, we will move to contract number 5. And it is really not about the contract, as you know we are just looking for an update on the Grant Sawyer Building and its condition.

Patrick Cates: Good morning Governor, Members of the Committee. For the record, Patrick Cates Director of the Department of Administration. Before I give you an update on where things are at Grant Sawyer Building, I want to introduce Ward Patrick. Ward is the new Administrator for the State Public Works Division. Chris Chimits retired last Friday. Ward has over two decades of experience with the Public Works Division and is a very skilled project manager and knows a lot about the Public Works side of the house and really the whole agency.

As far as Grant Sawyer goes, Ward is on Day 2, on the job and quickly getting up to speed with a topic he had not previously been directly involved in. He is bringing fresh eyes to the issues and the problems and sees what types of solutions we can come up with that maybe we didn't think of before.

As far as the update, for the Grant Sawyer Building, this contract with WOW Cleaning is part of the protocol recommended by Dr. Craner in his report. It is for the cleaning of the carpets. It is a hot water extraction that is intended to remove any mold particles or residue that are in the carpet. That work will commence on May 18th. It is expected to be completed on July 2nd. All of that work will occur on the weekends when staff is not in the building. There will be instructions sent out to every section as it is cleaned over a succession of weekends about how to prepare for that. Basically, picking up the stuff off of hard surfaces and putting them in boxes. The carpets will be cleaned. Porous surfaces will be wiped down to try to remove any potential containments of mold throughout all the offices in the building.

In addition to that, I know there have been some discussions, I think it was brought up at the last Board of Examiners regarding replacing ceiling tiles. I can tell you that, I understand in the next couple of days, every stained ceiling tile will be removed and replaced. We are looking at options to replace all of the ceiling tiles. That was not recommended by Dr. Craner. He had some concerns about doing that and what impact it may have on his testing because his protocol after this cleaning is done is to come back and do further testing for any evidence of mold and to see if we have changed anything.

Regardless of that, we are trying to be responsive to the people in the building. To replace all of the tiles in the building it is roughly a \$1 million estimate, so we are looking at possibly just replacing them in the Offices of the Secretary of State and the Attorney General, initially. We are working up some different options of how we could approach that. We certainly do not have \$1 million in the current budget that we could pull out to do that. As far as the carpet, the same thing, you are talking roughly \$1 million to do the whole building but we are looking at options just to do them in the two offices that we might be able to do in the short-term.

Beyond that, we are looking and preparing for CIP requests for the Grant Sawyer Building for next biennium. The Heating Ventilation and Air Conditioning (HVAC) project that has been underway is complete. The system has been commissioned and it is operational. There are other components of the system that were planned to be replaced in a subsequent CIP. So, we are looking at that and we are also looking at anything else that we can do to address conditions in the building. For instance, what has been replaced, as part of the HVAC project are the valves within the line sets for the HVAC system.

Another part of the systems of the buildings that we have seen problems with are cracked drains, you know, the plumbing. We have found several spots where there are cracks and we have been evaluating that. We have done some tests on parts of the system from the bathrooms. There is a whole network of drains in the building. We are looking at scenarios to address some of those in the next CIP as well. That might be an appropriate time to replace all the carpet and all the ceiling tiles in one big CIP package. If not, if there is something we can address in the short-term, before that is done, we are exploring that. It may require more funding than we currently have available.

I guess I would just briefly also mention that we do have over a dozen people that have Workers Comp Claims. My understanding is with Dr. Craner's report coming out that those people have been reevaluated by Workers Comp and because of the findings of Dr. Craner, they are reopening those claims to see how we can accommodate those people. I know that I have people asking and looking around for temporary office space, where some of those people might be able to be housed temporarily until we can solve some of these problems as well as pursuing some options to move out agencies if they need to do that. But again, we haven't identified funding for that. That is why I have Ward Patrick working on a host of options that we can bring to you.

Governor: Thank you Mr. Cates. Questions or comments, Madam Secretary?

Secretary of State: Thank you Governor. First, Mr. Cates, I just want to thank you and your team. You have been very responsive and the Secretary of State's Office really appreciates working with you and we look forward to working with you. So, thank you for that.

We still have a lot of concerns. As you know, some of the things, I won't go into all the details, but some of the things that have been happening in our Office that continue to plague our Office, so to speak, and that are issues. We still have a real problem with just cleaning and not actually removing the carpet. It was my understanding that there is carpet available. They just couldn't pay for the installation of it. Is that carpet too old now? This is how I got my reception area redone in the Office, was they said they had the carpeting squares to do the entire building but they never had the money to pay the labor to have it done. I am curious about that. That is one of the issues and then I have a few more Governor, if that's okay.

Patrick Cates: I am going to ask Ron Cothran, the Deputy Administrator for the Buildings and Grounds, with Public Works. I will let him answer that question.

Secretary of State: Thank you, Ron.

Ron Cothran: Good morning. Ron Cothran for the record, Deputy Administrator of Buildings and Grounds. Initially, there was some carpet that was purchased for the Grant Sawyer, as well as other buildings, as needed. Some of that was installed at the Grant Sawyer. Carpeting was installed in other buildings, throughout the State and there's a very limited supply now, at this point, of carpet that's left over.

Secretary of State: Okay, because it's my understanding that that carpet has not been replaced since the original installation of the building, correct?

Ron Cothran: That is correct.

Secretary of State: Okay, thank you. I know that you are going to start work on May 18th and I am concerned because I do have employees that are having health issues and I am concerned that you are asking us to stay there and wait. That is a big concern for me with some of the things that are going on with some of the employees. Again, I do not want to go into details because of confidentiality issues. Of the dozen complaints, I know there are some from our Office and the Attorney General's Office that have health issues.

The plumbing cracks, the things that you are talking about, we have had the drainage, when they flushed back that came pouring in the office, so we are concerned about those offices that had those leaks, just recently. So, again, I just want to say that I do not know that us spending \$80,000 to do a steam cleaning is going to be money well spent. That is just my feeling. I would like us to venture into looking at other possibilities because I just don't have concerns about the people that have gone to the doctors. I have other employees in there and I am concerned about all of them and all of the health issues that could be created or something that could happen again. Like I said, that leak, I do not think anybody expected that to happen.

So, I have a large staff down there and we want to accommodate everybody but I would really like to work with you to see if we could do something about the relocation of the Office and the employees, until such time that the work is all completed. We have had some issues with odors from work that has been done that have affected some of the employees. I know we found out through somebody calling and finding out that there was welding going on and it came through the vents.

So, if we can be mindful of all of those issues and I know that it is hard to get them to work later in the evenings but if you are working during the hours that my employees are, it is really a difficult situation.

There are some other things that I can talk to you about later that I will not go into detail now, but thank you Governor, for allowing me that time to discuss this. It is a concern with the employees there and the fact that you are reopening some of the cases and then the comments from the doctors — there are two different doctors that have talked to my staff and based on their comments, it gives me reason for concern.

Thank you again for working with us, we really appreciate it. Thank you, Governor.

Governor: Any other questions or comments on contract number 5.

Attorney General: Yes, Governor. So, Mr. Cates, I just want to at least make the record clear that — well, I should start with, you guys have been very responsive and I appreciate you working very diligently with my staff over the last many weeks and months. We still believe that ultimately, we'll need carpet replaced as well as these tiles. I understand that you've made the decision to move forward with the carpet cleaning and replace some tiles that are showing particular stains.

All I would ask is that we are prepared with the next set of solutions in the event that this doesn't happen. I understand we maybe started talking about this a little bit with you, as an office, but whether it's starting to submit bids and starting to be prepared to find an alternative solution and make sure that we're in a situation where we can get to the most—the most immediate BOE agenda and any other steps that are required to move forward with a different plan. I don't want us to wait for the carpet to be cleaned, testing, another 45-60 days to then find out that it didn't work and then we sort of start the process of figuring out what Plan B is.

That's my only request is that, you know, obviously you guys have made the call and we'll abide by that but we hope that you'll continue and I gather Mr. Patrick will be in charge of this for the coming weeks. I just hope that you'll start churning on what will be the second wave of the solution if this first one doesn't work. Thank you.

Patrick Cates: Thank you. For the record, Patrick Cates. I thank you for those comments. We hear you loud and clear sir. We are working on options for what comes next and different levels and ways we can mitigate this in the short and the long-term. Just not prepared to provide all those details to you today but we get the urgency of this. We'll be coming forward with some plans for the short-term to help you and your staff through this, including relocation if that's what it takes.

As I said, Ward Patrick is Day 2 on the job and we've been having a lot of conversations about how to approach this.

Attorney General: I appreciate that, thank you. That's all I have, Governor.

Patrick Cates: Thank you.

Governor: Thank you. Any other concluding comments, Mr. Cates?

Patrick Cates: No sir.

Governor: All right, thank you. We'll move to Contract number 14. Department of Health and Human Services, Juvenile Justice. Mr. Armstrong, good morning.

Ross Armstrong: Good morning. Ross Armstrong, Interim Administrator for the Division of Child and Family Services (DCFS) and down in the South, we have our Deputy Administrator for Juvenile Justice, Mr. Munoz and he'll be introducing this contract and then we'll be happy to answer any questions that you had.

Governor: Good morning, Mr. Munoz, please proceed.

John Munoz: Good morning Governor and Board Members. My name is John Munoz, for the record, Deputy Administrator for DCFS, Juvenile Services. I am here to present this contract pursuant to AB 472, our Juvenile Justice Reform Bill.

This is a sole source contract with Multi-Health Systems, Inc. for the use of the youth level of service, or YLS, as a case management inventory risk assessment tool. The Juvenile Justice Oversight Commission reviewed several risk needs assessments and ultimately decided on the YLS. Multi-Health Systems, Inc. is the developer and only company that sells this tool. This is for a two-year contract that includes 250 training kits for unlimited use of the YLS for county juvenile probation departments, county camps, state correctional facilities and state youth parole. This contract also pays for training, policy and procedure development. Thank you and I will answer any questions.

Governor: All right, thank you. Can you tell us what this is going to do? You know, in the real world, how will this be utilized?

John Munoz: Yes sir. So, basically, what YLS does is it's a risk assessment and case management system all in one. So, it's all-inclusive. What we do is we measure prior and current offenses, dispositions, education, employment, substance abuse, personality,

behavior, family circumstances, parenting, peer relations, leisure, recreation, attitudes and orientation. What we do is we take a score from each one of those domains, we add them up and if it's a low score, for example, we will probably refer to a diversion program. If it's a moderate risk score, we'll probably do a referral to an informal supervisor or consent decree. If it's a high risk that the youth presents at that current moment in time, there probably would be some kind of formal probation supervision. If it's a very high-risk level that the score indicates, they'll probably seek a placement in a county camp or in a state correctional facility. We use those scores to drive case management for their needs, barriers, incentives and it will help us match the services that we're looking for to help the young person, whether it's a male or a female. Those scores will differ from males to females.

What's good about this particular tool is that it measures the youth at the current setting that they're in. So, if they're living at home and in the community, there is a tool for that. If they're in custody, in detention or a correction facility, it measures them in that facility as well. So, it's a very useful tool. It's been validated in several different areas throughout the country and we feel it's our best hope for driving case management, service matching and getting the rehabilitation that we're looking for.

Governor: Thank you, Mr. Munoz. You hit it exactly what I was looking for because I don't think we can overemphasize, at least in the universe of juvenile justice, how important this is going to be and to ensure that the young offenders are properly categorized so they're not either put in too strong—strenuous of a program or one that is not strenuous enough and they're getting the proper services and resources that they need. So, this is something that is a product of the juvenile justice oversight committee and legislation from the last Session.

I just want to thank you because I really do believe and I've said it before, that this is going to change lives. It's going to improve our juvenile justice system and hopefully, as time moves on, there will be a lot of offenders who aren't going to continue to offend because of this tool and be put on a path for success and prosperity.

Again, as I said, I really wanted to make sure that a record was made with regard to this because this is a very important piece, in terms of what happened with AB72 and the Juvenile Justice Oversight Committee.

So, Mr. Armstrong, I do not know if you wanted to clean up and provide any more detail?

Ross Armstrong: Ross Armstrong for the record. I think you hit it just right. It is important, whenever we are talking about the juvenile justice system that we distinguish it from the adult justice system where basically, the crime you have committed helps dictate what is going to happen to you in the adult system. So this helps us really transform the juvenile justice system so we're not just looking at what crime brought that kid to us, but taking a look at all of their different factors and then moving forward with the best plan of attack from there. We know currently that three out of the four youth that makes it to the deep end of our juvenile justice system is able to avoid ending up in the Department of Corrections. We would like to make that four out of five and then five out of six and get

that further on down. Investments in our juvenile justice system can help reduce costs on the adult system side and prevent the creation of more victims in the future when we're doing a great job. This will be key to that.

Governor: And will this, Mr. Armstrong or Mr. Munoz, will it also measure where they are in terms of their educational proficiency? Their reading proficiency? You know, if they're not at grade level, they're not suddenly put in a class that's beyond what they're capable of so they don't get frustrated in that regard as well?

Ross Armstrong: Ross Armstrong. One of the eight factors that are part of it is the education and employment ability of risk and needs. So, while the education system will still have their tools for determining where a kid is grade-level wise and where they need to be, this will at least help identify that risk for that education and employment success. So, if we have a kid that's at-risk, we can up those education interventions and pull them along.

Governor: Wonderful, thank you. Those are all the questions I had. Board Members, any other questions?

Governor: I have no further questions or comments, thank you Mr. Munoz and Mr. Armstrong.

Governor: That is all the contracts I have, at least on my list to be held. Are there any questions or comments, by Board Members on agenda item number 8?

Attorney General: Move to approve, Governor.

Governor: Attorney General has moved to approve the contracts presented in agenda item number 8, is there a second?

Secretary of State: I will second it, with a comment on contract number 5. I do not really believe that the money is being well spent and on our floor for us but I will go ahead and make the motion to approve all of them, together, all the contracts in agenda item number 8, all 25. I do have concerns about us spending money without replacing the carpet. If it helps in some of the other floors and what they are doing to the building as a whole, I understand that and therefore, will support it but am concerned about us spending that kind of money without replacing the carpet.

Governor: Thank you Madam Secretary. The Secretary of State has seconded the motion. Any further questions or discussion on the motion? I hear and see none. That motion passes 3-0.

9. Approval of Work Plans (For possible action)

Governor: We will move to Agenda item number 9, Approval of Work Plans, Mr. Wells.

Clerk: Thank you Governor. There are two work plans for approval by the Board this morning. No additional information has been requested by any of the members.

Governor: Board Members, any questions on agenda item number 9?

Secretary of State: I have none Governor and I will move for approval of agenda item number 9 of the Work Plans.

Governor: Secretary of State has moved to approve the work plans presented in agenda item number 9, is there a second?

Attorney General: I second.

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

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

Governor: We will move on to agenda item number 10, Proposed Master Service Agreements, Mr. Wells.

Clerk: Thank you Governor. There are five master service agreements in agenda item 10 for approval by the Board this morning. No additional information has been requested by any of the members.

Governor: Board Members, any questions on agenda item number 10?

Secretary of State: None Governor and I will move for approval of proposed Master Service Agreements on number 10.

Governor: Thank you Madam Secretary. The Secretary has moved to approve the proposed master service agreements in agenda item number 10, is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. Any questions or discussion on the motion? I hear and see none. That motion passes 3-0. We will move to agenda item number 11, Information Item. Mr. Wells.

11. 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 March 19, 2018 through April 16, 2018.

Clerk: Thank you, Governor. There were 58 contracts under the \$50,000 threshold approved by the Clerk between March 19, 2018 and April 16, 2018. This item is informational only and no additional information has been requested by any of the members.

Governor: Thank you Mr. Wells. Any questions, Board Members on agenda item number 11? I hear and see none.

12. Information Item - Reports

Department of Motor Vehicles – Certification of Complete Streets Program Contributions

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles 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 the statute. This report is for the period beginning January 1, 2018 and ending March 31, 2018.

Governor: We will move on to agenda item number 12 quarterly report on the Certification of Complete Streets Program Contributions, Mr. Wells.

Clerk: Thank you Governor. Agenda item number 12 is an informational report from the Department of Motor Vehicles on the voluntary contributions collected by the county pursuant to NRS 482.480, the Complete Streets Program, for the period from January 1, 2018 to March 31, 2018. This program has become fairly stable from quarter-to-quarter now.

Governor: Thank you Mr. Wells. Board Members, any questions on agenda item number 12? I hear and see none.

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

Governor: We will move on to agenda item number 13, Public Comment. Is there any member of the public present in Carson City that would like to provide public comment to the Board? I hear and see none. Is there anyone present in Las Vegas that would like to provide public comments to the Board?

Attorney General: I see none, Governor.

Governor: Thank you Mr. Attorney General.

14. Adjournment (For possible action)

Governor: We will move to agenda item number 14, is there a motion to adjourn?

Secretary of State: Move for adjournment.

Governor: Secretary of State has moved to adjourn, is there a second?

Attorney General: I second.

Governor: Attorney General has seconded the motion. That motion passes 3-0, this

Brian Sandoval
Governor

James R. Wells, CPA
Director



Paul Nicks
Deputy Director

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

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

Date: April 16, 2018

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

From: Tiffany Greenameyer, Executive Branch Budget Officer *SB*
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 2018
3RD QUARTER REPORT AND FISCAL YEAR 2018 4TH QUARTER
RECOMMENDATION.**

Agenda Item Write-up:

Pursuant to NRS 217.260, the 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 3rd quarter Fiscal Year 2018 Victims of Crime Program report states all approved claims were resolved totaling \$3,786,355.49 with \$1,891,392.09 paid out of the Victims of Crime Program account and \$1,894,963.40 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$7.3 million to help defray crime victims'

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 4th quarter of fiscal year 2018.

Additional Information:

There have been 4,510 applications related to the Route 91 Harvest Music Festival tragedy to-date with payments totaling \$1,618,095.93. Many victims have insurance, so payments have been delayed while insurance information is obtained.

Statutory Authority:

NRS 217.260

REVIEWED: _____

SB

ACTION ITEM: _____

Brian Sandoval
Governor

STATE OF NEVADA



James Wells
Clerk, Board of
Examiners

Michelle Morgando.
Coordinator, VOCP

DEPARTMENT OF ADMINISTRATION VICTIMS OF CRIME

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

April 13, 2018

To: James Wells, Clerk, Board of Examiners

Through: Patrick Cates, Director of Administration

From: Michelle Morgando, Coordinator, Victims of Crime Program

Re: VOCP 3rd Quarter FY 2018 Report, and 4th Quarter FY 2018 Recommendation

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

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

Payments by Priority - 3rd Quarter FY 2018				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Priority 1 & 2 Payments	2351	2,065,730.31	586,337.77	1,479,392.54
Pending Priority 3 Payments	409	1,720,625.18	1,308,625.63	411,999.55
Total 3rd Quarter Payments	2760	\$3,786,355.49	\$1,894,963.40	\$1,891,392.09

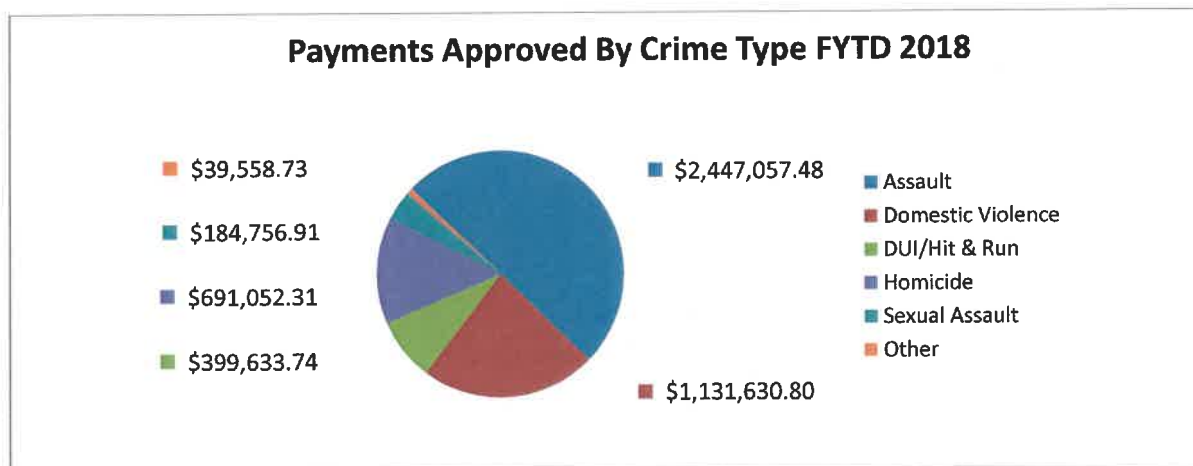
Claim Payments

The following chart shows claim payments made in FYTD 2018 by benefit type. As this chart shows, the VOCP satisfied \$9,890,766.33 in victim medical bills and claims for \$4,904,282.87 of available funding. After bill review and application of Board Policies we have had a total savings of \$4,986,483.46 over the billed amount in fiscal year-to-date 2018.

Payment Amounts by Type Fiscal Year-to-Date 2018				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Chiropractic/Physical Therapy	207	118,076.63	26,192.43	91,884.20
Counseling	1613	459,774.55	115,337.55	344,437.00
Survivor Benefits	77	96,250.00	420.00	95,830.00
Dental	109	309,182.73	105,993.24	203,189.49
Discretionary*	1289	961,611.81	956.09	960,655.72
Funeral Expense	201	588,772.64	4,000.81	584,771.83
Lost Wages	1154	983,971.86	895.80	983,076.06
Medical - Hospital	441	4,715,277.16	4,113,716.58	601,560.58
Medical - Other	1309	1,590,433.12	617,394.52	973,038.60
Prescription	260	29,580.54	885.85	28,694.69
Vision	81	37,835.29	690.59	37,144.70
Total Payments YTD FY2018	6741	\$9,890,766.33	\$4,986,483.46	\$4,904,282.87
*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-to-date 2018.



Financial Review

The chart below shows projected revenues and fund balances, including reserves for FY 2018, and recommendations for 4th quarter FY 2018 based on projections. These projections of revenue and anticipated expenses are used for purposes of determining compliance with NRS 217.260 and policies of the Board.

Financial Position and Fourth Quarter 2018 Projections	
Projected Funds Available for Payments FY18 Less 45 Day Reserves	\$14,119,146.12
3rd Quarter Priority 1 & 2 Payments	\$1,479,392.54
3rd Quarter Priority 3 Payments	\$411,999.55
Total 3rd Quarter 2018 Payments	\$1,891,392.09
Total 1st Quarter 2018 Payments	\$1,208,128.99
Total 2nd Quarter 2018 Payments	\$1,820,863.69
Projected Funds Available for Remainder of FY18 Less 45 Day Reserves	\$9,198,761.35
Projected Payments 4th Quarter FY18 *	\$1,901,280.43
Projected Funds Available after 4th Quarter Payments	\$7,297,480.93
Recommended Priority 3 Payment Percentage 4th Quarter FY18	100%
*Based on average of last 6 months plus estimated impact of DNA testing	

As required, a 45 day operating expense reserve of \$997,658.88 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 received 4,510 applications related to Route 91. Payments made to date on these claims total \$1,618,095.93.

Our 2018 Beginning Reserves totaled \$12.6 million. Projected Revenue totals \$4.6 million. We expect total expenses for FY 2018 will reach \$9 million which will leave the program with \$8.2 in Reserves for Fiscal Year 2019. After maintaining a required 45 day operating expense reserve we will still have \$7.3 million in Reserves. These Reserves will allow us to pay existing crime related expenses at 100% for the foreseeable future. We also expect to receive additional federal grant funds to cover our Route 91 expenses, which should replenish our Reserve funds.

Recommendation

We are projecting Priority One and Two payments totaling **\$1,497,873.02** and projected Priority Three payments totaling **\$360,907.41** for the 4th quarter. We estimate additional expenses totaling **\$42,500.00** may be incurred related to DNA testing which would bring our total expenses to **\$1,901,280.43** for the 4th quarter.

After reserving **\$997,658.88** for 45 days operating expenses, our budget shows VOCP revenues and reserves available at year-end total **\$7,297,480.93**.

Based on these projections the VOCP recommends paying Priority One and Two and Three claims at **100%** of the approved amount for the 4th quarter of FY 2018.

Brian Sandoval
Governor

James R. Wells, CPA
Director




Paul Nicks
Deputy Director

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

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Date: May 10, 2018

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

From: Tiffany Greenameyer, 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 PROGRAM

Agenda Item Write-up:

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

Additional Information:

The issue before the Board is an appeal filed pursuant to NRS 217.117 by Richard Cancilla III for a claim denied by the Victims of Crime Program due to contributory conduct. Mr. Cancilla was involved in an altercation in which police and club security indicate he perpetuated. Mr. Cancilla filed an Application for Compensation on December 6, 2017. On December 8, 2017 a Compensation Officer issued a determination denying the application citing contributory conduct. This decision was upheld by a Hearings Officer in a decision and order dated February 8, 2018. An Appeal's Officer Decision dated April 11, 2018 affirmed the Hearing Officer's decision

and the Victim of Crime Program's denial of the application citing Mr. Cancilla's actions directly contributed to the injuries he sustained on April 1, 2017. Mr. Cancilla's appeal to Board is attached for your review and consideration.

Statutory Authority:

NRS 217.117

REVIEWED: SB

ACTION ITEM: _____



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Victims of Crime Program

Northern Nevada:
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

voc.nv.gov

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

May 2, 2018

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

From: Michelle Morgando, Acting Coordinator

Re: Appeal of Richard Cancilla III
Claim No. 18-10040488-NR

RECEIVED

MAY 08 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Case Summary

Richard Cancilla III, appeals the Decision of the Appeals Officer dated April 11, 2018.

On April 1, 2017, Mr. Cancilla was involved in an altercation inside a nightclub. The Incident Report provided by the Douglas County Sheriff's Office lists the incident as a disturbance involving the complainant, Harrah's Casino, and Mr. Cancilla. When officers arrived, they observed Mr. Cancilla behaving as if were ready to engage in a fight, including yelling and attempting to charge several subjects. Mr. Cancilla told police he was attacked inside the club and defended himself.

The responding security guard informed officers that he observed Mr. Cancilla jump over a couch and punch another club goer in the face.

Recommendation

It is recommended that the Board uphold the Appeals Officer's April 11, 2018 Decision and Order affirming VOCP's denial.

Board of Examiner Policy:
Section Six. Police Reports

4. Statements of Law Enforcement in Police Reports.

A. Law enforcement reports will be accepted as evidence by the hearing or appeals officer, and will not be subject to disqualification based on hearsay objections.

C. Statements of law enforcement officers contained in their reports will be considered, and significant weight will be given to the evidence from, and conclusions of a law enforcement agency when determining whether or not a crime occurred, or the applicant cooperated. Evidence from the victim that contradicts, corrects or clarifies such reports will also be accepted into evidence and given full consideration.

Section Nine. Limitations on Compensation

2. Contributory Conduct Considerations

A. A victim who is involved in the events leading to the crime may not be eligible for VOCP benefits if the behavior of the victim contributed to the victim's injuries.

B. Sec. 2. NRS 217.180 provides:

1. *Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to his injury or death, the prior case or social history, if any, of the victim, the need of the victim or his dependents for financial aid and other relevant matters.*

C. Definition of contributory conduct:

Contributory conduct is intentional conduct, willingly and knowingly engaged in by the victim that is both a direct cause, and a proximate cause, of the victim's injuries.

Section Twelve. Claim Acceptance, Denial and Closure, and Reconsideration

4. Reasons for Denial

17) Police Report Indicates Victim Perpetrator/Aggressor

22) Victim Contributed to their Injuries

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Victim of Crime Program, does hereby certify that on the date shown below, a true and correct copy of the foregoing **BOE CASE SUMMARY** was duly mailed, postage prepaid to the following:

JAMES R. WELLS, CLERK
BOARD OF EXAMINERS
209 E MUSSEY RD RM 200
CARSON CITY, NV 89701

RICHARD CANCELLA III
9537 SARA ST
ELKS GROVE, CA 95624

Dated this 3rd day of May, 2018



Employee of the State of Nevada

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2. REQUEST FOR BOE APPEAL
3. DECISION AND ORDER OF AO MOORE DATED APRIL 11, 2018
4. TRANSCRIPT OF PROCEEDINGS OF MARCH 22, 2018
5. VOCP APPEAL STATEMENT DATED FEBRUARY 28, 2018
6. NOTICE OF HEARING DATED FEBRUARY 21, 2018
7. REQUEST FOR APPEAL DATED FEBRUARY 20, 2018
8. DECISION AND ORDER OF HO AMODEI DATED FEBRUARY 8, 2018
9. VOCP HEARING STATEMENT DATED JANUARY 26, 2018
10. NOTICE OF HEARING BEFORE THE HEARING OFFICER DATED JANUARY 12, 2018
11. REQUEST FOR HEARING DATED DECEMBER 29, 2017
12. COMPENSATION OFFICER DENIAL DATED DECEMBER 8, 2017
13. INCIDENT REPORT FROM DOUGLAS COUNTY SHERIFF
14. VOCP APPLICATION DATED DECEMBER 6, 2017

04/17/2018

RECEIVED

MAY 01 2018

To The State Board of Examiners,

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

I, Richard Cancilla III am writing a written request to appeal the final determination filed on April 11th, 2018. I do not feel the ESI Security Officers testimony was accurate in any way. The officer did not witness the entire fight that broke out from beginning to end. The Security officer, Ray Lyons has omitted parts of the story and I feel it is unfair to me when details are left out. Please send me a written response re: time and date to appeal the final decision with the State Board of Examiners. I can be reached at 916-709-4857.

Thank you once again in advance,

A handwritten signature in black ink, appearing to read 'Richard Cancilla III', with a horizontal line extending from the end of the signature.

Richard Cancilla III

cc. Tameka Strong, Patient Advocate Representative (PAR)

1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 **RECEIVED**

4 **APR 16 2018**

5 **CCSI**

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED

APR 11 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

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

} Claim No: 18-10040488-NR

} Hearing No: 1802048-SA

} Appeal No: 1802465-SYM

8
9 RICHARD CANCELLA III,

10 Claimant.
11

12 **DECISION OF THE APPEALS OFFICER**

13 The above entitled matter was heard March 22, 2018. The Claimant
14 was present via telephone. The Victims of Crime Program (VOC) Compensation
15 Officers, Alma Bustamonte and Antonia Treciato, were also present via
16 telephone.

17 The above-captioned appeal arises from the decision of the Hearing
18 Officer dated February 8, 2018. The hearing was conducted pursuant to NRS
19 Chapter 217, and all applicable administrative regulations.

20 Based on the documentary evidence and consideration of the
21 testimony herein, the Appeals Officer hereby renders the following Findings of
22 Fact and Conclusions of Law:

23 **FINDINGS OF FACT**

24 Richard Cancilla was injured during an altercation at a nightclub in
25 Harrah's Casino on April 1, 2017. Mr. Cancilla testified that he was standing next
26 to a chair when he was pushed and subsequently punch without provocation. He
27 further testified that as he was defending himself, he was hit by an unknown person
28 with a bottle, causing injury to his head. Adam Pierson also testified that he

1 witnessed the altercation and that Mr. Cancilla was defending himself when he was
2 hit by a bottle.

3 Statements were provided by Ray Lyons, an ESI officer (security) for
4 Harrah's Casino, and by Deputy Davis of the Douglas County Sheriff's Office.
5 Mr. Lyons observed Mr. Cancilla jump over a booth and punch another individual.
6 Mr. Lyons characterized this action as unprovoked. Mr. Lyons then grabbed Mr.
7 Cancilla and attempted to escort him out of the nightclub. According to Mr. Lyons,
8 Mr. Cancilla resisted and was taken to the ground by Mr. Lyons, who then informed
9 Mr. Cancilla that it was time to leave. Mr. Cancilla then agreed and exited the
10 nightclub. See Exhibit 1.

11 The Appeals Officer finds that Richard Cancilla's testimony, as well as
12 Adam Piersin's testimony, contradicts the written statement provided by ESI officer
13 Ray Lyons and therefore is incredible and not persuasive.

14 CONCLUSIONS OF LAW

- 15 1. It is the policy of the State of Nevada to provide assistance to
16 persons who are victims of violent crimes. NRS 217.010.
- 17 2. In determining whether to make an Order for Compensation, the
18 Compensation Officer shall consider the provocation, consent, or
19 any other behavior of the victim that directly or indirectly
20 contributed to the injury or death of the victim. NRS 217.180(1)

21 According to ESI Officer Ray Lyons, he witnessed Richard Cancilla
22 jump over a booth and strike another individual without provocation. Mr. Lyons
23 did not witness Mr. Cancilla defending himself nor did he witness Mr. Cancilla
24 being struck by a bottle. Mr. Cancilla's actions of resisting being escorted out of the
25 nightclub cause Mr. Lyons to wrestle him to the ground. Mr. Cancilla's actions
26 directly contributed to the injuries he sustained on April 1, 2017 while at a nightclub
27 at Harrah's Casino.
28

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IT IS SO ORDERED.

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

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RICHARD CANCELLA III
9537 SARA ST
ELK GROVE, CA 95624-1930

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

Dated this 11th day of April, 2018.

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

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

of

RICHARD CANCELLA, III
Claimant

Claim No.: 18-10040488-NR

Hearing No.: 1802048-SA

Appeal No.: 1802465-SYM

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE SHEILA Y. MOORE, ESQ.
APPEALS OFFICER

MARCH 22, 2018

2:32 PM

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

Ordered by: Victims of Crime Program
P.O Box 94525
Las Vegas, Nevada 89193-1525

Transcribed By: Jaime Caris, Always On Time

A P P E A R A N C E S

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On behalf of the Claimant:

Richard Cancilla, III

9537 Sara Street

Elk Grove, California 95624-1930

On behalf of the Program:

Alma Bustamonte and Antonia Treciato

Victims of Crime Program

P.O Box 94525

Las Vegas, Nevada 89193-1525

I N D E X

<u>EXAMINATION</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
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Richard Cancilla	5			
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Adam Pierson	7			
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E X H I B I T S

<u>IDENTIFIED</u>	<u>IN</u>
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<u>EVIDENCE</u>		
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Exhibit 1	4	4
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P R O C E E D I N G S

1
2 APPEALS OFFICER: We are on the record. Today
3 is the 22nd of March, oh wow. Okay, the 22nd of March 2018.
4 It is approximately 2:30 in the afternoon. This is the
5 time and date set for the matter of the Victims of Crime
6 Claim of Richard Cancilla, C-A-N-C-I-L-L-A.

7 This is Appeal #1802465. Present by telephone
8 and representing himself is Mr. Cancilla. Also, present by
9 telephone and representing the Victims of Crime Program is
10 Alma Bustamonte and Antonia Treciato.

11 This is Claimant's Appeal of a February 8, 2018
12 Hearing Officer's Decision which affirmed a Denial of the
13 Claim. I do have one Exhibit that was filed on March 1,
14 2018. Mr. Cancilla, did you receive a copy of that?

15 RICHARD CANCELLA: Yes, I got a whole packet of
16 everything.

17 APPEALS OFFICER: Okay.

18 RICHARD CANCELLA: [crosstalk]

19 APPEALS OFFICER: And, you've had an
20 opportunity to review that?

21 RICHARD CANCELLA: What was that?

22 APPEALS OFFICER: And, you've had an
23 opportunity to review that?

24 RICHARD CANCELLA: Yeah.
25

1 APPEALS OFFICER: Okay. At this time, I'm
2 going to mark and enter the Exhibit, it was filed on March
3 1, 2018, as Exhibit 1.

4 Mr. Cancilla, do you have anything additional
5 that you need to present in the form of documentation?

6 RICHARD CANCELLA: I do not have anything
7 additional.

8 APPEALS OFFICER: Okay, that's fine. I just
9 wanted to make sure.

10 RICHARD CANCELLA: Okay.

11 APPEALS OFFICER: I assume, Mr. Cancilla that
12 you're the only one that's going to testify on your behalf
13 today?

14 RICHARD CANCELLA: Actually, I have my—I live
15 with a roommate who is in the house with me who was there
16 at the time that can testify.

17 APPEALS OFFICER: Well, that is up to you. If
18 you would like your roommate to testify, I need to have
19 your roommate's name.

20 RICHARD CANCELLA: Sure. Yeah, his name is Adam
21 Pierson.

22 APPEALS OFFICER: P-I-E-R-E-S-O-N?

23 RICHARD CANCELLA: Yeah, P-I-E-R-S-O-N.
24
25

1 APPEALS OFFICER: Okay. Would you like Mr.
2 Pierson to testify first or would you like to go ahead and
3 make your statement first?

4 RICHARD CANCELLA: Sure. I can make my
5 statement and then I'll hand the phone to him.

6 APPEALS OFFICER: Well, I need to know who is
7 going first, that's all.

8 RICHARD CANCELLA: I'll go first.

9 APPEALS OFFICER: Okay. Your testimony needs
10 to be under oath, so if you will please, raise your right
11 hand. Do you swear or affirm the testimony you're about to
12 give in this matter is the truth, the whole truth and
13 nothing but the truth?

14 RICHARD CANCELLA: Yes.

15 APPEALS OFFICER: Okay, you may go ahead.

16 RICHARD CANCELLA: Okay. On the night of the
17 [inaudible] we were at a nightclub/bar, [inaudible]. We
18 were standing around. A fight broke out. There was a lot
19 of pushing and shoving going along. Punches were then
20 starting to be thrown. Then, pretty much, I was standing
21 next to this like chair thing and I got into an altercation
22 with some gentlemen to the-our left side. I was then
23 pushed and then had a punch thrown. I threw one punch
24 back. And then, someone from my right side, hit me over
25 the head with a bottle at that point and then, at that

1 point, security came and diffused the situation. I walked
2 out with security. Gave my statement to the police and was
3 asked if I wanted to press charges if they found the guy.
4 The guy never came out. They fled the scene. And yeah, I
5 went to the hospital and got my laceration taken care of
6 with stitches.

7 APPEALS OFFICER: Okay. Does that conclude
8 your statement?

9 RICHARD CANCELLA: Yeah, that pretty much
10 concludes--yeah, just the main--the main point of it was that
11 I did not start the fight that happened. It was fight
12 between multiple people. Once I was hit, I then engaged
13 over self-defense and then was presumed to be hit with a
14 bottle.

15 APPEALS OFFICER: Okay. Is your witness ready
16 to testify?

17 RICHARD CANCELLA: Yes.

18 APPEALS OFFICER: Okay. If you'll hand the
19 phone to your witness, please.

20 RICHARD CANCELLA: Okay.

21 ADAM PIERSON: Hello, how's it going?

22 APPEALS OFFICER: Hi, I understand your name is
23 Adam Pierson?

24 ADAM PIERSON: Yep, correct.

25

1 APPEALS OFFICER: Good afternoon, Mr. Pierson,
2 you're being called as a witness in the matter of the
3 Victims of Crime Claim of Richard Cancilla. If you-this
4 statement if being taken under oath, so if you will please
5 raise your right hand. Do you swear or affirm the
6 testimony you're about to give in this matter is the truth,
7 the whole truth and nothing but the truth?

8 ADAM PIERSON: Correct.

9 APPEALS OFFICER: Okay. Go ahead with your
10 statement.

11 ADAM PIERSON: Okay. So, we were at
12 nightclub in South Lake Tahoe. We were there with a couple
13 of buddies. What happened was, an altercation broke out
14 between some individuals. We don't know any of the
15 individuals. They just broke out. Richard, he was
16 standing by those individuals when he got shoved at first
17 and then swung at. Then, in self-defense, he swung back.
18 Once that happened, the guy's buddy, I'm assuming, came
19 from the other side of him and hit him over the head with a
20 bottle. At that point, security saw that and those other
21 guys took off. They grabbed Ricky because he was involved
22 in it and they sat him down with security. That's really
23 about it.

24

25

1 Like I said, he was just defending himself when
2 he got pushed and then punched. Then he swung and then his
3 buddy came with the bottle and hit him over the head.

4 APPEALS OFFICER: Okay. Thank you. I'm sorry,
5 does that conclude your statement?

6 ADAM PIERSON: Yes.

7 APPEALS OFFICER: Okay. If you'd go ahead and
8 hand the phone back to Mr. Cancilla please.

9 ADAM PIERSON: No problem, here you go.

10 APPEALS OFFICER: Thank you, sir.

11 ADAM PIERSON: Sure.

12 RICHARD CANCELLA: Hello?

13 APPEALS OFFICER: Mr. Cancilla?

14 RICHARD CANCELLA: Uh huh.

15 APPEALS OFFICER: It's now—I have to—at this
16 point, the Victims of Crime Program will provide a
17 statement as well. Ms. Bustamonte, are you going to be
18 providing the statement or is Ms. Treciato?

19 ALMA BUSTAMONTE: Ms. Treciato is.

20 APPEALS OFFICER: Okay. Ms. Treciato, go
21 ahead.

22 ANTONIA TRECIATO: Okay. At this point, we
23 won't have anything further to say. We just—we won't
24 dispute any of your final decision, basically.

25 APPEALS OFFICER: Okay, thank you—

1 RICHARD CANCELLA: So, what does that mean?

2 APPEALS OFFICER: Well, they're not going to
3 provide anything additional. They provided the documents
4 that I reviewed, but they're not going to provide an
5 additional statement and they're going to rely upon
6 whatever decision I make, okay?

7 RICHARD CANCELLA: Oh, okay.

8 APPEALS OFFICER: So, at this time, this matter
9 is submitted for Decision. I'll have that Decision
10 rendered within 15 days. Okay?

11 RICHARD CANCELLA: Okay. Will this be something
12 I'll be receiving in the mail or will I get a phone call?

13 APPEALS OFFICER: You'll be receiving it in the
14 mail.

15 RICHARD CANCELLA: Okay.

16 APPEALS OFFICER: Everybody, thank you for your
17 time today and this matter is concluded. Thank you.

18 ANTONIA TRECIATO: Thank you.

19 RICHARD CANCELLA: Thank you.

20 APPEALS OFFICER: Bye now.

21 ANTONIA TRECIATO: Bye-bye.

22 [end of proceeding 00:00]

23

24

25

CERTIFICATE OF TRANSCRIPT

I, Jaime Caris, as the Official Transcriber, hereby
certify that the attached proceedings before the Judge,

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

of

RICHARD CANCELLA, III
Claimant

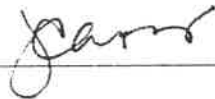
Claim No.: 18-10040488-NR

Hearing No.: 1802048-SA

Appeal No.: 1802465-SYM

were held as herein appears and that this is the
original transcript thereof and that the statements
that appear in this transcript were transcribed by me
to the best of my ability.

I further certify that this transcript is a true,
complete and accurate record of the proceeding that
took place in this matter on March 22, 2018 in Carson,
City, Nevada.



Jaime Caris
Always On Time
May 2, 2018

1
DEPARTMENT OF ADMINISTRATION
Victims of Crime Compensation Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER**

In the Matter of the Contested)	APPEAL NO: 1802465-SYM
Application for Compensation:)	
)	VOCP NO: 18-10040488-NR
Richard Cancilla,)	
Applicant)	
_____)	

VOCP APPEAL STATEMENT

The application was submitted on December 8, 2017 and was denied that same day due to contributory conduct. According to the report received from the Douglas County Sheriff, Mr. Cancilla was involved in an altercation inside a nightclub wherein he was observed by club security jumping over a couch and punching someone in the face. Mr. Cancilla's conduct is considered contributory.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

Board of Examiner Policy; Section Nine. Limitations on Compensation

1. Contribution: General Considerations

- A. To the extent the victim's acts or conduct provoked or contributed to the victim's injuries, the VOCP may deny the award to the applicant.
- B. To qualify for VOCP benefits, the applicant must not have participated in the crime that led to the victimization.
- C. Claims may be denied where the victim was engaged in illegal activities, or was committing a crime under Nevada law at the time of their injuries.

Victims of Crime requests the Appeals Officer affirm the denial of this claim.

Dated this 28th day of February, 2018
Victims of Crime Program

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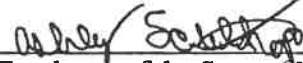
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Victim of Crime Program, does hereby certify that on the date shown below, a true and correct copy of the foregoing **VOCP APPEAL STATEMENT** was duly mailed, postage prepaid to the following:

DEPARTMENT OF ADMINISTRATION
APPEALS DIVISION
1050 E WILLIAM ST RM 450
CARSON CITY, NV 89701

RICHARD CANCELLA
9537 SARA ST
ELK GROVE, CA 95624-1930

Dated this 28th day of April, 2018



Employee of the State of Nevada

FILED

FEB 21 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

BEFORE THE APPEALS OFFICER

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

Claim No: 18-10040488-NR

Hearing No: 1802048-SA

Appeal No: 1802465-SYM

RICHARD CANCELLA III,

Claimant.

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that a hearing will be held in the above-entitled matter before the Appeals Officer on:

Date: Thursday, March 22, 2018

Time: 2:30PM

**Place: Appeals Office Hearing Room
1050 E. Williams Street, Suite #450
Carson City, NV 89701
Phone: (775) 687-8420**

Should the Victim wish to make his appearance via telephone he or she may do so by contacting this office prior to the date of the hearing and making arrangements therefore.



SHEILA Y MOORE, APPEALS OFFICER

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Tasha Eaton
Tasha Eaton, Supervising Legal Secretary
Employee of the State of Nevada

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

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

Hearing Number: 1802048-SA
Claim Number: 18-10040488-NR

RICHARD CANCELLA III
9537 SARA ST
ELK GROVE, CA 95624-1930

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

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: FEBRUARY 8, 2018

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

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

REASON FOR APPEAL:

Please see reason for appeal
explained on next page for more room.

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

Tameka Strong
Name of Attorney or Representative #125
1600 Sacramento Inn Wy
Address
Sacramento, Ca 95815
City, State, Zip Code
1-800-401-4060
Telephone Number

Richard Cancellia
Person requesting this hearing (please
print)
[Signature]
Person requesting this hearing (signature)
(916) 709-4857
Telephone Number Date

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

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

18020485-SYM
Jun 3-22-18
2:30

To Department of Administration Appeals Office,

I, Richard Cancilla III, am writing to explain in detail what happened that night at the club in the Casino in Lake Tahoe. I disagree with the Hearing Officers decision on 2/8/2018 and would like to appeal the decision. I do not feel my actions contributed to my injuries and just need someone to hear my full side of the story. The police report submitted did not provide full document of the incident from beginning to the end. Officers came in during the middle of the chaos. I was not at fault during the fight that broke out. I was not the cause.

On 4/1/2017, a fight broke out on the floor that I was unaware of. My back was turned. I then noticed the fight due to screaming, hollering, furniture being knocked over, people running and girls screaming etc. I was first attacked by someone I didn't know off guard, and a punch was thrown first at me, and out of self-defense, I threw a punch back. Then out of nowhere, I was hit on the top of my head with a grey goose bottle that resulted in serious injury and later, a trip to the hospital by ambulance. Once removed outside by security, I was not screaming and yelling at the ones who assaulted me, I was talking loud to my friends outside of the building out of frustration. To this day, I am unable to press charges as I am unable to locate the man who assaulted me. Please, if you have any other questions about the incident, feel free to ask me anything you want.

Thank you,

Richard Cancilla III

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

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

Hearing Number: 1802048-SA
Claim Number: 18-10040488-NR

RICHARD CANCELLA III
9537 SARA ST
ELK GROVE, CA 95624-1930

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

BEFORE THE HEARING OFFICER

The Applicant's request for Hearing was filed on January 10, 2018 and a Hearing was scheduled for February 6, 2018. A Hearing was held on February 6, 2018 in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant with patient advocate, Tomika Strong, were present by telephone conference call. The Victim of Crime Program was represented by Alma Bustamante, Compensation Officer, by telephone conference call.

ISSUE

The Applicant appealed the Compensation Officer's determination dated December 8, 2017.

The issue before the Hearing Officer is claim denial.

DECISION AND ORDER

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

Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds claim denial is proper. At today's Hearing, the Applicant contends that he was acting in self-defense; however, the totality of factual evidence fails to support his contention.

APPEAL RIGHTS

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

IT IS SO ORDERED this 8th day of February, 2018.


Sondra L Amodei, Hearing Officer

CERTIFICATE OF MAILING

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

RICHARD CANCELLA III
9537 SARA ST
ELK GROVE, CA 95624-1930

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

Dated this 8th day of February, 2018.



Karen Dyer
Employee of the State of Nevada

-----DEPARTMENT OF ADMINISTRATION-----

Victims of Crime Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE HEARINGS OFFICER**

In the Matter of the Contested)
Application for Compensation:)
Richard Cancilla III,)
Applicant)

HEARING NO: 1802048-SA

VOCP NO: 18-10040488-NR

VOCP HEARING STATEMENT

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1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

Board of Examiner Policy; Section Nine. Limitations on Compensation

1. Contribution: General Considerations

- A. To the extent the victim's acts or conduct provoked or contributed to the victim's injuries, the VOCP may deny the award to the applicant.
- B. To qualify for VOCP benefits, the applicant must not have participated in the crime that led to the victimization.
- C. Claims may be denied where the victim was engaged in illegal activities; or was committing a crime under Nevada law at the time of their injuries.

Victims of Crime requests the Hearing Officer affirm the denial of this claim.

Dated this 26th day of January, 2018
Victims of Crime Program

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FEB 06 2018

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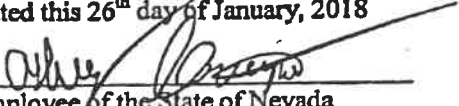
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **VOCP HEARING STATEMENT** was duly mailed, postage prepaid to the following:

STATE OF NEVADA
HEARINGS DIVISION
1050 E WILLIAM ST STE 400
CARSON CITY, NV 89701

RICHARD CANCELLA
5136 MELVIN DRIVE
CARMICHAEL, CA 95608

Dated this 26th day of January, 2018



Employee of the State of Nevada

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

**RECEIVED
JAN 16 2018**

CCSI

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

Hearing Number: 1802048-SA
Claim Number: 18-10040488-NR

**RICHARD CANCELLA III
5136 MELVIN DR
CARMICHAEL, CA 95608**

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

NOTICE OF HEARING BEFORE THE HEARING OFFICER

Pursuant to the Victim's request for a Hearing Officer review of the Compensation Officer's Determination under Chapters 217 of the Nevada Revised Statutes, you are hereby notified a hearing will be held by telephone on:

DATE: TUESDAY, FEBRUARY 6, 2018

TIME: 9:00AM

**PLACE: Department of Administration, HEARINGS DIVISION
1050 E. Williams Street (Hwy 50 East), Suite 400
Carson City, NV 89701
Phone (775) 687-8440**

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Compensation Officer is proper. Failure of the appealing party to contact the Hearing Division to arrange for telephone testimony may result in dismissal of the appeal.

Please contact this office at (775) 687-8440 to inform us of the telephone number that you will be available at for your Hearing.

Dated this 12th day of January, 2018.

Sondra L Amodei, Hearing Officer

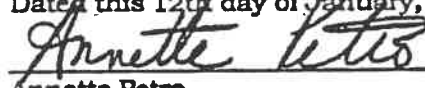
CERTIFICATE OF MAILING

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

RICHARD CANCELLA III
5136 MELVIN DR
CARMICHAEL, CA 95608

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

Dated this 12th day of January, 2018.



Annette Petro
Employee of the State of Nevada

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARING DIVISION

2018 JAN 10 PM 2:43

12/29/2017

RECEIVED
AND
FILED
To Dept of Administration Hearing Division,

I, Richard Cancilla III, am writing a written request for a hearing via phone interview. I disagree with the denial decision that was made on December 8th 2017. I do not feel my actions contributed to my injuries. Please call me at 916-709-4857 or mail me a date and time for a hearing at 5136 Melvin Drive, Carmichael, CA 95608.

Thank you in advance,



Richard Cancilla III

Enclosed: VOC Nevada Denial Letter

From: The Gardner Group

100-2070
1. 916. 921. 2679

01/10/2018 15:38 #362 P.003/003

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

App ID # A176559470

December 8, 2017

RICHARD CANCELLA III
5136 MELVIN DR
CARMICHAEL CA 95608

RE: Claim Number: 18-10040438-NR
Victim: Cancellia III, Richard
Date Of Crime: April 1, 2017

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning:

- Victim actions contributed to their injuries.

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
1050 E. William St. Suite 400
Carson City, NV 89701
Fax: (775) 687-3441

Authorized Representative
Victims of Crime Program

TUES.
2/6/2019
SA

18-10040458-NV



Douglas County Sheriff
Deputy Report for Incident 17SO09813

Minden, Nevada

Nature: Disturbance

Address: 15 US HWY 50 W, HARRAHS;
STLN
Statefile NV 89449

Location: LS69

Offense Codes: ASIM

Received By: Mayer D

How Received: O

Agency: DCSO

Responding Officers: Davis J, Brown, Mark

Responsible Officer: Davis J

Disposition: PEN 04/01/17

When Reported: 01:39:07 04/01/17

Occurred Between: 01:39:07 04/01/17 and 01:39:07 04/01/17

Assigned To:
Status:

Date:
Status Date: **/**/17

Date Assigned: **/**/17
Due Date: **/**/17

Complainant: HARRAHS

Last: HARRAHS
CASINO

First:

DOB:

DOB: **/**/17

Dr Lic:

Address: 15 US HWY 50; STLN

Race:

Sex:

Phone: (775)532-6611

City: Statefile, NV 89449

Offense Codes

Reported:

Observed: ASIM Assault, Simple

Additional Offense: ASIM Assault, Simple

Circumstances

LT03 Bar or Nightclub

Responding Officers

Unit:

Davis J

101

Brown, Mark

103

Responsible Officer: Davis J

Received By: Mayer D

Agency: DCSO

Last Radio Log: 02:36:34 04/01/17 CMPLT

How Received: O Officer Report

Clearance: RIF Report To Follow

When Reported: 01:39:07 04/01/17

Disposition: PEN Date: 04/01/17

Judicial Status:

Occurred between: 01:39:07 04/01/17

File Entry:

End: 01:39:07 04/01/17

Abuse Operation:

Description:

Method:

02/17

Narrative

Douglas County Sheriff's Department
Investigation Narrative
17-SC-09813

Classification:

Battery with a deadly weapon (unfounded)
Battery

Attachments:

1- written statement

Evidence:

4- Digital photos, X-Drive

Details:

On 4/1/17 at approximately 0135 hours, Deputy Brown and I were conducting a walk through of Harrah's Casino, when he observed a male subject, later identified as Richard Cancilla walk out of Club PEEK, with blood all over his face. Richard appeared agitated and as if he was waiting for someone to exit the club. Richard began clinching his fists and rolling his shoulders, as if he was ready to engage in a fight. As Deputy Brown and I walked towards Richard, several other subjects began walking out of the nightclub. Richard began to quickly approach the other subjects as they were walking out. Richard began to point, yell and scream at the subjects leaving the club, causing the subjects to push past Richard to leave the exit area.

Richard then began to try and charge at several subjects who were walking out of the club. Deputy Brown and I, in addition to Harrah's security intervened and were able to separate the subjects involved in this altercation. I then spoke with Richard and learned the following.

Richard was visibly agitated and refused to sit still or answer my questions. All Richard would tell me was he got into an argument with an unknown male subject inside of PEEK nightclub. Richard stated he was punched, so he threw a punch back and then next thing he could recall was being hit in the face with a glass bottle. Richard was unable to provide me with any identifying information for the subject who struck him with the bottle.

Richard had an approximate one (1) inch cut in the center of his forehead at his hair line and fresh blood was present. I took four (4) digital photos of Richard and his injuries. I later booked the photos onto the X-Drive for evidentiary purposes. Richard was later transported by paramedics to Barton Hospital for further treatment and evaluation.

I then spoke with ESI officer Ray Lyons and learned the following.

Ray told me that he and other ESI officers responded to a call on the dance floor of PEEK for a report of an altercation between two parties. Ray told me upon arrival, several subjects were pushing and shoving each other. Ray told me the subjects were advised to leave the club and they complied. Ray told me as he was assisting other ESI officers with escorting the subjects out, a male subject, who he identified as Richard Cancilla, unprovoked, jumped over the couch in the VIP section and punched an unknown male subject in the face. Ray told me he grabbed Richard and attempted to restrain him, as he escorted him out of the club. Ray told me as he was trying to escort Richard out, he advised Richard he was with security and he (Richard) need to leave for the night.



SHERIFF-CORONER'S
DEPARTMENT
Douglas County, Nevada

STATEMENT FORM

YOUTH
WITNESS
CRIVER
PASSENGER

Page 1 of 1

CASE #
175309813

LAST NAME - FIRST - MIDDLE Lyon Ray B		DATE 07-13-1990	AGE - SEX M	DOB 26	WE 59	HT 270	WT 35	HTS 7'
PHYSICAL ADDRESS 8670 Technology Way		MAILING ADDRESS Reno, NV 89521		HOME PHONE #				
CITY EST		CITY		WORK PHONE # 775-626-3000				
VEHICLE INFORMATION		YEAR	MAKE	MODEL	COLOR			
LICENSE PLATE STATE		DRIVER'S LICENSE		STATE				

MY OBSERVATION OR INFORMATION IN THIS MATTER WAS AS FOLLOWS:

• Got a call over the radio from Anthony to come down to the dance floor. At that point talked to him about the situation. He told me he saw two groups getting into an altercation. Anthony, Brandon and myself were assessing the situation. At that point we saw one gentleman going towards the booth getting in their face. At that point Brandon grabbed the gentleman, and began to escort him out of the nightclub. At that point I saw a gentleman lunge over the booth and swing and hit one of the gentleman in the booth. At that point I grabbed the gentleman, and was escorting him out of the nightclub. He tried to resist, so I took him to the ground, and informed him it was time to leave. At that point he said ok, I let him up, and escorted him out of the nightclub. After that I got the one booth under control, and escorted the ~~booth~~ ^{rest} of the other group out of the nightclub with the help of Brandon and Anthony.

TO THE SHERIFF-CORONER'S DEPARTMENT

DATE
7-1-2017

Douglas County Sheriff Minden, Nevada
Minden, NV
August 14, 2017

I, Ron Pierini, Sheriff, certify that I have issued the following license or permit, which is valid from **:**:** **/**/** to **:**:** **/**/**, and that I have received the fees as indicated:

License Number:
Record Number: 17S0L3036
Issued to:

RICHARD JOSEPH CANCELLA
5136 MELVIN DR
CARMICHAEL, CA 95608

License/Permit Type: Copies 1-25

Comment:

Check No. 192

Fees and Payments:

Date:	Officer	Description	Amount
08/14/17	Adkins M	Cash Received	-5.00
08/14/17	Adkins M	Permit Fee	5.00

August 14, 2017

Ron Pierini
Sheriff

By: _____



State of Nevada
Victims of Crime Program

18-12040483-NN

Application for Victim of Crime Compensation

VOCPC Date Stamp and Claim #

If you need help completing this application please go to: www.voc.nv.gov, to find victim assistance programs in your community, or to contact the VOCPC office in Carson City or Las Vegas for assistance or referral to a community program near you.
Please complete Sections 1 through 10 to the best of your ability. Use a black or blue ballpoint pen. Please Print Neatly.

Section 1: Tell us about the Victim.

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

First Name, Middle Initial, Last Name

Richard Cancilla III

Mailing Address, City, State, Zip

5136 Melvin Drive, Carmichael Ca 95608

Home Phone, Work Phone, Cell Phone, E-Mail

Richardcancilla@yahoo.com - email

916-709-4857 Hm 916-417-3517 WK 916-488-1606 - mom

Date of Birth

8/30/1995

Age at time of crime

22

Last 4 Digits SSN

6953



Male



Female

If victim is deceased, date of death:

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

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

First Name, Middle Initial, Last Name

N/A

Mailing Address (if different from victim), City, State, Zip

Home Phone, Work Phone, Cell Phone, E-Mail

Relationship to victim:

Number of people requesting benefits

Last 4 Digits SSN

Date of Birth (applicant must be an adult)

Send Completed, Signed Applications to:

VOCPC
PO Box 94525
Las Vegas, NV 89193-1525

New Address:
9537 Sara St.
Elgin Elks Grove
CA
95624

Please continue to Section 3 on the next page.

Section 3: Tell us about the crime.		
Please attach a copy of the police report prepared by the Law Enforcement Agency. Claims submitted without a police report will be accepted and the VOCP will request a report. A decision will be made when the VOCP receives an official police report. Note: Only Violent Crimes are eligible for VOCP assistance. No Theft or Property Crimes can be approved by the VOCP.		
Name of Law Enforcement Agency the crime was reported to: DOUGLAS County Sheriff Dept.		
Date of Crime: 4-1-17	Date Crime was Reported: 4-1-17	Crime Report No: 178009813
If Crime occurred more than one (1) year ago, please indicate why you did not apply to the VOCP until now. N/A		
<input type="checkbox"/> Unaware of the VOCP <input type="checkbox"/> Physically/Mentally unable to apply <input type="checkbox"/> Other, explain:		
Type of Victimization related to Crime if applicable: (Do not choose more than one)		
<input checked="" type="checkbox"/> Bullying <input type="checkbox"/> Domestic & Family Violence <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Hate Crime <input type="checkbox"/> Mass Violence		
Type of crime:		
<input type="checkbox"/> Arson <input type="checkbox"/> Child Sexual Abuse* <input type="checkbox"/> Other Vehicular Crimes <input checked="" type="checkbox"/> Assault <input type="checkbox"/> DUI/DWI <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Fraud/Financial Crimes <input type="checkbox"/> Sexual Assault* <input type="checkbox"/> Child Physical Abuse/Neglect <input type="checkbox"/> Homicide <input type="checkbox"/> Stalking <input type="checkbox"/> Child Pornography <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Terrorism <input type="checkbox"/> Kidnapping <input type="checkbox"/> Other:		
County where crime occurred:		*Sexual Assault Crimes Only: Required by: NRS 217.290 and NRS 217.300 Did you submit an application to the County for sexual assault assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No: please explain:
<input type="checkbox"/> Clark <input type="checkbox"/> Lincoln <input type="checkbox"/> Carson City <input type="checkbox"/> Lander <input type="checkbox"/> Churchill <input type="checkbox"/> Mineral <input checked="" type="checkbox"/> Douglas Minden, Nevada <input type="checkbox"/> Nye <input type="checkbox"/> Elko <input type="checkbox"/> Pershing <input type="checkbox"/> Eureka <input type="checkbox"/> Storey <input type="checkbox"/> Esmeralda <input type="checkbox"/> Washoe <input type="checkbox"/> Humboldt <input type="checkbox"/> White Pine <input type="checkbox"/> Lyon		
Offender's Name and Address: (if known) Don't know / Inconclusive		
Where did the crime occur? (exact address, location, or nearest cross streets) 15 US (50) State Line NV (HARRAH'S CASINO)		
Describe how the crime occurred: At a nightclub, an argument broke out with another (unknown) male. I was punched, punched back, then a bottle was broke over my forehead causing laceration split on forehead, laceration to chin.		
Describe victim's crime injuries: Laceration / split on forehead, laceration on chin, hit w/ beer bottle.		

Section 4: Tell us about your Crime Related Expenses

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

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

Section 5: Tell us about any Prior Disabilities or Medical Conditions

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

N/A

Section 6: Tell us about any Prior Victim of Crime Claims.

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

- ☐ Yes
☒ No

If Yes: State where Claim Filed

Date filed

Type of Crime

Name of Victim, Applicant, or Claimant

Current Status: (Opened or Closed)

Section 7: Please provide Demographic and Statistical Information

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

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

Section 8: How did you find out about the VOCP?

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

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

Section 9: Person helping the Applicant Complete this Application

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

First Name <i>Tameka</i>	Last Name <i>Strong</i>	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc): <i>Gardner Group / Eligibility Solutions</i>
Telephone <i>916-552-2270</i>	Email <i>tstrong@gardnerteam.com</i>	<i>Patient Advocate</i> (please see Authorization form)

Section 10: Tell us about the Victim's Insurance or Civil Suit Information

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


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



18-10040488-22

State of Nevada Victims of Crime Program

Authorization for Release of Information, Certification and Acknowledgements:

Victim Name:	Victim DOB:	VOCP Claim #:
Richard Cancilla	8/30/1995	UNK
<p><i>I have filed an application with the Nevada Victims of Crime Compensation Program (VOCP). In order to assist the VOCP determine my eligibility I hereby consent to, and authorize the release of information to the VOCP. I hereby release and hold harmless anyone providing information to the VOCP from any liability for any such release.</i></p> <p>Law Enforcement Reports: I hereby authorize any police, law enforcement agency, child protective agency, or Coroner's office to release any police, investigative, incident report, or coroner's report related to my application to the VOCP as required by: NRS 217.110 (2)(d), NRS 217.180, NRS 217.210 (1) and NRS 217.220 (1) and (2). I understand that all such reports will remain confidential as provided by State and Federal law and NRS 217.105.</p> <p>Medical Information : I hereby authorize any hospital, medical clinic, physician, dentist, mental health provider, pharmacist, or any other medical provider to release any and all information including medical reports, histories, prognosis, treatment plans, billing information and any other information relating to my medical treatment for my crime related injuries or condition, to the VOCP as required by NRS 217.100. <i>This Medical Authorization shall automatically expire without express revocation one year from the date below.</i> This release is in compliance with all HIPAA regulations.</p> <p>VOCP Release of Information: I hereby authorize the VOCP to release information to police agencies, medical or other service providers, my advocate, attorney, or others concerning my application or claim only as necessary to administer the VOCP or my claim. No information will be released where prohibited by law. NRS 217.110 and 217.105.</p> <p>Certificate of Financial Eligibility: I hereby certify that I do not have Savings or Investments exceeding the amount of my Annual Income, and that it would be a financial hardship if I were to receive no assistance from the VOCP. I hereby authorize any Insurer, Financial Institution, Government Agency, or any other person with information about me to release such information to the VOCP. NRS 217.220 (4).</p> <p>My Promise to Repay the VOCP: I hereby acknowledge my legal obligation to repay the VOCP any money paid to me, or paid on my behalf, by the VOCP, <i>if I receive any money, from any source, as a result of the crime.</i> I hereby agree to notify the VOCP if I retain an Attorney to pursue a lawsuit or claim, or if I receive any court ordered restitution or other recovery including, but not limited to, insurance payments, settlements or other benefit payments. NRS 217.240.</p> <p style="text-align: center;">Penalties for Providing False Information:</p> <p><i>I understand that I may be imprisoned or fined for providing false or misleading, or intentionally incomplete information to the VOCP. I declare under Penalty of Perjury and pursuant to Nevada law that all the information I have provided is true, correct and complete to the best of my information and belief. NRS 217.270.</i></p>		
Print Full Name of Person Signing Application:		Richard Cancilla
Signature of Victim/Applicant (must be signed by an adult)		Date: 12/6/17
		
Send Completed, Signed Applications to:		VOCP PO Box 94525 Las Vegas, NV 89193-1525
Scan and E-Mail to: applications@voc-net.com		Fax to: (888) 941-7890

Revised 7/5/17

Revised 12/17

04/17/2018

RECEIVED

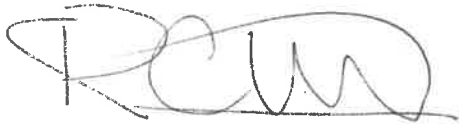
MAY 01 2018

To The State Board of Examiners,

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

I, Richard Cancilla III am writing a written request to appeal the final determination filed on April 11th, 2018. I do not feel the ESI Security Officers testimony was accurate in any way. The officer did not witness the entire fight that broke out from beginning to end. The Security officer, Ray Lyons has omitted parts of the story and I feel it is unfair to me when details are left out. Please send me a written response re: time and date to appeal the final decision with the State Board of Examiners. I can be reached at 916-709-4857.

Thank you once again in advance,

A handwritten signature in dark ink, appearing to read 'R. Cancilla III', written over a horizontal line.

Richard Cancilla III

cc. Tameka Strong, Patient Advocate Representative (PAR)

Brian Sandoval
Governor



James R. Wells, CPA
Director


Paul Nicks
Deputy Director

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

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

Date: May 9, 2018

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

From: Heather Field, Budget Officer 
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to purchase two replacement vehicles for a total amount not to exceed \$48,239 during fiscal year 2019.

Additional Information:

The request is to replace two vehicles totaled in accidents. The first vehicle a 2010 Ford Fusion assigned to the Department of Public Safety was totaled in Las Vegas on November 9, 2017. The second vehicle a 2005 Chevrolet Cobalt assigned to the Department of Health and Human Services was totaled in Las Vegas on January 25, 2018. The replacement cost of the vehicles totals \$48,239. There is anticipated to be \$12,071.15 in insurance recoveries and the remaining \$36,167.85 will be funded with reserves. The associated work program for this request is #C43081.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: 
ACTION ITEM: _____



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
FLEET SERVICES DIVISION**

750 E. King Street
Carson City, Nevada 89701-4768
Phone: (775) 684-1880 | Fax: (775) 684-1888
Website: www.fleetservices.nv.gov

Date: April 3, 2018

To: Heather Field,
Governor's Office of Finance

From: Lyn Letarti, Fleet Specialist II

Subject: May BOE Agenda Item Request


Please put the attached Board of Examiners (BOE) vehicle request on the May BOE agenda. This request is to replace two totaled vehicles.. These vehicles will be purchased with reserve funds.

Attachments:

- BOE vehicle purchase form
- Accident reports
- Vehicle spreadsheet
- Quotes

S NV									
Adult Mnt'l									
3161 Health	LV	Compact	Chevy	Cruze	Champion				
				LV	Chevrolet	none	0.00	16,703.00	16,703.00
3740 P and P	LV	Premium	Ford	Utility	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D				
				Interceptor					
				Ford Country		2,273.00	29,263.00	31,536.00	7,627.00
									48,239.00

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

Agency Name: Fleet Services	Budget Account #: 1356
Contact Name: Robbie Burgess	Telephone Number: 775 684-1883
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>2</u> Amount of the request: <u>48,239.00</u>	
Is the requested vehicle(s) new or used: <u>new</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>compact sedan, Police Interceptor SUV</u>	
Mission of the requested vehicle(s): <u>various</u>	
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded: <u>agency reserves</u>
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>2</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. Where applicable	
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: 2005 Odometer Reading: 89402 Type of Vehicle: compact sedan Vehicle #2 Model Year: 2010 Odometer Reading: 82298 Type of Vehicle: intermediate sedan <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. <u>Vehicles were totaled in accidents</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. <u>officer safety</u>
APPOINTING AUTHORITY APPROVAL:	
 _____ Agency Appointing Authority	_____ Administrator _____ Title
_____ 4/3/18 Date	
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

STANDARD PAGE ~ BID# 8477 POLICE VEHICLES

fleet@fordcountrylv.com

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

Specify State's Vehicle Item Number: 1.2; SUV, 4 Door; 5-6 passengers (page 1)		
Please provide MSRP pricing: \$33,265		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018, Ford, Utility Police Interceptor AWD (K8A)	\$29,663.00	\$29,263.00
State vehicle miles per gallon (MPG) 17/23 AWD		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 3.7L V6 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:		
Arizona Beige, Medium Brown, Smokestone, Dark Toreador Red, Kodiak Brown, Norse Sea Blue,		
Dark Blue, Medium Titanium, Light Blue, Vermillion Red, Silver Gray, Shadow Black,		
Oxford White, Sterling Gray, Ingot Silver, Royal Blue, Blue Metallic		
Seats, Cloth: List available colors: Charcoal Black		
GVW: N/A		WHEELBASE: 113" LENGTH: 197"

07/17/17

2018 POLICE INTERCEPTOR UTILITY EQUIPMENT GROUP

PROPRIETARY

Series	Option Code	Police Interceptor 500A	
Police Interceptor Utility AWD (incl. D&D)	K8A	S	
3.7L V6 Ti-VCT FFV with 6-Speed Automatic Transmission	99R / 44C	S	
3.5L V6 EcoBoost® – (131mph Top Speed)	99T / 44C	\$3,212	O
EQUIPMENT GROUP			
Interior Upgrade Package – 1 st and 2 nd Row Carpet Floor Covering – Cloth Seats – Rear – Center Floor Console less shifter w/unique Police console finish plate – Includes Console – Top Plate – Finish 3 (incl. 2 cup holders) – Floor Mats, front and rear (carpeted) – Deletes the standard console mounting plate (85D) Note: Not available with options: 67G, 67H, 67U, 85R, 96W, 96T	65U	\$381	O
Front Headlamp / Police Interceptor Housing Only – Pre-drilled hole for side marker police use, does not include LED installed lights (eliminates need to drill housing assemblies) – Pre-molded side warning LED holes with standard sealed capability (does not include LED installed lights) Note: Not available with options: 66A and 67H	86P	\$122	O
Front Headlamp Lighting Solution – Includes base LED Low beam/Incandescent (Halogen) High beam headlamp with High Beam Wig-wag function and two (2) white rectangular LED side warning lights – Includes pre-wire for grille LED lights, siren and speaker (60A) – Wiring, LED lights included. Controller "not" included Note: Not available with option: 67H Note: Recommend using Cargo Wiring Upfit Package (67G) or Ultimate Wiring Package (67U)	66A	\$832	O
Tail Lamp / Police Interceptor Housing Only – Pre-existing holes with standard twist lock sealed capability (does not include LED installed lights) (eliminates need to drill housing assemblies) Note: Not available with options: 66B and 67H	86T	\$59	O
Tail Lamp Lighting Solution – Includes base LED lights plus two (2) rear integrated hemispheric lighthouse white LED side warning lights in taillamps – LED lights only. Wiring, controller "not" included Note: Not available with option: 67H Note: Recommend using Cargo Wiring Upfit Package (67G) or Ultimate Wiring Package (67U)	66B	\$419	O
Rear Lighting Solution – Includes two (2) backlit flashing linear high-intensity LED lights (driver's side red / passenger side blue) mounted to inside liftgate glass – Includes two (2) backlit flashing linear high-intensity LED lights (driver's side red / Passenger side blue) installed on inside lip of liftgate (lights activate when liftgate is open) – LED lights only. Wiring, controller "not" included Note: Not available with option: 67H Note: LED lights only – does "not" include wiring or controller Note: Recommend using Cargo Wiring Upfit Package (67G) or Ultimate Wiring Package (67U)	66C	\$443	O
Cargo Wiring Upfit Package – Rear console plate (85R) – contours through 2 nd row; channel for wiring – Wiring overlay harness with lighting and siren interface connections – Vehicle Engine Harness: o Two (2) light connectors – supports up to six (6) LED lights (engine compartment) o Two (2) grille light connectors o One (1) 10-amp siren/speaker circuit (engine to cargo area) – Whelen Lighting PCC8R Control Head – Whelen PCC8R Light Relay Center (mounted behind 2 nd row seat) – Light Controller / Relay Center Wiring (jumper harness) – Whelen Specific Cable (console to cargo area) Connects PCC8R to Control Head – Pre-wiring for grille LED lights, siren and speaker (60A) – Does "not" include LED lights o Recommend Police Wire Harness Connector Kits 47C and 21P Note: Not available with options: 65U, 67H and 67U	67G	\$1,312	O
Ready for the Road Package: All-in Complete Package – Includes Police Interceptor Packages: 66A, 66B, 66C, plus – Whelen Cencom Light Controller Head with dimmable backlight – Whelen Cencom Relay Center / Siren / Amp w/Traffic Advisor (mounted behind 2 nd row seat) – Light Controller / Relay Cencom Wiring (wiring harness) w/additional input/output pigtails – High current pigtail – Whelen Specific WECAN Cable (console to cargo area) connects Cencom to Control Head – Pre-wiring for grille LED lights, siren and speaker (60A) – Rear console plate (85R) – contours through 2 nd row; channel for wiring – Grille linear LED Lights (Red / Blue) and harness – 100-Watt Siren / Speaker – Hidden Door-Lock Plunger / Rear-Door Handles Inoperable (52P) Note: Not available with options: 66A, 66B, 66C, 67G, 67U and 65U	67H	\$3,281	O

★ = New for this model year

P = Included in Equipment Group, S = Standard Equipment, O = Optional

2018 POLICE INTERCEPTOR UTILITY EQUIPMENT GROUP

PROPRIETARY

EQUIPMENT GROUP

(Continued)**Ultimate Wiring Package**

Includes the following:

- Rear console mounting plate (85R) – contours through 2nd row; channel for wiring
- Pre-wiring for grille LED lights, siren and speaker (60A)
- Wiring harness I/P to rear cargo area (overlay)
 - o Two (2) light cables – supports up to six (6) LED lights (engine compartment/grille)
 - o One (1) 10-amp siren/speaker circuit engine cargo area
- Rear hatch/cargo area wiring – supports up to six (6) rear LED lights
- Does "not" include LED lights, side connectors or controller
 - o Recommend Police Wire Harness Connector Kits 47C and 21P

Note: Not available with options: 65U, 67G, 67H

67U

\$538

O

Police Wire Harness Connector Kit – Front

For connectivity to Ford PI Package solutions includes:

- (2) Male 4-pin connectors for siren
- (5) Female 4-pin connectors for lighting/siren/speaker
- (1) 4-pin IP connector for speakers
- (1) 4-pin IP connector for siren controller connectivity
- (1) 8-pin sealed connector
- (1) 14-pin IP connector

Note: See Upfitters guide for further detail www.fordpoliceinterceptorupfit.com

47C

\$102

O

Police Wire Harness Connector Kit – Rear

For connectivity to Ford PI Package solutions includes:

- (1) 2-pin connector for rear lighting
- (1) 2-pin connector
- (6) Female 4-pin connectors
- (6) Male 4 pin connectors
- (1) 10-pin connector

Note: See Upfitters guide for further detail www.fordpoliceinterceptorupfit.com

21P

\$126

O

KEY EXTERIOR OPTIONS

Engine Block Heater

41H

\$88

O

License Plate Bracket – Front

153

N/C

O

Lamps / Lighting

Auto Headlamp

86L

\$112

O

Dark Car Feature – Courtesy lamps disabled when any door is opened

Note: Not available with Daytime Running Lamps (942)

43D

\$19

O

Police Silent Mode

– When activated, courtesy lamps and Daytime Running Lamps disabled (user configurable)

Note: Daytime Running Lamps do not disable where required by law

Note: Requires Daytime Running Lamps (942)

43L

\$19

O

Daytime Running Lamps

942

\$42

O

Dome Lamp – Red/White in Cargo Area

17T

\$49

O

Front Warning Auxiliary LED Lights (Driver side – Red / Passenger side – Blue)

Note: Requires 60A

21L

\$524

O

Forward Indicator Pocket Warning LED Lights – Warn, Park, Turn (Driver side – Red / Passenger side – Blue)

Note: Requires 60A

21W

\$618

O

Front Interior Visor Light Bar (LED)

– Super low-profile warning LED light bar fully integrated into the top of the windshield near the headliner. (Red/Red or Blue/Blue operation. White "take down" and "scene" capabilities)

Note: Requires Rear Console Plate (85R). Not available with Interior Upgrade Package (65U)

96W

\$1,089

O

Pre-wiring for grille LED lights, siren and speaker

\$49

60A

O / P-66A / P-67G / P-67H / P-67U

Rear Quarter Glass Side Marker LED Lights (Driver side – Red / Passenger side – Blue)

63L

\$552

O

Rear Spoiler Traffic Warning Lights (LED)

– Fully integrated in rear spoiler for enhanced visibility

– Provides red/blue/amber directional lighting

Note: Requires Rear Console Plate (85R). Not available with Interior Upgrade Package (65U)

96T

\$1,380

O

Side Marker LED – Sideview Mirrors (Driver side – Red / Passenger side – Blue)

– Located on backside of exterior mirror housing

– LED lights only. Wiring, controller "not" included.

Note: Requires 60A

Note: Recommend using Cargo Wiring Upfit Package (67G), Ready for the Road Package (67H) or Ultimate Wiring Package (67U)

63B

\$281

O

Spot Lamp Prep Kits

Spot Lamp Prep Kit, Driver Side

Note: Does not include spot lamp housing and bulb

51P

\$136

O

Spot Lamp Prep Kit, Dual Side

Note: Does not include spot lamp housing and bulbs

51W

\$273

O

Spot Lamp – Incandescent Bulb:

Driver Only

51Y

\$209

O

Dual (driver and passenger)

51Z

\$342

O

Spot Lamp – LED Bulb:

Driver Only (Unity)

51R

\$382

O

★ = New for this model year

P = Included in Equipment Group, S = Standard Equipment, O = Optional

2018 POLICE INTERCEPTOR UTILITY EQUIPMENT GROUP

PROPRIETARY

EQUIPMENT GROUP

Spot Lamp – LED Bulb: (continued)

Driver Only (Whelen)	51T	\$412	O
Dual (driver and passenger) (Unity)	51S	\$592	O
Dual (driver and passenger) (Whelen)	51V	\$647	O

Body

Glass – Solar Tint 2 nd Row, Rear Quarter and Liftgate Window (Deletes Privacy Glass)	92G	\$118	O
Glass – Solar Tint 2 nd Row Only, Privacy Glass on Rear Quarter and Liftgate Window	92R	\$83	O
Roof Rack Side Rails – Black	68Z	\$151	O
Deflector Plate (Standard on EcoBoost® engine)	76D	\$322	O

VINYL WRAP OPTIONS

Two-Tone Vinyl Package #1 <ul style="list-style-type: none"> Roof Vinyl RH/LH Front-Doors Vinyl RH/LH Rear-Doors Vinyl White (YZ) Only Note: Not available with the following options: 91C, 91D, 91E, 91F, 91G, 91H, 91J	91A	\$814	O
Two-Tone Vinyl Package #3 <ul style="list-style-type: none"> Roof Vinyl RH/LH Front-Doors Only Vinyl White (YZ) Only Note: Not available with the following options: 91A, 91D, 91E, 91F, 91G, 91H, 91J	91C	\$673	O
Two-Tone Vinyl – Roof <ul style="list-style-type: none"> Roof Vinyl White Only Note: Not available with the following options: 91A, 91C	91H	\$479	O
Two-Tone Vinyl – RH/LH Front-Doors <ul style="list-style-type: none"> White Only Note: Not available with the following options: 91A, 91C, 91D, 91E, 91F, 91G	91J	\$296	O
Vinyl Word Wrap – POLICE “non-reflective” <ul style="list-style-type: none"> White (YZ) lettering located on LH/RH sides of vehicle Note: Not available with the following options: 91A, 91C, 91E, 91F, 91G, 91J	91D	\$775	O
Vinyl Word Wrap – POLICE “reflective” <ul style="list-style-type: none"> Black lettering located on LH/RH sides of vehicle Note: Not available with the following options: 91A, 91C, 91D, 91F, 91G, 91J	91E	\$775	O
Vinyl Word Wrap – POLICE “reflective” <ul style="list-style-type: none"> White lettering located on LH/RH sides of vehicle Note: Not available with the following options: 91A, 91C, 91D, 91E, 91G, 91J	91F	\$775	O
Vinyl Word Wrap – SHERIFF “non-reflective” <ul style="list-style-type: none"> White lettering located on LH/RH sides of vehicle Note: Not available with the following options: 91A, 91C, 91D, 91E, 91F, 91J	91G	\$775	O

Wheels

Wheel Covers (18" Full Face Wheel Cover) Note: Only available with the standard Police wheel, not available with 64E	65L	\$58	O
18" Painted Aluminum Wheel Note: Spare wheel is an 18" conventional (Police) black steel wheel	64E	\$462	O

Audio / Video

Rear View Camera (Includes Electrochromic Rear View Mirror – Video is displayed in rear view mirror) Note: This option would replace the camera that comes standard in the 4" center stack area. Note: Camera can only be displayed in the 4" center stack (std) "OR" the rear view mirror (87R)	87R	N/C	O
SYNCO® Basic (Voice-Activated Communication System) – Includes single USB port and single auxiliary audio input jack	53M	\$288	O
Remappable (4) switches on steering wheel (less SYNCO®)	61R	\$149	O
Remappable (4) switches on steering wheel (with SYNCO®)	61S	\$149	O

Doors / Locks (Select only one¹)

Hidden Door-Lock Plunger w/Rear-door handles operable ¹	52H	\$136	O
Hidden Door-Lock Plunger w/Rear-door handles inoperable ¹	52P	\$157	O / P-67H
Rear-Door Handles Inoperable / Locks Operable ¹	68L	\$34	O
Rear-Door Handles Inoperable / Locks Inoperable ¹	68G	\$34	O
Global Lock / Unlock feature (Door-panel switches will lock/unlock all doors and rear liftgate. Eliminates overhead console liftgate unlock switch and 45-second timer. Also eliminates the blue liftgate release button if ordered with Remote Keyless)	18D	N/C	O

Windows

Windows – Rear-window power delete, operable from front driver side switches	18W	\$24	O
--	-----	------	---

Flooring / Seats

1 st and 2 nd row carpet floor covering (includes floor mats, front and rear)	16C	\$121	O / P-65U
2 nd Row Cloth Seats	88F	\$59	O / P-65U
Power passenger seat (6-way) w/manual recline and lumbar	87P	\$316	O

¹ Options 68L, 68G, 52H and 52P not available in any combination

★ = New for this model year

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2018 POLICE INTERCEPTOR UTILITY EQUIPMENT GROUP

PROPRIETARY

EQUIPMENT GROUP

Flooring / Seats (continued)

Front Console Plate – Delete

Note: Not available with option: 67G, 67H, 67U, 85R

85D

N/C O / P-65U

Rear Console Plate

Note: Not available with option: 65U, 85D

\$34

85R

O / P-67G / P-67H / P-67U

Keys (Note: Can be ordered with Remote Keyless-Entry – 55F; Not available with Perimeter Anti-Theft Alarm 593)

Keyed Alike – 1435x

59E

\$49

O

Keyed Alike – 1284x

59B

\$49

O

Keyed Alike – 0135x

59D

\$49

O

Keyed Alike – 0576x

59F

\$49

O

Keyed Alike – 1111x

59J

\$49

O

Keyed Alike – 1294x

59C

\$49

O

Keyed Alike – 0151x

59G

\$49

O

Safety & SecurityBallistic Door-Panels (Level III) – Driver Front-Door Only²

90D

\$1,532

O

Ballistic Door-Panels (Level III) – Driver & Pass Front-Doors²

90E

\$3,096

O

Ballistic Door-Panels (Level IV+) – Driver Front-Door Only³

90F

\$2,364

O

Ballistic Door-Panels (Level IV+) – Driver & Pass Front-Door Only³

90G

\$4,692

O

BLIS® – Blind Spot Monitoring with Cross-traffic Alert (Requires 54Z)

Note: Includes manual fold-away mirrors, w/heat, w/o memory, w/o puddle lamps

55B / 54Z

\$531

O

Lockable Gas Cap for Easy Fuel® Capless Fuel-Filler

19L

\$19

O

Mirrors – Heated Sideview

Note: Not required when ordering BLIS® (heated mirror is included with BLIS®)

549

\$59

O

Perimeter Anti-Theft Alarm

– Activated by Hood, Door or Liftgate

– Requires Key Fob (55F)

Note: Cannot be ordered with Keyed-Alike options

593

\$117

O

Police Engine Idle feature

– This feature allows you to leave the engine running and prevents your vehicle from unauthorized use when outside of your vehicle. Allows the key to be removed from ignition while vehicle remains idling.

47A

\$251

O

Remote Keyless-Entry Key Fob (w/o Keypad, less PATS) – (includes 4-key fobs)

Note: Available with Keyed Alike, however, key fobs are “not” fobbed alike when ordered with Keyed-Alike

55F

\$332

O

Reverse Sensing

76R

\$271

O

Misc

Aux Air Conditioning

Note: Not available with Cargo Storage Vault (63V)

17A

\$587

O

Badge Delete

– Deletes the “Police Interceptor” badging on rear liftgate

– Deletes the “Interceptor” badging on front hood (EcoBoost®)

16D

N/C

O

Cargo Storage Vault (includes lockable door and compartment light)

Note: Not available with Aux Air Conditioning (17A)

63V

\$239

O

Scuff Guards

– Protective wrap edging located on front edge of both rear-doors

55D

\$68

O

My Speed Fleet Management

– Allows dealer or fleet administrator to lower the maximum vehicle speed and the maximum audio system volume using a Ford authorized IDS diagnostic service tool

– Allows the VMAX speed to be set in 5mph increments (between 90 – 131 mph)

Note: See Uppiter's Guide for further detail www.fordpoliceinterceptorupfit.com

43S

\$59

O

Noise Suppression Bonds (Ground Straps)

60R

\$97

O

Enhanced PTU Cooler – Power Transfer Unit

– Recommended Usage: EVOG Training; Continuous / Extended Track Usage

Note: This PTU Cooler is not required for day to day patrol usage

Note: Requires the 3.5L V6 EcoBoost® Engine (99T)

52B

\$2,862

O

100 Watt Siren/Speaker (includes bracket and pigtail)

18X

\$292 O / P-67H

² Tested and meets the requirements of NIJ Standard 0108.01 Level III:

• 7.62 x 51 mm 9.7g M80 (.308 Winchester 150gr)

Per LAPD requirements, they're also designed to withstand special threat rounds:

• 7.62 x 39 mm MSC 7.9g (Type 56)

• 5.56 x 45 mm M193 3.36g

• 5.56 x 45mm M855 4g

³ Tested and meets the requirements of NIJ Standard 0108.01 Level IV:

• .30-06 M2 AP 166gr (7.62 x 63 APM2 10.8g)

Designed to withstand special threat rounds:

• 7.62 x 54R LPS 9.65g

• 7.62 x 51 mm M61 9.75g (.308 Winchester 150.5gr)

In addition, Level IV+ includes all of the NIJ Level III and LAPD rounds listed in footnote 2.

* = New for this model year

P = Included in Equipment Group, S = Standard Equipment, O = Optional

MAIL DIRECT

03292.4D32G.JSS1588960497.01.01.3491
STATE OF NEVADA FLEET SERVICES DIVISON
750 E KING ST
CARSON CITY, NV 89701

USAA Garrison Property and Casualty Insurance Company
PO Box 33490
San Antonio, TX 78265

INVOICE #: USAA-03260223703138090380
USAA #: 022372603
LOSS RPT #: 6
LOSS DATE: 11/08/2017
POLICYHOLDER:
[REDACTED]

LOB: AUT
CLAIMS REP: 09008-15
CHECK #: 0021491567
CHECK DATE: 04/02/2018

EXPLANATION OF PAYMENT	TOTAL PAYMENT AMOUNT
Total Loss Payment under Property Damage Liability Coverage STATE OF NEVADA FLEET SERVICES DIVISON, 2010 FORD FUSION 4D SE ** USAA RETAIN **	***7,698.00

18433-1013

93868-0215

FACE OF DOCUMENT HAS A COLORED BACKGROUND. THE BACK CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT ANGLE TO VIEW.



USAA Garrison Property and Casualty Insurance Company
PO Box 33490
San Antonio, TX 78265

51-44/119 CT

0021491567

DATE
04/02/2018

CHECK AMOUNT
***7,698.00

PAY **Seven Thousand Six Hundred Ninety-Eight and 00/100 s**

TO STATE OF NEVADA FLEET SERVICES DIVISON
THE
ORDER
OF:

USAA #: 022372603 / LR #: 6

NATURE OF PAYMENT:
Total Loss Payment under Property Damage Liability Coverage STATE OF
NEVADA FLEET SERVICES DIVISON, 2010 FORD FUSION 4D SE ** USAA RETAIN **
BANK OF AMERICA - HARTFORD, CT

VOID 180 DAYS FROM ISSUE DATE


AUTHORIZED SIGNATURE

0021491567 011900445 2240015665



Garrison Property and Casualty Insurance
Company

TOTAL LOSS SETTLEMENT


PROBATION PAROLE AND PROBATION
14456 HOT SPRING RD
S104W
CARSON CITY NV

Required forms for your total loss claim

March 16, 2018

Dear Sir or Madam,

Your vehicle listed below is a total loss.

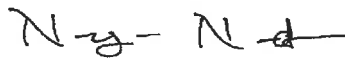
Claim number:	022372603-006
Date of loss:	November 08, 2017
Loss location:	Las Vegas, Nevada
Vehicle:	2010 FORD FUSION 4D SE
License plate:	
VIN:	3FAHP0HA9AR158470

So that we can process this total loss claim and issue payment promptly, please:

- Review the attached Total Loss Checklist and follow the instructions.
- Complete and return the enclosed forms.

If you have questions, please call 1-800-531-8722 ext 69840. I, or one of my coworkers, can assist you.

Sincerely,



Narayan Nadesan
Auto Security and Recovery - Total Loss
Garrison Property and Casualty Insurance Company

Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

Enclosed: FED EX FOR POA
FED EX TO OWNER

2018-APD-0081

18-054

Claim Information

Claim Number 2018-APD-0081
 Driver [REDACTED]
 Status Open
 Coverage Auto Physical Damage
 Loss Date 11/08/2017
 Report Date 11/09/2017

Contact Person

Claim Contact Person [REDACTED]
 Contact Person Email [REDACTED]

Supervisor Info

Supervisor Name [REDACTED]
 Supervisor Title [REDACTED]
 Supervisor Phone [REDACTED]
 Supervisor Email [REDACTED]
 Supervisor Notified? Yes

Department Information

Duty Location LV0025-3740-652 - PAROLE AND PROBATION-PAROLE AND PROBATION - LAS VEGAS, 215 E BONANZA RD
 Department DEPARTMENT OF PUBLIC SAFETY
 Agency PAROLE AND PROBATION - 652
 Organization PAROLE AND PROBATION - 3740

Accident Location

Accident Street Address intersection of Rancho and Washington
 Accident City Las Vegas
 Accident State Nevada
 Zip Code 89108

Person Completing Report

Person Completing Report S. Nedza
 Title Sgt
 Contact # (702) 486-7551

Reported Description

Event Description V2 was at full stop in #1 travel lane heading south on Rancho, north of Washington, waiting for green light. V1 was at full stop directly behind V2. When the traffic light turned green, V2 started moving forward. V1 also moved forward at a greater speed than V2. The front of V1 struck the rear of V2. Both vehicle moved safely to a 7/11 parking lot located on the Northwest corner of the intersection.

Driver and Vehicle Information

Business Phone (702) 486-3457
 Drivers License Number [REDACTED]
 Drivers License State Nevada
 Supervisor Name Scott Nedza
 Supervisor Title Sgt
 Supervisor Phone [REDACTED]
 Supervisor Email [REDACTED]
 Supervisor Notified? Yes

Is this a Fleet Services Vehicle? Yes
 Vehicle 000470
 VIN 3FAHP0HA9AR158470
 Vehicle Year 2010
 Vehicle Make FORD
 Vehicle Model FUSION
 Vehicle Coverage Liability and Comp & Collision
 Is this Contractor's Equipment? No
 Vehicle Coverage LCC
 Vehicle Tag [REDACTED]

Vehicle Status

Accident Reported To NHP
 Report # 171100705
 Citations Issued? No
 Damage to State Vehicle? Yes
 Describe Damages to State Vehicle Rear end damage

Other Parties Involved

Were there other parties/vehicle involved? Yes

Owner Information

State insurance card provided to the driver/owner? Yes
 Owner Unknown? No

LVMP-2017-1538

Owner's Name

Insurance

Insurance Company

USAA

Policy Number

Insurance Phone

(800) 531-8722

Other Vehicle Driver

Same as Owner?

Yes

Was there damage to other vehicle? Yes

Please describe the damage to the other vehicle

Minor damage to front bumper

Any injuries to other drivers or passengers?

No

Were there any injured people?

No

Were there any witnesses involved?

No

Legal Information

Is a Lawsuit likely or has one been filed in this case

Lawsuit Likely



Current Financials

	Reserves	Paid	Outstanding	Incurred
+ Bodily Injury	0.00	0.00	0.00	0.00
+ Expense	0.00	0.00	0.00	0.00
+ Property Damage	0.00	0.00	0.00	0.00
+ Legal	0.00	0.00	0.00	0.00
- Deductible	0.00	0.00	0.00	0.00
- Recovery	0.00	0.00	0.00	0.00
- Subrogation	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00

Transaction History

Date	Type	Payee	Service From	Service To	Payment	Reserve
------	------	-------	--------------	------------	---------	---------

Files

File	Description	Folder	Attached By	Attach Date	Size
DSC01070.JPG			Anonymous Incident Entry	11/09/2017	2455kb

Images

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 1.3 - Sedan: Compact; 4-Door; 4-5 Passengers		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018 Chevrolet Cruze - 1BR69	\$16,503.00	\$16,703.00
State vehicle miles per gallon (MPG): 30 CITY / 40 HIGHWAY		
Manufactures Suggested Retail Price(MSRP): \$20,798.00		
State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain		
Specify standard engine size and emission rating: 1.4L 4 Cylinder Federal Emission		
Includes Minimum Standard Equipment Listed: ____ Yes __X__ No If no, state exceptions:		
AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - N/A		
Exterior Color: List available colors:		
Silver Ice Metallic, Summit White, Red Hot, Mosaic Black Metallic, Artic Blue Metallic		
Seats, Cloth: List available colors:		
Jet Black, Dark Atmosphere/Medium Ash Gray		
GVW: N/A	WHEELBASE: 106.30	

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *1.3 - Sedan: Compact; 4-Door; 4-5 Passengers*

Option Package Name/Code: *LT* \$1,581.00

List Equipment Features Below:

*Carpeted Floor Mats, Audio Steering Wheel Controls,
16" Aluminum Wheels, Heated Outside Power Mirrors*

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 1.3 - Sedan: Compact; 4-Door; 4-5 Passengers

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Bluetooth for Phone(Includes Onstar)	\$ STD	\$- N/A
Cruise Control(Incl Comp Spare/Steering Wheel Controls)	\$ INCL	\$400.00
Engine Block Heater	\$88.00	\$- N/A
Floor Mats, Carpeted	\$ STD	\$- N/A
Keyless Entry	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors	\$ STD	\$- N/A
Power Locks (Includes Keyless Entry)	\$ STD	\$- N/A
Power Seats (Driver Only)	\$- N/A	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player	\$- N/A	\$- N/A
Rear Window Defogger	\$ STD	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Compact	\$ STD	\$- N/A
Tire, Spare, Full Size (Shipped Loose)	\$500.00	\$- N/A

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

Detailed Payment Summary

GEICO CASUALTY CO
Field Claim Center: 11 Tucson

NO. N 195017266

Date: 03/02/2018

ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claim #: 0284587220101128

Date of Loss: 01/25/2018

Claimant Name: Lynn Letarti

Insured Name: [REDACTED]

Tax ID / SS# /

Atty ADJ Code:

Adjuster Code: ESC3

Pay To:

Nevada State Motor Pool



State Of Nevada Fleet Services
Division/Lynn
750 E King ST
Carson City Nv 89701-4768

Total Amount:

\$****4,444.15

Payment Type:

LOSS

IP AND FEATURE AND AMOUNT

03 APD \$***4444.15

In Payment Of
ERS - Property Damage
TL Settlement
2005 Chev

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

* These online services are unavailable to Assigned Risk policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO CASUALTY CO
ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claimant:
Lynn Letarti

Feature Symbol & Amount:
APD \$***4444.15

FOUR-THOUSAND-FOUR-HUNDRED-FORTY-FOUR*AND*15/100*DOLLARS***

Pay to the Order of:
Nevada State Motor Pool

Mail To:
State Of Nevada Fleet Services Division/Lynn
750 E King ST
Carson City Nv 89701-4768

Bank of America

Hartford, CT 06120

51-44
119 CT

Claim Number: 0284587220101128

Insured Name:
Shaleen Hill

NO. N 195017266

VOID AFTER 180 DAYS

Date: 03/02/2018

Amount:
\$****4,444.15

In Payment of:
ERS - Property Damage
TL Settlement
2005 Chev

Harris White

195017266 00000000 191911



GEICO Casualty Company

Attn: Salvage Department, PO BOX 13528
Macon, GA 31208-3528


2010 FEB 20 PM 1:32

02/16/2018

State Of Nevada Fleet Services Division


750 E King St
Carson City NV 89701--4768

Dear 

The enclosed "Total Loss Settlement Explanation" is a breakdown of your vehicle's settlement. For your convenience, the Market Valuation is available on GEICO.com. The Net Settlement Amount is the Base Value of your vehicle, plus any applicable fees and adjustments. If you have any questions, please contact me at 702-908-5838. You can also access your claim information at GEICO.com.

Sincerely,



Encl: SHCL30

TOTAL LOSS SETTLEMENT EXPLANATION

Date February 15, 2018
Accident Date January 25, 2018
Claim Number 028458722-0101-128
Company GEICO Casualty Company
Vehicle 2005 CHEV Cobalt LS
VIN 1G1AL52F457554370

Dear: Lynn Letarti,

This is a brief explanation of your claim settlement:

Base Value	\$4,142.00
Condition Adjustment	\$-38.00
Pre Tax Adjustment	\$0.00
Tax	\$311.90
Total Value	\$4,415.90
State and Local Regulatory Fees	\$28.25
Post Tax Adjustment	\$0.00
Less Deductible	\$0.00
Less Percent Negligent 0%	\$0.00
Less Retention Amount	\$0.00
Net Settlement Amount	\$4,444.15
Towing Charges	\$0.00
Storage Charges	\$0.00

State law requires that owners of total loss or salvage motor vehicles apply for a salvage certificate within 10 days after a total loss settlement.

Does Apply ☐ Does Not Apply ☒

Any state sales tax due the owner through replacement of the vehicle will be considered when notice is given and purchase invoice presented.

Does Apply ☐ Does Not Apply ☒

Adjuster Rodney Ponce Telephone No. 702-908-5838

Customer's Signature _____

Claim Information

Claim Number 2018-APD-0172
 Driver [REDACTED]
 Status Open
 Coverage Auto Physical Damage
 Loss Date 01/25/2018
 Time Occurred 12:30 AM
 Report Date 01/25/2018
 State at Fault? No
 Claim Accepted? Yes
 Deductible Owed 300.00

Contact Person

Claim Contact Person [REDACTED]
 Contact Person Email [REDACTED]
 Notification Emails [REDACTED]

Supervisor Info

Supervisor Name [REDACTED]
 Supervisor Title MHCIII
 Supervisor Phone [REDACTED]
 Supervisor Email [REDACTED]
 Supervisor Notified? Yes

Department Information

Duty Location LV0345-3161-406 - PUBLIC AND
 BEHAVIORAL HEALTH-SO NEV ADULT MENTAL HEALTH -
 LAS VEGAS, 6161 W CHARLESTON BLVD
 Department DEPARTMENT OF HEALTH AND HUMAN
 SERVICES
 Agency PUBLIC AND BEHAVIORAL HEALTH - 406
 Organization SO NEV ADULT MENTAL HEALTH - 3161

Accident Location

Accident Street Address Route 160 Mile Marker 9
 Accident City Las Vegas
 Accident State Nevada

Person Completing Report

Person Completing Report [REDACTED]
 Title MHCIII
 Contact # [REDACTED]

Reported Description

Event Description [REDACTED] and [REDACTED] were driving as part of Homeless Count Census between 25-30 mph with the hazard lights on. [REDACTED] remember seeing a car speeding within 3 seconds driving about 90-100 mph and the driver hit them [REDACTED] recall saying "Wow, oh my god, oh my god, right before the impact. Car spun off road and a whole complete turn, driver side doors would not open. [REDACTED] checked on the passenger to see if she was okay [REDACTED] felt like at any moment the car was going to rollover "thank god it did not." Passenger called '11 right away and turned off car and hazards. [REDACTED] jumped over to the passenger's side to get out of the car. I called supervisor, Paula Releford to report we were involved in an accident. The driver approached them and asked if they were okay, I asked him if he was who hit us, and he said, he did. [REDACTED] the driver smelled alcohol on the driver and he admitted "yes. [REDACTED] took pictures of the State Car and the car that hit them. According to the police officer, the driver was cited for being on the phone as the driver told police, but it sounds like he did not admit to having been drinking like he told me. The State car airbags did not deploy.

Driver and Vehicle Information

Business Phone (702) 486-6847
 Drivers License Number [REDACTED]
 Drivers License State Nevada
 Supervisor Name [REDACTED]
 Supervisor Title MHCIII
 Supervisor Phone [REDACTED]
 Supervisor Email [REDACTED]
 Supervisor Notified? Yes

Is this a Fleet Services Vehicle? Yes
 Equipment Category 13
 Vehicle 000124
 VIN 1G1AL52F457554370
 Vehicle Year 2005
 Vehicle Make CHEVROLET
 Vehicle Model COBALT
 Vehicle Coverage Liability and Comp & Collision
 Is this Contractor's Equipment? No
 Vehicle Coverage LCC
 Vehicle Tag [REDACTED]

Vehicle Status

Where is the vehicle now? 2024 Losee Rd. North Las Vegas NV 89030
 Accident Reported To NHP
 Report # 180102346
 Citations Issued? Yes
 Claim To the other driver

Damage to State Vehicle? Yes

Describe Damages to State Vehicle Broken rear window, fender side driver's unable to open door, car will not start

Other Parties Involved

Were there other parties/vehicle involved? Yes

Owner Information

State insurance card provided to the driver/owner? Yes

Owner Unknown? No

Owner's Name

Insurance

Insurance Company

GEICO

Policy Number

Other Vehicle Information

Plate Number

License Plate State

Nevada

Year

2013

Make

Dodge

Model

Charger

Other Vehicle Driver

Same as Owner? Yes

Were there any injured people? Yes

Were there any witnesses involved? Yes

Legal Information

Is a Lawsuit likely or has one been filed in this case

Lawsuit Likely ☐

Current Financials

	Reserves	Paid	Outstanding	Incurred
+ Bodily Injury	0.00	0.00	0.00	0.00
+ Expense	0.00	0.00	0.00	0.00
+ Property Damage	300.00	0.00	300.00	300.00
+ Legal	0.00	0.00	0.00	0.00
- Deductible	0.00	0.00	0.00	0.00
- Recovery	0.00	0.00	0.00	0.00
- Subrogation	0.00	0.00	0.00	0.00
	300.00	0.00	300.00	300.00

Files

File	Description	Folder	Attached By	Attach Date	Size
New Claim.docx	New Claim	CLM CORRESPONDENCE	Stacie Hancock	01/25/2018	119kb
0272_001.pdf		INCIDENTS	Anonymous Incident Entry	01/25/2018	567kb

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 8, 2018

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

From: Curtis Palmer, 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 PARKS**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Division of State Parks requests approval to purchase two new vehicles and one replacement vehicle for a total amount not to exceed \$221,856 during fiscal year 2019.

Additional Information:

The request is to purchase two new vehicles and replace a 2008 Chevy ¾ ton truck that is 10 years old with in excess of 100,000 miles and meets the Vehicle Replacement Policy of SAM 1316. The total purchase price of the three vehicles totals \$221,856. The agency was budgeted for new and replacement vehicles in E353, E375 and E376 in the amount of \$249,010 during the 2017-2019 legislative session.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: *CPM*
ACTION ITEM: _____

BRIAN SANDOVAL
Governor

BRADLEY CROWELL
Director

Department of Conservation and
Natural Resources

ERIC M. JOHNSON
Administrator

STATE OF NEVADA



901 S. Stewart Street,
Suite 500B
Carson City, NV
89701-5248

Phone: (775) 684-2770
Fax: (775) 684-2777
stparks@parks.nv.gov
<http://parks.nv.gov>

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS**

May 7, 2018

MEMORANDUM

To: Curtis Palmer, Budget Analyst
Department of Administration

Through: Eric Johnson, Administrator
State Parks


From: Jen Idema, ASO II

Subject: Approval to purchase vehicles

Attached is the Board of Examiners Request for Approval to Purchase a State Vehicle form, pursuant to NRS 334.010. In SFY 19 State Parks was legislatively approved to purchase 3 new vehicles thru decision units E353, E375, E376, totaling \$221,855.75.

Thank you in advance for your consideration of this request.

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

Agency Name: State Parks	Budget Account #: 4162
Contact Name: Jennifer Idema	Telephone Number: 775-684-2773
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>3</u> Amount of the request: <u>\$221,855.75</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>3 Trucks</u> Mission of the requested vehicle(s): <u>New vehicles as requested in the 18/19 budget.</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: E353, E375, E376 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 checked="" type="checkbox"/> <u>3</u> Addition(s) <input type="checkbox"/> <u>0</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>No, vehicles are to be used in off-road terrain.</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>See attached spreadsheet</u> Odometer Reading: <u>100,524</u> Type of Vehicle: <u>2008 Chevy 3/4 ton</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 1309? If no, explain why the vehicle is being replaced. <u>Yes</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. <u>N/A</u>
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  _____ Agency Appointing Authority </div> <div style="width: 30%;"> <u>Administrator</u> _____ Title </div> <div style="width: 30%;"> <u>5/7/18</u> _____ Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> _____ Board of Examiners </div> <div style="width: 40%;"> _____ Date </div> </div>	

Revised 7/13/10

FISCAL YEAR 2019 NEW AND REPLACEMENT VEHICLE REQUEST

Budget Account: 4162

Budget Account Title: Nevada Division of State Parks

Reg / Port	Cat.	Object Code (GL)	Item Requested	Doc Unit	Log Appr Amt	Additional Equip	Item Being Replaced	Plats #	Total	Condition/ Reason for Replacement	Proposed Vehicle	Purchase Price
Walker	05	8310	2.13 4WD Truck 3/4 T; Crew Cab; S 8d	E353	\$29,453	LE Equip- \$10,552 LE Radio-\$4,982	New		\$44,987		2016 Dodge 1.1B SSV Pickup Truck Ram 1500 Crew 4x4	\$29,512.25
Tahoe	05	8310	Trash Truck	E375	\$134,580		New		\$134,580		2019 Ford F650 Diesel Base Regular Cab w/ additional equipment for trash truck body	\$139,414.25
Walker	05	8310	Service Vehicle	E376	\$94,977		2008 Cherry 3/4 Ton	EX21908	\$94,977	Excessive wear on vehicle due to tools needed for repairs	2019 Ford F 350 3.8 Cab & Chassis, 1 Ton Full Size, DRW; Over 15000 GVW	\$52,929.25
			Vehicles		\$249,010.00	\$15,534.00	FY 19 SUBTOTAL	EX21908	\$264,544		Total	\$221,865.75
											Diff	\$27,154.25

Eastern Region

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.:	1.1 B SSV Pickup Truck Ram 1500 Crew 4x4		
Dealer Name:	Carson Dodge		
Delivery Location:	Carson City, NV		
Vehicle Colors:	Exterior: White	Interior: Gray	<input checked="" type="checkbox"/> Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,700.00	\$27,700.00
SPECIFY OPTIONS: (description)			\$1,783.00
Daytime Running Lamps	1	\$36.00	
32 Gallon Fuel Tank	1	\$405.00	
Anti Spin Axle	1	\$396.00	
UConnect Handsfree Comm	1	\$632.00	
LT 265/70R17E Owl On Off Road Tires	1	\$228.00	
3.92 Axle Ratio	1	\$86.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$29,483.00
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$29,512.25

Registered Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart St, Suite 5005 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart St, Suite 5005 Carson City, NV 89701
County Vehicle Based In:	Lyon
Name & Phone of Person to contact when vehicle is ready for delivery:	Scott Payne 775-867-4429

STANDARD PAGE FOR POLICE VEHICLES 8477

(Use separate page for each package)

\$29,483

DEALER NAME: Carson Dodge

Specify State's Vehicle Item Number: 1.1B SSV Pickup Truck Ram 1500 Crew 4x4

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

[illegible]**ITEMIZED OPTION PAGE ~ POLICE VEHICLES**

(Use separate page for each package)

DEALER NAME: Carson Dodge

Specify State's Vehicle Item Number:1.1B SSV Pickup Truck Ram 1500 Crew 4x4

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

		DEDUCT AMOUNT
Delete 4-wheel drive system	4x4 STD	\$-
Delete Spotlights		\$-
4x4 Off Road Packages; List Options:	4x4 STD	
Additional window tinting (20% carbon film side and rear windows)	N/A	

Bumper: Rear bumper will be equipped with reverse sensing system alerting the driver to obstacles while backing up	STD Camera Only	
Compact disk player: in dash installed	N/A	
Extended warranty	Call Dealer	
Floor Coverings: carpet front and rear	N/A	
Mirrors: Heated driver and passenger outside mirrors Trailer Tow	\$164.00	
Police wiring package: Minstar	N/A	
Roll Stability Control Packages List package options:	ESP System STD	
Spotlights: to be mounted on left and right hand "A" pillar and wired independent of the ignition and individually fused with 10 to 20-amp capacity. To be 6" Unity #225 (equipped with Halogen spot lamp #H7635) or approved equal.	N/A	EACH
Tow package w/class IV hitch/receiver and electronic brake wiring kit with 4-pin and 7-pin wire harness	STD (85.00 Credit if R	

Carpet Flooring	\$100.00
Sat. Radio	\$177.00
Daytime Running Lamps	\$30.00
Spray In Bedliner	STD (182.00 Credit if Removed)
32 Gallon Fuel Tank	\$495.00
Anti Spin Axle	\$396.00
Unconnect Handsfree Comm	\$232.00
Chrome Apperance Group	\$541.00
LT 285/70R17E OWL On Off Road Tires	\$299.00
Ram Cargo Box Mgmt System	\$1,178.00
Protection Group	\$205.00
3.92 Axle Ratio	\$80.00
Power Adjustable Pedals	\$114.00
Tri Folding Tonneau Cover	\$541.00
Trailer Brake Control	\$268.00
Remote Start Group	\$359.00
Delivery charge for other than Reno or Las Vegas (i.e. Ely)	\$ 1.00 per mile.

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.:	2019 F 650 Diesel Base Regular Cab		
Dealer Name:	New Way-Pritchard Commercial Sales		
Delivery Location:	Incline Village, NV		
Vehicle Colors:	Exterior: White	Interior: Gray	<input checked="" type="checkbox"/> Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 74,445.00	\$74,445.00
SPECIFY OPTIONS: (description)			\$63,235.00
Equipment for trash truck body	1	\$63,235.00	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	\$3,200.00	\$3,200.00
Total purchase price with options			\$139,385.00
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$139,414.25

Registered Owner:	Agency Name & Address:
Legal Owner:	Agency Name & Address:
County Vehicle Based In:	
Name & Phone of Person to contact when vehicle is ready for delivery:	



Driving The Difference.

Quote for: Nevada State Parks
PO Box 6116
Incline Village, NV 89450

Josh Iser
Regional Sales Manager
740-503-6069
jiser@newwaytrucks.com

Date: 5/3/2018

Description

11yd Viper RL
Complete Mounting
Auto-Trans (Hotshift w/ Overspeed) w/ Pump - Pack on the Go
Kick Bar w/ Latch Kit
LED Work Lights - shining in hopper
LED Strobe Light Package - 2 Round Lights mounted in Upper Tailgate
5.6" Color Back-up Camera System
White Paint
Quick Disconnect Pressure Gage
1-Year Hydraulic Warranty
1-Year Body Warranty
2-Year Hydraulic Cylinder Warranty
Ford F650 4x4 Standard Cab Chassis - 26,000 GVWR

Equipment Sub-Total	\$136,185.00
<u>Freight to Incline Village, NV</u>	<u>\$3,200.00</u>
TOTAL PRICE FOR EQUIPMENT AS QUOTED	\$139,385.00

Payment due upon delivery.

Signature

Date



A Product of **NEW WAY TRUCKS, INC.** - 101 State Street - Scranton, PA 18502
• 800 837 1458 • P 712 652 3399 • www.newwaytrucks.com

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.:	3.6 Cab & Chassis; 1 Ton; Full Size; DRW; Over 15000 GVW		
Dealer Name:	Ford Country		
Delivery Location:	Las Vegas, NV		
Vehicle Colors:	Exterior: White	Interior: Gray	<input checked="" type="checkbox"/> Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$34,995.00	\$34,995.00
SPECIFY OPTIONS: (description)			\$17,605.00
Diesel Engine	1	\$8,289.00	
Four Wheel Drive	1	\$2,945.00	
Dual Alternator	1	\$115.00	
Engine Block Heater	1	\$92.00	
Electronic Shift on the Fly 4 x 4	1	\$171.00	
Rear View Camera & Prep Kit	1	\$381.00	
Integrated Trailer Brake	1	\$249.00	
Additional Key With Fob	1	\$224.00	
Limited Slip Differential	1	\$332.00	
LT 245/BSW/AT 17" Tires	1	\$175.00	
Moulded Black Steps	1	\$341.00	
SYNC Communications	1	\$415.00	
Tire, Spare, Full Size	1	\$323.00	
Exterior Backup Alarm	1	\$128.00	

Registered Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart Street, Suite 5005 Carson City, NV 89701		
Legal Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart Street, Suite 5005 Carson City, NV 89701		
County Vehicle Based In:	Lincoln		
Name & Phone of Person to contact when vehicle is ready for delivery:	Cody Tingey 775-728-4467		
84" Cab to Axle	1	\$175.00	
Crew Cab Option	1	\$3,250.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$52,600.00
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$52,929.25

ER
Service
Truck

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME: Ford Country

Tom Craddock

702-558-8064

Specify State's Vehicle Item Number: 3.6 Cab & Chassis: 1 Ton; Full Size; DRW; Over 15000 GVW (page 1)

Please provide MSRP pricing: \$42,430

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, F-550, 2019, (F5G/F5H)	\$35,395.00	\$52,600.00 -\$34,995.00

with options

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: 6.8L V10 LEV II emissions

Includes Minimum Standard Equipment Listed: ☒ Yes ☐ 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: #18000

(When Applicable)

WHEELBASE: 145"

(When Applicable)

TRUCK - \$52,600.00
UT/Body - \$28,888.00

Generator
Air Compressor - \$3,489.00
Hardware

\$84,977.00

OPTION PACKAGE PAGE ~BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME:Ford Country

Tom Craddock

702-558-8064

Specify State's Vehicle Item Number: 3.5 Cab & Chassis: 1 Ton; Full Size; DRW; Over 15000 GVW (page 2)

Option Package Name/Code: XLT Package \$3,181.00

List Equipment Features Below:

40/20/40 Cloth Bench Seat, Carpet Floor, Chrome Bumper, Chrome Grill,

Heated Tow Mirrors, Trailer Brake Controller, Sync Communications, SIRIUS Radio,

4.2" Productivity Screen, Adjustable Headrest, Perimeter Anti-Theft

ITEMIZED OPTION PAGE - BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 3.8 Cab & Chassis: 1 Ton; Full Size; DRW; Over 16000 GVW (page 3)

DEALER NAME: Ford Country

Tom Craddock

702-558-8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

Supplemental Heater (diesel only)	\$231	\$-
Diesel Manual Regeneration	\$231	\$-
Cruise Control	standard	\$-
Diesel Engine (B20)	\$8,289 ✓	\$-
Engine Block Heater	\$92 ✓	\$-
Four Wheel Drive (4x4)	\$2,945 ✓	\$-
Dual Alternator	\$115 ✓	\$-
Electronic Shift on the Fly 4x4	\$171 ✓	\$-
Integrated Trailer Brake	\$249 ✓	\$-
Additional Key With Fob	\$224 ✓	\$-
Limited Slip Differential	\$332 ✓	\$-
LT 245/BSW/AT 17" Tires	\$175 ✓	\$-
Rear View Camera & Prep Kit	\$381 ✓	\$-
Power Windows, Locks & Mirrors	standard	\$-
Moulded Black Steps	\$341 ✓	\$-
XL Décor Package	\$203	\$-
Daytime Running Lights	\$41	\$-
Radio; AM/FM Stereo, CD	standard	\$-
Power Takeoff Provision	\$257	\$-
Seats, Cloth 40/20/40. Color ; Medium Earth Gray		
Payload Upgrade Package (19,500 lb)	\$1,063	
Remote Start	\$231	\$-
SYNC Communications	\$415 ✓	\$-
Tire, Spare, Full Size	\$323 ✓	\$-
Abulance Prep Package	\$1,108	\$-
Exterior Backup Alarm	\$128 ✓	\$-
84" Cab to Axle	\$175 ✓	\$-
108" Cab to Axle (Regular Cab Only)	\$350	
120" Cab to Axle (Regular Cab Only)	\$525	
Super 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.		

\$17,605

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 9, 2018

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

From: Bessie J. Wooldridge, Executive Budget Officer
Governor's Finance Office – Budget Division

A handwritten signature in blue ink that reads "Bessie J. Wooldridge".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES-
AGING AND DISABILITY SERVICES DIVISION**

Agenda Item Write-up:

Pursuant NRS 286.523, the Administrator of the Aging and Disability Services Division (ADSD) requests the Board of Examiners designate the Physical Therapist-Pediatric classification as a "critical labor shortage" and grant a Public Employees Retirement System exception for Robbin Hickman. This designation is requested through June 30, 2020 for approximately 30 hours per week and will allow for the reemployment of qualified retired employees to fill ADSD Physical Therapist-Pediatric needs for Nevada Early Intervention Services locations, which a critical labor shortage has been appropriately identified.

Additional Information:

On October 10, 2017, the Board of Examiners previously approved Ms. Hickman to contract with ADSD from October 10, 2017 through June 30, 2018. ADSD inadvertently neglected to submit the "critical need memo" which is the bases of our current request regarding critical shortage for exceeding the earnings restrictions in NRS 286.520. The critical need memo was submitted and reviewed by the Board of Examiners at the March 13, 2018 meeting and was approved through June 30, 2018

Ms. Hickman is a former UNLV Professor that has contracted through ADSD to provide pediatric physical therapy to infants and toddlers with disabilities.

The division continues to report difficulties in recruitments and vacancies and these conditions continue to place the division in the untenable position of dealing with a critical shortage of qualified candidates to fill these vacant positions.

Historically, it has been an issue for the division to find qualified pediatric physical therapists who can work with infants and toddlers with special needs, particularly in the Carson City and rural areas. Special circumstances, special education or experience required would include additional training outside the traditional physical therapy licensure and education; therefore, the field of qualified applicants who possess the scope of knowledge to competently work with infants and toddler with disabilities is minimal.

The division indicated there is an immediate and critical need within ADSD to fill this position and the ability/flexibility to re-employ Ms. Hickman is a vital tool to utilize in mitigating the division's vacancy issue.

Statutory Authority:

NRS 286.510 - 286.523

REVIEWED: _____

Y/H

ACTION ITEM: _____

NRS 286.523 Employment of retired employee: Exception for reemployment of certain retired employees to fill positions for which critical labor shortage exists; determination and designation of such positions; limitation on length of designation of position. [Effective through June 30, 2015.]

1. It is the policy of this State to ensure that the reemployment of a retired public employee pursuant to this section is limited to positions of extreme need. An employer who desires to employ such a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public.

2. The provisions of subsections 1 and 2 of NRS 286.520 do not apply to a retired employee who accepts employment or an independent contract with a public employer under the System if:

(a) The retired employee fills a position for which there is a critical labor shortage; and

(b) At the time of the retired employee's reemployment, the retired employee is receiving:

(1) A benefit that is not actuarially reduced pursuant to subsection 6 of NRS 286.510; or

(2) A benefit actuarially reduced pursuant to subsection 6 of NRS 286.510 and has reached the required age at which the retired employee could have retired with a benefit that was not actuarially reduced pursuant to subsection 6 of NRS 286.510.

3. A retired employee who is reemployed under the circumstances set forth in subsection 2 may reenroll in the System as provided in NRS 286.525.

4. Positions for which there are critical labor shortages must be determined in an open public meeting held by the designating authority as follows:

(a) Except as otherwise provided in this subsection, the State Board of Examiners shall designate positions in State Government for which there are critical labor shortages.

(b) The Supreme Court shall designate positions in the Judicial Branch of State Government for which there are critical labor shortages.

(c) The Board of Regents shall designate positions in the Nevada System of Higher Education for which there are critical labor shortages.

(d) The board of trustees of each school district shall designate positions within the school district for which there are critical labor shortages.

(e) The governing body of a charter school shall designate positions within the charter school for which there are critical labor shortages.

(f) The governing body of a local government shall designate positions with the local government for which there are critical labor shortages.

(g) The Board shall designate positions within the System for which there are critical labor shortages.

5. In determining whether a position is a position for which there is a critical labor shortage, the designating authority shall make findings based upon the criteria set forth in this subsection that support the designation. Before making a designation, the designating authority shall consider all efforts made by the applicable employer to fill the position through other means. The written findings made by the designating authority must include:

(a) The history of the rate of turnover for the position;

(b) The number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted;

(c) The length of time the position has been vacant;

(d) The difficulty in filling the position due to special circumstances, including, without limitation, special educational or experience requirements for the position; and

(e) The history and success of the efforts to recruit for the position, including, without limitation, advertising, recruitment outside of this State and all other efforts made.

6. A designating authority that designates a position as a critical need position shall submit to the System its written findings which support that designation made pursuant to subsection 5 on a form prescribed by the System. The System shall compile the forms received from each designating authority and provide a biennial report on the compilation to the Interim Retirement and Benefits Committee of the Legislature.

7. A designating authority shall not designate a position pursuant to subsection 4 as a position for which there is a critical labor shortage for a period longer than 2 years. To be redesignated as such a position, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria set forth in subsection 5.

(Added to NRS by 2001, 2400; A 2003, 2062; 2005, 1077; 2009, 1549, 1550; R 2011, 90, effective June 30, 2015)

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

DATE: May 1, 2018

TO: Deborah Harris, Deputy Director
Department of Health and Human Services

FROM: Sherri Vondrak, HR Officer *Sherri Vondrak*
Aging and Disability Services

SUBJECT: Request for Extension of Critical Shortage

This is a request to process a critical need position which was formerly approved through June 30, 2018. Ms. Robbin Hickman is contracted to provide Pediatric Physical Therapy services for clients of ADSD Nevada Early Intervention Services. Please accept the attached documentation to be reviewed and approved at the June Board of Examiners meeting. We would like to extend Ms. Hickman's Critical Shortage position for the two allowable years from July 1, 2018 through June 30, 2020. Without the services provided by Ms. Hickman, many NEIS clients are at risk of not receiving valuable Physical Therapy services.

Thank you for consideration to this matter.

*5/2/18
Approved for
BOE consideration
[Signature]*

ADSD PERSONNEL Director's Office

MAY 04 2018

MAY - 1 2018

RECEIVED

DHHS

Nevada Department of Health and Human Services
Helping People -- It's Who We Are And What We Do



Public Employees Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Critical Need Position Designation Form

Reemployment of a retired public employee pursuant to NRS 286.523 is limited to positions of extreme need. An employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon appropriate and necessary delivery of services to the public. The critical need designation must be made by the designating authority of the agency in an open meeting. The designated authority shall not designate a position for more than 2 years. To be redesignated, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria established by law. PERS will compile the forms received from each designating authority and provide a biennial report to the Interim Retirement and Benefits Committee (IRBC) of the Legislature.

Agency Contact: Candice McDaniel Agency Phone: (775) 687-0100

Agency Name: Aging and Disability Services-Nevada Early Intervention Services

Critical Need Position Title: Physical Therapist- Pediatric- Contracted

Effective Date of Critical Need Designation: 7/1/2018

In an open meeting the designating authority shall make findings based upon the below criteria that supports the designation using this form provided by PERS. Before making a designation, the designating authority shall consider all efforts made by the public employer to fill the position through other means. The written findings to be made by the designating authority must include:

History of the rate of turnover for the position: Turnover is not necessarily an issue for this position as finding qualified pediatric physical therapists

who can work with infants and toddlers with special needs. These positions are incredibly difficult to fill, especially in the Carson City office where children are seen in their homes in rural areas.

Number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted: Recruitments have remained open for many years for this rural position. In this office particularly out of Carson City,

recruitment has been open since 2011 with only two applicants, both of which were hired due to their experience with infants and toddlers with special needs.

Length of time the position has been vacant: As the current Program Manager in Carson City, the contracted Physical Therapy position has been open since 2011.

Difficulty in filling the position due to special circumstances, including special education or experience required for the position: Working with infants and toddlers with disabilities requires additional training outside of the traditional Physical Therapy licensure and education.

The Individuals with Disabilities Education Act drives Early Intervention Services, therefore knowledge of the federal regulations is required for this position, which are only required for infants and children covered by Part C (IDEA).

History and success of the efforts to recruit for the position, including advertising, out-of-state recruitment and all other efforts made (include copies of advertising or electronic recruitment notices, specifying targeted geographic areas):

Recruitment has been used recently through the "Indeed" Service, on line. The Nevada licensing Board is checked for current therapists then cold calls are made to these providers

to inquire about interest and availability. Many of the licensed physical therapists are either not interested, currently employed full time with benefits, lack pediatric experience or not willing to travel to rural locations.

Brian Sandoval
Governor



James R. Wells, CPA
Director


Paul Nicks
Deputy Director

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

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

Date: June 8, 2018

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

From: Heather Field, 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.

OFFICE OF ATTORNEY GENERAL

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Office of Attorney General seeks the Board's favorable finding regarding the Agency's determination to use the statute's emergency provision to contract with Melissa Piaseck MD PC, a current Dean with the Nevada System of Higher Education, to provide expert testimony and evaluations with lawsuits and criminal matters involving the State of Nevada. The Board of Examiners shall review the contract and notify the agency whether it would have approved the contract if it had been entered into pursuant to NRS 333.705, subsection 1.

Additional Information:

Melissa Piaseck MD PC has been employed with the Nevada System of Higher Education from 1995 to present date. Her skills are necessary to provide expert witness testimony and evaluation as a licensed psychiatrist in regards to lawsuits and criminal matters. Ms. Piaseck has participated in multiple contracts with the State of Nevada for these reasons. Due to an oversight this is the first request to Board of Examiners for approval to contract with a current employee. Ms. Piaseck is expected to work on a per case basis, typically less than 640 hours or equivalent of four months through June 30, 2020.

Statutory Authority:

NRS 333.705

REVIEWED: 
ACTION ITEM: _____

ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

J. BRIN GIBSON
First Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

MEMORANDUM

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Christian Schonlau, Chief Financial Officer

Date: June 6, 2018

Subject: Contracting with current employee

Pursuant to NRS 333.705, subsection 4, the Attorney General's Office seeks a favorable recommendation regarding the Agency's determination to use the emergency provision to contract with Dr. Melissa Piasecki, a current Dean with the Nevada System of Higher Education, to provide expert witness services as needed through June 30, 2020.

Although the contract period extends beyond the four month limitation in this statute, services provided on a per case basis have been less than 640 hours or the equivalent of four months.

Additional Information:

Melissa Piasecki MD PC has been employed with the Nevada System of Higher Education from 1995 to present date. Her skills are necessary to provide expert witness testimony and evaluation as a licensed psychiatrist in regards to lawsuits and criminal matters. Ms. Piasecki has participated in multiple contracts with the State of Nevada for these reasons. Due to an oversight this is the first request for Board of Examiners approval. Ms. Piasecki is expected to work as needed through June 30, 2020.

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 11, 2018

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

From: Andre Urruty, 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 ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Purchasing Division requests authority to contract with a former correctional officer, Daniel Henson, through Allied Universal Security Services, Master Service Agreement #19049, to provide uniformed security guard services.

Additional Information:

Daniel Henson was formerly employed as a Correctional Officer by the Nevada Department of Corrections. He left state service in April 2018, and is currently collecting benefits from PERS. Capitol Police currently does not have sufficient staffing resources to meet the needs of all agencies requiring security guard services.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

April 23, 2018

MEMORANDUM

To: Andre Urruty

From: Annette Morfin, Purchasing Officer
19049 AZ

Subject: CETS Contract *19049* – Allied Universal Security Services
RFP 3455 – Uniformed Security Guards

RECEIVED

APR 23 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Please find attached a copy of the "Authorization to Contract with a Former Employee for Daniel Henson who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of the Clerk of the Board.

Daniel Henson recently left state service and is within the two (2) year window. He is receiving benefits from PERS.

If you have any questions, please contact me at 684-0185 or amorfin@admin.nv.gov



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information

Former Employee Name:	Daniel Henson
Former Employee ID Number:	12198
Former Job Title:	Correctional Officer
Former Employee Agency:	Nevada Department of Corrections
Former Class and Grade:	Grade 34 Step 10
Former Employment Dates:	1998 to 04-2018
Contracting Agency:	Allied Universal Security Services

Please check which of the following applies:

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

a. Summarize scope of contract work.

This contract provides uniformed security guards to various State agencies. The guards may be armed or un-armed depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.

b. Document former job description.

Corrections Officer for the Nevada Department of Corrections

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

Yes, these are individual with law enforcement training.

No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.

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

Capitol Police does not have the resources to perform this service for all agencies needing this type of service.

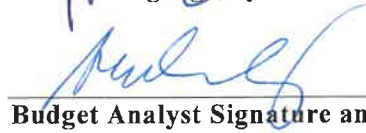
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
No
f. List contractor's hourly rate.
\$13.00-\$16.50 per hour
g. List the range of comparable State employee wages.
\$21.18-\$32.89 per hour
h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?
Not Applicable
i. Document justification for hiring contractor.
There are a limited number of individuals available with the appropriate law enforcement experience.
j. Will the employee be collecting PERS at any time during the contract?
Yes
k. What is the duration of the contract with the former employee? (include start and end date)
TBA upon Clerk of the Board approval to September 30, 2021.
l. Will the former employee be working FT/PT? If PT how many hours
FT

Comments:



4-23-2018

Contracting Agency Head's Signature and Date



5/11/18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 21, 2018
To: James R. Wells, 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 of Bridgette Garrison, is written over the "From:" line.

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

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former employee, Kenneth Oates. Diversified Consulting Services (DCS) is proposing using Mr. Oates as an Inspector Level IV on an as-needed basis in NDOT Construction Crew District III. This will be a full-time contracted position with season layoffs working from June 2018 to April 2020.

Additional Information:

Mr. Oates retired from State service on January 2017 and in April 2017, was approved by the BOE to work as an Inspector Level IV position with Henningson, Durham and Richardson, Inc. (HDR). NDOT has awarded the agreement to DCS as the highest ranked firm responding to RFP for on-call services in District III. Mr. Oates retired as a Supervisor III and is very qualified with overseeing highway construction project activities, specifically in the Northern Nevada area. Mr. Oates has had no influence or authority over the crew augmentation.

Statutory Authority:

NRS 333.705

REVIEWED: _____

ACTION ITEM: _____



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

MEMORANDUM

April 27, 2018

To: State of Nevada Board of Examiners
From: Rudy Malfabon, Director DocuSigned by: Rudy Malfabon
Subject: Authorization to Contract with a Former Employee - Kenneth Oates DocuSigned by: Rudy Malfabon

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Kenneth Oates. Mr. Oates retired from state service in January 2017, and in April 2017, was approved by the BOE to work as an Inspector Level IV with HDR, Inc. He is now employed by Diversified Consulting Services (DCS) who is proposing to utilize Mr. Oates to fill an Inspector Level IV position in the augmentation of NDOT Construction Crews in District III on an as-needed basis on NDOT Agreement P647-17-040.

BACKGROUND

There is insufficient staff and expertise to successfully manage the workload, size and scope of the projects currently assigned to NDOT Construction Crews in District III. In November of 2017 NDOT issued a Request for Proposals (RFP) to engage service providers to perform professional and technical engineering services to provide construction management augmentation to Construction Crews in each of the three districts. This augmentation includes providing Inspectors, Testers, and Surveyors to ensure the construction of NDOT projects are accomplished in conformance with the plans, specifications, and all other contract documents.

DCS was awarded the Agreement as the highest ranked firm responding to the RFP for on-call services in District III. DCS has proposed to utilize Mr. Oates to fill the role of Inspector Level IV, a key role in overseeing the construction of various projects throughout District III. Mr. Oates is very qualified and experienced in overseeing highway construction project activities, specifically in the Northern Nevada area. Additionally,

Mr. Oates has had no influence or authority over the consultant procurement for this crew augmentation.

RECOMMENDATION

We respectfully request your consideration for approval for Diversified Consulting Services to engage Mr. Kenneth Oates to be Inspector Level IV on their staffing team to augment NDOT Construction Crews in District III.

RECEIVED

MAY 01 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Kenneth R. Oates
Former Employee ID Number:	08747
Former Job Title:	Supervisor 3 – Assistant to the Resident Engineer
Former Employee Agency:	NDOT
Former Class and Grade:	GRADE 40, STEP 10
Former Employment Dates:	April 4, 1988 – January 28, 2017
Contracting Agency:	DIVERSIFIED CONSULTING SERVICES
Please check which of the following applies:	
<input type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
Consultant Senior Inspector or Assistant Resident Engineer on large scale highway projects administered by NDOT.	
b. Document former job description.	
Supervisor 3, Assistant to the Resident Engineer. With the Resident Engineer, he supervised a NDOT field construction crew that administered NDOT construction projects, constructed by contractors. The crew was responsible for inspecting, testing, construction surveying, and office administration of assigned NDOT projects. Duties included managing the field crew, filling in for the crew as necessary, training the staff and documenting the work.	
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	
Yes, the former employee has some specialized knowledge of the agencies operations. He is very familiar with NDOT Specifications, Standard Plans, requirements and administration for construction, due to his 28 years of experience in the department. There is no clause in the contract for transfer of the specialized knowledge.	
d. Explain why existing State employees within your agency cannot perform this function.	
Manpower shortage due to the increasing size of the NDOT work program.	

- 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.**

N/A - no relationship exists.

- f. List contractor's hourly rate.**

\$60.00 per hour.

- g. List the range of comparable State employee rates.**

\$41.65 Supervisor 3 @ step 10.

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

The contract rate exceeds the maximum rate for Mr. Oates previous rate. The contract employment is seasonal with layoffs during the winter when project work is suspended, and work locations vary throughout the state with temporary assignments. Benefits like sick leave and retirement in the private sector are also different. The consultant rates are also comparable to the same rates required by prevailing wage for the contractor doing this type of work.

- i. Document justification for hiring contractor.**

Limited quality staff are currently available.

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

Yes.

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

April 2, 2018 until the end proposed NDOT agreement, assumed to be April 2020.

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

Full time with season layoffs.


Comments:

DocuSigned by:



05/01/2018

Contracting Agency Head's Signature and Date



5/21/18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Bridgette Mackey-Garrison

From: Benamati, Doug R <DBenamati@dot.nv.gov>
Sent: Monday, May 21, 2018 10:19 AM
To: Bridgette Mackey-Garrison; Koury, Lucinda M
Cc: Budget DL
Subject: RE: Contract with Former Employee Mr. Pearson

Good morning Bridgette,

Yes, that is correct.

Thank you,

Doug R. Benamati
Agreement Services Manager
Nevada Department of Transportation
1263 South Stewart Street, Room 102
Carson City, Nevada 89712
775.888.7070 ext.2260
www.nevadadot.com



From: Bridgette Mackey-Garrison [mailto:bmgarrison@finance.nv.gov]
Sent: Monday, May 21, 2018 10:08 AM
To: Benamati, Doug R <DBenamati@dot.nv.gov>; Koury, Lucinda M <LKoury@dot.nv.gov>
Cc: Budget DL <budget@dot.state.nv.us>
Subject: RE: Contract with Former Employee Mr. Pearson
Importance: High

Good morning Doug,

Is this the same for Oates?

Thank you,

***Bridgette Mackey-Garrison**, Executive Branch Budget Officer*
Telephone: (775) 684-0255 | Fax: (775) 684-0260 | Email: bmgarrison@finance.nv.gov

From: Benamati, Doug R [mailto:DBenamati@dot.nv.gov]
Sent: Monday, May 07, 2018 3:57 PM
To: Bridgette Mackey-Garrison; Koury, Lucinda M
Cc: Budget DL
Subject: RE: Contract with Former Employee Mr. Pearson

Bridgette,

We are not asking for a retroactive approval. The duration of the agreement with DCS is February 2018 to March 2020. The request for approval of the former State Employee is from the date of the June Board meeting until April 2020.

Thanks,

Doug R. Benamati
Agreement Services Manager
Nevada Department of Transportation
1263 South Stewart Street, Room 102
Carson City, Nevada 89712
775.888.7070 ext.2260
www.nevadadot.com



From: Bridgette Mackey-Garrison [<mailto:bmgarrison@finance.nv.gov>]
Sent: Monday, May 07, 2018 12:41 PM
To: Benamati, Doug R <DBenamati@dot.nv.gov>; Koury, Lucinda M <LKoury@dot.nv.gov>
Cc: Budget DL <budget@dot.state.nv.us>
Subject: Contract with Former Employee Mr. Pearson
Importance: High

Good afternoon Doug and Lucy,

On the form for the above former employee the duration for his contract states February 6, 2018 thru April 2020. Is this retro or is the February date incorrect?

Thank you,

Bridgette Garrison, Executive Branch Budget Officer I

Governor's Finance Office
209 E. Musser St. Suite 200
Carson City, NV 89701
775-684-0255 phone
775-684-0260 fax
bmgarrison@finance.nv.gov

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 7, 2018

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

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

A handwritten signature in blue ink, appearing to be "B. Garrison", written over the "From:" line.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former employee, Thomas Pearson. Diversified Consulting Services (DCS) is proposing using Mr. Pearson as an Inspector Level IV position on as-needed basis in NDOT Construction Crew District III. This will be a full-time contracted position with season layoffs working from June 2018 to April 2020.

Additional Information:

Mr. Pearson retired from state service on January 3, 2018. NDOT has awarded the agreement to DCS as the highest ranked firm responding to RFP for on-call services in District III. Mr. Pearson retired as a Highway Maintenance Manager and is very qualified with overseeing highway construction project activities, specifically in the Northern Nevada area. Mr. Pearson has had no influence or authority over the consultant procurement for this crew augmentation.

Statutory Authority:

NRS 333.705

REVIEWED: _____

ACTION ITEM: _____



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

MEMORANDUM

April 27, 2018

To: State of Nevada Board of Examiners
From: Rudy Malfabon, Director DocuSigned by: Rudy Malfabon
Subject: Authorization to Contract with a Former Employee - Thomas Pearson DocuSigned by: Thomas Pearson

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Thomas Pearson. Mr. Pearson retired from state service in January 2018. Diversified Consulting Services (DCS) is proposing to engage Mr. Pearson to fill an Inspector Level IV position in the augmentation of NDOT Construction Crews in District III on an as-needed basis for NDOT Agreement P647-17-040.

BACKGROUND

There is insufficient staff and expertise to successfully manage the workload, size and scope of the projects currently assigned to NDOT Construction Crews in District III. In November of 2017 NDOT issued a Request for Proposals (RFP) to engage service providers to perform professional and technical engineering services to provide construction management augmentation to Construction Crews in each of the three districts. This augmentation includes providing Inspectors, Testers, and Surveyors to ensure the construction of NDOT projects are accomplished in conformance with the plans, specifications, and all other contract documents.

DCS was awarded the Agreement as the highest ranked firm responding to the RFP for on-call services in District III. DCS has proposed to utilize Mr. Thomas Pearson to fill the role of Inspector Level IV, a key role in overseeing the construction of various projects throughout District III. Mr. Pearson is very qualified and experienced in overseeing highway construction project activities, specifically in the Northern Nevada area.

Mr. Pearson has had no influence or authority over the consultant procurement for this crew augmentation.

RECOMMENDATION

We respectfully request your consideration for approval for Diversified Consulting Services to engage Mr. Thomas Pearson to be Inspector Level IV on their staffing team to augment NDOT Construction Crews in District III.

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	THOMAS D. PEARSON
Former Employee ID Number:	09465
Former Job Title:	HIGHWAY MAINTENANCE MANAGER
Former Employee Agency:	NDOT
Former Class and Grade:	GRADE 38, STEP 10
Former Employment Dates:	AUGUST, 1986 TP JANUARY 3, 2018
Contracting Agency:	DIVERSIFIED CONSULTING SERVICES
Please check which of the following applies:	
<input type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
Consultant Inspector on large scale highway projects administered by NDOT.	
b. Document former job description.	
Maintenance Managers plan, organize and direct major complex highway maintenance and equipment safety programs, infrastructure facilities, and personnel in assigned district in compliance with State and federal laws, rules and regulations, department policy and budgetary authority.	
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	
Yes, the former employee has some specialized knowledge of the agencies operations. He is very familiar with NDOT Specifications, Standard Plans, requirements and administration for construction, due to his 30 years of experience in the department. There is no clause in the contract for transfer of the specialized knowledge.	
d. Explain why existing State employees within your agency cannot perform this function.	
Manpower shortage due to the increasing size of the NDOT work program.	

- 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.**

N/A - no relationship exists.

- f. List contractor's hourly rate.**

\$47.00 per hour.

- g. List the range of comparable State employee rates.**

\$39.42 Maintenance Manager @ step 10.

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

The contract rate exceeds the maximum rate for Mr Pearson previous rate. The contract employment is seasonal with layoffs during the winter when project work is suspended, and work locations vary throughout the state with temporary assignments. Benefits like sick leave and retirement in the private sector are also different. The consultant rates are also comparable to the same rates required by prevailing wage for the contractor doing this type of work.

- i. Document justification for hiring contractor.**

Limited quality staff are currently available.

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

Yes.

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

February 6, 2018 until the end proposed NDOT agreement, assumed to be April 2020.

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

Full time with season layoffs.

Comments:

DocuSigned by:



04/27/2018

Contracting Agency Head's Signature and Date

 5/21/18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Bridgette Mackey-Garrison

From: Benamati, Doug R <DBenamati@dot.nv.gov>
Sent: Monday, May 07, 2018 3:57 PM
To: Bridgette Mackey-Garrison; Koury, Lucinda M
Cc: Budget DL
Subject: RE: Contract with Former Employee Mr. Pearson

Bridgette,

We are not asking for a retroactive approval. The duration of the agreement with DCS is February 2018 to March 2020. The request for approval of the former State Employee is from the date of the June Board meeting until April 2020.

Thanks,

Doug R. Benamati
Agreement Services Manager
Nevada Department of Transportation
1263 South Stewart Street, Room 102
Carson City, Nevada 89712
775.888.7070 ext.2260
www.nevadadot.com



From: Bridgette Mackey-Garrison [mailto:bmgarrison@finance.nv.gov]
Sent: Monday, May 07, 2018 12:41 PM
To: Benamati, Doug R <DBenamati@dot.nv.gov>; Koury, Lucinda M <LKoury@dot.nv.gov>
Cc: Budget DL <budget@dot.state.nv.us>
Subject: Contract with Former Employee Mr. Pearson
Importance: High

Good afternoon Doug and Lucy,

On the form for the above former employee the duration for his contract states February 6, 2018 thru April 2020. Is this retro or is the February date incorrect?

Thank you,

Bridgette Garrison, Executive Branch Budget Officer I

Governor's Finance Office
209 E. Musser St. Suite 200
Carson City, NV 89701
775-684-0255 phone
775-684-0260 fax
bmgarrison@finance.nv.gov

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 21, 2018

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

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

A handwritten signature in blue ink, appearing to be "B. Garrison", is written over the name of the sender.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former employee, Mike Pendergraft. Henningson, Durham and Richardson, Inc. (HDR) is proposing using Mr. Pendergraft as an Inspector Level IV position in the Full Administration of District II Betterment Projects. This will be a full-time contracted position working forty hours per week from June 2018 to September 2019.

Additional Information:

Mr. Pendergraft retired from State service on March 27, 2017 and in April 2018, was approved by the BOE to work as an Inspector Level III position with CA Group, Inc. NDOT has awarded the agreement to HDR, Inc. as the highest ranked firm responding to RFP for the Full Administration services to District II Betterment Projects. Mr. Pendergraft retired as an Engineering Technician IV and is very qualified with overseeing highway construction project activities, specifically in the Northern Nevada area. Mr. Pendergraft has had no influence or authority over the consultant procurement for this Full Administration agreement.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

MEMORANDUM

May 2, 2018

To: State of Nevada Board of Examiners
From: Rudy Malfabon, Director DocuSigned by: Rudy Malfabon
Subject: Authorization to Contract with a Former Employee – Mike Pendergraft RESPONSE

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Mike Pendergraft. Mr. Pendergraft, retired from state service in March 2017, and in April 2018, was approved by the BOE to work as an Inspector Level III with CA Group, Inc. He is now employed by HDR, Inc., who is proposing to utilize Mr. Pendergraft to fill an Inspector Level IV position in the Full Administration of District II Betterment projects.

BACKGROUND

There is insufficient staff and expertise to successfully manage the workload, size and scope of the District II Betterment projects. In January of 2018, NDOT issued Request for Proposals (RFP) 614-17-040 to engage service providers to perform professional and technical engineering services to provide Full Administration construction management to District II. This project includes providing a Resident Engineer, an Assistant Resident Engineer, an Office Manager, four Inspectors, and three Testers, to ensure the construction of the District II Betterment projects are accomplished in conformance with the plans, specifications, and all other contract documents.

The Notice of Intent to Award has been issued to HDR, Inc., as the highest ranked firm responding to the RFP for the Full Administration services to District II. HDR has proposed to utilize Mr. Pendergraft to fill the role of Inspector Level IV, a key role in overseeing the construction of the District II Betterment projects. Mr. Pendergraft is very qualified and experienced in overseeing highway construction project activities, specifically in the Northern Nevada area.

Mr. Pendergraft has had no influence or authority over the consultant procurement for this Full Administration agreement.

RECOMMENDATION

We respectfully request your consideration for approval for HDR, Inc., to engage Mr. Mike Pendergraft to be Inspector Level IV on their staffing team to augment NDOT Betterment projects in District II.

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information

Former Employee Name:	Mike Pendergraft
Former Employee ID Number:	12430
Former Job Title:	Head Inspector
Former Employee Agency:	NDOT
Former Class and Grade:	Tech IV – Grade 33 – Step 10
Former Employment Dates:	March 1991 to March 27, 2017
Contracting Agency:	NDOT

Please check which of the following applies:

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

a. Summarize scope of contract work.

Mike would be performing typical Tech IV work including inspection of roadway work, checking traffic control, reviewing schedules, checking bituminous asphalt spread rates, etc.

b. Document former job description.

Under general direction, incumbents function independently at the advanced journey level performing technical work requiring knowledge of engineering theories, principles, concepts and practices in a specialized area. Incumbents plan and execute assignments and independently coordinate projects with other technicians. Work assignments cover a wide range of technical engineering duties requiring considerable judgment and ingenuity. Incumbents determine individual work priorities and apply established procedures, techniques, standards and guidelines set forth by management. Positions assigned to this class perform specialized technical engineering work of an advanced nature and function under minimal supervision; use considerable judgment in making independent decisions; may act as a first-line supervisor and have technical or lead worker responsibility for a project and staff of lower level engineering technicians.

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

Yes, the former employee is being hired because of their specialized knowledge of the construction methods in Nevada. There is not a clause in the contract for transfer of the specialized knowledge of the contracting agency or a time frame for transfer.

d. Explain why existing State employees within your agency cannot perform this function.
The workload of the Nevada Department of Transportation is extremely high due to the increased funding and staff members are busy on other projects.
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 <u>NAC 284.750</u>.
No relationship
f. List contractor's hourly rate.
\$148.00 fully loaded rate includes the hourly base rate plus company overhead, profit, employee benefits, vehicles, technology, and all equipment incidental to performing construction crew augmentation services.
g. List the range of comparable State employee wages.
\$31.49 hourly (Grade 33, Step 10)
h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?
The State hourly range does not include the same overhead and direct costs as the contractor's fully loaded rate. Tech IV inspectors in private industry are typically only actively employed around 6 to 8 months per year. No, the duration is not affected by the pay as contract term is limited to the length of the agreement, which aligns with the duration of the construction project.
i. Document justification for hiring contractor.
Mr. Pendergraft is needed to complete an existing team to perform inspections on District 2 Betterment projects. NDOT does not currently have sufficient resources to fulfil these duties.
j. Will the employee be collecting PERS at any time during the contract?
Yes
k. What is the duration of the contract with the former employee? (include start and end date)
June 1, 2018 thru September 30, 2019
l. Will the former employee be working FT/PT? If PT how many hours?
Full Time

Comments:

N/A

DocuSigned by:



05/02/2018

CAC7CE3C05B4445...
Contracting Agency Head's Signature and Date

 **Budget Analyst Signature and Date** 5/21/18

Clerk of the Board of Examiners Signature and Date



June 1, 2018

Dear State of Nevada Board of Examiners,

I am writing to notify the board that I do not work with CA Group. I am employed with HDR Engineering, Inc. as of June 4, 2018.

Sincerely,
HDR Engineering, Inc.

A handwritten signature in blue ink, reading 'Mike Pendergraft'. The signature is fluid and cursive, with the first name 'Mike' and last name 'Pendergraft' clearly visible.

Mike Pendergraft
Construction Inspector



Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: June 8, 2018

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

From: Heather Field, 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.

OFFICE OF ATTORNEY GENERAL

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Office of Attorney General requests authority to contract with Melissa Piaseck MD PC, a current Dean with the Nevada System of Higher Education, to assist with lawsuits and criminal matters.

Additional Information:

Melissa Piaseck MD PC has been employed with the Nevada System of Higher Education from 1995 to present date. Her skills are necessary to provide expert witness testimony and evaluation as a licensed psychiatrist in regards to lawsuits and criminal matters. Ms. Piaseck has participated in multiple contracts with the State of Nevada for these reasons. Due to an oversight this is the first request to Board of Examiners for approval to contract with a current employee. Ms. Piaseck is expected to work on a per case basis, typically less than 640 hours, from July 1, 2018 through June 30, 2020.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____

ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

J. BRIN GIBSON
First Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

MEMORANDUM

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Christian Schonlau, Chief Financial Officer

Date: June 6, 2018

Subject: Contracting with current employee

Pursuant to NRS 333.705, subsection 4, the Attorney General's Office seeks a favorable recommendation regarding the Agency's determination to use the emergency provision to contract with Dr. Melissa Piasecki, a current Dean with the Nevada System of Higher Education, to provide expert witness services as needed through June 30, 2020.

Although the contract period extends beyond the four month limitation in this statute, services provided on a per case basis have been less than 640 hours or the equivalent of four months.

Additional Information:

Melissa Piasecki MD PC has been employed with the Nevada System of Higher Education from 1995 to present date. Her skills are necessary to provide expert witness testimony and evaluation as a licensed psychiatrist in regards to lawsuits and criminal matters. Ms. Piasecki has participated in multiple contracts with the State of Nevada for these reasons. Due to an oversight this is the first request for Board of Examiners approval. Ms. Piasecki is expected to work as needed through June 30, 2020.



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Melissa Piasecki
Employee ID Number:	
Job Title:	Forensic Consultant
Current Employee Agency:	NSHE
Current Class and Grade:	
Employment Dates:	1995- present
Contracting Agency:	Office of Attorney General
Please check which of the following applies:	
<input checked="" 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 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.	
Forensic assessments and reports.	
b. Document the employee's current job description.	
UNR School of Medicine: administrative roles in medical education and institutional partnerships.	
c. Explain how this differs from current State duties.	
Contract is specific to forensic consultations. State duties do not include forensic consultation.	
d. Explain why existing State employees within your agency cannot perform this function.	
None that provide forensic consultation to this agency.	

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.
Not related.
f. List contractor's hourly rate.
400/h
g. List the range of comparable State employee rates.
No comparisons available
h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.
Hourly rate reflects standard forensic consultant rates
i. Document justification for hiring contractor.
Specialty expertise not available in employees.
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)
July 1, 2018 through June 30, 2020; 18 months
l. Will the current employee be working FT/PT? If PT how many hours
PT, 5-10 h/ week

Comments:



Contracting Agency Head's Signature and Date

6-11-18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: May 11, 2018
To: James R. Wells, 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 FORESTRY – FY2018

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests an allocation of \$1,621,538 from the Interim Finance Committee General Fund Contingency Account to fund emergency response activities in Fiscal Year 2018.

Additional Information:

The Division experienced a funding shortfall during Fiscal Year 2018 due to emergency response activities. The state experienced an unusually wet winter in 2016-17 and record breaking fire season in 2017-18 for the state and around the entire western United States. The agency is expecting reimbursement funds to come in, but the timing of these funds is unpredictable this close to the end of the fiscal year. The associated work program for this request is # C43338.

Statutory Authority:

NRS 353.268
Action Item: June IFC & June BOE

REVIEWED: *CM*
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

May 10, 2018

MEMORANDUM

To: Jim Wells, Director
Governor's Finance Office

Through: Curtis Palmer, Executive Branch Budget Officer
Governor's Finance Office

From: Kacey KC, State Forester Firewarden 
Department of Conservation and Natural Resources, Nevada Division of Forestry

Subject: Interim Finance Committee (IFC) Contingency Fund Request - Work Program
C43338: B/A 4196 for \$2,154,240

The Nevada Division of Forestry (NDF) is requesting an allocation from the IFC Contingency Fund to cover actual and projected emergency response expenses within the NDF Forest Fire Suppression account (B/A 4196). The NDF is requesting \$2,154,240 to cover incurred expenses as well as a portion of projected emergency response costs through the remainder of State Fiscal Year 2018.

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. In particular, the record precipitation received during the 2017 winter caused heavy seasonal flooding and led to significantly increased growth of fine-flashy fuels. These fuels were a primary contributor to an unusually active 2017 fire season.

2017 was the third highest fire season in recorded history in Nevada, with 768 fires burning over 1.3 million acres. In 2018, across the state, winter was virtually non-existent until "Miracle March" arrived and brought Northern Nevada close to average annual precipitation. Unfortunately, the low elevation snowpack did not stay long enough to compact last year's grass crop and grew a healthy new crop in addition. Last year, the high elevation snow pack also delayed or diminished fire potential in our high elevation forests, which unfortunately will not be the case this year. To date in 2018, Nevada has had 49 fires (48 of which have been human caused), burning 1,772 acres. Nevada is set up for at or above last year's record, of course depending upon starts.

Jim Wells
May 10, 2018
Page 2 of 2

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 and projected emergency response costs for wildland fire, flood, and other natural resource emergencies for State Fiscal Year 2018.

cc: Bradley Crowell, Director, DCNR
Dave Prather, Deputy Administrator, DCNR, NDF
Kurt Green, ASOIII, DCNR, NDF
Kimbra Ellsworth, Program Analyst, LCB Fiscal Division

State of Nevada Work Program

WP Number: C43338

FY 2018

	Add Original Work Program	XXX	Modify Work Program	BUDGET DIVISION USE ONLY DATE _____ APPROVED ON BEHALF OF THE GOVERNOR BY _____
DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
05/04/18	101	706	4196	DCNR - FORESTRY - FIRE SUPPRESSION

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	2,154,240	1,006,213	3,160,453
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		2,154,240		3,160,453
Total Budgetary & Revenue GLs					2,154,240		

Expenditures

[illegible]

Sub Total Category Expenditures

2 154 240

Remarks

This work program requests a transfer from the IFC Contingency Fund due to high wildfire activity for the current fiscal year. Previous work programs have funded the account projections through the end of April 2018; this request partially funds remaining projections for Fire Suppression Costs in budget account 4196.

The Division is requesting interchangeability approval between categories with an "Accounting Only" work program in the future. As actual costs materialize this may be necessary to close the fiscal year.

Total Budgetary General Ledgers and Category Expenditures (AP)

2,154,240

kwiliam

Authorized Signature

05/10/18

Date _____

Controller's Office Approval

Does not require Interim Finance approval since it supports an action Item request for allocation from the Interim Finance Committee Contingency Account

STATE OF NEVADA
DCNR - FORESTRY DIVISION

Budget Account 4196 - DCNR - FORESTRY - FIRE SUPPRESSION
Work Program C43338
Fiscal Year 2018

Submitted May 10, 2018

Budget Account's Primary Purpose, Function and Statutory Authority

The Forest Fire Suppression Account funds protection of life, property and natural resources from fire, flood and other natural or human caused emergencies. The program is funded with a combination of General Fund appropriations; reimbursements paid to the Nevada Division of Forestry for firefighting efforts made on behalf of others and Federal Emergency Management Agency - Fire Management Assistance grants and sub-grants. The agency has access to the Interim Finance Contingency Fund and the Disaster Relief Fund when the volume or severity of fire incidents result in insufficient funds to meet state obligations each respective year. Statutory Authority for this program can be found in NRS 472.

Purpose of Work Program

This work program requests a transfer from the IFC Contingency Fund due to high wildfire activity for the current fiscal year. Previous work programs have funded the account projections through the end of April 2018; this request partially funds remaining projections for Fire Suppression Costs in budget account 4196.

The Division is requesting interchangeability approval between categories with an "Accounting Only" work program in the future. As actual costs materialize this may be necessary to close the fiscal year.

Justification

The Nevada Division of Forestry (NDF) is requesting an allocation from the IFC Contingency Fund to cover actual and projected emergency response expenses within the NDF Forest Fire Suppression account (B/A 4196). The NDF is requesting \$2,154,240 to cover incurred expenses as well as a portion of projected emergency response costs through the remainder of State Fiscal Year 2018.

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. In particular, the record precipitation received during the 2017 winter caused heavy seasonal flooding and led to significantly increased growth of fine-flashy fuels. These fuels were a primary contributor to an unusually active 2017 fire season.

2017 was the third highest fire season in recorded history in Nevada, with 768 fires burning over 1.3 million acres. In 2018, across the state, winter was virtually non-existent until "Miracle March" arrived and brought Northern Nevada close to average annual precipitation. Unfortunately, the low elevation snowpack did not stay long enough to compact last year's grass crop and grew a healthy new crop in addition. Last year, the high elevation snow pack also delayed or diminished fire potential in our high elevation forests, which unfortunately will not be the case this year. To date in 2018, Nevada has had 49 fires (48 of which have been human caused), burning 1,772 acres. Nevada is set up for at or above last year's record, of course depending upon starts.

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 and projected emergency response costs for wildland fire, flood, and other natural resource emergencies for State Fiscal Year 2018.

Expected Benefits to be Realized

Approval of this work program will enable NDF to continue paying costs incurred by the agency while responding to wildland fire incidents.

Explanation of Projections and Documentation

Documentation reflects known and projected fire operation expenses.

New Positions: No

Summary of Alternatives and Why Current Proposal is Preferred

Without additional appropriated funds, NDF's ability to respond to wildland fires around the state would be negatively impacted.

[illegible]

BA 4196**Work Program & FY 18 Projection Summary**

		CASH	AUTHORITY
<u>Work Program Categorical Summary:</u>			
Current Realized Funding		1,717,372	
FMAG Likely Receivable FY18		0	
Other Likely Receivable FY18		29,806	
Transfer from IFC Contingency RGL 4654		2,154,240	2,154,240
		3,901,418	2,154,240
CAT 01 <i>Salary Projections*</i>		247,019	45,824
CAT 10 <i>Operating Projections*</i>	603,223		
<i>Fire Replacement Order</i>	580,821		
<i>Cooperators</i>	-		
<i>Fire Vendor Payables</i>	-	1,184,044	705,527
CAT 15 <i>CRU Transfer</i>		-	-
CAT 18 <i>Transfer 4195 - Fire Reim Veh Rep</i>			(222,625)
CAT 19 <i>FEMA FMAG</i>			-
CAT 82 <i>FMAG FIRES (USFS, BLM and Cal Fire)</i>		2,469,197	1,625,514
CAT 87 <i>Purchasing</i>		1,157	
Total		3,901,418	2,154,240

** These projections will most likely be low*

FY18 4196 Cash reconciliation

Realized Funding Available per DAWN		1,717,372	
FMAG Likely Receivable FY18		-	
Other Likely Receivable FY18		29,806	
Total Cash realized and Likely Receivable			1,747,178
CAT 01	Projected Expenditures	(247,019)	
CAT 10	Projected Expenditures	(1,184,044)	
CAT 15	Trans to 4195 to pay CRU salaries (projected)	-	
CAT 82	Projected Expenditures	(2,469,197)	
CAT 87	Purch Assess Projected	(1,157)	
Total Remaining Expenditures Projected			(3,901,418)
CASH (Shortfall) Excess SFY18 from Operations			(2,154,240)
Reserved CASH			
CAT 84	Reserve Bal Fwd (CRU)	(1,524,287)	
CAT 85	Reserve Bal Fwd (equip)	(374,060)	
Total Reserves			(1,898,347)
Grand Total CASH (Shortfall) Excess SFY 18			(4,052,587)
SFY Funding Reimbursement			(2,500,000)
Grand Total CASH (Shortfall) Excess SFY 18 & 19			(6,552,587)

FY18 4196 FIRE BILLING REVENUE

INCIDENT NUMBER	FIRE BILL NAME	INCIDENT START DATE	CASH RECEIPT # IN IFS	DATE IN IFS	ACCOUNTS REC AMOUNT	DATE PAID/ NOTES	RECEIVED	BILLED
N000385B	CHICKEN FIRE	9/8/1999	00-N000385B	4/30/2008	8,902.89	Union Pacific RR		
N010112	GERALD FIRE	7/20/2000	000-N010112	4/30/2008	9,170.97	Union Pacific RR		
N010141	CROSS OVER	7/25/2000	000-N010141	4/30/2008	2,022.79	Union Pacific RR		
2030005	QUARRY	7/4/2002	000-2030005	4/30/2008	1,690.11	Union Pacific RR		
2030034	EAST RYNDON	7/9/2002	000-2030034	4/30/2008	5,580.52	Union Pacific RR		
2030374	UPRR MM631.5	10/18/2002	000-2030374	4/30/2008	342.92	Union Pacific RR		
2040162	DEETH EXIT	8/6/2003	000-2040162	4/30/2008	766.59	Union Pacific RR		
					28,476.79			
2070779	CRESCENT VALLEY	1/26/2007			85.30	(CIVIL COST)		
					85.30			
4160241	CEDAR	6/16/2016	BIA04160241	10/6/2017	45,828.10			
4180151	Nena Springs	8/8/2017	BIA04180151	4/30/2018	4,766.21			
4180143	Liberty	7/22/2017	BIA04180143	5/3/2018	97,420.32			
					148,014.63			
4160009	COYOTE CREEK	7/2/2015	BLM04160009	11/23/2016	13,103.25			
4160206	MOAPA	4/21/2016	BLM04160206	3/17/2017	4,979.99			
4160250	BIG CHIEF	6/22/2016	BLM04160250	9/20/2017		8/23/2017	\$ 6,373.43	
4160256	MASON	6/26/2016	BLM04160256	9/20/2017		11/28/2017	\$ 5,266.24	
4160260	HORSESHOE	6/28/2016	BLM04160260	10/4/2017		11/28/2017	\$ 196,895.51	
4160211	HAFEN	5/15/2016	BLM04160211	3/17/2017	5,923.37			
4160264	ALKALAI	6/28/2016	BLM04160264	12/11/2017		1/17/2018	3,326.62	3,741.89
4170042	2016 CCD NATIONAL	7/9/2016	BLM04170042	9/20/2017		11/28/2017	342.58	
4170071	SLINKARD	7/29/2016	BLM04170071	12/11/2017		1/17/2018	8,221.26	9,851.66
4170115	2016 Great Basin MAC Support	8/26/2016	BLM04170115	10/6/2017		11/16/2017	3,846.13	
4170119	LARSON	8/30/2016	BLM04170119	10/6/2017		11/28/2017	4,431.56	
4170270	SAND POINT	6/28/2016	BLM04170270	10/31/2017		12/20/2017	3,706.06	
4180025	Sheep	7/7/2017	BLM04180025	4/24/2018	1,581.88			
4180238	Dry Valley	9/13/2017	BLM04180238	4/26/2018	7,364.68			
4180044	Cochran	7/11/2017	BLM04180044	4/26/2018	5,371.90			
4180035	Black Rock	7/8/2017	BLM04180035	4/26/2018	3,715.95			
4180063	Onaqui Mountain Complex	7/18/2017	BLM04180063	4/30/2018	3,776.54			
4180046	Rock	7/12/2017	BLM04180046	4/30/2018	5,684.38			
4180027	GBCC Support/Preposition	5/7/2018	BLM04180027	5/7/2018	7,530.20			
4180224	Mackie	5/7/2018	BLM04180224	5/7/2018	16,019.73			
4170144	Fir	5/7/2018	BLM04170144	5/7/2018	31,798.14			
					106,850.01			
4170082	COLD	8/4/2016	CDF04170082	1/2/2018	-	2/16/2018	80,431.44	80,431.44
4170112	TULLY	8/23/2016	CALF4170112	10/11/2017	-	2/16/2018	201,987.47	205,442.53
4170132	SOBERANES	9/14/2016	00008066275	10/11/2017		1/3/2018	36,971.92	36,971.92
4170135	OSC 2016 SEPT PREPO	9/18/2016	CALF4170135	10/11/2017	85,860.76			
4180270	CAN Helicopters	10/12/2017	CALF4180270	4/26/2018	320,705.96			
4180267	Atlas	10/8/2017	CALF4180267	4/30/2018	81,959.10			
4180266	Mendocino	10/8/2017	CALF4180266	4/30/2018	333,554.41			
4180284	CSR Prado Mob Center	12/5/2017	CALF4180284	4/30/2018	27,595.13			
					849,675.36			
4170009	MILL CANYON	7/2/2016	USFS4170009	11/27/2017	-	3/23/2018	17,677.25	17,677.25
4170019	BUCK					11/21/2017	18,448.77	
4170020	2016 INF ABC MISC					11/27/2017	2,249.03	
4170031	HAYDEN PASS	7/11/2016	USFS4170031	5/25/2017	-	2/28/2018	12,392.21	12,392.21
4170038	CLIFF CREEK					11/27/2017	40,281.55	
4170045	PIONEER	7/20/2016	USFS4170045	3/17/2017	-	2/28/2018	286,534.73	286,534.73
4170056	LAVA MOUNTAIN	7/25/2016	USFS4170056	5/25/2017	-	2/28/2018	16,618.57	16,618.57
4170058	2016 SCF LG SUPPORT					12/5/2017	12,681.89	
4170063	BEAVER CREEK					12/20/2017	21,791.86	
4170084	2016 NEWICC SUPPORT					12/18/2017	12,744.98	
4170088	2016 BOF ABCD MISC	8/9/2016	USFS4170088	10/6/2017		1/11/2018	124,403.84	124,403.84
4170097	GREEN LAKE					12/22/2017	7,798.15	
4170103	STEIN	8/18/2016	USFS4170103	10/6/2017		1/11/2018	27,438.08	27,438.08
4170107	CARSON					12/22/2017	22,500.95	
4170111	SCOTT					12/13/2017	30,642.76	
4170117	WOLF CREEK LAKE					12/22/2017	15,548.09	
4170118								
4170126	CROWN	9/2/2016	USFS4170126	10/12/2017	-	3/23/2018	11,192.06	11,192.06

FY18 4196 FIRE BILLING REVENUE

INCIDENT NUMBER	FIRE BILL NAME	INCIDENT START DATE	CASH RECEIPT # IN IFS	DATE IN IFS	ACCOUNTS REC AMOUNT	DATE PAID/ NOTES	RECEIVED	BILLED
4170127	2016 BOF FIRE SUPPORT	9/4/2016	USFS4170127	10/11/2017	-	12/21/2017	9,356.49	9,356.49
4170136	OWENS RIVER	9/17/2016	USFS4170136	10/18/2017	-	4/11/2018	49,298.08	49,298.08
4170143	2016 ANF COVERAGE	9/21/2016	USFS4170143	10/18/2017	-	4/5/2018	94,916.06	94,916.06
4170150	JUNKINS	10/19/2016	USFS4170150	10/18/2017	-	4/11/2018	21,226.13	21,226.13
4170151	CY 16 CHEROKEE	11/6/2016	USFS4170151	10/18/2017	-	3/30/2018	24,799.86	24,799.86
4170152	MAPLE SPRINGS	11/5/2016	USFS4170152	10/18/2017	-	3/30/2018	28,020.53	28,020.53
4170154	2017 SACC SUPPORT	11/11/2016	USFS4170154	10/18/2017	-	3/30/2018	3,601.19	3,601.19
4170158	DOBSON 3	11/13/2016	USFS4170158	10/18/2017	29,806.06			
4170189	FY16 REGIONAL SUPPORT	5/11/2017	USFS4170189	10/18/2017	-	3/23/2018	66,883.95	66,883.95
4170195	2017 GILA SUPPORT	5/13/2017	USFS4170195	11/27/2017	-	3/23/2018	12,450.05	12,450.05
4170198	WEST MIMS	5/17/2017	USFS4170198	11/27/2017	18,645.54			
4170216	PAYNE	6/6/2017	USFS4170216	11/27/2017	-	3/23/2018	23,860.45	23,860.45
4170220	Peavine	6/9/2017	USFS4170220	5/7/2018	7,468.10			
4170223	2017 R3 REGIONAL SUPPORT	6/11/2017	USFS4170223	10/18/2017	-	4/3/2018	41,349.77	41,349.77
4170225	HIGHLINE	6/11/2017	USFS4170225	10/18/2017	-	4/11/2018	20,402.50	20,402.50
4170227	FLYING R	6/14/2017	USFS4170227	10/18/2017	-	4/11/2018	6,112.61	6,112.61
4170228	BRIANHEAD	6/17/2017	USFS4170228	10/18/2017	-	4/6/2018	113,689.53	113,689.53
4170232	FRYE	6/19/2017	USFS4170232	11/1/2017	-	3/23/2018	51,459.58	51,459.58
4170252	ALPINE	6/24/2017	USFS4170252	11/27/2017	-	4/3/2018	2,258.61	2,258.61
4170253	2017 GACC SUPPORT	6/26/2017	USFS4170253	11/27/2017	-	4/6/2018	6,377.85	6,377.85
4170254	SOLIDER HOLLOW	6/23/2017	USFS4170254	11/21/2017	-	3/23/2018	3,328.70	3,328.70
4170271	BROWNLEE	6/30/2017	USFS4170271	11/27/2017	-	3/23/2018	647.52	647.52
4180017	Siphon	7/4/2017	USFS4180017	4/30/2018	4,203.63			
4180095	Sunrise	7/16/2017	USFS4180095	4/30/2018	22,886.73			
4180114	Modoc July	7/24/2017	USFS4180114	4/30/2018	21,426.75			
4180125	Diamond Creek	7/23/2017	USFS4180125	4/30/2018	12,137.61			
4180142	ABCD Misc. FY17	1/3/2017	USFS4180142	4/30/2018	26,608.13			
4180144	Forni	8/11/2017	USFS4180144	4/30/2018	10,319.37			
4180152	Milli 0843 CS	8/11/2017	USFS4180152	4/30/2018	65,053.53			
4180153	Tank Hollow	8/14/2017	USFS4180153	4/26/2018	19,936.05			
4180154	2017 SITPA Support	8/14/2017	USFS4180154	4/26/2018	28,292.99			
4180155	Ibex	7/24/2017	USFS4180155	4/30/2018	12,762.83			
4180156	Pole Creek	8/4/2017	USFS4180156	4/26/2018	94,969.85			
4180157	MT Severity	8/10/2017	USFS4180157	4/26/2018	2,754.96			
4180163	Lolo Peak	7/15/2017	USFS4180163	4/30/2018	18,359.08			
4180166	Miller Complex	8/17/2017	USFS4180166	4/26/2018	116,482.31			
4180167	2017 GACC IMT Preposition	8/5/2017	USFS4180167	4/30/2018	6,264.35			
4180168	Norse Peak	8/16/2017	USFS4180168	4/24/2018	1,243.80			
4180173	2017 Northern Rockies	8/23/2017	USFS4180173	4/26/2018	15,462.46			
4180184	Deep	8/23/2017	USFS4180184	4/30/2018	18,328.92			
4180192	Alice Creek	7/27/2017	USFS4180192	4/30/2018	29,860.04			
4180194	High Cascades Complex	8/13/2017	USFS4180194	4/26/2018	2,492.96			
4180195	Conrow	8/24/2017	USFS4180195	4/26/2018	33,372.81			
4180196	Rebel	8/4/2017	USFS4180196	4/30/2018	52,931.44			
4180202	2017 BOF ABCD Misc	8/29/2017	USFS4180202	4/24/2018	70,930.33			
4180227	Whitewater	9/5/2017	USFS4180227	4/26/2018	50,945.98			
4180228	Rice Ridge	9/11/2017	USFS4180228	4/23/2018	13,142.64			
4180229	McCully	9/12/2017	USFS4180229	4/23/2018	23,194.58			
4180232	Mystic	9/12/2017	USFS4180232	4/30/2018	3,166.27			
4180235	Umpqua North Complex	8/11/2017	USFS4180235	4/30/2018	35,098.50			
4180241	Berry	9/13/2017	USFS4180241	4/30/2018	7,010.74			
4180242	Lombardi	9/14/2017	USFS4180242	4/26/2018	3,107.12			
4180249	2017 INF OSC Preposition	9/20/2017	USFS4180249	4/26/2018	8,236.15			
4180250	Salmon August Complex	8/13/2017	USFS4180250	4/30/2018	38,732.51			
4180254	Blacktail	9/12/2017	USFS4180254	4/26/2018	13,215.04			
4180256	Eclipse Complex	8/15/2017	USFS4180256	4/30/2018	117.62			
4180257	Canyon	9/25/2017	USFS4180257	4/26/2018	4,021.41			
4180265	Bars	9/19/2017	USFS4180265	4/30/2018	3,031.49			
					946,020.68		1,812,784.45	1,412,735.64

Grand Total 2,079,122.77
Current Receivable 2,050,560.68

Likely Receivable FY2018 29,806.06

FY18 4196 FIRE BILLING REVENUE

INCIDENT NUMBER	FIRE BILL NAME	INCIDENT START DATE	CASH RECEIPT # IN IFS	DATE IN IFS	ACCOUNTS REC AMOUNT	DATE PAID/ NOTES	RECEIVED	BILLED
	BIA RECEIVABLES		148,014.63					
	BLM RECEIVABLES		106,850.01					
	CAL FIRE RECEIVABLES		849,675.36					
	USFS RECEIVABLES		946,020.68					
	OTHER RECEIVABLES		28,562.09					
			<u>2,079,122.77</u>					

FEMA/FMAG DECLARED FIRES

Name of Fire	NDF Incident #	FEMA #	Declaration Date	Fire Start Date	Fire End Date	NDF Job Number	Request for Fire Assist Subgrant	Reimburse Packet	Project Worksheet Submitted	New Deadline Date	Grant Application Deadline	Extension of Application Deadline	Cooperators	Estimated Amount Due from FMAG 75%	Estimated Amount Due From FEMA 75%
FY 2017 Incidents															
Rock Fire	4170062	5138	07/29/16	07/29/16	07/31/16		Completed		03/22/18				Cost Share: 99% BLM / 1% NDF (NDF COST \$83,123.37) / Cost share in adjudication process	2,741.77	4655
	NV-CCD-030401			DATES FORMS COMPLETED:			08/18/16						\$365,569.11		4746
Virginia Mountians Complex	4170064	5141	08/01/16	07/29/16	08/07/16		Completed		04/13/18				Cost Share: 93% BLM / 7% NDF (NDF COST \$468,336.04) / Cost share in adjudication process, waiting for final cost from FS, using estimate	415,609.99	
	NV-CCD-030409			DATES FORMS COMPLETED:			08/18/16						\$7,916,380.85		
Frontage Fire	4170145	5154	10/03/16	10/02/16	10/04/16		Completed		04/13/18				Cost Share: 93% BLM / 7% NDF (NDF cost \$40,270.17) / Cost share in progress / Raw figures show BLM owes NDF	3,314.11	
	NV-EPRX-030620			DATES FORMS COMPLETED:			10/13/16						\$63,125.84		
Little Valley	4170121	5156	10/14/16	10/14/16	10/31/16		Completed		04/13/18				100% NDF	5,098,039.96	
	NV-NWS-030641			DATES FORMS COMPLETED:			11/14/2016						\$6,797,386.61		
January 2017 Flood	Multiple	4303	02/17/17	01/05/17	01/14/17		Completed			08/17/17			NDF's Portion / \$1,006,555.10		Rcd 2/12/2017
				DATES FORMS COMPLETED:			3/8/2017					75% =	\$754,916.33		
February 2017 Flood	Multiple	4307	03/27/17	02/05/17	02/22/17		Completed			09/27/17			NDF's Portion / \$461,067.44		
				DATES FORMS COMPLETED:			4/5/2017					75% =	\$345,800.58		Rcd 2/12/2017
FY 2018 Incidents															
Cold Springs	4180051	5190	07/14/17	07/14/17	07/15/17		Complete		4/13/2018 Draft				Cost Share: 69% Fed / 31% NDF (NDF cost to date \$24,431.00)	58,125.00	
	NV-CCD-030378			DATES FORMS COMPLETED:			09/14/17						\$250,000.00		
Oil Well	4180061	5191	07/17/17	07/17/17	07/20/17		Complete		4/13/2018 Draft				Cost Share: 59% Fed / 41% NDF (NDF cost to date \$526,689.69)	369,000.00	
				DATES FORMS COMPLETED:			09/14/17						\$1,200,000.00		
Preacher	4180078	5193	07/25/17	07/24/17	07/29/17		Complete		4/13/2018 Draft				Cost Share: 75% Fed / 25% NDF (NDF cost to date \$269,934.17)	592,008.19	
				DATES FORMS COMPLETED:			09/14/17						\$3,157,377.00		

BA 4196 Category 01

Month	2013	2014	2015	2016	2017	4-year Average, May and Jun 5- year Average	Exclude SFY 17	ACTUAL*	PROJECTED	% of
Jul	162,828.20	221,071.13	162,824.41	238,110.36	417,881.29	1,202,715.39	196,209	635,832		324%
Aug	708,265.26	651,644.88	528,611.46	518,428.63	661,395.37	3,068,345.60	601,738	587,306		98%
Sep	325,613.47	359,740.91	159,591.68	477,892.86	453,753.31	1,776,592.23	330,710	726,345		220%
Oct	242,510.16	31,736.45	159,403.80	188,445.76	110,851.09	732,947.26	155,524	115,544		74%
Nov	28,917.57	4,967.57	11,350.71	11,796.36	313,245.99	370,278.20	14,258	199,130		1397%
Dec	5,232.74	5,540.51	(3,439.39)	1,429.86	92,142.72	100,906.44	2,191	326,066		14883%
Jan	272.38	(1,648.46)	9,114.41	654.21	350,511.75	358,904.29	2,098	128,863		6142%
Feb	263.87	831.93	(58,648.24)	401.48	116,627.56	59,476.60	1	2,669		0%
Mar	1,557.21	4,331.92	203.78	522.30	77,302.51	83,917.72	1,654	13,292		0%
Apr	1,577.35	25,319.09	361.53	860.81	191,992.89	220,111.67	7,030	12,904		0%
May	6,273.93	3,822.51	9,262.80	4,411.62	54,216.45	77,987.31	15,597		15,597	100%
Jun	203,568.87	100,031.48	302,549.01	246,403.04	304,556.38	1,157,108.78	231,422		231,422	100%
Grand Total	1,686,881.01	1,407,389.92	1,281,185.96	1,689,357.29	3,144,477.31	9,209,291.49	1,516,204	2,747,952	247,019	
							FY18 Projection		2,994,971	198%

Projected Need through FY 2018: 2,994,971
FY 2018 CAT 01 Authority: (2,949,147)
Total Projected Need 45,824

Actual Accrued Unpaid Liabilities:	
Fire Replacement Order Payables	580,821
Travel Payables	-
Cooperator Payables	-
Local Cooperator Billings Payables	-
Fire Vendor Payables	-
Inmate Payroll Payables	-
Total Accrued Liabilities	580,821

NET Projected FY 18 need: 1,625,514

CAT 15 - Transfer to BA 4195 DCNR - FORESTRY

SFY2018

Pos.	Unit	Funding Source	SFY2018 Work Program	Includes Both Actuals & Estimates to End-of-Year!										TOTAL	
				1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Totals			Transfer from 4196
				Totals		Totals		Totals		Totals		Totals			
				PP 01 - 08	PP 09-14	PP 15-20	PP 21-01	AA-AG							
				F-N	O-T	U-Z									
				13,398.60	11,472.05	11,803.84									
ACCOUNTING ASSISTANT 3	118	1 FTE 8000	52,382.00	1,742.71	2,485.10	1,742.71	1,742.71	1,742.71	1,742.71	1,742.71	1,742.71	1,742.71	1,742.71	13,683.75	50,913.80
ACCOUNTING ASSISTANT 3	007	1 FTE 8000	54,333.00	0.00	2,483.21	1,733.21	1,733.21	1,733.21	1,733.21	1,733.21	1,733.21	1,733.21	1,733.21	7,682.84	33,188.04
FORESTRY INCIDENT ACCT SPEC	113	1 FTE 8000	80,732.00	2,781.76	2,781.76	2,781.76	2,781.76	2,781.76	2,781.76	2,781.76	2,781.76	2,781.76	2,781.76	18,429.17	57,023.41
ACCOUNTING ASSISTANT 2	119	1 FTE 8000	48,889.00	1,296.16	2,105.57	1,296.16	1,296.16	1,296.16	1,296.16	1,296.16	1,296.16	1,296.16	1,296.16	10,691.94	39,648.49
FORESTRY INCIDENT BUS SPEC	963	1 FTE 8000	90,869.00	3,241.95	3,982.43	3,241.95	3,241.95	3,241.95	3,241.95	3,241.95	3,241.95	3,241.95	3,241.95	24,174.61	92,176.24
ACCOUNTING ASSISTANT 1	913	1 FTE 8000												2,151.92	14,775.29
Total Position Costs:				327,205.00	9,062.58	13,838.07	10,795.79	11,871.75	11,871.75	11,871.75	11,871.75	11,871.75	11,871.75	76,814.23	287,725.27
														Actual Operating Expense	13,443.16
														Operating Exp Projected	9,466.15
														Total Projected Need	310,634.58
														Current Transfer Auth	(353,567.00)
														Transfer Authority	(42,932.42)
														Transfer - 12/17	192,387.62
														Transfer - 04/18	121,229.71
														Remaining transfer needed	(2,982.75)
															310,634.58

Cooperator Payables

Incident Number	Fire Name	Owed Amount	Cooperator	Start Date	Last Action	Date Paid	Paid Amount	Comments
4151215	ANNIE		BLM	06/29/15	12/21/17	3/29/2018	82,664.97	Paid
4160098	FALL	5,892.46	BLM	08/10/15				Cost Share Fire - not adjudicated
4160111	DIXIE	51,066.51	BLM	08/14/15	02/06/18			Cost share updated and adjudicated - Waiting on Invoice
4160111	DIXIE	255.16	USFS	08/14/15	02/06/18			Cost share updated and adjudicated - Waiting on Invoice
4160119	JACK	63,695.11	BLM	08/15/15	02/06/18			Cost share info in - in audit status
4160237	HAWKINS	19,686.61	USFS	06/15/16				WAITING FOR SIGNED INVOICE
4170100	MONROE		BLM	08/16/16	01/08/18	4/30/2018	129,692.65	Paid
4160259	MARIGOLD		USFS	06/27/16	10/01/17	4/26/2018	183.00	Paid
4170026	Adobe	53,102.14	BLM	07/08/16	02/05/18			Cost share info in - in audit status
4170026	Adobe	30,740.56	USFS	07/08/16	02/06/18			Cost share info in - in audit status
4170064	Virginia Mountain Complex*	120,850.66	BLM	10/02/16	03/22/18			FMAG - Cost share in the adjudication process
4170064	Virginia Mountain Complex*	145,096.10	USFS	07/29/16	03/22/18			FMAG - Cost share in the adjudication process
4170080	MM 134	4,254.53	BLM	08/03/16	10/01/17			Cost share adjudicated waiting for final invoice - expenditure updated
4170237	RED SPRINGS		Elko County FPD	06/20/17	08/16/17	1/16/2018	74,686.63	Paid
4170096	WHITE HORSE		USFS	08/14/16	10/01/17	4/26/2018	5,337.64	Paid
4180010	EARTHSTONE		North Lake Tahoe FPD	07/03/17	08/31/17		73,552.70	Paid
4170100	MONROE		USFS	08/16/16		4/30/2018	32,423.16	Paid
4170108	ROCK HILL		BLM	08/20/17	12/11/17	4/30/2018	113,989.87	Paid
4170108	ROCK HILL		USFS	08/20/17		4/30/2018	34,048.92	Paid
4170121	LITTLE VALLEY*		BLM	10/14/16	12/11/17	3/28/2018	554,843.33	Paid
4170121	LITTLE VALLEY*		BLM	10/14/16	12/18/17	3/28/2018	50,876.97	Paid
4170121	LITTLE VALLEY*		CA Dept of Forestry	10/14/16	08/09/17	3/28/2018	2,302.76	Paid
4170121	LITTLE VALLEY*		CA Dept of Forestry	10/14/16	09/22/17	3/28/2018	66,142.78	Paid
4170121	LITTLE VALLEY*	1,391,326.51	USFS	10/14/16	04/24/18			Auditing final costs - Waiting for invoice
4170124	Maggie	403,229.15	BLM	09/01/16	02/06/18			Cost share documents received - reviewing
4170145	FRONTAGE*		USFS	10/02/16	02/12/18			Remove from list - BLM responsibility
4170624	Maggie	113,764.60	USFS	09/01/16	02/06/18			Updated total - need to review
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	31,044.10	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	13,126.94	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	13,528.11	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	23,279.91	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	14,918.33	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	10,400.80	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	38,868.50	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	15,718.90	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	18,374.92	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	15,161.57	Paid
4180010	EARTHSTONE		CAL OES	07/03/17	04/05/18	5/1/2018	23,041.81	Paid
4180014	WINNEMUCCA RANCH		CAL OES	07/04/17	04/04/18	5/8/2018	42,240.00	Paid
4180014	WINNEMUCCA RANCH		CAL OES	07/04/17	04/04/18	5/8/2018	24,930.10	Paid
4180014	WINNEMUCCA RANCH		CAL OES	07/04/17	04/04/18	5/8/2018	35,668.53	Paid
4180014	WINNEMUCCA RANCH		CAL OES	07/04/17	04/04/18	5/8/2018	19,944.11	Paid
4180014	WINNEMUCCA RANCH		CAL OES	07/04/17	04/04/18	5/8/2018	5,618.38	Paid
4180037	ROOSTER COMB		CA Dept of Forestry			5/1/2018	65,532.26	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	6,068.68	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	7,122.35	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	9,140.34	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	7,808.66	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	9,667.22	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	8,202.02	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	10,825.39	Paid
4180049	BRENDA		CAL OES	07/14/17	04/04/18	5/1/2018	5,632.00	Paid
4180049	BRENDA		CAL OES	07/14/17	04/05/18	5/1/2018	6,172.83	Paid
4180049	BRENDA		CAL OES	07/14/17	04/05/18	5/1/2018	6,901.17	Paid
4180049	BRENDA		CAL OES	07/14/17	04/05/18	5/1/2018	8,177.39	Paid
4180178	MICRO		CAL OES	08/22/17	04/04/18	5/2/2018	10,355.84	Paid
4180178	MICRO		CAL OES	08/22/17	04/04/18	5/2/2018	9,776.49	Paid
4180178	MICRO		CAL OES	08/22/17	04/04/18	5/2/2018	5,322.47	Paid
4180178	MICRO		CAL OES	08/22/17	04/04/18	5/2/2018	4,707.99	Paid
Federal /Interstate Cat 82		2,403,060.10					1,220,745.38	2,403,060.10
Federal /Interstate Cat 10		-					527,278.11	527,278.11
4170064	TULE/VIRGINIA MTN CMPX*	5,412.46	DEM	07/29/16	09/01/17			FMAG
4170121	LITTLE VALLEY*	60,724.74	DEM	10/14/16	01/24/18			FMAG
4170257	COLE CREEK		NDOC	06/26/17	04/25/18		433.60	Paid
4180001	E-MANNING		NDOC	07/24/17	04/11/18	4/20/2018	975.60	Paid
4180001	E-MANNING		NDOC	08/07/17	04/11/18	4/20/2018	2,264.39	Paid
4180001	E-MANNING		NDOC	08/28/17	04/11/18	5/3/2018	1,980.60	Paid
4180001	E-MANNING		NDOC	09/02/17	04/11/18	4/20/2018	3,080.83	Paid
4180001	E-MANNING		NDOC	09/06/17	04/11/18	4/20/2018	1,093.74	Paid
4180001	E-MANNING		NDOC	08/02/17	04/11/18	4/20/2018	5,708.38	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	995.36	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	1,014.72	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	1,366.68	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	975.60	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	1,767.27	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	216.80	Paid
4180001	E-MANNING		NDOC	04/25/18		5/7/2018	2,772.20	Paid
4180010	EARTHSTONE		NDOC	04/25/18		5/7/2018	5,040.16	Paid
4180029	DRAW		NDOC	04/25/18		5/7/2018	14,168.45	Paid
4160259	MARIGOLD		BLM	06/27/16	07/03/17	10/24/2017	65,173.82	Paid
4180049	Brenda		Nevada National Guard	07/14/17	10/13/17	3/19/2018	19,160.40	Paid
4180078	PREACHER*		Nevada National Guard	07/24/17	10/13/17	3/19/2018	41,528.24	Paid
4180038	ASPEN		North Lake Tahoe FPD	07/08/17	08/31/17	11/28/2017	59,596.04	Paid
4180139	SADLER		NDOC	08/10/17	04/11/18	4/20/2018	3,133.83	Paid
4180149	PILOT VALLEY		NDOC	08/12/17	04/11/18	4/20/2018	1,725.27	Paid
4180191	BENCH		NDOC	08/24/17	04/11/18	4/20/2018	1,231.59	Paid
4180198	TUNGSTEN		NDOC	08/27/17	04/11/18	5/1/2018	4,024.64	Paid
4180206	Slinkard		Nevada National Guard	08/29/17	10/13/17	3/19/2018	76,774.82	Paid
4180010	EARTHSTONE		Tahoe Douglas FPD	07/03/17	07/11/17		51,979.01	Paid
4180211	COAL		NDOC	08/30/17	04/11/18	5/2/2018	1,969.21	Paid

Cooperator Payables

Incident Number	Fire Name	Owed Amount	Cooperator	Start Date	Last Action	Date Paid	Paid Amount	Comments
4180214	TOHAKUM 2		NDOC	08/31/17	04/11/18	4/20/2018	5,738.10	Paid
4180234	COTTONWOOD CANYON		NDOC	09/12/17	04/11/18	5/3/2018	2,670.30	Paid
4180270	CNA HELICOPTER - OCT 2017		Nevada National Guard	10/12/17	01/29/17	3/19/2018	274,049.98	Paid
4180032	TABOR FLATS		Elko County FPD	07/08/17	12/01/17		49,084.45	Paid
4180010	EARTHSTONE		Sparks FD	07/03/17	07/31/17	12/1/2017	48,666.96	Paid
4180010	EARTHSTONE		Storey County FPD	07/03/17	01/26/18	1/31/2018	48,512.76	Paid
State of Nevada Cat 82		66,137.20					433.60	
State of Nevada Cat 10		-					798,440.20	
4170096	WHITE HORSE		BLM	08/14/16	10/01/17		30,246.64	Paid
4170235	Evans Creek		Storey County FPD	06/16/17	02/07/18	2/14/2018	8,111.74	Paid
4170246	HUNTER CREEK		North Lake Tahoe FPD	06/22/17	06/26/17	12/7/2017	14,453.00	Paid
4170246	HUNTER CREEK		Sparks FD	06/22/17	07/25/17	12/1/2017	3,543.13	Paid
4170257	COLE CREEK		Elko County FPD	06/26/17	11/15/17	1/16/2018	5,309.59	Paid
4170258	FOX SPRINGS		Elko County FPD	06/26/17	11/15/17	1/16/2018	8,521.14	Paid
4180009	TRUCKEE		Sparks FD	07/03/17	07/31/17	12/1/2017	3,422.99	Paid
4180009	TRUCKEE		Truckee Meadows	07/03/17	12/26/17	2/1/2018	17,984.03	Paid
4180010	EARTHSTONE		City of Carson	07/03/17	12/05/17	12/15/2017	6,483.45	Paid
4180010	EARTHSTONE		City of Carson	07/03/17	12/05/17		3,185.81	Paid
4180010	EARTHSTONE		City of Carson	07/03/17	12/05/17		2,338.53	Paid
4180010	EARTHSTONE		East Fork FPD	07/03/17	09/14/17	11/22/2017	4,302.15	Paid
4180010	EARTHSTONE		North Lake Tahoe FPD	07/03/17	10/10/17	12/11/2017	26,500.51	Paid
4180010	EARTHSTONE		North Lake Tahoe FPD	07/03/17	10/19/17	4/2/2018	3,545.02	Paid
4180010	EARTHSTONE		Tahoe Douglas FPD	07/03/17	07/04/17		7,588.69	Paid
4180010	EARTHSTONE		Truckee Meadows	07/03/17	01/09/18		16,659.04	Paid
4180014	WINNEMUCCA RANCH		North Lake Tahoe FPD	07/04/17	08/02/17	12/13/2017	12,926.26	Paid
4180014	WINNEMUCCA RANCH		Reno FD	07/04/17	10/16/17	11/30/2017	23,468.54	Paid
4180014	WINNEMUCCA RANCH		Sparks FD	07/04/17	07/25/17	12/1/2017	13,715.00	Paid
4180014	WINNEMUCCA RANCH		Truckee Meadows	07/04/17	11/11/17		47,996.31	Paid
4180034	RIVER RANCH		Elko County FPD	07/08/17	09/06/17	12/18/2017	24,607.87	Paid
4180037	ROOSTER COMB		Elko County FPD	07/09/17	12/01/17	1/16/2018	6,664.60	Paid
4180038	ASPEN		Reno FD	07/08/17	10/16/17	11/30/2017	12,547.79	Paid
4180038	ASPEN		Storey County FPD	07/08/17	01/26/18	1/31/2018	19,771.51	Paid
4180038	ASPEN		Tahoe Douglas FPD	07/08/17	07/12/17		40,478.37	Paid
4180038	ASPEN		Truckee Meadows	07/08/17	01/09/18	2/21/2018	35,913.20	Paid
4180040	FARAD		Sparks FD	07/10/17	07/31/17	12/1/2017	19,765.72	Paid
4180042	Long Valley		Nevada National Guard	07/11/17	01/10/18	3/21/2018	6,736.60	Paid
4180042	LONG VALLEY		Sparks FD	07/11/17	07/31/17	2/13/2018	20,742.50	Paid
4180042	LONG VALLEY		Tahoe Douglas FPD	07/11/17	07/16/17		7,067.72	Paid
4180042	LONG VALLEY		Tahoe Douglas FPD	07/11/17	07/16/17		1,778.37	Paid
4180048	SUMMER		City of Reno RFD	07/14/17	10/04/17	12/8/2017	190.26	Paid
4180050	CORNUCOPIA		Elko County FPD	07/14/17	10/31/17	1/16/2018	17,635.54	Paid
4180051	COLD SPRINGS*		North Lake Tahoe FPD	07/14/17	08/31/17	11/28/2017	5,384.00	Paid
4180051	COLD SPRINGS*		Truckee Meadows	07/14/17	02/15/18	2/22/2018	3,449.33	Paid
4180052	SNOWSTORM		Elko County FPD	07/14/17	12/01/17	12/16/2017	12,967.83	Paid
4180061	OIL WELL*		City of Reno RFD	07/17/17	10/04/17	12/8/2017	1,007.42	Paid
4180061	OIL WELL*		Elko County FPD	07/17/17	12/01/17	1/16/2018	19,645.51	Paid
4180066	GRASS VALLEY		East Fork FPD	07/17/17	09/15/17	11/22/2017	13,887.91	Paid
4180071	BOYD KENNEDY		Elko County FPD	07/23/17	10/31/17	1/16/2018	4,384.56	Paid
4180076	BLACK POINT		Elko County FPD	07/24/17	10/31/17	1/16/2018	5,663.29	Paid
4180076	BLACK POINT		North Lake Tahoe FPD	07/24/17	08/31/17	11/28/2017	7,733.35	Paid
4180078	PREACHER*		Nevada National Guard	07/24/17	01/10/18	3/22/2018	7,936.00	Paid
4180081	DIXIE		North Lake Tahoe FPD	07/24/17	08/31/17	11/28/2017	8,034.00	Paid
4180082	FAIRLAWN		Elko County FPD	07/25/17	10/13/17	5/9/2018	10,089.88	Paid
4180093	SUGAR LOAF		Elko County FPD	07/28/17	10/31/17	12/1/2017	6,393.82	Paid
4180094	WHITES		Sparks FD	08/01/17	08/30/17	12/1/2017	1,843.93	Paid
4180104	POLE CREEK		Elko County FPD	07/30/17	12/01/17	1/29/2018	29,307.20	Paid
4180109	DELANO		Elko County FPD	08/01/17	10/31/17	5/9/2018	8,059.16	Paid
4180123	POWERLINE		North Lake Tahoe FPD	08/06/17	08/31/17	11/28/2017	20,730.99	Paid
4180124	PRATER FIRE		Sparks FD	08/06/17	08/30/17	2/1/2018	18,284.57	Paid
4180124	PRATER FIRE		Tahoe Douglas FPD	08/06/17	08/07/17		15,333.23	Paid
4180124	PRATER FIRE		Truckee Meadows	08/06/17	11/11/17	11/28/2017	15,830.36	Paid
4180131	POND		Elko County FPD	08/08/17	12/01/17	1/16/2018	5,525.45	Paid
4180139	SADLER		Elko County FPD	08/10/17	10/13/17	1/31/2018	23,384.82	Paid
4180149	PILOT VALLEY		Elko County FPD	08/12/17	11/15/17	5/9/2018	17,292.36	Paid
4180149	PILOT VALLEY		Tahoe Douglas FPD	08/12/17	08/10/17		3,822.59	Paid
4180161	SIX MILE		North Lake Tahoe FPD	08/18/17	10/20/17	12/18/2017	8,400.67	Paid
4180185	Mogul		Truckee Meadows	08/23/17	02/15/18	2/22/2018	285.18	Paid
4180187	STAG		Elko County FPD	08/23/17	12/01/17	1/16/2018	4,623.46	Paid
4180205	WEST		Elko County FPD	08/29/17	12/01/17	1/16/2018	6,450.35	Paid
4180206	SLINKARD		Nevada National Guard	08/29/17	01/11/18	3/30/218	19,517.64	Paid
4180206	SLINKARD		Sparks FD	08/29/17	01/23/18	2/13/2018	27,355.00	Paid
4180206	SLINKARD		Truckee Meadows	08/29/17	01/04/18	2/21/2018	38,005.78	Paid
4180209	RABBIT CREEK		Elko County FPD	08/30/17	12/01/17	1/16/2018	16,707.33	Paid
4180210	TWIN BUTTES		Elko County FPD	08/31/17	12/01/17		6,029.94	Paid
4180220	THE E		Elko County FPD	09/07/17	12/01/17		34,984.10	Paid
4180243	HUNTSMAN		Elko County FPD	09/13/17	02/05/18	2/13/2018	15,388.71	Paid
4180245	CONE FIRE		North Lake Tahoe FPD	09/18/17	10/20/17	12/18/2017	24,292.01	Paid
4180247	WOODCHUCK		Truckee Meadows	09/18/17	01/04/18	2/1/2018	8,900.00	Paid
4180258	Lamolle Summit		Elko County FPD	03/22/18	3/27/2018		365.00	Paid
4180270	CNA HELICOPTER - OCT 2017		Nevada National Guard	10/12/17	01/26/17	3/20/2018	41,073.88	Paid
MULTI	MULTIPLE		Elko County FPD		12/01/17		3,699.00	Paid
MULTI	MULTIPLE		Elko County FPD		10/31/17		2,853.77	Paid
MULTI	MULTIPLE		Elko County FPD		09/21/17		2,765.92	Paid
MULTI	MULTIPLE		Elko County FPD		08/14/17		1,990.00	Paid
MULTI	MULTIPLE		Elko County FPD		06/23/17		750.00	Paid
N/A	Cottonwood		Truckee Meadows	09/17/17	02/15/16	2/22/2018	2,875.54	Paid
N/A	LIMBO FIRE		Truckee Meadows	07/08/17	08/12/17	11/2/2017	613.14	Paid
VARIOUS	VARIOUS		NDOC		03/20/18		39,702.33	Paid
VARIOUS	VARIOUS		NDOC		02/21/18		22,717.83	Paid
	N/A		Eureka Co		07/26/17		5,740.00	Paid

Cooperator Payables

Incident Number	Fire Name	Owed Amount	Cooperator	Start Date	Last Action	Date Paid	Paid Amount	Comments
	Counties/FPDs Cat 82	-					70,185.24	
	Counties/FPDs Cat 10	-					1,006,094.52	
	Total Owed Cat 82	2,469,197.30				Total Paid Cat 82	1,291,364.22	
	Total Owed Cat 10	-				Total Paid Cat 10	2,331,812.83	
	FMAG Fires	1,723,510.47						

Fire Replacement Order

PO #	Vendor	Amount	DATE	PAID	PROJECTED
C180070	PRIME TURBINE	\$1,225.00			\$1,225.00
C180074	EPIC AVIATION	\$0.00	2/20/2018	\$13,026.98	\$12,988.00
C180079	CREW BOSS	\$74,546.47			\$138,586.00
C180080	American Sec & Def Products (GoldsBerry)	\$0.00	5/8/2018	\$ 30,412.54	\$16,376.59
C180081	DLA/GSA	\$557,546.74	4/10/2018	\$ 303,962.17	\$861,508.91
C180082	SUPPLY CACHE	\$105,056.60			\$105,056.60
C180083	GRAINGER	\$66,999.63			\$97,124.86
C180083	NORTHERN SAFETY	\$21,327.32			
C180084	MYSTERY RANCH	\$56,540.00			\$54,690.00
C180085	49ER COMMUNICATIONS	\$0.00	3/30/2018	\$15,431.21	\$31,512.40
C180086	DEPARTMENT OF INTERIOR/BLM	\$26,481.77			\$26,481.77
C180087	CALIFORNIA PIA	\$12,352.00			\$12,352.00
C180088	BILLOWS Acme	\$3,140.00			\$10,950.00
C180090	KCR	\$722.00			\$722.00
C180091	AERO PRODUCTS	\$0.00	2/13/2018	\$3,152.32	\$3,160.00
C180092	AERO PRODUCTS	\$0.00	2/21/2018	\$3,435.32	\$3,430.00
C180094	PAC WEST	\$0.00	3/27/2018	\$1,650.00	\$1,650.00
Total Fire Replacement Order		\$925,937.53		\$371,070.54	\$1,377,814.13
Pre-encumbered		(\$150,728.91)			
Encumbered		(\$194,387.56)			
Grand Total Fire Replacement Order		\$580,821.06			



**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: May 9, 2018
To: James R. Wells, 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 FORESTRY – FY 2019**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests an allocation of \$2,500,000 from the Interim Finance Committee General Fund Contingency Account to replenish funds carried back from the Fiscal Year 2019 for emergency response activities in Fiscal Year 2018.

Additional Information:

The Division experienced a funding shortfall during Fiscal Year 2018 due to emergency response activities. At the October 2017 Interim Finance Committee meeting the agency carried funds back from the Fiscal Year 2019 appropriations to help cover the shortfall. Funds collected by the agency has been insufficient to repay the funds carried back from FY19. Replacing the funds are critical to the agency being able to meet the emergency response actives associated with the wildland fire season in FY19. The associated work program for this request is # C43354.

Statutory Authority:

NRS 353.268
Action Item: June IFC & June BOE

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

May 4, 2018

MEMORANDUM

To: Jim Wells, Director
Governor's Finance Office

Through: Curtis Palmer
Executive Branch Budget Officer

From: Kacey KC, State Forester Firewarden
Department of Conservation and Natural Resources, Nevada Division of Forestry

Subject: Interim Finance Committee Contingency Fund Request - B/A 4196 for
\$2,500,000

The Nevada Division of Forestry (NDF) is requesting a State Fiscal year 2019 allocation from the Interim Finance Committee's (IFC) Contingency Fund in the amount of \$2,500,000 for the NDF Forest Fire Suppression account, budget account 4196.

The Executive and Legislative branches of government have recognized the unpredictability of costs associated with emergency response activities, including wildland fire within the State of Nevada. In particular, the record precipitation received during the 2017 winter caused heavy seasonal flooding that led to significantly increased growth of fine-flashy fuels. These fuels were a primary contributor to an unusually active 2017 fire season.

The increased fire activity in Nevada has resulted in significantly higher than anticipated expenditures for personnel and fire response operations during State Fiscal Year (SFY) 2018, which necessitated the move of the SFY 2019 General Fund appropriation in the amount of \$2,500,000 into SFY 2018 to help cover the increased wildfire costs. This request will replenish the SFY 2019 General Fund appropriation with IFC Contingency Funds to cover expenses and emergency response activities as they occur during the beginning of SFY 2019.

cc: Bradley Crowell, Director, DCNR
Dave Prather, Deputy Administrator, DCNR, NDF
Kurt Green, ASOIII, DCNR, NDF
Kimbra Ellsworth, Program Analyst, LCB Fiscal Analysis Division

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



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

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

Date: May 11, 2018

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

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

A handwritten signature in blue ink, appearing to be "B. Garrison", is written over the "From:" line.

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 353.268, the Nevada Department of Corrections requests an allocation of \$3,174,606 in Fiscal Year 2018 from the Interim Finance Committee General Fund Contingency Account to fund projected shortfalls in Personnel Services, Inmate Driven and Utility expenditure categories for the remainder of the fiscal year.

Additional Information:

The Nevada Department of Corrections (NDOC) has made significant progress year-to-date in reducing its Fiscal Year 2018 General Fund shortfall including preparing multiple work programs pursuant to this request, there remains projected funding shortfalls in other categories that are impervious to the departments' actions. As a result, the department is projecting a General Fund shortfall in specific categories which are unable to be solved through budgetary transfers or expenditure reductions.

The department is realizing a shortfall in the Personnel Services category 01 due to the loss of the State Criminal Alien Assistance Program (SCAAP) Grant in the Directors Budget Account 3710 in the amount of \$1,162,241, with an additional \$703,173 in other institution budget accounts Personnel Services category 01 due to overtime coverage for vacant posts attributable to unbudgeted inmate transportation and unbudgeted hospital coverage.

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) 486-9912



**State of Nevada
Department of Corrections**

Brian Sandoval
Governor

James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

Date: May 8, 2018

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

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

Subject: IFC Contingency Funds Request

The Department of Corrections is seeking a favorable recommendation from the Board of Examiners to request State Fiscal Year (SFY) 2018 funding in the amount of \$3,174,606 from the Interim Finance Committee Contingency Fund to fund projected shortfalls in Personnel Services, Inmate Driven and Utility expenditure categories. The Department has prepared multiple SFY 2018 Work Programs pursuant to this request.

While the department has made significant progress year-to-date in reducing its SFY 2018 General Fund shortfall, there remains projected funding shortfalls in other categories that are impervious to the departments' actions. As a result, the department is projecting a General Fund shortfall in specific categories which are unable to be solved through budgetary transfers or expenditure reductions.

The department is realizing a shortfall in the Personnel Services expenditure category due to the loss of the State Criminal Alien Assistance Program (SCAAP) Grant in the Directors Budget Account 3710 in the amount of \$1,162,241, with an additional \$703,173 in other institution budget accounts Personnel Services due to overtime coverage for vacant posts attributable to unbudgeted inmate transportation and unbudgeted hospital coverage that has amounted to \$3.2M YTD SFY 2018.

Other department funding shortfalls are in the Inmate Driven expenditure category of \$619,936 and Utilities expenditure category of \$689,256, which contribute to the difference in the total NDOC request. In SFY 2018 the department has seen an increase in food costs, which is the primary component with non-medical inmate driven costs at each institution, and unbudgeted utility rate increases at northern and southern institutions, which are outside the NDOC control.

The NDOC does not have the fiscal means to fund these unexpected shortfalls without additional resources and is requesting IFC Contingency Funds.

Thank you

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



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

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

Date: May 11, 2018

To: James R. Wells, 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, appearing to be "B. Garrison", is written over the "From:" line of the memo.

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

JUDICIAL BRANCH – SUPREME COURT AND COURT OF APPEALS

Agenda Item Write-up:

Pursuant to NRS 353.268, Nevada Judicial Branch Supreme Court and the Nevada Court of Appeals (COA) request an allocation of \$232,998 in Fiscal Year 2019 from the Interim Finance Committee General Fund Contingency Account to fund information technology projects that were unable to be completed in Fiscal Year 2018.

Additional Information:

These projects were originally approved in the 2017 Legislative Session Assembly Bill 518 Section 73 with General Fund Appropriations in the amounts of \$530,889 to the Supreme Court and \$146,000 in the COA, for a total of \$676,889 in FY2018. The majority of the funds were allocated in the first year of the biennium without permissive language being included to allow for unused funds to carry forward into the second year of the biennium. The projects were never intended to be finished within FY2018; however, without the aforementioned specific carry forward language, the unused funds must revert to the General Fund per Assembly Bill 518 Section 73. The Supreme Court is requesting Contingency Funds in the amounts of \$167,998 and the COA is requesting Contingency Funds in the amount of \$65,000 for a total of \$232,998. This Contingency Fund request will replace those funds reverting so the projects can continue to completion.

The remaining project elements to be completed are as follows:

1. Creation of E-filing system for the COA – Creation of this system will facilitate electronic filing of documents for parties involved in cases heard by the COA. Without this system, the COA will have to continue functioning on completely paper based filing practices for all materials filed after the case is transferred to the COA. This is estimated to be completed in April 2019.
2. Supreme Court DMS replacement – This project is necessary because the existing document management system is no longer supported. When this aging system ceases to function, the Supreme Court will have to go back to processing paper, which will greatly reduce the Court's ability to turn around cases in a timely manner. This is estimated to be completed in June 2019.

These project elements are interconnected and integral to the overall project and need to be completed in a specific order. As such, failure to finish one of them in their proper order or in a timely manner will negate the Court's ability to effectively use any of them.

Statutory Authority:

NRS 353.268 (1)

REVIEWED: 
ACTION ITEM: _____

Supreme Court of Nevada
ADMINISTRATIVE OFFICE OF THE COURTS

ROBIN SWEET
Director and
State Court Administrator



JOHN MCCORMICK
Assistant Court Administrator
Judicial Programs and Services

RICHARD A. STEFANI
Deputy Director
Information Technology

June 4, 2018

James R. Wells, Clerk of the Board
Governor's Finance Office
209 E. Musser St., Ste. 200
Carson City, NV 89701

Subject: REVISED IFC Contingency Funds Request

Dear Mr. Wells:

The Nevada Supreme Court and the Nevada Court of Appeals (COA) hereby request approval from the Board of Examiners to request Fiscal Year 2019 funding in the amount of \$232,998 from the Interim Finance Committee Contingency Fund to pay for information technology projects that were unable to be completed in Fiscal Year 2018. We also ask that you subsequently forward the request to the Legislative Counsel Bureau for inclusion on the agenda of the June IFC meeting for their consideration.

These projects were originally approved in the 2017 Legislative Session with General Fund appropriations made in the amounts of \$530,889 in the Supreme Court budget account 1494 and \$146,000 in the COA budget account 1489, for a total of \$676,889. Unfortunately, an oversight led to a bulk of the funds being placed in the first year of the biennium (FY 2018) without permissive language being included in the Appropriations Act, or in any other funding legislation, to allow for unused funds for these projects to carry forward into the second year (FY 2019). The projects were never intended to be finished within Fiscal Year 2018; however, without the aforementioned specific carry forward language, the unused funds must revert to the General Fund per Section 73 of Assembly Bill 518 (Appropriations Act). This Contingency Fund request will replace those reverting funds so the projects can continue to completion.

The overall project is underway. The remaining project elements to be completed are as follows:

- 1) Creation of E-filing system for the COA – Creation of this system will facilitate electronic filing of documents for parties involved in cases heard by the COA. Without this system, the COA will have to continue functioning on completely paper based filing practices for all materials filed after the case is transferred to the COA. This is estimated to be completed in April 2019.
- 2) Supreme Court DMS replacement – This project is necessary because the existing document management system is no longer supported. When this aging system ceases to function, the

Supreme Court Building ♦ 201 South Carson Street, Suite 250 ♦ Carson City, Nevada 89701 ♦ (775) 684-1700 • Fax: (775) 684-1723

Supreme Court Building ♦ 406 East Clark Avenue ♦ Las Vegas, Nevada 89101

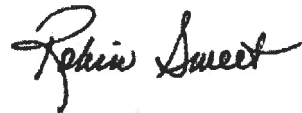
Supreme Court will have to go back to processing paper, which will greatly reduce the Court's ability to turn around cases in a timely manner. This is estimated to be completed in June 2019.

These project elements are interconnected and integral to the overall project and need to be completed in a specific order. As such, failure to finish one of them in their proper order or in a timely manner will negate the Court's ability to effectively use any of them.

Due to parts of the project that are underway as well as some internal restructuring of the project elements, the Court is only requesting Contingency funds in the amounts of \$167,998 for the Supreme Court budget and \$65,000 for the Court of Appeals budget, for a total of \$232,998.

Thank you for your consideration. Please contact me, or Manager of Budgets, Todd Myler, if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Robin Sweet". The signature is written in a cursive, flowing style.

Robin Sweet

cc: Chief Justice Michael Douglas
Justice James Hardesty
Todd Myler, Manager of Budgets
Rick Combs, Director, Legislative Counsel Bureau
Cindy Jones, Assembly Fiscal Analyst
Mark Krmpotic, Senate Fiscal Analyst
Alex Haartz, Principal Deputy Fiscal Analyst
Bridgette Mackey-Garrison, Executive Branch Budget Officer
Heather Field, Executive Branch Budget Officer

Judicial Branch FY 19 Contingency Funds Request Calculations
Budget Account 1494 Supreme Court

	FY 18 Actual	FY 18 Remaining	Total FY 18 Costs	FY 19 Needed
Onbase/Eflex integration	0.00	0.00	0.00	42,000.00
Onbase/Ctrack integration	0.00	0.00	0.00	124,200.00 (1)
Onbase Software	12,090.68	0.00	12,090.68	0.00
Onbase Professional Services	0.00	50,968.00	50,968.00	10,432.00
Onbase Premium Subscription	0.00	500.00	500.00	800.00
Windows Operating System	0.00	5,157.00	5,157.00	0.00
SQL Licenses	0.00	28,212.00	28,212.00	0.00
Subtotal (Project costs)	12,090.68	84,837.00	96,927.68	177,432.00
Onbase Maintenance	47,395.38	0.00	47,395.38	49,765.15 (2)
Total costs for Project/Maintenance	59,486.06	84,837.00	144,323.06	227,197.15
Original Project Appropriation	471,689.00			0.00
Original Maintenance Appropriation	59,200.00			59,200.00
Total Original 1494 Appropriation	530,889.00			59,200.00
Projected FY 18 Costs	144,323.06			
Projected FY 18 Reversion	386,565.94 (3)			
Contingency Funds need in 1494 in FY 19				167,997.15 (4)
Original Contingency Funds Request				424,960.00
Projected savings over original Contingency Fund Request				256,962.85
Budget Account 1489 Court of Appeals				
	FY 18 Actual			FY 19 Needed
Ctrack integration for COA	81,000.00 (5)			0.00
Tybera Efilting system	0.00			65,000.00
Original 1489 Appropriation	146,000.00			0.00
Projected FY 18 Reversion	65,000.00			
Contingency Funds need in 1489 in FY 19				65,000.00
Total Request				232,997.15

(1) This was originally estimated at \$925,000. Negotiations with the vendor yielded a savings.

(2) This was originally estimated at \$59,200. Negotiations with the vendor yielded an initial savings. It is anticipated that there will be a 5% per year increase.

(3) Actual amount to be reverted to Category 93 Reserve for Reversion is rounded to \$386,565.

(4) Actual amount to be requested is rounded up to \$167,998.

(5) These costs incurred in FY 18 allowed for the Court of Appeals to be integrated into the Ctrack Case Management System, which more easily facilitated the upcoming transition to the Efilting system.



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

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

Date: May 07, 2018

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

From: Jim Rodriguez, Executive Budget Officer *JR*
Governor's Finance Office – Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY – NEVADA DIVISION OF INVESTIGATION

Agenda Item Write-up:

Pursuant to NRS 353.268, the Nevada Division of Investigation requests an allocation of \$8,691 from the Interim Finance Committee Highway Fund Contingency Account to cover a projected shortfall in Highway Fund authorization within the Personnel Services category for the remainder of the fiscal year.

Additional Information:

The Department of Public Safety, Nevada Investigation Division (NDI) is projecting a shortfall in the Personnel Services category due to the FY18 Cost of Living Adjustment (COLA) as well as a salary inversion due to internal departmental employee movement. NDI has 50 positions, of which, 32 are sworn DPS Officers. Of the 32 sworn officers, 29 are funded with General Fund appropriation and three are funded with Highway Fund appropriation.

The Division submitted a request to the Board of Examiners in conjunction with work program 18SA3743 requesting Highway Fund Salary Adjustment funds as approved by the 2017 Legislature to cover the portion of the shortfall that's related to the COLA. The remaining portion of the shortfall is due to one position budgeted at a lower step than the employee who occupied the position after the 2018-2019 Biennium Budget was closed.

Statutory Authority:

Request in accordance with NRS 353.268.

REVIEWED: _____

ACTION ITEM: _____

Brian Sandoval
Governor



James M. Wright
Director

Director's Office

555 Wright Way
Carson City, Nevada 89701-4525
Telephone (775) 684-4808 • Fax (775) 684-4809

May 4, 2018

Jim Rodriguez, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
209 E. Musser Street, Room 200
Carson City, NV 89701-4298

RE: Board of Examiner's Approval for Highway Fund Contingency funds for the Department of Public Safety, Investigation Division

Dear Jim,

The Investigation Division has 50 positions of which 32 are sworn DPS Officers (detectives). Of the 32 sworn officers, 29 are funded with General Fund Appropriation and three are funded with Highway Fund Authorization. Projections reflect that the division will experience a shortfall of Highway Fund Authorization in the amount of \$16,667 that is necessary to cover the costs in the Personnel Category due to a salary inversion resulting from employee movement (one position is budgeted lower than actual pay). Budget authority savings have been identified in the Uniforms category in the amount of \$7,976 to offset the projected shortfall, leaving a balance of \$8,691 to be covered by the Highway Fund Contingency Account.

The Investigation Division is requesting approval for Highway Fund Contingency funds in the amount of \$8,691.00 to cover the balance of the projected shortfall in the Personnel category.

Work Program C43137 has been prepared for processing once this request is approved.

Sincerely,

Susan Hohn
Budget Analyst III

State of Nevada Work Program

WP Number: C43422

FY 2018

☐ Add Original Work Program

XXX **Modify Work Program**

BUDGET DIVISION USE ONLY
DATE _____
APPROVED ON BEHALF OF
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
05/09/18	101	653	3743	DPS - INVESTIGATION DIVISION

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4650	TRANSFER FROM CONTINGENCY-HWY	8,691	0	8,691
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		8,691		8,691
Total Budgetary & Revenue GLs					8,691		

Expenditures

[illegible]

Sub Total Category Expenditures

8,691

Remarks	

This work program requests to receive an IFC Contingency Fund Allocation to fund a projected shortfall in the Personnel Services category for the remainder of the fiscal year.

Total Budgetary General Ledgers and Category Expenditures (AP)

8,691

shoh1

Authorized Signature

05/09/18

Date _____

Controller's Office Approval

Does not require Interim Finance approval since Highway Fund Contingency

State of Nevada
Work Program Packet Checklist

- ✓ Work program form
- ✓ Work program packet checklist
- ✓ Cumulative modification worksheet
- ✓ Cover Page detailing the reasons for the revision, benefits to the division, department and state and consequences if not approved
- ✓ Financial/Budget Status Reports (current)
- ✓ Budget projections with corresponding detail
- ✓ Fund map reflecting amounts before and after the revision
- ☐ NPD 19 (If requesting new position) **include copy of current organizational chart w/proposed change**
- ☐ Quotes for the purchase of unbudgeted items (i.e., equipment, computers, etc.)
- ✓ Spreadsheets/detailed calculations supporting request

WORK PROGRAM REVISIONS INVOLVING GRANTS MUST ALSO INCLUDE

- ☐ Grant history/reconciliation form for grants
- ☐ Copies of all grant awards for the current year listed on the grant reconciliation form
- ☐ Copy of grant budget - if applicable
- ☐ Summary of the grant program and purpose if not included in the grant award document

IFC determination evaluation (reason work program does or does not require IFC approval indicated with an X)

Requires IFC approval because

- | | |
|---|--|
| <input type="checkbox"/> \$75,000 or more cumulative for an expenditure category | <input type="checkbox"/> Exceeds \$30,000 cumulative and is 10% or more cumulative for an expenditure category |
| <input type="checkbox"/> Involves the allocation of block grant funds and the agency is choosing to use the IFC meeting for the required public hearing per NRS 353.337 | <input type="checkbox"/> Non-governmental grant or gift in excess of \$20,000 |
| <input type="checkbox"/> Includes new positions | <input type="checkbox"/> Other: |

Does not require IFC approval because

- | | |
|--|--|
| <input type="checkbox"/> \$30,000 or less cumulative for each expenditure category | <input type="checkbox"/> Places funds in Reserves, Reserve for Reversion, or Retained Earnings categories only |
| <input type="checkbox"/> Less than \$75,000 cumulative and 10% cumulative for each expenditure category | <input type="checkbox"/> Non-executive budget |
| <input type="checkbox"/> \$5,000 or less for expenditure categories 02, 03, 05, & 30 and \$10,000 or less for any other expenditure categories | ✓ Other: Highway Fund Contingency |
| <input type="checkbox"/> Implements general/highway fund salary adjustments approved by the BOE | Approved by:
Date: |

**STATE OF NEVADA
DPS-INVESTIGATION DIVISION**

**Budget Account 3743 - DPS - INVESTIGATION DIVISION
Work Program C43422
Fiscal Year 2018**

Submitted May 9, 2018

Budget Account's Primary Purpose, Function and Statutory Authority

The Department of Public Safety, Investigation Division, is a law enforcement agency with statewide jurisdiction dedicated to public safety. The primary mission of the division are to provide comprehensive investigative services upon request to all criminal justice agencies; to support federal, state, local, and private sector partners through the collection, analysis, and dissemination of relevant and timely information on terrorism, criminal activity, and other public safety hazards; and to deter and disrupt the trafficking and availability of narcotics and other dangerous drugs statewide through the supervision of multi-jurisdictional task forces within 14 of Nevada's 17 counties. Statutory Authority: NRS 480.140, NRS 480.400 through NRS 480.610, NRS 453.271, NRS 179 and NRS Chapters 453 and 454.

Purpose of Work Program

This work program requests to receive an IFC Contingency Fund Allocation to fund a projected shortfall in the Personnel Services category for the remainder of the fiscal year.

Justification

The Department of Public Safety, Investigation Division (DPS ID) is projecting a shortfall in the Personnel Services category for the three Highway Fund positions due to the FY18 Cost of Living Adjustment (COLA) as well as a salary inversion due to employee movement. The DPS ID has 50 positions of which 32 are sworn DPS Officers (detectives). Of the 32 sworn officers, 29 are funded with General Fund Appropriation and three are funded with Highway Fund Appropriation. The DPS ID submitted a request to the Board of Examiners in conjunction with work program 18SA3743 to apply for Highway Fund Salary Adjustment funds allocated to the DPS ID to cover the portion of the shortfall that's related to the COLA. The DPS ID also submitted work program C43137 to transfer some Highway Fund savings in the Uniforms category to cover a portion of the shortfall due to one position budgeted at a lower step than the employee who occupied the position after the 2017-2019 Biennial Budget was closed and reduce the amount requested in this work program. This request should cover the remaining portion of the projected Highway Fund shortfall.

Expected Benefits to be Realized

The Highway Fund operations for the DPS ID will be appropriately funded to carry out those related activities in accordance with statutory mandates.

Explanation of Projections and Documentation

The supporting documentation includes budget status reports, a fund map, salary projections, declining balance sheet projections and a File Maintenance Form.

New Positions: No

Summary of Alternatives and Why Current Proposal is Preferred

There is insufficient Highway Funds in this budget account to cover payroll expenditures for the remainder of the fiscal year. An alternative would be to transfer Personnel Services authority funded with Highway Fund from another agency within the Department of Public Safety. This proposal is preferred since DPS ID should have sufficient Highway Fund amounts to cover the Highway Fund portion of payroll expenditures and not be dependent on other DPS Agencies.

**Department of Public Safety
Investigations
FY2018 Expenditures as of
4/13/2018**

Expenditures	BUDGETED	ACTUAL	PENDING	TOTAL ACTUAL & PENDING	(OVER)/UNDER BUDGET	(Over)/Under %
01 Personnel	\$4,801,885.00	\$3,523,630.19	\$1,275,924.81	\$4,799,555.00	\$2,330.00	0.05%
03 In-State Travel	\$7,524.00	\$2,658.03	\$599.00	\$3,257.03	\$4,266.97	56.71%
04 Operating	\$495,746.00	\$449,181.09	\$65,955.46	\$515,136.55	(\$19,390.55)	-3.91%
05 Equipment	\$101,718.00	\$82,924.02	\$9,834.00	\$92,758.02	\$8,959.98	8.81%
08 Contract Lab Services	\$132,641.00	\$98,758.67	\$36,063.56	\$134,822.23	(\$2,181.23)	-1.64%
10 Purchase of Drugs-Info	\$29,267.00	\$29,267.00	\$0.00	\$29,267.00	\$0.00	0.00%
12 Investigative Travel	\$16,100.00	\$10,145.60	\$399.00	\$10,544.60	\$5,555.40	34.51%
13 HWY Fund Travel/Operating	\$17,015.00	\$8,143.61	\$8,871.39	\$17,015.00	(\$0.00)	0.00%
15 Staff Physicals	\$17,526.00	\$9,527.74	\$7,194.64	\$16,722.38	\$803.62	4.59%
24 DEA Marijuana Grant	\$81,873.00	\$38,806.37	\$1,288.00	\$40,094.37	\$41,778.63	51.03%
26 Information Technology	\$99,478.00	\$45,859.91	\$34,568.59	\$80,428.50	\$19,049.50	19.15%
29 Uniforms	\$517,028.00	\$123,435.92	\$238,969.23	\$362,405.15	\$154,622.85	29.91%
30 Training	\$18,674.00	\$10,994.38	\$5,893.46	\$16,887.84	\$1,786.16	9.56%
33 JAG Special Equipment	\$58,594.00	\$58,222.00	\$0.00	\$58,222.00	\$372.00	0.63%
34 JAG Narcotic Training/Travel	\$90,314.00	\$22,150.72	\$0.00	\$22,150.72	\$68,163.28	75.47%
36 FBI JTTF	\$4,456.00	\$1,306.59	\$0.00	\$1,306.59	\$3,149.41	70.68%
38 JAG Polygraph Training	\$22,946.00	\$17,875.13	\$1,744.68	\$19,619.81	\$3,326.19	14.50%
44 DEM Fusion Center Grants	\$1,410,820.00	\$347,651.07	\$108,476.23	\$456,127.30	\$954,692.70	67.67%
45 HIDTA Reimbursement	\$8,066.00	\$0.00	\$0.00	\$0.00	\$8,066.00	100.00%
46 DEA Diversion	\$13,941.00	\$2,965.80	\$1,100.93	\$4,066.73	\$9,874.27	70.83%
52 PIRE Safe2Tell Grant	\$1,033,867.00	\$95,773.82	\$11,668.11	\$107,441.93	\$926,425.07	89.61%
59 Utilities	\$16,301.00	\$2,704.45	\$1,675.66	\$4,380.11	\$11,920.89	73.13%
81 Dispatch Cost Allocation	\$56,337.00	\$51,459.00	\$0.00	\$51,459.00	\$4,878.00	8.66%
82 Infra Agency Cost Allocations	\$413,145.00	\$379,202.00	\$9,603.00	\$388,805.00	\$24,340.00	5.89%
83 NDOT 800 MHZ Radios Statewide Cost Allocation	\$77,250.00	\$0.00	\$77,250.00	\$77,250.00	\$0.00	0.00%
87 Purchasing Assessment	\$3,157.00	\$2,367.00	\$789.00	\$3,156.00	\$1.00	0.03%
88 Statewide Cost Allocation	\$2,576.00	\$2,576.00	\$0.00	\$2,576.00	\$0.00	0.00%
89 AG's Cost allocation Plan	\$41,821.00	\$41,821.00	\$0.00	\$41,821.00	\$0.00	0.00%
	\$9,590,066.00	\$5,459,407.11	\$1,897,868.75	\$7,357,275.86	\$2,232,790.14	23.28%
	\$ 218,660.70 Encumbrances					
Realized Funding Available	\$0.00	\$1,722,134.56	(\$1,626,833.69)	\$313,961.57		

**Department of Public Safety
Budget Account 3743
Investigations
FY2018 Expenditures as of
5/9/2018**

Category		BUDGETED	ACTUAL	PENDING	TOTAL		OVER/UNDER BUDGET
					ACTUAL & PENDING		
01	Personnel						
	5100 - Salaries	\$3,206,831.00	\$1,927,923.86	\$766,547.81	\$2,694,471.67		\$512,359.33
	5200-Worker's Comp	\$43,863.00	\$26,256.36	\$22,988.00	\$49,244.36		(\$5,381.36)
	5300-Retirement Employer Pay Plan	\$1,026,546.00	\$652,793.43	\$317,751.00	\$970,544.43		\$56,001.57
	5301-Retirement Employer/Employee Pay Plan	\$0.00	\$94,224.83		\$94,224.83		(\$94,224.83)
	5400-Personnel Assessment	\$12,111.00	\$9,084.00	\$3,027.00	\$12,111.00		\$0.00
	5500-Group Insurance	\$445,800.00	\$336,602.58	\$111,450.00	\$448,052.58		(\$2,252.58)
	5610-Sick Leave		\$91,922.85	\$0.00	\$91,922.85		(\$91,922.85)
	5620-Annual leave		\$151,595.97	\$0.00	\$151,595.97		(\$151,595.97)
	5630-Holiday Leave		\$0.00	\$0.00	\$0.00		\$0.00
	5640-Comp leave		\$26,166.03	\$0.00	\$26,166.03		(\$26,166.03)
	5650-Other Leaves		\$27,436.54	\$0.00	\$27,436.54		(\$27,436.54)
	5700-Payroll Assessment	\$3,984.00	\$2,988.00	\$996.00	\$3,984.00		\$0.00
	5750-Retired Employees Group Insurance	\$79,532.00	\$52,288.05	\$22,697.00	\$74,985.05		\$4,546.95
	5800-Unemployment Compensation	\$3,540.00	\$2,346.62	\$1,358.00	\$3,704.62		(\$164.62)
	5810-Overtime pay	\$0.00	\$28,933.38	\$0.00	\$28,933.38		(\$28,933.38)
	5820-Holiday Pay		\$493.37	\$0.00	\$493.37		(\$493.37)
	5830 - Comp time pay off	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
	5840-Medicare	\$46,496.00	\$33,277.59	\$14,064.00	\$47,341.59		(\$845.59)
	5880-Shift Differential Pay	\$11,636.00	\$11,428.20	\$4,474.00	\$15,902.20		(\$4,266.20)
	5901 - Payroll Adjustments	\$0.00	\$0.00	\$10,572.00	\$10,572.00		(\$10,572.00)
	5904 - Vacancy Savings	(\$85,818.00)	\$0.00	\$0.00	\$0.00		(\$85,818.00)
	5910-Standby Pay	\$6,884.00	\$7,026.03	\$0.00	\$7,026.03		(\$142.03)
	5960-Terminal Sick Leave Pay	\$0.00	\$13,852.32	\$0.00	\$13,852.32		(\$13,852.32)
	5970-Terminal Annual Leave Pay	\$0.00	\$23,271.27	\$0.00	\$23,271.27		(\$23,271.27)
	5975-Forfeited Annual Leave Pay off		\$401.57	\$0.00	\$401.57		(\$401.57)
	5980-Call Back Pay	\$480.00	\$3,317.34	\$0.00	\$3,317.34		(\$2,837.34)
	Personnel	\$4,801,885.00	\$3,523,630.19	\$1,275,924.81	\$4,799,555.00		\$2,330.00

3743-Investigations
Detail Salary Projection

Summary by Funding Source

Fiscal Year: 2018

Through PP: PP 20

From: 3/12/2018

To: 3/25/2018

Check Date: 4/6/2018

	Leg. App. Budget	Work Programs	Current Budget	Projected Expenditures	(Over)/ Under Budget
GF	\$4,499,102		\$4,499,102	\$4,471,493	\$27,609
HF	\$302,783		\$302,783	\$328,062	(\$25,279)
Total	\$4,801,885	\$0	\$4,801,885	\$4,799,555	\$2,330

OK

Current Highway Fund Shortfall	\$25,279
Estimated Comp Liability Highway Fund	\$12,296
Total Highway Fund Transfer	\$37,574

**BA 3743 - INVESTIGATIONS
SFY 2018 FUND MAP**

GF APPROP	HYW APPROP	MJ GRANT	HIDTA REIMB	FBI JTTF REIMB	DEA TASK FORCE REIMB	DEM GRANTS	TRANS FROM DPS JUSTICE	TOTAL L.A. AUTHORITY	APPROVED WORK PROGRAMS	L.A. + APPROVED WP's	PENDING WORK PROGRAMS	PENDING WORK PROGRAMS	PENDING WORK PROGRAMS	REVISD BUDGET
2501	2507	3581	4211	4212	4214	4669	4757	7,334,928		9,754,027	4200	C43137	C43422	
6,482,146	403,043	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,419,099	9,754,027	3,070	-	-	9,765,788
6,482,145	403,044	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,419,099	9,754,027	3,070	-	-	9,765,788
1	(1)	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUES	403,043	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,419,099	9,754,027	3,070	-	-	9,765,788
01 PERSONNEL	4,499,102	-	-	-	-	-	-	4,801,885	-	4,801,885	-	37,884	7,976	4,886,436
03 IN-STATE TRAVEL	7,524	-	-	-	-	-	-	7,524	-	7,524	-	-	-	7,524
04 OPERATING	495,746	-	-	-	-	-	-	495,746	-	495,746	19,500	-	-	515,246
05 EQUIPMENT	101,718	-	-	-	-	-	-	101,718	-	101,718	-	73,800	-	175,518
08 CONTRACT LAB SERVICES	132,641	-	-	-	-	-	-	132,641	-	132,641	2,200	-	-	134,841
10 PURCHASE DRUG/INFO	29,267	-	-	-	-	-	-	29,267	-	29,267	-	-	-	29,267
12 INVESTIGATIVE TRAVEL	14,591	1,509	-	-	-	-	-	16,100	-	16,100	-	-	-	16,100
13 HWY FUND TRAVEL/OPERATING	-	17,015	-	-	-	-	-	17,015	-	17,015	-	-	-	17,015
15 STAFF PHYSICALS	17,526	-	-	-	-	-	-	17,526	-	17,526	-	-	-	17,526
24 DEA MARIJUANA GRANT	-	32,039	-	-	-	-	-	32,039	49,834	81,873	-	-	-	81,873
26 INFORMATION SERVICES	94,067	5,411	-	-	-	-	-	99,478	-	99,478	-	-	-	99,478
29 UNIFORMS	490,354	26,674	-	-	-	-	-	517,028	-	517,028	(7,130)	(111,684)	-	390,238
30 TRAINING	18,674	-	-	-	-	-	-	18,674	-	18,674	-	-	-	18,674
33 JAG SPECIAL EQUIPMENT	-	-	-	-	-	-	-	-	58,594	58,594	-	-	-	58,594
34 JAG OVERTIME/TRAVEL	-	-	-	-	-	-	-	90,314	-	90,314	-	-	-	90,314
36 FBI JTTF REIMB	-	-	-	4,456	-	-	-	4,456	-	4,456	-	-	-	4,456
38 JAG POLYGRAPH TRAINING	-	-	-	-	-	-	-	-	22,946	22,946	-	-	-	22,946
44 DEM FUSION CENTER GRANTS	-	-	-	-	-	320,923	-	320,923	1,089,897	1,410,820	-	-	-	1,410,820
45 HIDTA REIMBURSEMENT	-	-	8,066	-	-	-	-	8,066	-	8,066	-	-	-	8,066
46 DEA TASK FORCE REIMB	-	-	-	-	13,941	-	-	13,941	-	13,941	-	-	-	13,941
52 SAFE-TO-TELL PROJECT	-	-	-	-	-	-	-	-	1,033,867	1,033,867	-	-	-	1,033,867
53 SAFEVOICE EXPANSION	-	-	-	-	-	-	-	-	163,961	163,961	-	-	-	163,961
59 UTILITIES	16,301	-	-	-	-	-	-	16,301	-	16,301	(11,500)	-	-	4,801
81 NHP DISPATCH ALLOCATION	51,055	5,282	-	-	-	-	-	56,337	-	56,337	-	-	-	56,337
82 INTRA-AGENCY ALLOCATION	388,356	24,789	-	-	-	-	-	413,145	-	413,145	-	-	-	413,145
83 NDOT 800 MHZ RADIO	70,008	7,242	-	-	-	-	-	77,250	-	77,250	-	-	-	77,250
87 PURCHASING ASSESSMENT	2,968	189	-	-	-	-	-	3,157	-	3,157	-	-	-	3,157
88 SWCAP	-	2,576	-	-	-	-	-	2,576	-	2,576	-	-	-	2,576
89 AG COST ALLOCATION PLAN	32,247	9,574	-	-	-	-	-	41,821	-	41,821	-	-	-	41,821
93 RESERVE FOR REVERSION GEN FUND	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	6,462,145	403,044	32,039	8,066	13,941	320,923	90,314	7,334,928	2,419,099	9,754,027	3,070	-	-	9,765,788

Department of Public Safety
Investigation Division
FY 18 Category 01 - Personnel Services - Salary Adjustment Calculation
B/A 3743

Highway Fund Category 01	\$	302,783.00	PCN 38	PCN 73	PCN 448
Less					
Highway Fund YTD Expenditures through PP20		243,822.04	67,301.70	90,081.87	86,438.47
Projected Salary Costs through the End of FY18		84,240.03	22,965.35	30,637.34	30,637.34
Estimated Expenditures in FY18		328,062.07	90,267.05	120,719.21	117,075.81
Highway Fund Surplus/(Shortfall)	\$	<u>(25,279.07)</u>			

Highway Fund Salary Adjustment Calculation

Highway Fund Salary Adjustment Cash Authorized ^[2]	\$	8,644.00
Less Non-Qualifying HFSA Expenses		
Overtime ^[3]		32.46
Cloth/Uniform/Tool Allowance ^[1]		
Total non-qualifying HFSA Expenses		<u>32.46</u>
Qualified Highway Fund Salary Adjustment		<u>8,611.54</u>
Highway Fund Surplus/(Shortfall)		<u>(25,279.07)</u>
Additional Shortfall		<u>(16,667.53)</u>
Remaining shortfall	\$	<u>(16,667.53)</u>

Notes:

- [1] Difference between budgeted and actual costs
[2] All Agency Memo 2017 -14
[3] Actual costs from the salary projection worksheet

			WPC #
Contingency	\$	8,691	Request C43422
Salary Adj		8,612	Request 18SA3743
Uniform Savings		7,976	Transfer C43137
Total	\$	<u>25,279.00</u>	

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
3743	Department of Public Safety – Nevada Division of Investigation		\$8,612
	Total		\$8,612

Brian Sandoval
Governor



James M. Wright
Director

Director's Office

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

May 4, 2018

Jim Rodriguez, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
209 E. Musser Street, Room 200
Carson City, NV 89701-4298

RE: Board of Examiner's Approval for Highway Fund Salary Adjustment for the Department of Public Safety, Investigation Division

Dear Jim,

The Investigation Division has 50 positions of which 32 are sworn DPS Officers (detectives). Of the 32 sworn officers, 29 are funded with General Fund Appropriation and three are funded with Highway Fund Authorization. Projections reflect that the division will experience a shortfall of Highway Fund Authorization that is necessary to cover the costs in the Personnel Category due to the FY18 Cost of Living Adjustment.

The Investigation Division is requesting approval for salary adjustment funds in the amount of \$8,611.54.

Work Program 18SA3743 has been prepared in the amount of \$8,612.00 for processing once this request is approved.

Sincerely,

Susan Hohn
Budget Analyst III

Department of Public Safety
Investigation Division
FY 18 Category 01 - Personnel Services - Salary Adjustment Calculation
B/A 3743

Highway Fund Category 01	\$	302,783.00		
Less				
Highway Fund YTD Expenditures through PP20		243,822.04	<u>PCN 38</u>	
Projected Salary Costs through the End of FY18		84,240.03	67,301.70	<u>PCN 73</u>
Estimated Expenditures in FY18			22,965.35	<u>PCN 448</u>
Highway Fund Surplus/(Shortfall)	\$	328,062.07	90,267.05	86,438.47
		<u>(25,279.07)</u>	120,719.21	30,637.34
				117,075.81

Highway Fund Salary Adjustment Calculation

Highway Fund Salary Adjustment Cash Authorized ^[2]	\$	8,644.00
Less Non-Qualifying HFSA Expenses		
Comp Time Payoff ^[3]	-	
Terminal Sick Leave Pay ^[3]	-	
Terminal Annual Leave Pay ^[3]	-	
Forfeited Annual Leave Payoff ^[3]	-	
Overtime ^[3]	32.46	
Call Back Pay ^[1]	-	
Cloth/Uniform/Tool Allowance ^[1]	-	
Total non-qualifying HFSA Expenses		32.46
Qualified Highway Fund Salary Adjustment		<u>8,611.54</u>
Highway Fund Surplus/(Shortfall)		<u>(25,279.07)</u>
Additional Shortfall		<u>(16,667.53)</u>
Remaining shortfall	\$	<u>(16,667.53)</u>

Notes:

[1] Difference between budgeted and actual costs

[2] All Agency Memo 2017 -14

[3] Actual costs from the salary projection worksheet

BA 3743 - INVESTIGATIONS
SFY 2018 FUND MAP

	GF APPROP	HWY APPROP	MJ GRANT	HDTA REMB	FBI JTTF REMB	DEA TASK FORCE REMB	DEM GRANTS	TRANS FROM DPS JUSTICE	TOTAL L.A. AUTHORITY	APPROVED WORK PROGRAMS	L.A. + APPROVED WPs	PENDING WORK PROGRAMS	PENDING WORK PROGRAMS	PENDING WORK PROGRAMS	REVISED BUDGET
REVENUE	6,462,145	403,044	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,337,119	9,672,047	3,070	8,612	52,198	9,735,927
EXPENDITURES	6,429,898	435,291	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,337,119	9,672,047	3,070	8,612	52,198	9,735,927
DIFFERENCE	32,247	(32,247)	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUES	6,462,145	403,044	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,337,119	9,672,047	3,070	8,612	52,198	9,735,927
01 PERSONNEL	4,499,102	302,783	-	-	-	-	-	-	4,801,885	-	4,801,885	-	-	28,963	4,877,344
03 IN-STATE TRAVEL	7,524	-	-	-	-	-	-	-	7,524	-	7,524	-	-	-	7,524
04 OPERATING	495,746	-	-	-	-	-	-	-	495,746	-	495,746	19,500	-	515,246	515,246
06 EQUIPMENT	101,718	-	-	-	-	-	-	-	101,718	-	101,718	-	-	175,518	175,518
08 CONTRACT LAB SERVICES	132,841	-	-	-	-	-	-	-	132,841	-	132,841	2,200	-	134,841	134,841
10 PURCHASE DRUG/INFO	29,267	-	-	-	-	-	-	-	29,267	-	29,267	-	-	29,267	29,267
12 INVESTIGATIVE TRAVEL	14,591	1,509	-	-	-	-	-	16,100	16,100	-	16,100	-	-	16,100	16,100
13 HWY FUND TRAVEL/OPERATING	-	17,015	-	-	-	-	-	17,015	17,015	-	17,015	-	-	17,015	17,015
15 STAFF PHYSICALS	17,526	-	-	-	-	-	-	-	17,526	-	17,526	-	-	-	17,526
24 DEA MARIJUANA GRANT	-	-	32,039	-	-	-	-	-	32,039	49,834	81,873	-	-	(1,036)	81,873
26 INFORMATION SERVICES	94,067	5,411	-	-	-	-	-	-	99,478	-	99,478	-	-	98,442	98,442
29 UNIFORMS	490,354	26,674	-	-	-	-	-	-	517,028	-	517,028	(7,130)	-	(7,976)	390,238
30 TRAINING	18,674	-	-	-	-	-	-	-	18,674	-	18,674	-	-	-	18,674
33 JAG SPECIAL EQUIPMENT	-	-	-	-	-	-	-	-	90,314	58,594	90,314	-	-	58,594	58,594
34 JAG OVERTIME/TRAVEL	-	-	-	-	-	-	-	-	90,314	-	90,314	-	-	-	90,314
36 FBI JTTF REIMB	-	-	-	-	4,456	-	-	-	4,456	-	4,456	-	-	-	4,456
38 JAG POLYGRAPH TRAINING	-	-	-	-	-	-	-	-	22,946	-	22,946	-	-	-	22,946
44 DEM FUSION CENTER GRANTS	-	-	-	-	-	-	320,923	-	320,923	1,089,897	1,410,820	-	-	1,410,820	1,410,820
45 HDTA REIMBURSEMENT	-	-	-	8,066	-	-	-	-	8,066	-	8,066	-	-	8,066	8,066
46 DEA TASK FORCE REIMB	-	-	-	-	-	13,941	-	-	13,941	-	13,941	-	-	13,941	13,941
52 SAFE-TO-TELL PROJECT	-	-	-	-	-	-	-	-	1,033,867	-	1,033,867	-	-	1,033,867	1,033,867
53 SAFEVOICE EXPANSION	-	-	-	-	-	-	-	-	81,981	-	81,981	-	-	81,981	81,981
59 UTILITIES	16,301	-	-	-	-	-	-	-	16,301	-	16,301	(11,500)	-	-	4,801
81 NHP DISPATCH ALLOCATION	51,055	5,282	-	-	-	-	-	-	56,337	-	56,337	-	-	56,337	56,337
82 INTRA-AGENCY ALLOCATION	388,356	24,789	-	-	-	-	-	-	413,145	-	413,145	-	-	413,145	413,145
83 NDOT 800 MHZ RADIO	70,008	7,242	-	-	-	-	-	-	77,250	-	77,250	-	-	77,250	77,250
87 PURCHASING ASSESSMENT	2,968	189	-	-	-	-	-	-	3,157	-	3,157	-	-	3,157	3,157
88 SWCAP	-	2,576	-	-	-	-	-	-	2,576	-	2,576	-	-	2,576	2,576
89 AG COST ALLOCATION PLAN	-	41,821	-	-	-	-	-	-	41,821	-	41,821	-	-	41,821	41,821
93 RESERVE FOR REVERSION GEN FUND	-	-	-	-	-	-	-	-	-	-	-	-	-	32,247	32,247
TOTAL EXPENSES	6,429,898	435,291	32,039	8,066	4,456	13,941	320,923	90,314	7,334,928	2,337,119	9,672,047	3,070	8,612	52,198	9,735,927

**Highway Fund Salary Adjustment
Fiscal Years 2018 and 2019**

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
650	DPS-DIRECTOR'S OFFICE	3775	DPS - TRAINING DIVISION	\$ 23,571	\$ 47,704
651	DPS-HIGHWAY PATROL	4713	DPS - NEVADA HIGHWAY PATROL DIVISION	\$ 1,422,590	\$ 2,942,499
651	DPS-HIGHWAY PATROL	4721	DPS - HIGHWAY SAFETY GRANTS	\$ 1,728	\$ 3,501
653	DPS-INVESTIGATION DIVISION	3743	DPS - INVESTIGATION DIVISION	\$ 8,644	\$ 17,786
656	DPS-FIRE MARSHAL	4729	DPS - STATE EMERGENCY RESPONSE COMMISSION	\$ 3,738	\$ 7,704
658	DPS-TRAFFIC SAFETY	4688	DPS - HIGHWAY SAFETY PLAN & ADMIN	\$ 22,529	\$ 47,783
751	B&I - TRANSPORTATION AUTHORITY	3922	B&I - NEVADA TRANSPORTATION AUTHORITY	\$ 70,370	\$ 156,186
810	DEPARTMENT OF MOTOR VEHICLES	4715	DMV - AUTOMATION	\$ 42,717	\$ 87,781
810	DEPARTMENT OF MOTOR VEHICLES	4716	DMV - SYSTEM MODERNIZATION	\$ 46,356	\$ 106,676
810	DEPARTMENT OF MOTOR VEHICLES	4717	DMV - MOTOR CARRIER DIVISION	\$ 22,905	\$ 47,233
810	DEPARTMENT OF MOTOR VEHICLES	4732	DMV - HEARINGS	\$ 30,342	\$ 61,599
810	DEPARTMENT OF MOTOR VEHICLES	4735	DMV - FIELD SERVICES	\$ 511,197	\$ 1,059,151
810	DEPARTMENT OF MOTOR VEHICLES	4740	DMV - COMPLIANCE ENFORCEMENT	\$ 112,516	\$ 231,186
810	DEPARTMENT OF MOTOR VEHICLES	4741	DMV - CENTRAL SERVICES	\$ 78,292	\$ 161,785
810	DEPARTMENT OF MOTOR VEHICLES	4742	DMV - DIVISION OF MANAGEMENT SERVICES & PROGRAMS	\$ 36,906	\$ 76,047
810	DEPARTMENT OF MOTOR VEHICLES	4744	DMV - DIRECTOR'S OFFICE	\$ 44,487	\$ 91,166
810	DEPARTMENT OF MOTOR VEHICLES	4745	DMV - ADMINISTRATIVE SERVICES DIVISION	\$ 72,544	\$ 149,986

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
2980	NSHE-University of Nevada, Reno	\$3,400,865	
2987	NSHE-University of Nevada, Las Vegas	\$4,565,294	
3011	NSHE-College of Southern Nevada	\$1,866,952	
3005	NSHE-Nevada State College	\$278,198	
3018	NSHE-Truckee Meadows Community College	\$296,183	
3002	NSHE-UNLV Dental School	\$274,657	
2988	NSHE-Intercollegiate Athletics-UNLV	\$31,257	
2992	NSHE-UNLV Law School	\$144,558	
3001	NSHE-Statewide Programs-UNLV	\$32,710	
3004	NSHE-Business Center North	\$21,845	
3014	NSHE-UNLV School of Medicine	\$266,550	
	Total	\$11,179,069	

NSHE Salary Adjustment Funds Request: FY 2018

Institution: University of Nevada, Reno
Budget Account: 2980

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	95,932,526	104,066,089	8,133,563
LOAs/GAS	13,074,222	12,792,817	(281,405)
Classified	22,349,429	21,899,025	(450,404)
Fringe	38,894,099	42,333,234	3,439,135
Wages/GA/LOA	2,251,381	2,264,434	13,053
Operating/Other	49,922,789	43,196,528	(6,726,261)
Total	222,424,446	226,552,127	4,127,681

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Jul 2017 - Mar 2018	Projected (through FYE)	Total
Professional		76,285,797	24,937,514	101,223,311.00
Classified		16,302,099	5,131,107	21,433,206.00
Fringe		30,874,207	11,972,773	42,846,980.46
Subtotal: Personnel Costs		123,462,103	42,041,394	165,503,497.46
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
New FTE (not in L01)	531,168	1,470,561	806,617	2,808,346.00
Excluded Positions (LOAs, Reclass)	87,587	262,760	131,380	481,727.00
Overtime	69,057	246,242	-	315,299.00
Terminal/Retirement Payouts	112,522	327,513	-	440,035.00
Other Add'l Payroll Adjust				-
Subtotal: Excluded Expenses	800,334	2,307,076	937,997	4,045,407.00
Total				161,458,090.46
L01 Approved Personnel Exp				157,176,054.00
Salary Adjustment Request				(4,282,036.46)

Requested Amount	3,400,865.00
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Institution: NSHE - UNIVERSITY OF NEVADA, LAS VEGAS
Budget Account: 2987

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	133,817,692.00	143,700,446.00	9,882,754.00
Classified	26,066,627.00	27,373,924.00	1,307,297.00
Fringe	50,378,582.00	53,570,491.00	3,191,909.00
Wages	1,503,308.00	1,408,073.00	(95,235.00)
Grad Assistants	11,623,105.00	12,761,051.00	1,137,946.00
LOA/Pooled	6,482,528.00	6,334,202.00	(148,326.00)
Operating/Other	54,146,904.00	44,451,017.00	(9,695,887.00)
Total	284,018,746.00	289,599,204.00	5,580,458.00

Phase 2: Demonstrate Financial Need
Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
Professional	48,189,247.58	72,351,693.16	34,695,866.45	155,236,807.19
Classified	7,048,512.99	15,459,562.79	6,331,550.18	28,839,625.96
Fringe	15,216,742.13	28,396,426.26	11,869,702.70	55,482,871.09
Subtotal: Personnel Costs	70,454,502.70	116,207,682.21	52,897,119.33	239,559,304.24
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
New FTE (not in L01)	704,653.45	1,940,346.88	790,456.38	3,435,456.71
Excluded Positions (LOAs, Reclass)	-	6,482,528.00	-	6,482,528.00
Overtime	306,855.92	12,525.24	-	319,381.16
Terminal/Retirement Payouts	1,182,218.10	654,477.63	-	1,836,695.73
Other Add'l Payroll Adjust	-	1,052,287.98	-	1,052,287.98
Fringe on Excluded Expenses	786,235.78	1,399,343.08	355,959.66	2,541,538.52
Subtotal: Excluded Expenses	2,979,963.25	11,541,508.81	1,146,416.04	15,667,888.10
Total				223,891,416.14
L01 Approved Personnel Exp				210,262,901.00
Salary Adjustment Request				(13,628,515.14)

Requested Amount	4,565,294.00
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NSHE Salary Adjustment Funds Request: FY 2018

Institution: College of Southern Nevada
Budget Account: 3011

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	55,403,240.00	57,548,902.00	2,145,662.00
Letters of Appointment	10,614,331.00	10,342,989.00	(271,342.00)
Classified	14,964,912.00	15,696,086.00	731,174.00
Fringe	24,974,507.00	25,585,661.00	611,154.00
LOA Fringe	330,075.00	317,527.00	(12,548.00)
Wages	1,656,747.00	1,627,643.00	(29,104.00)
Operating/Other	33,016,843.00	32,299,572.00	(717,271.00)
Total	140,960,655.00	143,418,380.00	2,457,725.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
Professional	20,678,566.00	30,110,943.00	18,413,993.00	69,203,502.00
Classified	3,901,568.00	7,813,169.00	3,863,770.00	15,578,507.00
Fringe	7,525,029.00	11,085,852.00	6,649,317.00	25,260,198.00
<i>Subtotal: Personnel Costs</i>	32,105,163.00	49,009,964.00	28,927,080.00	110,042,207.00
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
New FTE (not in L01)	166,299.00	307,707.00	116,530.00	590,536.00
Excluded Positions (LOAs, Reclaim)	1,301,657.00	6,006,247.00	4,188,503.00	11,496,407.00
Overtime	111,674.00	267,574.00	-	379,248.00
Terminal/Retirement Payouts	180,737.00	182,266.00	3,402.00	366,405.00
Other Add'l Payroll Adjust	-	-	-	-
<i>Subtotal: Excluded Expenses</i>	1,760,367.00	6,763,794.00	4,308,435.00	12,832,596.00
<i>Total</i>				97,209,611.00
L01 Approved Personnel Exp				95,342,659.00
<i>Salary Adjustment Request</i>				(1,866,952.00)

requested amount (1,866,952.00)

NSHE Salary Adjustment Funds Request: FY 2018

Institution: Nevada State College
Budget Account: 3005-NEVADA STATE COLLEGE

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	9,511,755.00	9,951,560.00	439,805.00
Professional LOAs	2,305,348.00	2,739,830.00	434,482.00
Classified	1,118,130.00	1,057,607.00	(60,523.00)
Fringe (Professional + Classified)	3,447,811.00	3,619,700.00	171,889.00
Fringe (Professional LOAs)	-	256,175.00	256,175.00
Wages	-	-	-
Operating/Other	7,666,661.00	6,833,678.00	(832,983.00)
Total	24,049,705.00	24,458,550.00	408,845.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
Professional	3,719,566.00	5,463,641.00	3,350,067.00	12,533,274.00
Classified	249,375.00	526,773.00	250,276.00	1,026,424.00
Fringe	1,018,352.00	1,565,874.00	923,777.00	3,508,003.00
Subtotal: Personnel Costs	4,987,293.00	7,556,288.00	4,524,120.00	17,067,701.00
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, Reclasse)	841,409.00	1,438,354.00	167,665.00	2,447,428.00
Overtime	-	664.00	-	664.00
Terminal/Retirement Payouts	24,836.00	19,037.00	-	43,873.00
Other Addtl Payroll Adjust	-	62,122.00	-	62,122.00
Subtotal: Excluded Expenses	866,245.00	1,520,177.00	167,665.00	2,554,087.00
Total				14,513,614.00
L01 Approved Personnel Exp				14,077,696.00
Salary Adjustment Request				(435,918.00)

requested amount	278,198.00
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NSHE Salary Adjustment Funds Request: FY 2018

Institution: Truckee Meadows Community College
Budget Account: 3018

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	19,029,199.00	19,742,910.00	713,711.00
LOA, TA	4,963,105.00	4,962,694.00	(411.00)
Classified	5,788,904.00	5,483,031.00	(305,873.00)
Fringe	9,197,809.00	9,190,020.00	(7,789.00)
Wages	554,254.00	784,427.00	230,173.00
Operating/Other	8,023,797.00	8,267,026.00	243,229.00
Total	47,557,068.00	48,430,108.00	873,040.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
Professional	6,919,988.31	8,489,781.67	5,008,631.33	20,418,401.31
Classified	1,457,541.07	2,949,454.17	1,375,700.67	5,782,695.91
Fringe	2,781,982.47	4,323,000.00	2,308,327.33	9,413,309.80
Subtotal: Personnel Costs	11,159,511.85	15,762,235.84	8,692,659.33	35,614,407.02
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, Reclass)	82,555.74	548,700.00	323,711.00	954,966.74
Overtime	18,020.95	-	-	18,020.95
Terminal/Retirement Payouts	45,982.31	-	-	45,982.31
Other Addtl Payroll Adjust	-	-	-	-
Subtotal: Excluded Expenses	146,559.00	548,700.00	323,711.00	1,018,970.00
Total				34,595,437.02
L01 Approved Personnel Exp				34,015,912.00
Salary Adjustment Request				(579,525.02)
requested amount				296,183.00

NSHE Salary Adjustment Funds Request: FY 2018

Institution:
Budget Account:

NSHE - UNLV DENTAL SCHOOL
3002

Phase 1: Eligibility Determination: If BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	8,830,538.00	9,062,014.00	231,476.00
Classified	3,375,782.00	3,454,151.00	78,369.00
Fringe	3,744,066.00	3,765,562.00	21,496.00
Wages	-	-	-
LOA/Poolled	-	20,000.00	20,000.00
Operating/Other	1,968,572.00	2,043,285.00	74,713.00
Total	17,918,958.00	18,345,012.00	426,054.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
Professional	2,743,934.28	4,275,424.55	2,248,181.42	9,267,540.25
Classified	1,100,156.02	2,270,986.91	957,265.47	4,328,408.40
Fringe	1,046,399.71	2,034,200.45	902,576.79	3,983,176.95
Subtotal: Personnel Costs	4,890,490.01	8,580,611.91	4,108,023.68	17,579,125.60
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, Reiclass)	-	-	-	-
Overtime	9,502.64	81.89	-	9,584.53
Terminal/Retirement Payouts	5,137.11	10,217.94	-	15,355.05
Other Add'l Payroll Adjust	-	-	-	-
Fringe on Excluded Expenses	7,040.88	15,126.75	5,425.99	27,593.62
Subtotal: Excluded Expenses	21,680.63	25,426.58	5,425.99	52,533.20
Total				17,526,592.40
L01 Approved Personnel Exp				15,950,386.00
Salary Adjustment Request				(1,576,206.40)

Requested Amount 274,657.00

Institution: NSHE - INTERCOLLEGIATE ATHLETICS - UNLV
 Budget Account: 2988

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	FY 2018 L01	Budgeted FY 2018 BOR Oper	Difference
Professional	1,094,377.00	1,141,827.00	47,450.00
Classified	43,024.00	42,351.00	(673.00)
Fringe	376,474.00	382,117.00	5,643.00
Wages	-	-	-
LOA/Pooled	-	-	-
Operating/Other	6,286,943.00	6,273,593.00	(13,350.00)
Total	7,800,818.00	7,839,888.00	39,070.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
Professional	436,557.13	612,464.44	230,520.66	1,279,542.23
Classified	11,023.77	24,599.70	11,076.48	46,699.95
Fringe	137,749.61	216,334.59	79,667.28	433,751.48
Subtotal: Personnel Costs	585,330.51	853,398.73	321,264.42	1,759,993.66
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, ReClass)	-	-	-	-
Overtime	-	-	-	-
Terminal/Retirement Payouts	-	-	-	-
Other Addtl Payroll Adjust	-	-	-	-
Fringe on Excluded Expenses	32.62	228.38	-	261.00
Subtotal: Excluded Expenses	32.62	228.38	-	261.00
Total				1,759,732.66
L01 Approved Personnel Exp				1,513,875.00
Salary Adjustment Request				(245,857.66)
Requested Amount				31,257.00

NSHE Salary Adjustment Funds Request: FY 2018

Institution:

NSHE - UNLV LAW SCHOOL

Budget Account:

2992

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	7,752,125.00	7,871,356.00	119,231.00
Classified	816,431.00	834,832.00	18,401.00
Fringe	2,352,821.00	2,369,475.00	16,654.00
Wages	157,400.00	157,400.00	-
LOA/Pool	-	45,971.00	45,971.00
Operating/Other	3,498,138.00	3,595,922.00	97,784.00
Total	14,576,915.00	14,874,956.00	298,041.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
Professional	2,614,730.42	4,239,065.77	2,069,076.30	8,922,872.49
Classified	203,722.19	483,748.27	232,653.21	920,123.67
Fringe	674,546.40	1,337,861.22	582,819.50	2,595,227.12
Subtotal: Personnel Costs	3,492,999.01	6,060,675.26	2,884,549.01	12,438,223.28
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, Reclass)	-	-	-	-
Overtime	3,740.55	-	-	3,740.55
Terminal/Retirement Payouts	2,995.97	1,727.13	-	4,723.10
Other Adm'l Payroll Adjust	-	5,519.02	-	5,519.02
Fringe on Excluded Expenses	2,483.26	4,995.51	1,276.55	8,755.32
Subtotal: Excluded Expenses	9,219.78	12,241.66	1,276.55	22,737.99
Total				12,415,485.30
L01 Approved Personnel Exp				10,921,377.00
Salary Adjustment Request				(1,494,108.30)
			Requested Amount	144,558.00

NSHE Salary Adjustment Funds Request: FY 2018

Institution: NSHE - STATEWIDE PROGRAMS - UNLV
Budget Account: 3001

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	1,113,714.00	1,195,949.00	82,235.00
Classified	49,047.00	50,509.00	1,462.00
Fringe	341,352.00	356,644.00	15,292.00
Wages	8,000.00	8,000.00	-
LOA/Pooled	-	6,000.00	6,000.00
Operating/Other	2,205,818.00	2,140,770.00	(65,048.00)
Total	3,717,931.00	3,757,872.00	39,941.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantagage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
Professional	422,028.84	573,562.08	302,630.28	1,298,221.20
Classified	12,566.28	27,358.91	12,627.18	52,552.37
Fringe	112,885.70	177,780.59	82,438.16	373,104.45
Subtotal: Personnel Costs	547,480.82	778,701.58	397,695.62	1,723,878.02
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, Reclass)	-	-	-	-
Overtime	-	-	-	-
Terminal/Retirement Payouts	-	-	-	-
Other Addtl Payroll Adjust	-	1,620.00	-	1,620.00
Fringe on Excluded Expenses	22.30	326.39	-	348.69
Subtotal: Excluded Expenses	22.30	1,946.39	-	1,968.69
Total				1,721,909.33
L01 Approved Personnel Exp				1,504,113.00
Salary Adjustment Request				(217,796.33)

Requested Amount 32,710.00

NSHE Salary Adjustment Funds Request: FY 2018

Institution: NSHE - BUSINESS CENTER SOUTH
Budget Account: 3004

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	FY 2018 L01	Budgeted FY 2018 BOR Oper	Difference
Professional	727,955.00	746,254.00	18,299.00
Classified	438,324.00	440,554.00	2,230.00
Fringe	431,578.00	439,750.00	8,172.00
Wages	2,393.00	2,393.00	-
LOA/Poolled	-	-	-
Operating/Other	251,373.00	262,734.00	11,361.00
Total	1,851,623.00	1,891,685.00	40,062.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantagage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
Professional	266,713.76	413,974.23	191,300.65	871,988.64
Classified	111,293.90	220,855.37	87,361.68	419,510.95
Fringe	122,538.90	224,028.47	95,902.19	442,469.56
Subtotal: Personnel Costs	500,546.56	858,858.07	374,564.52	1,733,969.15
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - Mar 2018	Projected (through FYE)	Total
New FTE (not in L01)	-	-	-	-
Excluded Positions (LOAs, Reclass)	-	-	-	-
Overtime	933.93	-	-	933.93
Terminal/Retirement Payouts	-	4,103.84	-	4,103.84
Other Addtl Payroll Adjust	-	9,270.51	-	9,270.51
Fringe on Excluded Expenses	268.26	2,654.56	147.72	3,070.54
Subtotal: Excluded Expenses	1,202.19	16,028.91	147.72	17,378.82
Total				1,716,590.34
L01 Approved Personnel Exp				1,597,857.00
Salary Adjustment Request				(118,733.34)

Request Amount	21,845.00
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NSHE Salary Adjustment Funds Request: FY 2018

Institution: NSHE - UNLV SCHOOL OF MEDICINE
Budget Account: 3014

Phase 1: Eligibility Determination: if BOR approved budget is less than L01 (by position type), then not eligible for Salary Adjustment Funds

	Budgeted		
	FY 2018 L01	FY 2018 BOR Oper	Difference
Professional	8,599,582.00	13,537,262.00	4,937,680.00
Classified	797,241.00	1,282,682.00	485,441.00
Fringe	2,485,924.00	3,882,314.00	1,396,390.00
Grad Assist			
Wages	41,250.00	41,250.00	-
LOA/Pool	-	839,452.00	839,452.00
Operating/Other	11,499,640.00	4,168,371.00	(7,331,269.00)
Total	23,423,637.00	23,751,331.00	327,694.00

Phase 2: Demonstrate Financial Need

Required documentation: reports generated in Advantage and Workday to substantiate reported expenditures and projections.

Personnel Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
	July - Sept 2017	Oct 2017 - xxx 2018	(through FYE)	
Professional	3,849,768.89	6,704,274.74	3,024,307.60	13,578,351.23
Classified	237,369.29	571,002.89	248,891.62	1,057,263.80
Fringe	873,650.79	1,796,237.02	773,455.38	3,443,343.19
Subtotal: Personnel Costs	4,960,788.97	9,071,514.65	4,046,654.60	18,078,958.22
Excluded Expenses	Actual July - Sept 2017	Actual Oct 2017 - xxx 2018	Projected (through FYE)	Total
	July - Sept 2017	Oct 2017 - xxx 2018	(through FYE)	
New FTE (not in L01)	966,015.64	2,036,731.53	679,161.14	3,681,908.31
Excluded Positions (LOAs, ReClass)	-	-	-	-
Overtime	14,155.96	227.05	-	14,383.01
Terminal/Retirement Payouts	53,651.31	119,846.79	-	173,498.10
Other Add'l Payroll Adjust	-	364,961.80	-	364,961.80
Fringe on Excluded Expenses	298,109.21	606,726.34	240,826.62	1,145,662.17
Subtotal: Excluded Expenses	1,331,932.12	3,128,493.51	919,987.76	5,380,413.39
Total				12,698,544.83
L01 Approved Personnel Exp				11,882,747.00
Salary Adjustment Request				(815,797.83)

Request Amount	266,550.00
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REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
4204	Tahoe Regional Planning Agency	\$18,216	
	Total	\$18,216	



Mail

PO Box 5310
Stateline, NV 89449-5310

Location

128 Market Street
Stateline, NV 89449

Contact

Phone: 775-588-4547
Fax: 775-588-4527
www.trpa.org

May 8, 2018

Nevada Board of Examiners
C/O Nevada Budget Office
209 East Musser Street, Room 200
Carson City, Nevada 89701-4298

Mr. James Wells

The Tahoe Regional Planning Agency (TRPA) requests the release of \$12,144 from AB 517 and \$6,072 from SB 368, for a total of \$18,216. The funds will be used for one-time salary bonuses to staff for the current fiscal year (2017/2018).

TRPA staff positions and salaries are not in the NEBS budgeting system. The NV Budget Division worked with TRPA to adjust TRPA's funding when the State approves general salary increases for state employees. The process for this is laid out in AB517/SB 368 (relevant extracts attached). The intent is to salary adjustments for TRPA employees on the same basis that Nevada State employees receive them.

AB 517/SB 368 condition the use of these funds for permanent salary increases on obtaining matching funds from California. Unfortunately, those bills passed at the end of the Legislative session, so we were unable to obtain matching funding from California for the current fiscal year. A budget request (Budget Change Request in California's budget system) was submitted for Fiscal Year 2018/2019 and is included in the California Governor's Recommended Budget.

The Nevada bills authorize the funds to be used for salary bonuses if California does not provide matching funds for permanent increases. TRPA has an existing incentive compensation program. All employees are eligible. Payouts are based on performance against Individual Action Plans (IAPs) established at the beginning of the fiscal year. Performance and accomplishments are reviewed and evaluated against the IAPs at the end of the fiscal year. Incentive payments are not guaranteed, and not all employees receive payments.

TRPA will use the requested funds to supplement existing budgets for incentive compensation payments. The combined budget will be slightly more than 4% of base pay.

Text of AB 517/SB 368 Relating to TRPA

AB 517

Sec. 13. 1. To effect the State of Nevada's share of the increases of salary of approximately 2 percent effective July 1, 2017, and 2 percent effective on July 1, 2018, for employees of the Tahoe Regional Planning Agency, there is hereby appropriated from the State General Fund to the State Board of Examiners the sum of not more than \$12,144 for the fiscal year beginning on July 1, 2017, and ending on June 30, 2018, and the sum of not more than \$24,530 for the fiscal year beginning on July 1, 2018, and ending on June 30, 2019. The amounts transferred must not be used to increase an employee's base salary unless the State of California provides the required 2 for 1 matching funds. If such matching funds are not provided by the State of California, any amounts provided to the Tahoe Regional Planning Agency by the State of Nevada must be used as a one-time salary bonus.

2. The State Board of Examiners, upon the recommendation of the Director of the Office of Finance in the Office of the Governor, may allocate and disburse to the Tahoe Regional Planning Agency out of the money appropriated by this section such sums of money as may from time to time be required, which when added to the money otherwise appropriated or available equal the amount of money required to meet and pay the State of Nevada's share of the salaries of the employees of the Tahoe Regional Planning Agency under the adjusted pay plan. The sums appropriated by this section may not be allocated and disbursed to address a deficiency between the appropriated money as fixed by the 79th Session of the Nevada Legislature and the requirements for salaries resulting from any circumstance other than an increase in salaries described in this section.

SB 368

Sec. 9. 1. To effect the State of Nevada's share of the increases of salary of approximately an additional 1 percent effective July 1, 2017, and an additional 1 percent effective on July 1, 2018, for employees of the Tahoe Regional Planning Agency, there is hereby appropriated from the State General Fund to the State Board of Examiners the sum of not more than \$6,072 for the fiscal year beginning on July 1, 2017, and ending on June 30, 2018, and the sum of not more than \$12,265 for the fiscal year beginning on July 1, 2018, and ending on June 30, 2019. The amounts transferred must not be used to increase an employee's base salary unless the State of California provides the required 2 for 1 matching funds. If such matching funds are not provided by the State of California, any amounts provided to the Tahoe Regional Planning Agency by the State of Nevada must be used as a one-time salary bonus.

2. The State Board of Examiners, upon the recommendation of the Director of the Office of Finance in the Office of the Governor, may allocate and disburse to the Tahoe Regional Planning Agency out of the money appropriated by this section such sums of money as may from time to time be required, which when added to the money otherwise appropriated or available equal the amount of money required to meet and pay the State of Nevada's share of the salaries of the employees of the Tahoe Regional Planning Agency under the adjusted pay plan. The sums appropriated by this section may not be allocated and disbursed to address a deficiency between the appropriated money as fixed by the 79th Session of the Nevada Legislature and the requirements for salaries resulting from any circumstance other than an increase in salaries described in this section.

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
2601	Tourism – Stewart Indian School Living Legacy	\$3,041	
	Total	\$3,041	

BRIAN SANDOVAL
MARK HUTCHISON
DAVID PETERSON

Governor
Lieutenant Governor
Interim Director



NEVADA TOURISM & CULTURAL AFFAIRS

May, 4th 2018

Memorandum

To: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

From: Jared Franco, Management Analyst
Division of Tourism

Through: Angie Mathiesen, Office and Finance Manager
Division of Tourism

Cc: David Peterson, Interim Director
Department of Tourism and Cultural Affairs

Subject: Fiscal Year 2018 General Fund Salary Adjustment (GFSA) Request for
the Nevada Indian Commission for the June Board of Examiners meeting

Per Assembly Bill 517, Section 3 and Senate Bill 368 Section 1 the Nevada Indian Commission is requesting the use of the FY2018 GFSA available amount for the Nevada Indian Commission budget account (BA 2601) to assist in offsetting a Category 01 shortfall of \$4,008.00.

Remaining funds needed are being requested from the Category 02, Out-Of-State Travel surplus, \$579.00, Category 04, Operating, \$104.00 and Category 26 Information Services, \$284.00.

Curator 2 Position:

Grade/Step	Hourly	FY18	Work Days	Monthly		
				Accelerated Rate	L01	L01 + 3% COLA
33-2	21.53	Jul-17	21	4,064	3,617	3,726
33-3	22.48	Aug-17	23	4,451	3,962	4,080
33-2 COLA	22.18	Sep-17	21	4,064	3,617	3,726
33-3 COLA	23.15	Oct-17	22	4,446	3,956	4,074
33-4 COLA	24.19	Nov-17	22	4,446	3,956	4,074
33-5 COLA	25.26	Dec-17	21	4,244	3,777	3,889
		Jan-18	23	4,648	4,136	4,260
		Feb-18	20	4,042	3,597	3,704
		Mar-18	22	4,446	3,956	4,074
		Apr-18	21	4,244	3,777	3,889
		May-18	23	4,648	4,136	4,260
		Jun-18	22	4,446	3,956	4,074
				52,186	46,444	47,831
				5,742	Total Amount Needed	
				(1,386)	GFSA portion	
				4,356	Amount from Appropriation	

1,386 GFSA

Museum Director Position:

Grade/Step	Hourly	FY18	Work Days	Monthly		
				L01	L01 + 3% COLA	
37-2	25.59	Jul-17	21	4,299	4,428	
37-3	26.74	Aug-17	23	4,709	4,850	
37-2 COLA	26.36	Sep-17	21	4,299	4,428	
37-3 COLA	27.54	Oct-17	22	4,706	4,847	
		Nov-17	22	4,706	4,847	
		Dec-17	21	4,492	4,627	
		Jan-18	23	4,920	5,067	
		Feb-18	20	4,278	4,406	
		Mar-18	22	4,706	4,847	
		Apr-18	21	4,492	4,627	
		May-18	23	4,920	5,067	
		Jun-18	22	4,706	4,847	
				55,235	56,890	
				1,655	Total Amount Needed	
				(1,655)	GFSA portion	
				-	Amount from Appropriation	

1,655 GFSA

From Cat 01 Payroll Projections spreadsheet:

4,008 Cat 01 Shortfall

(1,655) GFSA portion - Museum Director

(1,386) GFSA portion - Curator 2

967 Amount from GF Appropriation

(579) Cat 02 Savings

(104) Cat 04 Savings

(284) Cat 26 Information Services Savings

0

BRIAN SANDOVAL
MARK HUTCHISON
DAVID PETERSON

Governor
Lieutenant Governor
Interim Director



NEVADA TOURISM & CULTURAL AFFAIRS

GFSA	Transfer from Other Categories within B/A 2601	Total
\$3,041.00	\$967.00	\$4,008.00

Please find the General Fund Salary Adjustment Form Showing the available amount, salary projections, budget projections, and position fund map attached to this memo.

**General Fund Salary Adjustment
Fiscal Years 2018 and 2019**

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
010	GOVERNOR'S OFFICE	1000	OFFICE OF THE GOVERNOR	\$ 42,819	\$ 86,342
010	GOVERNOR'S OFFICE	1001	GOVERNOR'S MANSION MAINTENANCE	\$ 3,821	\$ 7,695
012	NUCLEAR PROJECTS OFFICE	1005	GOVERNOR'S OFFICE HIGH LEVEL NUCLEAR WASTE	\$ 12,785	\$ 25,809
014	OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	1003	OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	\$ 10,244	\$ 20,651
015	GOVERNOR'S FINANCE OFFICE	1340	GOVERNOR'S OFC OF FINANCE - BUDGET DIVISION	\$ 64,223	\$ 130,529
015	GOVERNOR'S FINANCE OFFICE	1342	GOVERNOR'S OFC OF FINANCE- DIV OF INTERNAL AUDITS	\$ 37,673	\$ 77,066
017	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION	2995	W.I.C.H.E. ADMINISTRATION	\$ 4,515	\$ 9,101
018	OFFICE OF WORKFORCE INNOVATION	1004	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	\$ 10,254	\$ 21,724
018	OFFICE OF WORKFORCE INNOVATION	3270	NEVADA P20 WORKFORCE REPORTING	\$ 2,457	\$ 4,929
020	LEUTENANT GOVERNOR'S OFFICE	1020	LEUTENANT GOVERNOR	\$ 9,482	\$ 19,140
030	ATTORNEY GENERAL'S OFFICE	1002	AG - EXTRADITION COORDINATOR	\$ 3,839	\$ 7,844
030	ATTORNEY GENERAL'S OFFICE	1030	AG - ADMINISTRATIVE BUDGET ACCOUNT	\$ 59,047	\$ 119,900
030	ATTORNEY GENERAL'S OFFICE	1036	AG - CRIME PREVENTION	\$ 9,560	\$ 19,575
030	ATTORNEY GENERAL'S OFFICE	1038	AG - CONSUMER ADVOCATE	\$ 14,814	\$ 29,960
040	SECRETARY OF STATE'S OFFICE	1050	SOS - SECRETARY OF STATE	\$ 275,910	\$ 565,452
040	SECRETARY OF STATE'S OFFICE	1051	SOS - HAVA ELECTIONS	\$ 5,139	\$ 10,447
060	CONTROLLER'S OFFICE	1130	CONTROLLER - CONTROLLER'S OFFICE	\$ 96,366	\$ 198,315
082	ADMIN - STATE PUBLIC WORKS DIVISION	1560	ADMINISTRATION - SPWD - FACILITY COND & ANALYSIS	\$ 6,624	\$ 13,566
087	ADMIN - DIRECTOR'S OFFICE	1337	ADMINISTRATION - DIRECTOR'S OFFICE	\$ 1,640	\$ 4,717
088	ADMIN - GRANTS OFFICE	1341	ADMINISTRATION - OFFICE OF GRANT PROCUREMENT COORD	\$ 11,042	\$ 23,021
090	JUDICIAL BRANCH	1484	JUDICIAL PROGRAMS AND SERVICES DIVISION	\$ 20,640	\$ 42,884
090	JUDICIAL BRANCH	1489	COURT OF APPEALS	\$ 56,270	\$ 113,486
090	JUDICIAL BRANCH	1494	SUPREME COURT	\$ 221,145	\$ 449,360
090	JUDICIAL BRANCH	2889	LAW LIBRARY	\$ 13,373	\$ 27,491
101	DTCA - DIVISION OF TOURISM	2600	TOURISM - INDIAN COMMISSION	\$ 4,210	\$ 8,674
101	DTCA - DIVISION OF TOURISM	2601	TOURISM - STEWART INDIAN SCHOOL LIVING LEGACY	\$ 3,575	\$ 7,511
102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	1526	GOED - GOVERNOR'S OFFICE OF ECONOMIC DEV	\$ 76,561	\$ 154,496
102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	1528	GOED - RURAL COMMUNITY DEVELOPMENT	\$ 3,805	\$ 7,669
102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	4867	GOED - PROCUREMENT OUTREACH PROGRAM	\$ 2,581	\$ 5,196
130	DEPARTMENT OF TAXATION	2361	DEPARTMENT OF TAXATION	\$ 694,440	\$ 1,438,314
150	COMMISSION ON ETHICS	1943	ETHICS - COMMISSION ON ETHICS	\$ 4,850	\$ 9,782
240	DEPARTMENT OF VETERANS SERVICES	2560	NDVS - OFFICE OF VETERANS SERVICES	\$ 37,990	\$ 79,727
240	DEPARTMENT OF VETERANS SERVICES	2569	NDVS - NORTHERN NEVADA VETERANS HOME ACCOUNT	\$ 5,108	\$ 13,287
300	NDE - DEPARTMENT OF EDUCATION	2612	NDE - EDUCATOR EFFECTIVENESS	\$ 8,215	\$ 17,028
300	NDE - DEPARTMENT OF EDUCATION	2672	NDE - ACCOUNT FOR ALTERNATIVE SCHOOLS	\$ 2,328	\$ 4,894
300	NDE - DEPARTMENT OF EDUCATION	2673	NDE - OFFICE OF THE SUPERINTENDENT	\$ 31,413	\$ 64,205
300	NDE - DEPARTMENT OF EDUCATION	2675	NDE - STANDARDS AND INSTRUCTIONAL SUPPORT	\$ 22,334	\$ 45,405
300	NDE - DEPARTMENT OF EDUCATION	2676	NDE - CAREER AND TECHNICAL EDUCATION	\$ 12,727	\$ 26,097
300	NDE - DEPARTMENT OF EDUCATION	2680	NDE - CONTINUING EDUCATION	\$ 9,650	\$ 19,818

Brian Sandoval
Governor

James R. Wells, CPA
Director

Paul Nicks
Deputy Director



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

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

Date: May 17, 2018

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

From: Colleen Murphy, Executive Branch Budget Officer
Budget Division

*Colleen P.
for*

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
DIVISION OF ENTERPRISE INFORMATION TECHNOLOGY SERVICES**

Agenda Item Write-up:

The Department of Administration, Division of Enterprise Information Technology Services, seeks approval for the fifth amendment to the existing master lease agreement with International Business Machines. This amendment extends the termination date from November 30, 2021 to May 31, 2022 and increases the maximum amount from \$10,425,914.54 to \$11,717,676.30 due to the purchase/lease of hardware and hardware maintenance and services for the mainframe server.

Additional Information:

This service controls web traffic and ensures that security and maintenance requirements are met. The state runs the risk of not being able to provide adequate or secure state mainframe infrastructure without these services.

Statutory Authority:

Relates to CETS contract #18409 (A5).

REVIEWED: SP

ACTION ITEM: _____

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: **18409**Amendment Number: **5**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Legal Entity Name: **INTERNATIONAL BUSINESSS MCHNS**Agency Code: **180**Contractor Name: **INTERNATIONAL BUSINESSS MCHNS**Appropriation Unit: **1385-26**Address: **CORP DBA IBM CORPORATION**Is budget authority available?: **Yes**City/State/Zip: **ATLANTA, GA 30353-4151**

If "No" please explain: Not Applicable

Contact/Phone: **Jelita Holmesly 714/270-3437**Vendor No.: **PUR0000395E**NV Business ID: **NV2031004664**To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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 % User
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **2338051**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **5 years and 106 days**4. Type of contract: **Lease/Purchase Agreement**Contract description: **Mainframe Storage**

5. Purpose of contract:

This is the fifth amendment to the master lease agreement that provides IBM Mainframe Storage Equipment required to upgrade/replace existing storage that cannot perform parallel access volumes or encryption of data at rest. This amendment extends the termination date from November 30, 2021 to May 31, 2022 and increases the maximum amount from \$10,259,963.18 to \$11,717,676.30 due to the purchase/lease of hardware and hardware maintenance and services for the mainframe server.

6. CONTRACT AMENDMENT **10,425,914.54**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$91,035.77	\$91,035.77	\$91,035.77	Yes - Action
a. Amendment 1:	-\$973.17	-\$973.17	-\$973.17	No
b. Amendment 2:	\$934,904.58	\$933,931.41	\$933,931.41	Yes - Action
c. Amendment 3:	\$9,234,996.00	\$9,234,996.00	\$9,234,996.00	Yes - Action
d. Amendment 4:	\$165,951.36	\$165,951.36	\$165,951.36	Yes - Action
2. Amount of current amendment (#5):	\$1,291,761.76	\$1,291,761.76	\$1,291,761.76	Yes - Action
3. New maximum contract amount:	\$11,717,676.30			

and/or the termination date of
the original contract has
changed to:

05/31/2022

II. JUSTIFICATION

7. What conditions require that this work be done?

Obtaining new and replacement IBM Mainframe product hardware directly from IBM is required for successful functionality with the existing hardware & software, as the current hardware will become defunct and unsupported. Acquiring hardware from a different provider can result in extensive delays, a mismatched hardware operating system, and ultimately place the entire Mainframe infrastructure at risk for an enterprise-wide cataclysmic failure if the upgrade of hardware is not accurately configured and completed before reaching its end-of-life.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 170102

Approval Date: 01/25/2017

c. Why was this contractor chosen in preference to other?

WSCA contract terms have been competitively bid and the operating lease terms are better than the contract WSCA prices, the competitive bid is not necessary.

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:

2013 to current, DOA - Enterprise IT Services, satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	Pending	
Division Approval	Pending	
Department Approval	Pending	
Contract Manager 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 Haug
Administrator

Purchasing Use Only:

Approval#: 170704

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>EITS</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Kathleen McLaughlin, Mainframe Systems ITM</i>	<i>(775) 684-4325</i>	<i>kfmclauc@admin.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Sirius Computer Solutions</i>
	Contact Name:	<i>John Stransky</i>
	Address:	<i>10100 Reunion Place, Ste 500, San Antonio, TX 78216</i>
	Telephone Number:	<i>(702) 612-3684</i>
1b	Email Address:	<i>john.stransky@siriuscom.com</i>
	Vendor Information:	
	Identify Vendor:	<i>IBM Global Financing</i>
	Contact Name:	<i>Jellia Holmesly / John Belanger</i>
	Address:	<i>Lockbox 534151, Atlanta, GA 30353</i>
1b	Telephone Number:	<i>(714) 270-3437 / (714) 815-8049</i>
	Email Address:	<i>jellia@us.ibm.com / jrbelanger@us.ibm.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

1d	Contract Information:			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
	Amendment:	#		
	CETS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>08/01/2017</i>	End Date: <i>07/31/2021</i>

1f	Funding:	
	State Appropriated:	<i>Internal service funds</i>
	Federal Funds:	

Grant Funds:	
Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase: \$19.5 mill (over 4 years)	
	<i>AIX Hardware including maintenance/support</i>	<i>\$1.1 million</i>
	<i>Mainframe Hardware including maintenance/support</i>	<i>\$3 million</i>
	<i>Software (including ELA of \$9 million)</i>	<i>\$15 million</i>
	<i>Services implementation/enhancements</i>	<i>\$350,000</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:	
	<i>Purchasing upgrade and/or replacement hardware for the North and South Mainframe enterprise CPU, direct access storage, and virtual tape libraries. Procuring associated installation services required for successfully completing Mainframe hardware upgrades and refreshes. Obtaining new and replacement IBM Mainframe product software licenses.</i>	

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:	
	<i>The IBM business model requires customers go through their business partners to purchase their hardware because they do not sell hardware directly to customers. Sirius is a value added reseller whom EITS has a long history collaborating with to provide the State of Nevada hardware equipment refreshes at pricing levels lower than the State Government standard pricing. They have historically and continue provide the EITS datacenter with exceptional customer service. Their technical staff is composed of highly skilled industry experts, who expeditiously respond. When EITS needs assistance resolving problems or requests technical assistance with the EITS Mainframe hardware and software enterprise they are our number one support vehicle.</i>	
	<i>The EITS North and South Mainframe enterprise is composed of a highly complex and intricate IBM hardware configuration. To successfully function, the EITS Mainframe hardware configuration must have its internal software and the EITS specific enterprise configurations correctly co-defined at time of hardware installation. Sirius has worked diligently to comprehensively understand EITS' configuration and learn EITS' operation flow.</i> <i>The Mainframe platform's core operating system is IBM's z/OS which can only be purchased either directly from IBM or through an IBM business partner.</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>When service providers provide a proposal for hardware costs the pricing is based with the consideration they will be completing the entire project including performing the necessary services detailed in their submitted Scope of Work. To educate an outside vendor on the intricacies of EITS' Mainframe hardware enterprise would be exhaustive and counterproductive to business and result in an increase of the overall project cost.</i> <i>The operating system for Mainframe technology can only be purchased directly from IBM or from an</i>	

	IBM business partner. Supplemental operating system software products which enhance mainframe functionality are sold by other vendors, yet their pricing is oftentimes greater than IBM's.
--	---

	Were alternative services or commodities evaluated? Check One.	Yes:	X	No:	X
	a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.				
5	<i>EITS periodically reevaluates its Mainframe supplemental software seeking the lowest priced equitable products available; however, non-IBM Mainframe products are frequently priced higher than IBM's.</i>				
	b. <u>If not</u>, why were alternatives not evaluated?				
	<i>Over the past six plus years, EITS has built a complex Mainframe enterprise, and Sirius has a comprehensive knowledge of the required hardware purchases specific to upgrading EITS' hardware to keep the enterprise supported and current.</i>				

	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes:		No:	X
	a. <u>If yes</u>, 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:						
6	Term Start and End Dates	Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
		\$					
		\$					
		\$					
		\$					
		\$					

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<i>Not using a vendor who comprehensively understands the complexities of the EITS Mainframe enterprise can result in extensive delays, as the other vendor would require being meticulously educated on our hardware configuration. Using a different vendor puts EITS at risk of getting an improperly and/or incompatible hardware solution and a mismatched software operating system. Hardware and software installation delays can potentially place the entire Mainframe infrastructure at risk for an enterprise-wide cataclysmic failure if the upgrade is not accurately configured and completed before reaching its end-of-life.</i>

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p>
	<p><i>Going outside of the IBM Mainframe hardware and/or software solution would require an entire conversion and replacement of existing Mainframe related CPUs, disk arrays, and virtual tape subsystems. When service providers provide a proposal for hardware costs the pricing is based with the consideration they will be completing the entire project including performing the necessary services detailed in their submitted Scope of Work. Sirlus continues to negotiate pricing to a level that is lower than the State Government standard pricing. Allowing another vendor to complete the Statement of Work services for hardware installations, will most likely result in an overall increase to the project cost.</i></p>

9	<p>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></p>		Yes: <input type="checkbox"/>	<input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	<p>a. If yes, please provide details regarding future obligations or needs.</p>					
	<p><i>The State will be obligated to purchase future upgrade equipment and operating system software from IBM to replace existing equipment and products, as support will eventually expire. Additionally, the directive for acquiring this type of hardware equipment has been to process via an operating lease.</i></p>					

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Agency Representative Initiating Request

Print Name of Agency Representative Initiating Request

Date


Signature of Agency Head Authorizing Request


Print Name of Agency Head Authorizing Request


Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

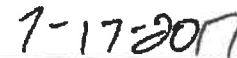
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


Administrator, Purchasing Division or Designee


Date

ADAM PAUL LAXALT
Attorney General



J. BRIN GIBSON
First Assistant 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

May 11, 2018

Sent via Inter-Office Mail

David Haws, Chief Information Officer
Division of Enterprise Information Technology Services
Department of Administration
100 N. Stewart Street, Suite 100
Carson City, NV 89701

**Re: Master Lease Agreement (067808063G) between
IBM Credit, LLC and State of Nevada, Division of Enter-
prise Information Technology Services and
Lease/Purchase Supplement 049740**

Dear Mr. Haws:

In connection with the Master Lease Agreement No. 067808063G between State of Nevada, Division of Enterprise Information Technology Services, Department of Administration, as Lessee, and IBM Credit LLC as Lessor, as amended, together with Lease/Purchase Supplement No. 049740 (the "Agreement"), I have examined the law and such other papers necessary to render the following opinion:

1. Lessee is a Division of the Department of Administration of the State of Nevada, as described under Chapter 242 of the Nevada Revised Statutes, and is a state or political subdivision of a State within the meaning of Section 103 of the Internal Revenue Code of 1986.
2. Lessee has all requisite power and authority to enter into the Agreement and to perform its obligations thereunder.

3. The authorization and approval of the Agreement, the execution thereof, and the transactions contemplated thereby have been conducted in accordance with all applicable laws.
4. The Agreement has been duly executed and delivered by Lessee and when the signature page relative to this Supplement and Addendum has been fully executed, it will constitute a legal, valid, and binding obligation of Lessee, enforceable against Lessee in accordance with the terms thereof, except insofar as the enforcement thereof may be limited by (i) any applicable bankruptcy, insolvency, moratorium, reorganization or other laws of equitable principles of general application, (ii) laws or rules applicable the State, municipalities, or political subdivisions such as the Lessee, affecting remedies or creditors' rights generally, including, but not limited to, limits resulting from sovereign immunity, and (iii) the exercise of judicial discretion in appropriate cases.
5. As of the date hereof, based on such inquiry and investigation as we have deemed sufficient, no litigation is pending, (or, to our actual knowledge, threatened) against Lessee in any court (a) seeking to restrain or enjoin the delivery of the Agreement; (b) questioning the authority of Lessee to execute the Agreement, or the validity of the Agreement, or the payment of principal of or interest on the Agreement; (c) questioning the constitutionality of any statute, or the validity of any proceedings, authorizing the execution of the Agreement; or (d) affecting the provisions made for the payment of or security of the Agreement.

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...

...

David Haws
Page 2
May 11, 2018

This Office expresses no opinion with respect to the laws of any jurisdiction other than the internal laws of the State of Nevada. Our opinion is based upon such laws as are in effect on the date of this opinion letter, and we expressly disclaim any undertaking to advise you of any subsequent changes in law.

Respectfully Yours,

By: 
Jeffrey D. Menicucci
Senior Deputy Attorney General
Ph.: (775) 684-1214
Email: jmenicucci@ag.nv.gov

JDM/aej

cc: Jeffrey Haag, Administrator, Division of Purchasing
IBM Credit, LLC

AMENDMENT No. 5 to MASTER LEASE AGREEMENT BETWEEN THE STATE OF NEVADA and IBM CREDIT LLC

1. **AMENDMENTS.** For and inconsideration of mutual promises and other valuable consideration, the original Master Lease Agreement No. 067808063G (as previously amended), with an effective date as of March 2017, attached hereto as Exhibit A, is amended by adding the following documents:

Exhibit 1, consisting of IBM Credit LLC Lease/Purchase Supplement No. 049740, together with IBM Credit LLC Certificate of Acceptance No. 049740001, IBM Credit LLC Lessee's Certificate and IBM Credit LLC Lease Payment Schedule, for prepaid maintenance and rollover finance HDW charge, as described therein; and

Exhibit 2, consisting of IBM Credit LLC Lease/Purchase Supplement No. 049741, together with IBM Credit LLC Certificate of Acceptance No. 049741001, IBM Credit LLC Lessee's Certificate and IBM Credit LLC Lease Payment Schedule, for IBM prepaid maintenance, as described therein; and

Exhibit 3, consisting of IBM Credit LLC Master Lease Agreement Schedule No. 049698, together with IBM Credit LLC Certificate of Acceptance No. 049698001, for one 3907 ZR1 Z14 Business Class Zeus – MO, as described therein; and

Exhibit 4, consisting of IBM Credit LLC Master Lease Agreement Schedule No. 049698, together with IBM Credit LLC Certificate of Acceptance No. 049699001, for one 3907 ZR1 Z14 Business Class Zeus – MO, as described therein; and

2. **INCORPORATED DOCUMENTS.** The original Master Lease Agreement No. 067808063G, as previously amended, shall remain in full force and effect except as amended by Exhibits 1 through 4 referenced above, for the products and services that are the subjects of those Exhibits.
3. **REQUIRED APPROVAL.** This amendment to the original Master Lease Agreement shall not become effective until and unless approved by the Nevada State Board of Examiners.

Lease/Purchase Master Agreement No.: 067808063G

Lessee Name and Address:
 STATE OF NEVADA
 4495 E SAHARA AVE
 INFO SYS DIV
 LAS VEGAS NV 89104-6333

Lessor Name and Address:
 IBM Credit LLC
 7100 Highlands Parkway
 Smyrna, GA 30082
 igfnadoc@us.ibm.com

This Supplement to the above referenced Lease/Purchase Master Agreement ("Agreement") is executed between STATE OF NEVADA ("Lessee") and IBM Credit LLC ("Lessor").

Payment Period means the period for which a Payment is due and payable (e.g., Month, Quarter). Payment Period is: Quarterly

Quote Validity Date is the date by which the executed Supplement must be returned to Lessor. Quote Validity Date is: June 1, 2018

Supplier: SIRIUS COMPUTER SOLUTIONS INC

TAX-EXEMPT FINANCING TRANSACTION(S)						
Ref No.	Qty.	Property Description	Original Term (months)	Amount Financed (\$)	Interest Rate (%)	Planned Commencement Month
1	1	9MT3 IBM IBM PREPAID MAINTENANCE	48	36,684.00	3.81	June 2018
2	1	9OT9 RLH ROLLOVER/REFINANCE HDW CHG	48	15,680.00	3.72	June 2018
TOTALS				54,364.00		

SPECIAL TERMS AND CONDITIONS:

The following shall apply to this entire transaction.

- For equipment, software and services not supplied by IBM, Lessor may pay fees to the supplier and/or other third-party firms for administrative services provided in connection with the transaction contemplated under this Agreement. Details are available upon request.

ADDITIONAL TERMS AND CONDITIONS:

"Planned Commencement Month" means for the Financing Transaction to commence, the acceptance date on the Certificate of Acceptance must be prior to the end of the month of "Planned Commencement Month" indicated above unless otherwise approved by Lessor.

The Lease Payment Schedule for this Supplement sets forth the scheduled Lease Payments under this Supplement. The Commencement Date for this Supplement is set forth in the Lease Payment Schedule.

With respect to Financed Items consisting of prepaid maintenance, Lessee accepts the terms of the prepaid maintenance and agrees to look solely to the maintenance provider for provision of such maintenance in accordance with the terms of the contracts with the maintenance provider for said maintenance. Acceptance for purposes of a Supplement shall be the date of acceptance by Lessee in the Certificate of Acceptance.

Lessee agrees that it will timely complete, execute and file the Internal Revenue Service Form 8038-G or Form 8038-GC with the appropriate office of the Internal Revenue Service. Property contained in a Transaction is either Tax-Exempt, whereas the Property qualifies for tax-exempt interest treatment under the Code, or Taxable, whereas the Property does not qualify for tax exempt interest treatment under the Code. The interest rates applicable to this Supplement that provide for Tax-Exempt Lease/Purchase are based on many factors including Lessee's underlying obligation qualifying to pay interest that is treated as exempt by the Internal Revenue Service (IRS) from federal income tax under Section 103(a) of the Internal Revenue Code (Code), as well as many proprietary factors including pricing assumptions made by Lessor as to whether Lessor anticipates being able to recognize any benefits of this tax exemption. Lessee shall pay Lessor, on demand, a sum to be determined by Lessor, that will return to Lessor the economic results Lessor would otherwise have received if: (i) Lessee does not file the above IRS form on a timely basis; or (ii) IRS rules Lessee does not qualify under Section 103(a) of the Code.

The interest rates applicable to a Supplement may reflect fees or other consideration Lessor receives from Lessee's Suppliers that is passed on to Lessee in the form of lower rates.

For a Taxable Financing Transactions, the following provisions of the Lease/Purchase Master Agreement shall not be applicable: (i) Part 3, paragraph (f), (ii) Section entitled Arbitrage Certifications.

IBM Credit LLC **Lease/Purchase Supplement**

Lessor reserves the right to reject any invoice that is: (i) not for information technology Equipment or related software or services, or (ii) dated more than 90 days prior to the date Lessor receives authorization from Lessee to finance.

Capitalized terms set forth in this Supplement or in the attachments, but not defined herein or therein, shall have the meaning set forth in the Lease/Purchase Master Agreement. The complete terms and conditions of the Lease/Purchase Master Agreement are incorporated by reference.

Section entitled "Waiver of Jury Trials" under this Agreement is deleted in its entirety.

In addition to a Supplement, and as a requirement to entering into of Lease/Purchase Supplement, Lessee shall provide in completed and executed form, acceptable to Lessor, the additional documents attached to this Supplement that may include:

(a) Payment Schedule for a Supplement, (b) Opinion of Counsel to the Lessee, (c) Lessee's Certificate, (d) Certificate of Acceptance, (e) State Addendum, if applicable and attached, (f) for Tax-Exempt Financed Items (i) Form 8038-G or 8038-GC (to be filed with Internal Revenue Service by Lessee), (ii) Prepaid Maintenance Certification of Maintenance Provider and (iii) Prepaid Maintenance Certification of Maintenance Vendor.

The Agreement referenced above shall be incorporated herein by reference. Lessee hereunder shall be bound to the terms and conditions of the Agreement as Lessee. The Agreement, this Supplement and any applicable attachments or addenda are the complete, exclusive statement of the parties with respect to the subject matter herein. These documents supersede any prior oral or written communications between the parties. By signing below, Lessee represents and warrants that Lessee's name as set forth in the signature block below is Lessee's exact legal name and the information identifying Lessee's state of organization is true, accurate and complete in all respects. By signing below, both parties agree to the terms represented by this Agreement as it may be amended or modified. Delivery of an executed copy of any of these documents by facsimile or other reliable means shall be deemed to be as effective for all purposes as delivery of a manually executed copy. Lessee acknowledges that we may maintain a copy of these documents in electronic form and agrees that copy reproduced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original.

Agreed to:

STATE OF NEVADA

By: 

Authorized signature

Name (type or print): Tom Wolf

Title (type or print): Chief IT Manager of Computing

Date: 5/4/18

Agreed to:

STATE OF NEVADA

By: 

Authorized signature

Name (type or print): Jeff Glaser

Title (type or print): Administrator

Date: 5-11-2018

Agreed to:

STATE OF NEVADA

By: 

Authorized signature

Name (type or print): David Haws

Title (type or print): IT Administrator

Date: 5/8/18

Agreed to:

IBM CREDIT LLC

By: 

Authorized signature

Name (type or print): Doug Hobbs

Title (type or print): Financial Channel Exec

Date: 5-7-18

Lessee's State of Organization: NV

Agreed to:

STATE OF NEVADA

By: _____

Authorized signature

Name (type or print): _____

Title (type or print): _____

Date: _____

Approved as to form:

STATE OF NEVADA

By: 
Authorized signature

Name (type or print): Jeffrey D. Mendenecci

Title (type or print): Sr. Deputy Attorney General

Date: 21 May 18

IBM Credit LLC
Certificate of Acceptance**Lessee/Borrower Name ("Client") and Address:**STATE OF NEVADA
4495 E SAHARA AVE
INFO SYS DIV
LAS VEGAS NV 89104-6333**Lessor Name and Address:**IBM Credit LLC
7100 Highlands Parkway
Smyrna, GA 30082
igfnadoc@us.ibm.com

The Client certifies and agrees that the information contained in the following table(s) is correct and relates to item(s) leased or financed under the terms and conditions of the above referenced Schedule/Agreement with IBM Credit LLC.

Client Reference:

Payment Period: Quarterly

Payment Type: Advance

TAX-EXEMPT FINANCING TRANSACTION(S)		
Qty.	Property Description	Original Term (months)
1	9MT3 IBM IBM PREPAID MAINTENANCE	48
1	9OT9 RLH ROLLOVER/REFINANCE HDW CHG	48

Client represents and certifies that the item(s) listed in the above table(s) are in compliance with Client's specifications ("Accepted Item(s)"). Client hereby accepts the Accepted Item(s) listed in the above table(s) on the Acceptance Date and authorizes IBM Credit LLC to make payments to the Supplier(s) for the Supplier's invoice(s) for the Accepted Item(s) and to commence the leasing or financing of these Accepted Item(s) under the Schedule/Agreement.

Since this Certificate of Acceptance ("COA") is being issued prior to Lessor's receipt of an invoice, Lessor, upon its receipt of this COA duly executed by Lessee and the Supplier's invoice, will either issue i) a confirmation document in order to confirm Lessor's acceptance of the COA or ii) an updated COA which requires Lessee's signature in order to confirm any changes. In order for IBM Credit LLC to make payment to your listed Suppliers, all Equipment must include serial number information. Accordingly, Client hereby authorizes IBM Credit LLC to complete or update any manufacturer serial number information for any Accepted Item(s) accepted, without Client's further action or consent.

Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Agreement referenced in the Schedule listed above.

This COA may be sent to Client by IBM Credit LLC in soft copy format, such as a PDF file. Client represents and warrants that no changes have been made to the text of this COA, except for IBM Credit LLC authorized alterations to the Product Description (including without limitation, changes to any other information listed on the product information tables herein). If there are any conflicts between the version delivered by IBM Credit LLC to Client and the version delivered by Client to IBM Credit LLC, or if the Supplier's invoice does not match the information listed on the COA, IBM Credit LLC reserves the right not to incept the transaction and to send a replacement COA to Client. Any copy of this COA made by reliable means (for example photocopy, image or facsimile) shall in all respects be considered equivalent to an original.

ETS (agency-level) signature only.

Schedule/Agreement No.: 049740

Certificate of Acceptance No.: 049740001

IBM Credit LLC
Certificate of Acceptance

Page 2 of 2

For the purposes of the transaction commencement provisions specified in the Agreement referenced in the Schedule listed above, Client hereby represents, warrants and certifies that as of the following date, Client has accepted the Accepted Item(s) listed in the product information tables herein:

_____ (MM/DD/YYYY) ("Acceptance Date" for Accepted Item(s))

Agreed to:

STATE OF NEVADA

By: _____

Authorized signature

Name (type or print): Tom Wolf

Title (type or print): Chief IT Manager of Computing

Date: 5/4/18

Agreed to:

STATE OF NEVADA

By: _____

Authorized signature

Name (type or print): _____

Title (type or print): _____

Date: _____

Agreed to:

STATE OF NEVADA

By: _____

Authorized signature

Name (type or print): David Haws

Title (type or print): ETS Administrator

Date: 5/4/18

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 9, 2018
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Curtis Palmer, 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

Agenda Item Write-up:

Pursuant to NRS 281.160 the Department of Conservation and Natural Resources, requests approval of a department specific travel policy which includes an employee per diem rate for camping and use of personal aircraft for state business for the convenience of the employee.

Additional Information:

The Department of Conservation and Natural Resources seeks approval to formalize a camping and personal gear reimbursement rate of \$40 per night in lieu of the standard GSA lodging rate, and reimbursement for the use of personal aircraft for state business equal to the cost of a similar commercial flight in the department specific travel policy. Policy approval appears to be in the best interest of the State as it supports increased productivity and cost-effective operations.

Statutory Authority:

NRS 281.160(6)
SAM 0206(8)

REVIEWED: *SP*

ACTION ITEM: _____

BRADLEY CROWELL
Director

BRIAN SANDOVAL
Governor



JAMES R. LAWRENCE
DOMINIQUE ETCHEGOYHEN
Deputy Directors

Division of Environmental Protection
Division of Water Resources
Division of Forestry
Division of State Parks
Division of State Lands

State Historic Preservation Office
Nevada Natural Heritage Program
Conservation Districts Program
Sagebrush Ecosystem Program
Off-Highway Vehicles Program

Office of the Director
901 S. Stewart Street, Suite 1003/Carson City, Nevada 89701
Phone: 775.684.2700/Fax: 775.684.2715
www.dcnr.nv.gov

Nevada Department of Conservation and Natural Resources

May 21, 2018

Governor's Finance Office
Attn: Curtis Palmer
209 E. Musser St.
Carson City, NV 89701

Re: Revised Nevada Division of Conservation and Natural Resources' (NDCNR Travel Claim Policy

Dear Mr. Palmer:

Attached please find NDCNR's Revised Travel Claim Policy. I would appreciate it if you could place this item on the June 19, 2018 Board of Examiner's Agenda for approval by the Board.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,


Dominique Etchegoyhen,
Deputy Director



Nevada Department of **CONSERVATION & NATURAL RESOURCES**

Travel Claim Policy

Revised 5/21/18

PURPOSE

To provide uniform guidelines regarding hours and circumstances for which Nevada Department of Conservation and Natural Resources' employees conducting State business will be permitted reimbursement for out-of-pocket travel expenses. This policy applies to all employees of the Nevada Department of Conservation and Natural Resources, and supersedes all prior Travel Claim Policies.

A. DEFINITIONS

As used in this Policy:

1. "Administrator" means the employee's Division Administrator, Program Manager, or designee.
2. "Camping Status" means an employee in travel status who is camping rather than staying overnight in a motel, hotel, or other lodging.
3. "Director" means the Nevada Department of Conservation and Natural Resources Director or the Director's designee.
4. "Division" means the Nevada Division of Environmental Protection, Nevada Division of Forestry, Nevada Division of State Lands, Nevada Division of State Parks, Nevada Division of Water Resources, Nevada State Historic Preservation Office, Nevada Natural Heritage Program, Nevada Conservation Districts Program, Nevada Off-Highway Vehicles Program, and Nevada Sagebrush Ecosystem Program.
5. "Duty Station" means the physical address of the primary place of work. For an employee (as defined below), this means the employee's assigned physical office address. If the employee does not have an assigned physical office address, then this means the employee's home address.
6. "Employee" means any employee, officer, board member, commission member, council member, appointee, contractor, volunteer, intern, or other authorized individual conducting State business on behalf of Nevada Department of Conservation and Natural Resources.
7. "NDCNR" means the Nevada Department of Conservation and Natural Resources.
8. "Travel Expense" means meal, lodging, vehicle, transportation, incidental, and other travel expenses as set forth by the State of Nevada Board of Examiners in the State Administrative Manual.
9. "Travel Status" means an employee is traveling on State business, and applies to both in-State and out-of-State travel.

B. GENERAL POLICY

NDCNR will reimburse travel expenses of employees while conducting State business as authorized by law and at the rates set forth by the State of Nevada Board of Examiners in the State Administrative Manual.

C. TRAVEL STATUS AUTHORIZATION

To be permitted reimbursement for travel expenses, an employee must submit NDCNR's Travel Authorization Form and receive prior approval from the employee's Division Administrator.

D. MEALS

To claim meals, an employee must be in travel status, at least 50 miles (one-way) from the employee's duty station, and comply with the following requirements:

1. To claim breakfast, an employee must enter travel status at least two hours prior to the employee's regularly scheduled shift, and end travel status after the beginning of the employee's regularly scheduled shift.
2. To claim lunch, an employee must enter travel status at least one hour prior to the employee's regularly scheduled lunch break, and end travel status at least one hour after the end of the employee's regularly scheduled lunch break.
3. To claim dinner, an employee must enter travel status prior to the end of the employee's scheduled shift, and end travel status two or more hours after the end of the employee's regularly scheduled shift.

E. INCIDENTALS

To claim incidentals, an employee must be in travel status overnight.

F. CAMPING

Overnight trips are often necessary for NDCNR to accomplish its goals of conserving, protecting, managing, and enhancing Nevada's natural and cultural resources. When conducting field work in rural Nevada, NDCNR employees sometimes camp because hotels and motels are not easily accessible. Considering time, mileage, and lodging costs, it is often safer, more efficient, and more cost effective to camp near the field work location.

Employees in camping status receive the standard meal expense reimbursement at the per diem rate set forth by the State of Nevada Board of Examiners in the State Administrative Manual. In lieu of the standard lodging per diem rate, employees in camping status may receive a lodging reimbursement in the amount of \$40 per night, which is reimbursement for camping fees, if any, and the maintenance and long-term replacement of personal camping gear.

G. COMBINING STATE AND PERSONAL TRAVEL

An employee may elect to combine personal travel with State business, provided the employee is personally responsible for any costs above and beyond the travel expenses the employee otherwise would have incurred while traveling only for State business. The employee must receive prior approval from the employee's Division Administrator to combine State business and personal travel.

H. USE OF PERSONAL VEHICLES

Employee use of personal vehicles for State business travel is strongly discouraged because of the added expense to NDCNR and liability to the employee.

1. The State's insurance does not extend to or cover an employee's personal vehicle in the event of an accident, even if the employee is traveling on State business. Similarly, the State's blanket insurance policy does not indemnify an employee in the event of bodily injury resulting from a traffic accident while the employee is operating a personal vehicle, even if the employee is traveling on State business. Therefore, while operating a personal vehicle, even if traveling on State business, any damage or injury claims will be charged to the employee's own insurance coverage.
2. If an employee elects to utilize a personal vehicle for the employee's convenience while on State business, the employee may be reimbursed at one-half the standard mileage reimbursement rate for miles traveled on State business, and the employee is personally responsible for any additional mileage or costs above and beyond the travel expenses the employee otherwise would have incurred while traveling by State vehicle on State business.

I. USE OF PERSONAL AIRCRAFT

If an employee elects to utilize personal aircraft in the line of State business, the employee may be reimbursed up to the maximum allowed for a similar commercial flight, based on the State's contract price. The employee must receive prior approval from the employee's Division Administrator and must submit proof of insurance to Risk Management prior to using personal aircraft to enter travel status.

J. NON-COMPLIANCE

1. This policy is binding on all employees. Any employee action, whether intentional or unintentional, that is contrary to this policy may cause the employee to be held personally liable for any unauthorized expenditure, and may lead to corrective or disciplinary action.
2. Employees are encouraged to consult with appropriate Division and NDCNR personnel if there is any uncertainty as to this policy's application to a particular travel circumstance.

K. EXCEPTIONS

1. Board Members, Commission Members, and Council Members:
 - a. Are not required to receive prior approval of travel status authorization;
 - b. May use personal vehicles; and
 - c. May be reimbursed at the full mileage rate.
2. Overnight lodging, camping, meal, and incidental per diem expense reimbursements are not permitted within 50 miles of the employee's duty station, without prior written justification and preapproval. The written justification must fully explain the circumstances, the employee's need for participation in the matter that underlies the request, and all costs involved. The employee must receive pre-approval from the employee's Division Administrator and the Director.

3. Employees are not eligible for reimbursement of travel expenses while staying in a fire or other incident emergency response camp that provides meals and accommodation.
4. In the case of an emergency, an employee may submit NDCNR's Travel Authorization Form after the fact, together with a written justification memorandum, as back up to a verbal or telecommunicated approval from the employee's Division Administrator.

L. REFERENCES

NRS 281.160 and State of Nevada Administrative Manual Chapter 0200.

This policy is not a substitute for relevant law or regulation, nor does it create any rights or benefits beyond those set forth in law and regulation.



Approved By Bradley Crowell, NDCNR Director

5/21/18
Effective Date

LEASES SUMMARY

BOE #	LESSEE			LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF HEALTH CARE FINANCING AND POLICY			SIERRA MEDICAL COMPLEX, LP	\$1,800,578
	Lease Description:	This is an extension of an existing lease.			
		Term of Lease:	05/01/2018 – 04/30/2021	Located in Carson City	
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH			DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	\$ 57,395
		This is a mutually agreed retroactive sub-lease between DWSS and DPBH. Delay was due to the collaboration between Agencies working out details and obtaining necessary paperwork.			
		Term of Lease:	07/11/2017 – 04/30/2027	Located in Henderson	
3.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL DIVISION			BEATTY GENERAL IMPROVEMENT DISTRICT	\$ 16,435
		This is an extension of an existing lease.			
		Term of Lease:	07/01/2018 – 06/30/2022	Located in Beatty	
4.	DEPARTMENT OF PUBLIC SAFETY – TRAINING DIVISION			RENAISSANCE DRIVE NV LLC, A NEVADA LIMITED LIABILITY COMPANY	\$1,616,451
	Lease Description:	This is a new lease to accommodate a new Legislatively approved southern training academy.			
		Term of Lease:	09/01/2018 – 08/31/2028	Located in Las Vegas	
5.	STATE PUBLIC CHARTER SCHOOL AUTHORITY			IKO MOODY VENTURES, LLC	\$ 164,747
		This is an update to the current lease for 1,311 additional square footage to better accommodate additional positions added within the Agency.			
		Term of Lease:	05/01/2018 – 11/30/2020	Located in Carson City	

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

For Budget Division Use Only	
Reviewed by: <i>BW</i>	3/9/18
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Health Care Financing and Policy 1100 East William Street, Suite 108 Carson City, Nevada 89701 Jason Kolenut 775.684.3165 fax: 775.684.3643 jason.kolenut@dncfp.nv.gov				
Remarks:	Leasing Services renewed this lease in accordance with the "Option to Renew" clause in the original lease.				
Exceptions/Special notes:					
2. Name of Lessor:	Sierra Medical Complex, LP				
3. Address of Lessor:	c/o Carson Properties, Inc. 187 Sonoma Street Carson City, Nevada 89701				
4. Property contact:	Terry Yeager 775.882.3211 Fax: 775.882.7553 TerryYeager@carsoncommercial.com				
5. Address of Lease property:	1000 East William Street, Suites 102, 110, 111, 114, 118, 200, 209 1050 East William Street, Suites 403, 405A, 415, 435 1100 East William Street, Suite 101 Carson City, Nevada 89701				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 35,811				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$49,061.07	12	\$588,732.84	May 1, 2018 - April 30, 2019	\$1.37
3%	\$50,493.51	12	\$605,922.12	May 1, 2019 - April 30, 2020	\$1.41
0%	\$50,493.51	12	\$605,922.12	May 1, 2020 - April 30, 2021	\$1.41
c. Total Lease Consideration:		36	\$1,800,577.08		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90
f. Term:	Three (3) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.68 - \$2.03 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3158				
6. Purpose of the lease:	To house the Division of Health Care Financing and Policy				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00	Furnishings:	\$0.00	Data/Phones:	\$0.00

RECEIVED

1000 2018

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 MM Dec Unit _____

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

Marta Jensen 4/25/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19871012250</u>	Exp:	<u>10/31/2018</u>	180
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>T81090393</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

 5-4-18
Authorized Signature Date
Public Works Division

PS
For Board of Examiners ☒ YES ☐ NO

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

For Budget Division Use Only	
Reviewed by:	5/7/18 JAS
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Public and Behavioral Health 4150 Technology Way Carson City, Nevada 89706 Deborah Ohl (775) 684-5915 Fax: (775) 684-4211 Email: dlohl@health.nv.gov				
Remarks:	This is a mutually agreed retroactive sub-lease between DWSS and DPBH. Delay was due to the collaboration between Agencies working out details and obtain necessary paperwork.				
Exceptions/Special notes:					
2. Name of Lessor:	Department of Health and Human Services Division of Welfare and Supportive Services				
3. Address of Lessor:	1470 College Parkway Carson City, Nevada 89706				
4. Property contact:	Department of Health and Human Services Division of Welfare and Supportive Services Barbara Smith (775) 684-0652 Fax: (775) 684-0681 Email: basmith@dwss.nv.gov				
5. Address of Lease property:	520 South Boulder Highway Henderson, Nevada 89704				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 225				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$315.53	21 Days	\$315.53	retroactive July 11, 2017 - July 31, 2017	\$2.070
0%	\$465.75	9	\$4,191.75	August 1, 2017 - April 30, 2018	\$2.070
1%	\$470.48	12	\$5,645.70	May 1, 2018 - April 30, 2019	\$2.091
1%	\$475.20	12	\$5,702.40	May 1, 2019 - April 30, 2020	\$2.112
1%	\$479.93	12	\$5,759.10	May 1, 2020 - April 30, 2021	\$2.133
1%	\$484.65	12	\$5,815.80	May 1, 2021 - April 30, 2022	\$2.154
1%	\$489.60	12	\$5,875.20	May 1, 2022 - April 30, 2023	\$2.176
1%	\$494.33	12	\$5,931.90	May 1, 2023 - April 30, 2024	\$2.197
1%	\$499.28	12	\$5,991.30	May 1, 2024 - April 30, 2025	\$2.219
1%	\$504.45	12	\$6,053.40	May 1, 2025 - April 30, 2026	\$2.242
1%	\$509.40	12	\$6,112.80	May 1, 2026 - April 30, 2027	\$2.264
c. Total Lease Consideration:	117	\$57,394.88			
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One (1) identical term				
e. Holdover notice:	# of Days required 30 Holdover terms: 5% / 90				
f. Term:	Nine (9) years, nine (9) months, twenty-one (21) days				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$2.05 - \$2.60 - Las Vegas / Henderson Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3161				
6. Purpose of the lease:	To house the Division of Public and Behavioral Health				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input checked="" type="checkbox"/> A relocation (requires a remark) <input checked="" type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00	Furnishings:	\$0.00	Data/Phones:	\$0.00

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes ☒ No ☐ Dec Unit BASE

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

[Signature] 5/1/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>N/A</u>	Exp: <u>N/A</u>	3
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input 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 type="checkbox"/> YES <input type="checkbox"/> NO		
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input type="checkbox"/> YES <input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>N/A</u>		

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

[Signature]
Authorized Signature
Public Works Division

5-9-18
Date

[Signature] PS
For Board of Examiners ☒ YES ☐ NO

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

1470 College Parkway
Carson City, NV, 89706
Telephone (775) 684-0500 • Fax (775) 684-0614
<http://dwss.nv.gov>

June 6, 2018

TO: NIKKI HOVDEN, BUDGET OFFICER II
GOVERNOR'S FINANCE OFFICE

THROUGH: BRENDA BERRY, DEPUTY ADMINISTRATOR, 
ADMINISTRATIVE SERVICES

FROM: BARBARA SMITH, Facilities and Safety Manager 

Re: Retroactive approval of the Lease Agreement between the Division of Welfare and Supportive Services and Division of Public and Behavioral Health.

The Division of Welfare and Supportive Services (DWSS) is requesting a retroactive approval of the above referenced Lease Agreement to July 11, 2017.

The Division of Public and Behavioral Health (DPBH) lost space at their Henderson Clinic after Legislature eliminated their funding last session. DWSS is providing space for DPBH Outpatient Medication Clinic at the Henderson District Office facility located at 520 South Boulder Highway, Henderson, Nevada.

Delay was due to the collaboration between the Agencies to work out details and obtain the necessary paperwork.

Thank you for your assistance in this matter.

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

For Budget Division Use Only	
Reviewed by: <i>SC</i>	5-10-18
Reviewed by: <i>OK</i>	6/18/18
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Public Safety
Nevada Highway Patrol Division
555 Wright Way
Carson City, Nevada 89711
Contact: Melissa Carr
Phone (775) 684-4593 fax (775) 684-4967 email: mcarr@dps.state.nv.us

Remarks:

Leasing Services negotiated this full service lease renewal for an additional four (4) years.

Exceptions/Special notes:

County responsible for all janitorial services.

2. Name of Lessor:

Beatty General Improvement District

3. Address of Lessor:

PO Box 316
Beatty, Nevada 89003

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

4. Property contact:

Jeannie Sullivan-Ybarra
Phone: (775) 553-9393 fax (775) 553-2400 email: bdj12@att.net

5. Address of Lease property:

211 West Montgomery Street, Beatty, Nevada 89003

a. Square Footage:

☐ Rentable
☒ Usable

199

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$339.00	12	\$4,068.00	July 1, 2018 - June 30, 2019	\$1.70
0% \$339.00	12	\$4,068.00	July 1, 2019 - June 30, 2020	\$1.70
2% \$345.78	12	\$4,149.36	July 1, 2020 - June 30, 2021	\$1.74
0% \$345.78	12	\$4,149.36	July 1, 2021 - June 30, 2022	\$1.74

Increase %

c. Total Lease Consideration:

48 \$16,434.72

d. Option to renew:

☒ Yes ☐ No 90 Renewal terms: One identical term

e. Holdover notice:

of Days required Holdover terms: month to month

f. Term:

Four (4) 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:

4713

6. Purpose of the lease:

To house the Nevada Highway Patrol Division

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

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 83 No _____ Dec Unit _____

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

Jon Brant 5/2/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>N/A</u>	Exp:							3
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC	<input type="checkbox"/>	INC	<input type="checkbox"/>	CORP	<input type="checkbox"/>	LP	<input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES						<input type="checkbox"/> NO	
*If yes, please explain in exceptions section									
d. Is the Contractors Name the same as the Legal Entity Name?		<input 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 type="checkbox"/> YES						<input type="checkbox"/> NO	
*If no, please explain in exceptions section									
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input type="checkbox"/> YES						<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T80044560A</u>								

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature]
Authorized Signature
Public Works Division

5.4.18
Date

BM
For Board of Examiners ☒ YES ☐ NO

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

For Budget Division Use Only	
Reviewed by: <i>SL</i>	5-14-18
Reviewed by:	
Reviewed by:	

RECEIVED

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Public Safety
Training Division
555 Wright Way
Carson City, Nevada 89711
Melissa Carr (775) 684-4593 Fax: (775) 684-4809 email: mcarr@dps.state.nv.us

MAY 11 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Remarks:

Leasing Services negotiated this full service lease to accommodate a new, Legislatively approved, southern training academy in the Las Vegas area.

Exceptions/Special notes:

This lease includes \$40,000 of abated rents and tenant improvements of suite buildout to approved specifications.

2. Name of Lessor:

Renaissance Drive NV LLC, a Nevada Limited Liability Company

3. Address of Lessor:

9101 Alta Drive, Suite 1801
Las Vegas, Nevada 89145

4. Property contact:

Moonbeam Leasing & Management LLC
9101 Alta Drive, Suite 1801
Las Vegas, Nevada 89145
Kimmen Olsen (702) 968-2474 x778 Fax: (702) 951-5446 email: k.olsen@mlgpllc.com

5. Address of Lease property:

2295 A Renaissance Drive
Las Vegas, Nevada 89145

a. Square Footage:

☐ Rentable

☒ Usable 7,977

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$0.00	3	\$0.00	Month 1 - Month 3 anticipated start September 1, 2018	\$0.00
0% \$0.00	3 Days	\$0.00	Month 4	\$0.00
0% \$12,000.00	28 Days	\$12,000.00	Month 4	\$1.63
0% \$13,000.00	8	\$104,000.00	Month 5 - Month 12	\$1.63
0% \$13,000.00	12	\$156,000.00	Month 13 - Month 24	\$1.63
3% \$13,390.00	12	\$160,680.00	Month 25 - Month 36	\$1.68
0% \$13,390.00	12	\$160,680.00	Month 37 - Month 48	\$1.68
3% \$13,791.70	12	\$165,500.40	Month 49 - Month 60	\$1.73
0% \$13,791.70	12	\$165,500.40	Month 61 - Month 72	\$1.73
3% \$14,205.45	12	\$170,465.40	Month 73 - Month 84	\$1.78
0% \$14,205.45	12	\$170,465.40	Month 85 - Month 96	\$1.78
3% \$14,631.61	12	\$175,579.32	Month 97 - Month 108	\$1.83
0% \$14,631.61	12	\$175,579.32	Month 109 - Month 120 anticipated end August 31, 2028	\$1.83

c. Total Lease Consideration:

120 \$1,616,450.24

d. Option to renew:

☒ Yes ☐ No 90 Renewal terms: One (1) identical term

e. Holdover notice:

of Days required 30 Holdover terms: 5% / 90

f. Term:

Ten (10) years

g. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

h. Utilities:

☒ Landlord ☐ Tenant

i. Janitorial:

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

j. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

k. Comparable Market Rate:

\$2.05 - \$2.60 - Las Vegas / Henderson Area

l. Specific termination clause in lease:

Breach/Default lack of funding

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

3775

6. Purpose of the lease:

To house the DPS Training Division

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$0.00

Furnishings: \$15,352.00 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 DM No _____ Dec Unit 5240

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

 5/9/18
Authorized Agency Signature Date

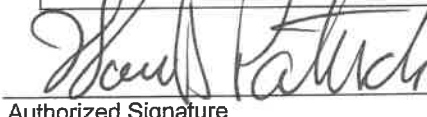
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20111446478	Exp:	7/31/2018	57
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:	TBD			

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

 5/16/18
Authorized Signature Date

Public Works Division

ps/ll

For Board of Examiners ☒ YES ☐ NO

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

For Budget Division Use Only	
Reviewed by:	4/27/18 JG.
Reviewed by:	4/30/18 SB
Reviewed by:	

STATEWIDE LEASE INFORMATION SECOND AMENDMENT

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 Email: audrab@spcsa.nv.gov				
Remarks:	Leasing Services negotiated an additional 1,311 square feet at the current location to better accommodate additional positions added within the Agency.				
Exceptions/Special notes:	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>				
2. Name of Lessor:	IKO Moody Ventures, LLC				
3. Address of Lessor:	2012 H Street, Suite 108 Sacramento, California 95811				
4. Property contact:	NAI Alliance 1000 North Division Street, #202 Carson City, Nevada 89703 Cheryl Evans (775) 546-2890 Fax: (775) 434-2998 Email: cevans@naialliance.com				
5. Address of Lease property:	1749 North Stewart Street Carson City, Nevada 89706				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 3,916 1,311 square feet added as of May 1, 2018				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$5,208.28	7	\$36,457.96	retroactive May 1, 2018 - November 30, 2018	\$1.33
0%	\$5,208.28	12	\$62,499.36	December 1, 2018 - November 30, 2019	\$1.33
5%	\$5,482.40	12	\$65,788.80	December 1, 2019 - November 30, 2020	\$1.40
c. Total Lease Consideration:		31	\$164,746.12		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One (1) identical term				
e. Holdover notice:	# of Days required 30 Holdover terms: 5% / 90				
f. Term:	Two (2) years, Seven (7) months				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.68 - \$2.03 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	2711				
6. Purpose of the lease:	To house the State Public Charter School Authority				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input checked="" type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00	Furnishings:	\$0.00	Data/Phones:	\$0.00

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes X No _____ Dec Unit _____

JB

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

Jennifer Ban
Authorized Agency Signature

4/24/18
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20071243806	Exp:	10/31/2018	13
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:	T27018956			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

[Signature]
Authorized Signature
Public Works Division

4-26-18
Date

PS
[Signature] For Board of Examiners ☒ YES ☐ NO

BRIAN SANDOVAL
Governor

STATE OF NEVADA

PATRICK GAVIN
Executive Director



STATE PUBLIC CHARTER SCHOOL AUTHORITY

**1749 North Stewart Street Suite 40
Carson City, Nevada 89706-2575
(775) 687 - 9174 · Fax: (775) 687 - 9113**

MEMORANDUM

DATE: June 8, 2018

TO: Tiffany Greenameyer, Executive Branch Budget Officer 1
Governor's Finance Office

FROM: Patrick Gavin, Executive Director

A handwritten signature in blue ink, appearing to read "Patrick Gavin", with a stylized flourish at the end.

SUBJECT: Retroactive Request for the Carson City Office Lease Modification

.....

This memorandum hereby requests retroactive approval to May 1, 2018 on the State Public Charter School Authority's Carson City office lease modification. The State Public Charter School Authority had a vacancy that was being recruited in Carson City and Las Vegas to determine where the best candidate to fill the position was located. The delay in submitting the lease modification was due to that recruitment. Once the best candidate to fill that vacancy was determined to be in the Carson City office location, the lease modification was submitted. The State Public Charter School Authority did not want to waste any resources in moving forward with the lease modification until it was determined to be necessary. If the retroactive request is not approved, the State Public Charter School Authority will cause harm to the owner of the leased space. The agency will submit timely lease modifications in the future.

Thank you for your consideration of this request.

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	GOVERNOR'S OFFICE - STATE ENERGY OFFICE - RENEWABLE ENERGY ACCOUNT	DEPARTMENT OF BUSINESS & INDUSTRY, NEVADA HOUSING DIVISION	OTHER: NON-ABATED PROPERTY TAX	\$700,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing energy audits for State of Nevada employees and to perform energy efficiency retrofits.				
		Term of Contract:	07/01/2018 - 06/30/2020	Contract # 20026		
2.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	FEDERAL	\$100,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.				
		Term of Contract:	07/01/2018 - 06/30/2019	Contract # 20036		
3.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	GARRETT GROUP REGULATORY CONSULTING, LLC.	OTHER: REGULATORY ASSESSMENTS	\$165,000	Professional Service
	Contract Description:	This is a new contract to provide professional services as an expert witness in the field of economics in analyzing revenue requirements for general rate applications of electric, natural gas and water utilities, and perform other tasks as required by the Bureau of Consumer Protection.				
		Term of Contract:	06/19/2018 - 06/09/2020	Contract # 19957		
4.	052	TREASURER'S OFFICE - HIGHER EDUCATION TUITION ADMINISTRATION	EIDE BAILLY, LLP	GENERAL 24% FEE: 41% OTHER: LOCAL GOVERNMENT INVESTMENT POOL INTEREST EARNINGS 35%	\$233,850	Professional Service
	Contract Description:	This is a new contract to provide audits of the financial statements for the Nevada Prepaid Tuition Plan, Nevada Capital Investment Corporation and the Local Government Investment Pool.				
		Term of Contract:	07/02/2018 - 06/30/2020	Contract # 20027		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	052	TREASURER'S OFFICE - HIGHER EDUCATION TUITION ADMINISTRATION	LIBERA, INC.	OTHER: COLLEGE SAVINGS ENDOWMENT FUND	\$140,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance for the existing Libera application for the Nevada Prepaid Tuition database. This amendment changes the scope of work to codify service level agreements for Fiscal Years 2019 and 2020, extends the termination date from June 30, 2021 to June 30, 2023 to provide for a possible upgrade to the database in Fiscal Year 2020, and adds yearly maintenance. The contract amendment also provides for the possibility of five (5) one-year extensions for maintenance. CONTINGENT ON IFC WORK PROGRAM C42839.				
		Term of Contract:	07/01/2017 - 06/30/2023	Contract # 18788		
6.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	AUDIT SERVICES US, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$380,000	
	Contract Description:	This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19993		
7.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	DISCOVERY AUDIT SERVICES, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$344,000	
	Contract Description:	This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19998		
8.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	KELMAR ASSOCIATES, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$3,000,000	
	Contract Description:	This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19994		
9.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	TREASURY SERVICES GROUP, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$260,000	
	Contract Description:	This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19997		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	054	TREASURER'S OFFICE – UNCLAIMED PROPERTY	VERUS ANALYTICS, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$2,700,000	
	Contract Description:	This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	OTHER: AGENCY FUNDED CIP	\$69,140	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Complex Fire Water System Renovation CIP project to include design, inspection and permitting services for the redesign and renovation of the domestic and fire suppression water systems on the campus: CIP Project No. 18-A032; SPWD Contract No. 112009.				
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	INTERNATIONAL CHEMTEX CORPORATION	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$72,680	
	Contract Description:	This is a new contract to provide ongoing monthly Heating, Ventilation and Air Conditioning, chemical water treatment services, as needed, for state-owned buildings in the southern and northern regions of the state.				
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PENTAGON PLUMBING, INC.	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$75,000	Exempt
	Contract Description:	This is the first amendment to the original contract which provides ongoing plumbing services and repairs to various state buildings in the Las Vegas area. This amendment increases the maximum amount from \$30,000 to \$105,000 due to higher than anticipated use of this service and to cover demand for the service through the term of the contract.				
		Term of Contract:	06/01/2016 - 05/31/2020	Contract # 17524		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WOW CLEANING CORPORATION	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$120,000	
	Contract Description:	This is the first amendment to the original contract which provides emergency janitorial services for state-owned buildings in northern and southern Nevada. This amendment increases the maximum amount from \$45,000 to \$165,000 due the demand for these services being greater than anticipated and the continued need for these services.				
		Term of Contract:	03/26/2018 - 03/01/2021	Contract # 19753		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	CASHMAN EQUIPMENT COMPANY	FEE: WATER SALES	\$279,727	
	Contract Description:	This is a new contract to provide ongoing general scheduled maintenance services for the Marlette Lake Caterpillar generators.				
		Term of Contract:	07/01/2018 - 06/30/2024	Contract # 19900		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	SIERRA CONTROLS, LLC	FEE: WATER SALES	\$100,000	
	Contract Description:	This is a new ongoing contract to provide system maintenance services for the Marlette Lake Supervisory Control and Data Acquisition system.				
		Term of Contract:	06/19/2018 - 06/30/2024	Contract # 19918		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	HIGHWAY	(\$127,599)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides owner Construction Manager at Risk (CMAR) services for the Flamingo Department of Motor Vehicles Building Upgrades CIP project: CIP Project No 15-M29; SPWD Contract No. 110715. This amendment decreases the maximum amount from \$1,524,367.00 to \$1,396,768.10 due to an adjustment to the Owner's Contingency reflecting savings in the cost of the work and the CMAR's contingency.				
		Term of Contract:	12/19/2016 - 06/30/2020	Contract # 18249		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	ROUNDS ENGINEERING, LTD DBA CR ENGINEERING	OTHER: AGENCY FUNDED CIP	\$165,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural and engineering services for the Army National Guard, United States Property and Fiscal Office - Heating, Ventilation and Air Conditioning System. Renovation CIP project to include design, construction and bid documents, as well as construction administration services to replace major equipment components of the existing variable air volume system for the Carson City location: CIP Project No. 17-A006; SPWD Contract No. 111974.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20022		
19.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- TOURISM	BIRDSALL, VOSS & ASSOCIATES, INC.	OTHER: LODGING TAX	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing creative development services, including multi-audience campaigns (copy, images, video and infrastructure) that increase brand awareness and visitation to Nevada.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20035		
20.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- TOURISM	FAHLGREN, INC. DBA FAHLGREN MORTINE	OTHER: LODGING TAX	\$32,000,000	
	Contract Description:	This is a new contract to continue advertising and media buying services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20008		
21.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- TOURISM	FAHLGREN, INC. DBA FAHLGREN MORTINE	OTHER: LODGING TAX	\$2,400,000	
	Contract Description:	This is a new contract to continue media/industry partner relations and external communication services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20007		
22.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- TOURISM	NOBLE STUDIOS	OTHER: LODGING TAX	\$2,934,750	
	Contract Description:	This is a new contract to continue web and digital development services as well as digital customer relationship management.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20018		
23.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- TOURISM	TRAVELTRAK AMERICA, LLC	OTHER: LODGING TAX	\$282,500	
	Contract Description:	This is a new contract to provide ongoing domestic visitor profile study services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19943		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	NATIONAL MAIN STREET CENTER, INC.	GENERAL	\$94,160	Sole Source
	Contract Description:	This is the first amendment to the original contract that provides training and technical assistance related to the Nevada Main Street Program. This amendment extends the contract termination date from June 30, 2018 to June 30, 2019 and increases the contract maximum from \$48,810 to \$143,970 due to expansion of the scope of work.				
		Term of Contract:	08/25/2017 - 06/30/2019	Contract # 19080		
25.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	AVIAT U.S., INC.	FEE: USER	\$692,740	
	Contract Description:	This is the second amendment to the original contract which provides replacement of the existing microwave backhaul network. This amendment extends the termination date from December 31, 2023 to June 30, 2026 and increases the maximum amount from \$11,484,651.00 to \$12,177,390.80 for equipment and services to complete construction, installation and testing of the statewide microwave system. CONTINGENT ON IFC WORK PROGRAM C43326.				
		Term of Contract:	07/12/2016 - 06/30/2026	Contract # 17817		
26.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	GARRATT CALLAHAN COMPANY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$30,402	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing water system maintenance and testing. This amendment extends the termination date from June 20, 2018 to June 20, 2020 and increases the maximum amount from \$30,400 to \$60,802 due to the continued need for these services.				
		Term of Contract:	06/17/2016 - 06/20/2020	Contract # 17860		
27.	300	DEPARTMENT OF EDUCATION - PROFICIENCY TESTING	DATA RECOGNITION CORPORATION	GENERAL 50% FEDERAL 50%	\$331,666	
	Contract Description:	This is the fifth amendment to the original contract which provides Nevada Ready Student Assessment System services and support statewide on an as needed basis. This amendment increases the maximum amount from \$42,409,617.30 to \$42,741,283.30 due to the addition of training, reporting and standard setting activities for the ACT assessment.				
		Term of Contract:	08/11/2015 - 08/31/2019	Contract # 16894		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	NORTHWEST EVALUATION ASSOCIATION	GENERAL	\$1,712,621	Exempt
	Contract Description:	This is the first amendment to the joinder interlocal agreement which provides the new statewide Measures of Academic Progress Kindergarten through Third Grade Reading Assessment. This contract includes a computer-based adaptive assessment tool, associated implementation services, professional development services, technical support, data integration and reporting services. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$1,712,621.20 to \$3,425,242.40 due to the continued need for these services. CONTINGENT UPON JOINDER EXTENSION.				
	Term of Contract:	08/08/2017 - 06/30/2019 Contract # 18890				
29.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	WESTED	GENERAL	\$222,809	
	Contract Description:	This is the first amendment to the original contract to conduct an external evaluation of the Nevada Assessment System as required per Senate Bill 303 from the 2017 Legislative Session. This amendment increases the maximum amount from \$100,000 to \$222,809 due to the addition of Phase 2 to the Scope of Work to complete the assessment audit and the assessment alignment studies required for Federal Peer Review. CONTINGENT ON IFC WORK PROGRAM C43299.				
	Term of Contract:	03/13/2018 - 10/31/2018 Contract # 19593				
30.	300	DEPARTMENT OF EDUCATION - OTHER STATE EDUCATION PROGRAMS	CLARK COUNTY PUBLIC EDUCATION FOUNDATION, INC.	GENERAL	\$1,000,000	
	Contract Description:	This is a new contract to provide for the implementation and operation of educational leadership training programs and other matters properly relating thereto per Senate Bill 155 of the 78th (2015) Legislative Session. Expenditure reports will be prepared and transmitted to the IFC on or before September 21, 2018 and September 20, 2019.				
	Term of Contract:	07/01/2017 - 06/30/2019 Contract # 20131				
31.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$78,612	
	Contract Description:	This is the first amendment to the original interlocal agreement to provide Pre-K evaluations. The Nevada Institute for Children's Research and Policy will evaluate differences in outcomes based on pre-k attendance. It is anticipated that 4-year olds from low income families that attend pre-k programs compared to 4-year olds from low income families that do not attend pre-k programs: will be statistically less likely to be placed in special education programs after kindergarten, have higher kindergarten entry scores, and have statistically higher reading scores. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$45,012 to \$123,624 due to the continued need for these services and the addition of an annual Early Childhood Research Symposium.				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	300	Term of Contract:	09/23/2016 - 06/30/2020	Contract # 18132		
		DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF CHILD & FAMILY SERVICES	FEDERAL	\$1,932,648	
	Contract Description:	This is the second amendment to the original interlocal agreement which provides ongoing Early Childhood Mental Health Services (ECMHS). ECMHS north provides counseling and case management services for families with children from birth through seven years of age, including training on early childhood mental health and social and emotional issues to Head Start programs and child care centers. ECMHS south provides mental health services and targeted case management to children and families ages birth through six years of age, including providing mental health consultations and child observations to Head Start programs and child care centers. This amendment extends the termination date from June 30, 2018 to June 30, 2022 and increases the maximum amount from \$2,154,604 to \$4,087,252 due to the continued need for these services.				
33.	332	Term of Contract:	07/01/2014 - 06/30/2022	Contract # 15553		
		DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - STATE LIBRARY	NEVADA HUMANITIES, INC.	FEDERAL	\$50,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing management of the Nevada Center for the Book, including the statewide Nevada Reads program, Letters About Literature and the National Book Festival. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$50,000 to \$100,000 due to the continued need for these services.				
34.	402	Term of Contract:	08/08/2017 - 06/30/2019	Contract # 18977		
		DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTORS OFFICE - IDEA PART C - AGING AND DISABILITY SERVICES - EARLY INTERVENTION SERVICES	PUBLIC CONSULTING GROUP, INC.	GENERAL 67% OTHER: FEDERAL 33%	\$762,500	
	Contract Description:	This is a new contract to provide an off-the-shelf, cloud-hosted Early Intervention Management System which will replace existing systems.				
		Term of Contract:	07/01/2018 - 04/30/2021	Contract # 19920		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	CENTER FOR AUTISM AND BEHAVIOR ANALYSIS, LLC	GENERAL 56% OTHER: HEALTHY NEVADA FUND 13% FEDERAL 31%	\$1,440,000	Professional Service
	Contract Description:	This is a new contract to provide applied behavioral analysis services to increase language and communication skills and improve attention, focus, social skills and memory. Term of Contract: 06/19/2018 - 06/11/2022 Contract # 19959				
36.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	SUMMIT AUTISM SERVICES, LLC	GENERAL 56% OTHER: HEALTHY NEVADA FUND 13% FEDERAL 31%	\$1,440,000	Professional Service
	Contract Description:	This is a new contract to provide applied behavioral analysis services to increase language and communication skills and improve attention, focus, social skills and memory. Term of Contract: 06/19/2018 - 06/11/2022 Contract # 19973				
37.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	ELKO COUNTY DBA REGIONAL DEVELOPMENT AUTHORITY	OTHER: REVENUE	\$70,146	
	Contract Description:	This is a new revenue interlocal agreement to receive Inter-Governmental Transfer funds to support paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. Term of Contract: 07/01/2017 - 06/30/2021 Contract # 19969				
38	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	HEALTH SERVICES ADVISORY GROUP, INC.	GENERAL 50% FEDERAL 50%	\$2,962,597	
	Contract Description:	This is a new contract to provide ongoing analysis and evaluation of aggregated information on quality, timeliness and access to the health care services furnished by a managed care organization, prepaid ambulatory health plan or care management organization to Medicaid recipients. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 19857				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY - MEDICAID	CARSON CITY FIRE DEPARTMENT	FEDERAL	\$6,311,668	
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement. The contractor will provide services and bill the Medicaid Fiscal Agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19854		
40.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY - MEDICAID	CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$1,519,885	
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19849		
41.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY - MEDICAID	CLARK COUNTY FIRE DEPARTMENT	FEDERAL	\$29,553,173	
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	10/01/2015 - 06/30/2018	Contract # 19946		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY - MEDICAID	EAST FORK FIRE PROTECTION DISTRICT	FEDERAL	\$3,503,158	
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19951			
43.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	FEDERAL	\$2,100,868	
	Contract Description:	This is a new interlocal agreement to provide certified public expenditures reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement. The contractor will provide services and bill the Medicaid Fiscal Agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19858			
44.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY - MEDICAID	PYRAMID LAKE FIRE RESCUE	FEDERAL	\$1,753,384	
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
	Term of Contract:	10/01/2015 - 06/30/2022	Contract # 19949			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – MEDICAID-WELFARE AND SUPPORTIVE SERVICES	WASHOE COUNTY	OTHER: REVENUE	\$8,939,752	
		Contract Description: This is a new revenue interlocal agreement to provide the administrative services necessary to operate the Medicaid County Match program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19843		
46.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT AND CHILDREN FOOD SUPPLEMENT	FIDELITY INFORMATION SERVICES, LLC	FEDERAL	\$2,389,142	
		Contract Description: This is a new contract to provide ongoing electronic benefit transfer services to eligible clients.				
		Term of Contract:	07/01/2018 - 06/30/2026	Contract # 20085		
47.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH - EMERGENCY MEDICAL SERVICES	IMAGETREND, INC.	FEDERAL	\$1,714,200	
		Contract Description: This is a new contract to provide implementation, hosting and maintenance of a statewide, web-based Emergency Medical Services Data Reporting System.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 19982		
48.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	FIDELITY INFORMATION SERVICES, LLC	GENERAL 47.5% FEDERAL 52.5%	\$8,880,000	
		Contract Description: This is a new contract to provide ongoing electronic benefits services to eligible clients.				
		Term of Contract:	07/01/2018 - 06/30/2026	Contract # 20068		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	REGIONAL TRANSPORTATION COMMISSION	GENERAL 9% FEDERAL 91%	\$237,600	
	Contract Description:	This is a new interlocal agreement that continues ongoing bus passes to eligible Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program employment and training participants who must participate in work activities as a condition of receiving benefits. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 19829				
50.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - FIELD SERVICES	CHANGE AND INNOVATION AGENCY, LLC	GENERAL 30% FEDERAL 70%	\$1,679,501	
	Contract Description:	This is a new contract to provide ongoing Lobby Management system licensing/support. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 19859				
51.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - FIELD SERVICES	CHANGE AND INNOVATION AGENCY, LLC	GENERAL 30% FEDERAL 70%	\$520,000	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides ongoing maintenance and follow-up to improve Business Process Reengineering consistency across field offices and to conduct a design session to improve the client error rate. This amendment extends the termination date from June 30, 2018 to June 30, 2020, increases the maximum amount from \$320,000 to \$840,000 due to the continued need for these services, revises Attachment A: Deliverable Payment Schedule, revises Attachment C: Scope of Work and incorporates Attachment D, an amended Solicitation Waiver. Term of Contract: 07/01/2016 - 06/30/2020 Contract # 17792				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - FIELD SERVICES	GINNIE BERES DBA ROADRUNNER JANITORIAL SERVICE	GENERAL 31% FEDERAL 69%	\$60,000	
Contract Description:		This is a new contract that continues ongoing janitorial services for the Pahrump District Office.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19934		
53.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	CARSON CITY - FIRST JUDICIAL DISTRICT COURT	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$106,244	
Contract Description:		This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19720		
54.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	CHURCHILL COUNTY - TENTH JUDICIAL DISTRICT COURT	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$68,769	
Contract Description:		This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19755		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	ELKO COUNTY - FOURTH JUDICIAL DISTRICT FAMILY COURT	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$299,307	
		Contract Description:	This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.			
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19745		
56.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	LYON COUNTY - THIRD JUDICIAL DISTRICT COURT	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$100,997	
		Contract Description:	This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.			
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19732		
57.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	SEVENTH JUDICIAL DISTRICT COURT - EUREKA, LINCOLN, WHITE PINE COUNTIES	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$83,018	
		Contract Description:	This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.			
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19729		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	WASHOE COUNTY - SECOND JUDICIAL DISTRICT COURT	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$1,271,116	
	Contract Description:	This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 19730				
59.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	TRITHERAPY LV, LLC	GENERAL	\$99,200	
	Contract Description:	This is a new contract to provide ongoing physical, speech and occupational therapy services to youth. Term of Contract: 06/19/2018 - 05/31/2022 Contract # 19810				
60.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	ALLPRO SERVICES, LLC	GENERAL 66% OTHER: MEDICAID 34%	\$80,000	
	Contract Description:	This is a new contract to provide ongoing painting services at the West Charleston campus on an as needed basis. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 19963				
61.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	CHARDONNAY DIALYSIS, INC.	GENERAL	\$392,080	
	Contract Description:	This is the second amendment to the original contract which provides hemodialysis treatments for inmates housed at Northern Nevada Correctional Center and at Florence McClure Women's Correctional Center. This amendment extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$3,031,260 to \$3,423,340 to allow for the completion of the solicitation process and provide ongoing services until the new contract is awarded. Term of Contract: 07/01/2014 - 12/31/2018 Contract # 15330				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
62.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	GENERAL	\$400,288	
	Contract Description:	This is the first amendment to the original contract which provides ongoing third party administration services to manage the payment of medical and dental claims to providers not employed by the Department. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$1,476,776.64 to \$1,877,064.84 due to the continued need for these services.				
	Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15308			
63.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	GENERAL	\$140,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing third party administration services to manage the payment of medical and dental claims to providers not employed by the Department. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$1,476,776.64 to \$1,877,064.84 due to the continued need for these services.				
	Term of Contract:	07/01/2014 - 06/30/2019	Contract # 20093			
64.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	CLARK COUNTY SCHOOL DISTRICT - ADULT EDUCATION PROGRAMS	FEDERAL	\$214,326	
	Contract Description:	This is a new interlocal agreement that continues ongoing education and/or vocational services to youthful offenders incarcerated at High Desert State Prison to assist them in obtaining High School Equivalency or High School Diploma in order to successfully reintegrate into the community upon release from incarceration.				
	Term of Contract:	07/01/2017 - 09/30/2018	Contract # 20023			
65.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	PERSHING COUNTY SCHOOL DISTRICT	FEDERAL	\$60,341	
	Contract Description:	This is a new interlocal agreement that continues ongoing educational and/or vocational services to youthful offenders incarcerated at Lovelock Correctional Center to assist them in obtaining High School Equivalency or High School Diploma in order to successfully reintegrate into the community upon release from incarceration.				
	Term of Contract:	07/01/2017 - 09/30/2018	Contract # 20043			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
66.	440	DEPARTMENT OF CORRECTIONS - SOUTHERN NEVADA CORRECTIONAL CENTER	ADVANCED CHEMICAL TECHNOLOGY, INC.	GENERAL	\$54,402	
	Contract Description:	This is the second amendment to the original contract which provides chemical treatments to maintain steam boilers, cooling towers, feed water and condensate systems at Southern Nevada Correctional Center, High Desert State Prison, Southern Desert Correctional Center, Three Lakes Valley Correctional Center, Northern Nevada Correctional Center, Silver State Industries Dairy, Warm Springs Correctional Center and Lovelock Correctional Center. This amendment removes services for Stewart Conservation Camp from the contract, extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$293,832.44 to \$348,234.55 to allow for the facilitation and completion of the solicitation process.				
	Term of Contract:	07/08/2014 - 12/31/2018 Contract # 15760				
67.	611	GAMING CONTROL BOARD - FEDERAL FORFEITURE TREASURY-NON-EXEC	MOTOROLA SOLUTIONS, INC.	OTHER: FEDERAL FORFEITURE FUNDS	\$140,000	Professional Services
	Contract Description:	This is a new contract for installation, training and maintenance of Motorola radio equipment for the Enforcement Division.				
68.	655	DEPARTMENT OF PUBLIC SAFETY - RECORDS, COMMUNICATIONS AND COMPLIANCE	GOSERCO, INC.	OTHER: COST ALLOCATION	\$214,252	
	Contract Description:	This is the second amendment to the original contract which provides digital recording system installation services and related maintenance for the Carson City and Las Vegas dispatch centers. This amendment extends the current contract termination date from June 30, 2018 to June 30, 2022, adds attachment FF - Maintenance Costs Thru June 2022, and increases the contract amount from \$280,750.76 to \$495,002.35 to add four years of system maintenance to the agreement.				
	Term of Contract:	05/13/2014 - 06/30/2022 Contract # 15478				
69	655	DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY	MORPHOTRAK, LLC	FEE: FINGERPRINT	\$455,716	
	Contract Description:	This is the fifth amendment to the original contract that continues on-going maintenance and repair of the LiveScan fingerprint machines in various law enforcement agencies throughout Nevada. This amendment extends the termination date from June 30, 2018 to June 30, 2022 and increases the maximum amount of the contract from \$1,303,340.48 to \$1,759,056.24 due to the continued need for these services and to replace three LiveScan machines as identified in Exhibit D.1 - Replacement Schedule (March 2018).				
	Term of Contract:	07/01/2011 - 06/30/2022 Contract # 13175				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
70.	690	COLORADO RIVER COMMISSION	GRAY CPA CONSULTING, PC	OTHER: POWER AND WATER SALES	\$116,828	
	Contract Description:	This is a new contract to provide implementation, training and ongoing licensing for the Commission's Comprehensive Annual Financial Report production.				
		Term of Contract:	06/19/2018 - 04/30/2023	Contract # 20064		
71.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ADMINISTRATION	NEVADA DEPARTMENT OF WILDLIFE	GENERAL	\$147,475	
	Contract Description:	This is a new interlocal agreement that enables a collective and collaborative effort between the Sagebrush Ecosystem Technical Team and the Department of Wildlife to further both agencies' goals and objectives to provide a wide range and opportunity of research and projects for Greater Sage Grouse and sagebrush habitat.				
		Term of Contract:	06/19/2018 - 06/30/2019	Contract # 20075		
72.	702	DEPARTMENT OF WILDLIFE – GAME MANAGEMENT	THE WOODS HOLE GROUP, INC.	FEE: UPLAND GAME STAMP 25% OTHER: DONATION 25%, WILDLIFE TRUST 25% FEDERAL 25%	\$75,941	
	Contract Description:	This is a new contract to provide tracking services for big game animals and sage grouse via satellite data transmission to better understand the habitat use areas, migration routes and movement patterns.				
		Term of Contract:	04/01/2018 - 06/30/2022	Contract # 19668		
73.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	OUTDOOR IMMERSION TAHOE, INC. DBA SAND HARBOR RENTALS	OTHER: REVENUE	\$896,617	
	Contract Description:	This is a new revenue contract to provide water sports rental concession at Lake Tahoe Nevada State Park, Sand Harbor.				
		Term of Contract:	06/19/2018 - 10/12/2021	Contract # 19977		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
74.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	NEVADA LAND TRUST	FEDERAL	\$99,780	
	Contract Description:	This is a new contract to provide support for the development of elements of a Watershed Management Plan to achieve water quality improvements.				
		Term of Contract:	06/19/2018 - 12/31/2019	Contract # 20009		
75.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE REGULATION	OLIVER WYMAN ACTUARIAL CONSULTING, INC.	FEE: NETWORK ADEQUACY	\$250,000	
	Contract Description:	This is a new contract to provide an independent examination of Nevada licensed health insurance carriers to determine if their provider networks are compliant with the adequacy standards developed by the Division.				
		Term of Contract:	06/19/2018 - 04/30/2020	Contract # 19981		
76.	810	DEPARTMENT OF MOTOR VEHICLES - ADMINISTRATIVE SERVICES	IMAGE ACCESS CORPORATION	HIGHWAY 25% FEE: INSURANCE VERIFICATION PROGRAM 75%	\$52,040	
	Contract Description:	This is the second amendment to the original contract which provides end user technical support to the Kavis File 360 scanning software currently used within the Department, including onsite software support services, system administration support, application development support, software upgrade support and training. The Kavis File 360 Imaging System is integrally linked to the DMV Mainframe Application which required custom programming by the vendor. This amendment extends the termination date from June 30, 2018 to June 30, 2021 and increases the maximum amount from \$50,800 to \$102,840 due to the need for additional custom programming, services and annual cost increases.				
		Term of Contract:	03/10/2014 - 06/30/2021	Contract # 15389		
77.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	OTHER: 67% STATE SUBSIDY 33% PREMIUM REVENUE	\$1,029,398	
	Contract Description:	This is the fourth amendment to the original contract which provides utilization and large case management. This amendment increases the maximum amount of the contract from \$4,000,000 to \$5,029,398 due to adding the Self-Insured Exclusive Provider Organization plan for Plan Year 2019.				
		Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15306		

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: **20026**Agency Name: **STATE ENERGY OFFICE**Agency Code: **011**Appropriation Unit: **4869-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Business & Industry, Nevada Housing Division

Contractor Name: **Department of Business & Industry, Nevada Housing Division**Address: **1535 Old Hot Springs Road Suite 50**City/State/Zip: **Carson City, NV 89706**Contact/Phone: **775-687-2040**

Vendor No.:

NV Business ID: Not Applicable

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 % Non-Abated Property Tax

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Energy Audits**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing energy audits for State of Nevada employees and to perform energy efficiency retrofits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Governor's Office of Energy (GOE) funds the Direct Energy Assistance Loan (DEAL) Program and the Nevada Housing Division (NHD) administers the program through its established delivery system of contractors and licensed energy efficiency auditors. The program provides State of Nevada employees an interest-free loan for energy efficiency upgrades.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NHD has an established system for working with contractors and energy efficiency auditors who also work on NHD's federal weatherization program.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. 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:

Other

Governmental Entity

16. a. Is 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.

Governmental Entity

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Laura Wickham, Management Analyst Ph: 775-687-1850 x 7308

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	05/01/2018 10:56:37 AM
Division Approval	ddav12	05/01/2018 10:56:40 AM
Department Approval	ddav12	05/01/2018 10:56:43 AM
Contract Manager Approval	ddav12	05/07/2018 15:05:49 PM
Budget Analyst Approval	mtum1	05/14/2018 11:06:47 AM
BOE Agenda Approval	cmurph3	05/15/2018 10:05:27 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20036**Agency Name: **NUCLEAR PROJECTS OFFICE**Agency Code: **012**Appropriation Unit: **1005-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name:

Nevada Division of Emergency Management

Contractor Name:

Nevada Division of Emergency Management

Address:

2478 Fairview Drive

City/State/Zip

Carson City, NV 89701

Contact/Phone:

Judith Lyman 775-687-0300

Vendor No.:

NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: DEM-WGA-2018

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Waste Transport**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: reimbursement of actual expenses upon submittal of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy plans to transport transuranic waste through Nevada

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Division of Emergency Management is a State agency

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. 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:

Strolin, Joseph, Contractor Ph: 775-687-3744

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shughe2	05/14/2018 14:01:42 PM
Division Approval	shughe2	05/14/2018 14:01:47 PM
Department Approval	shughe2	05/14/2018 14:01:51 PM
Contract Manager Approval	shughe2	05/14/2018 14:01:55 PM
Budget Analyst Approval	mtum1	05/14/2018 14:13:18 PM
BOE Agenda Approval	cmurph3	05/15/2018 10:17:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19957**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Garrett Group Regulatory Consulting, LLC.
Agency Code: 030	Contractor Name: Garrett Group Regulatory Consulting, LLC.
Appropriation Unit: 1038-10	Address: 4028 Oakdale Farm Circle
Is budget authority available? Yes	City/State/Zip: Edmond, OK 73013-7495
If "No" please explain: Not Applicable	Contact/Phone: Garry Garrett 405 239-2226
	Vendor No.: T29040446
	NV Business ID: NV20181314419

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Regulatory Assessments

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/09/2020**Contract term: **1 year and 356 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide professional services as an expert witness in the field of economics in analyzing revenue requirements for general rate applications of electric, natural gas and water utilities, and perform other tasks as required by the Bureau of Consumer Protection.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$165,000.00**

Payment for services will be made at the rate of \$195.00 per hour maximum

Other basis for payment: Presentation and approval of monthly invoices that itemize work performed by time and date of services rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

Statutory requirement to represent consumers' interests in matters before the Public Utilities Commission and any legislature, board or commission with jurisdiction over Nevada regulated public utilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized expertise is required by our office to adequately protect the public 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?

Garrett Group LLC was chosen in preference to others for their specialized expertise, availability and reasonable rate.

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:

Paul Stuhff, Senior Deputy Attorney General Ph: (702) 486-3490

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	05/07/2018 08:29:18 AM
Division Approval	hrobinso	05/09/2018 12:47:51 PM
Department Approval	cschonl1	05/11/2018 14:31:55 PM
Contract Manager Approval	cschonl1	05/11/2018 14:31:57 PM
Budget Analyst Approval	hfield	05/21/2018 14:22:43 PM
BOE Agenda Approval	hfield	05/21/2018 14:22:45 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20027**

Agency Name: TREASURER - HIGHER EDUCATION TUITION	Legal Entity Name: EIDE BAILLY, LLP
Agency Code: 052	Contractor Name: EIDE BAILLY, LLP
Appropriation Unit: 1081-04	Address: 5441 KIETZKE LN STE 150
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: EIDE BAILLY LLP 775/689-9100
	Vendor No.: T29026023B
	NV Business ID: NV20001000409

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	24.00 %	X Fees	41.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % LGIP Interest Earnings

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/02/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Audit Services**

5. Purpose of contract:

This is a new contract to provide audits of the financial statements for the Nevada Prepaid Tuition Plan, Nevada Capital Investment Corporation and the Local Government Investment Pool.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$233,850.00**

Other basis for payment: Payment for services will be made on an annual basis from detailed invoices provided for services completed at the rate \$14,500 for Prepaid Tuition, \$10,150 for NCIC and 17,540 for LGIP for services completed for FY19. These amounts will increase by 3% per year beginning in FY20.

II. JUSTIFICATION

7. What conditions require that this work be done?

State law requires the annual audit of both Nevada Prepaid Tuition Plan and Nevada Capital Investment Corporation. For LGIP, the audits are necessary to provide an independent review to test compliance by state staff with investment statutes and other procedures for the benefit of local governments that are members of LGIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 353B.180 and 355.285(2) (a) require an independent audit of the Nevada Prepaid Tuition Plan and Nevada Capital Investment Corporation, respectively. This cannot be done independently by State staff.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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been engaged by the Legislative Counsel Bureau and the Treasurer's Office and the services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	alaw1	05/02/2018 08:15:25 AM
Division Approval	alaw1	05/02/2018 08:15:28 AM
Department Approval	alaw1	05/02/2018 08:15:30 AM
Contract Manager Approval	yli00	05/08/2018 10:41:42 AM
Budget Analyst Approval	laaron	05/14/2018 09:21:06 AM
BOE Agenda Approval	lfree1	05/21/2018 11:24:17 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 CONTRACT1. Contract Number: **18788**Amendment Number: **1**Agency Name: **TREASURER - HIGHER EDUCATION TUITION**Legal Entity Name: **LIBERA, INC.**Agency Code: **052**Contractor Name: **LIBERA, INC.**Appropriation Unit: **1081-26**Address: **1509 BUFFALO STREET EXT**Is budget authority available?: **No**City/State/Zip: **JAMESTOWN, NY 14701-9250**

If "No" please explain: The authority for the FY19 SLA associated with this contract must be approved by the June 2018 IFC.

Contact/Phone: **Stephanie Hobson 716/665-2800**Vendor No.: **PUR0004914**NV Business ID: **NV2010865808**To what State Fiscal Year(s) will the contract be charged? **2018-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % College Savings Endowment Fund

Agency Reference #: **052**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **6 years**4. Type of contract: **Contract**Contract description: **Database Application**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing maintenance for the existing Libera application for the Nevada Prepaid Tuition database. This amendment changes the scope of work to codify service level agreements for Fiscal Years 2019 and 2020, extends the termination date from June 30, 2021 to June 30, 2023 to provide for a possible upgrade to the database in Fiscal Year 2020, and adds yearly maintenance. The contract amendment also provides for the possibility of five (5) one-year extensions for maintenance.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$248,581.00	\$248,581.00	\$248,581.00	Yes - Action
2. Amount of current amendment (#1):	\$140,000.00	\$140,000.00	\$140,000.00	Yes - Action
3. New maximum contract amount:	\$388,581.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

Libera provided a bid which included enhancements to its current system (Sys7) which will streamline processes, provide self-service automation for participants, and automate time-consuming program administration tasks for staff. The automation will help reduce errors and improve efficiencies. Libera has suggested our office work with them as a 'strategic partner' to provide an enhanced prepaid tuition platform that it can sell to other state's which have similar plans.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or knowledge to upgrade the database application.

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?

Libera was the only vendor which bid on this proposal.

d. Last bid date: 06/30/2016 Anticipated re-bid date: 06/30/2023

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Treasurer's office hired Libera in 2011 to create a database application for Prepaid Tuition. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

thagan

05/17/2018 10:22:35 AM

Division Approval	thagan	05/17/2018 10:22:40 AM
Department Approval	thagan	05/17/2018 10:22:45 AM
Contract Manager Approval	yli00	05/22/2018 14:02:16 PM
EITS Approval	lolso3	05/22/2018 16:40:54 PM
Budget Analyst Approval	lfree1	05/23/2018 10:12:10 AM
BOE Agenda Approval	lfree1	05/23/2018 10:12:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19993**Agency Name: **TREASURER - UNCLAIMED PROPERTY**Agency Code: **054**Appropriation Unit: **3815-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AUDIT SERVICES US, LLC**Contractor Name: **AUDIT SERVICES US, LLC**Address: **212 W 35TH ST STE 1600**City/State/Zip: **NEW YORK, NY 10001-2508**Contact/Phone: **212/594-5487**Vendor No.: **T81088031**NV Business ID: **NV20051034334**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 % Abandoned Property Receipts

Agency Reference #: **RFP # 3527/05TO-S31**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **UP Auditing**

5. Purpose of contract:

This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$380,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. Payment is based on 12% of the net value of the general ledger property delivered to the Unclaimed Property Division. 9% for contractor assisted self-audit services. 6% for securities related property. Fees are waived on any holder audited if the total value of the property is \$1,000 or less.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Treasurer's Office has the authority to conduct unclaimed property audits by NRS 120A and NAC 120A.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff to conduct these audits.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):

Discovery Audit Services LLC
Treasury Services Group, LLC
Verus Analytics LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3527/05RO-S31, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2018 Anticipated re-bid date: 02/01/2022

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:

Office of the State Treasurer
Satisfactory performance

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	04/25/2018 09:55:22 AM
Division Approval	alaw1	04/25/2018 09:55:25 AM
Department Approval	alaw1	04/25/2018 09:55:27 AM
Contract Manager Approval	yli00	04/25/2018 10:00:30 AM
Budget Analyst Approval	laaron	05/03/2018 10:20:35 AM
BOE Agenda Approval	lfree1	05/09/2018 14:00:42 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19998**Agency Name: **TREASURER - UNCLAIMED PROPERTY**Agency Code: **054**Appropriation Unit: **3815-14**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Discovery Audit Services, LLC**Contractor Name: **Discovery Audit Services, LLC**Address: **11637 Lake Sherwood Avenue Nor**City/State/Zip: **Baton Rouge, LA 70816**Contact/Phone: **J. King Woolf III 225-928-9175**Vendor No.: **T32006530**NV Business ID: **NV20181283767**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 % Abandoned Property Receipts**Agency Reference #: **RFP # 3527/05TO-S31**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **UP Auditing**

5. Purpose of contract:

This is a new contract to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$344,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. Payment is based on 12% of the cash value of the abandoned property delivered to the Unclaimed Property Division. 12% for contractor assisted self-audit services.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Treasurer's Office has the authority to conduct unclaimed property audits by NRS 120A and NAC 120A.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff to conduct these audits.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):

Treasury Services Group, LLC
Discovery Audit Services LLC
Verus Analytics LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3527/05RO-S31, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2018 Anticipated re-bid date: 02/01/2022

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:

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	alaw1	04/25/2018 09:57:24 AM
Division Approval	alaw1	04/25/2018 09:57:26 AM
Department Approval	alaw1	04/25/2018 09:57:29 AM
Contract Manager Approval	yli00	04/25/2018 10:03:26 AM
Budget Analyst Approval	laaron	05/03/2018 13:39:22 PM
BOE Agenda Approval	lfree1	05/09/2018 15:51:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19994**Agency Name: **TREASURER - UNCLAIMED PROPERTY**Agency Code: **054**Appropriation Unit: **3815-14**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KELMAR ASSOCIATES, LLC**Contractor Name: **KELMAR ASSOCIATES, LLC**Address: **500 EDGEWATER DR STE 525**City/State/Zip: **WAKEFIELD, MA 01880-6222**Contact/Phone: **Catherine Graham Zejnnullahu 781/213-6926**Vendor No.: **T27026457**NV Business ID: **NV20061245329**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 % Abandoned Property Receipts

Agency Reference #: **RFP # 3527/05TO-S31**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **UP Auditing**

5. Purpose of contract:

This is a new contract to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.

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 approved by the State. Payment is based on 11.5% of the cash value of the abandoned property delivered to the Unclaimed Property Division. 8% for contractor assisted self-audit services.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Treasurer's Office has the authority to conduct unclaimed property audits by NRS 120A and NAC 120A.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff to conduct these audits.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):

Discovery Audit Services LLC
Treasury Services Group, LLC
Verus Analytics LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3527/05RO-S31, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2018 Anticipated re-bid date: 02/01/2022

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:

Office of the State Treasurer June 2006-Present
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:
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	alaw1	04/25/2018 09:56:23 AM
Division Approval	alaw1	04/25/2018 09:56:25 AM
Department Approval	alaw1	04/25/2018 09:56:29 AM
Contract Manager Approval	yli00	04/25/2018 10:02:22 AM
Budget Analyst Approval	laaron	05/03/2018 11:37:27 AM
BOE Agenda Approval	lfree1	05/09/2018 15:44:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19997**Agency Name: **TREASURER - UNCLAIMED PROPERTY**Agency Code: **054**Appropriation Unit: **3815-14**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Treasury Services Group, LLC**Contractor Name: **Treasury Services Group, LLC**Address: **215 S George Street**City/State/Zip **York, PA 17401**Contact/Phone: **Shane Osborn 402-682-7260**Vendor No.: **T27042228**NV Business ID: **NV20181287671**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 % Abandoned Property Receipts

Agency Reference #: **RFP # 3527/05TO-S31**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **UP Auditing**

5. Purpose of contract:

This is a new contract to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$260,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. Payment is based on 10.5% of the cash value of the abandoned property delivered to the Unclaimed Property Division. 9% for contractor assisted self-audit services. 6% for securities.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Treasurer's Office has the authority to conduct unclaimed property audits by NRS 120A and NAC 120A.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff to conduct these audits.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):

Treasury Services Group, LLC
Verus Analytics LLC
Discovery Audit Services LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3527/05RO-S31, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2018 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?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

LLC

Application form submitted, see attachment.

16. a. Is 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.

Application form submitted, see attachment.

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.

This company just applied for Nevada State Business License.

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	05/02/2018 08:09:42 AM
Division Approval	alaw1	05/02/2018 08:09:45 AM
Department Approval	alaw1	05/02/2018 08:09:48 AM
Contract Manager Approval	yli00	05/02/2018 08:11:15 AM
Budget Analyst Approval	laaron	05/03/2018 14:09:43 PM
BOE Agenda Approval	lfree1	05/09/2018 16:19:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19995**

Agency Name:	TREASURER - UNCLAIMED PROPERTY	Legal Entity Name:	VERUS ANALYTICS, LLC
Agency Code:	054	Contractor Name:	VERUS ANALYTICS, LLC
Appropriation Unit:	3815-14	Address:	500 CHASE PKWY
Is budget authority available?:	Yes	City/State/Zip:	WATERBURY, CT 06708-3346
If "No" please explain:	Not Applicable		
		Contact/Phone:	Caroline Marshall 203-574-5555
		Vendor No.:	T32000982
		NV Business ID:	NV20101136695

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 % Abandoned Property Receipts

Agency Reference #: **RFP # 3527/05TO-S31**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **UP Auditing**

5. Purpose of contract:

This is a new contract to continue to provide unclaimed property audits, compliance reviews and collection of unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,700,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. Payment is based on 10.5% of the cash value of the abandoned property delivered to the Unclaimed Property Division. 9% for contractor assisted self-audit services.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Treasurer's Office has the authority to conduct unclaimed property audits by NRS 120A and NAC 120A.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff to conduct these audits.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):

Discovery Audit Services LLC
Verus Analytics LLC
Treasury Services Group, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3527/05RO-S31, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2018 Anticipated re-bid date: 02/01/2022

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:

Office of the State Treasurer 6/8/2010 to Present
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:
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	alaw1	04/25/2018 09:58:25 AM
Division Approval	alaw1	04/25/2018 09:58:28 AM
Department Approval	alaw1	05/02/2018 09:10:18 AM
Contract Manager Approval	yli00	05/09/2018 10:41:13 AM
Budget Analyst Approval	laaron	05/09/2018 10:41:26 AM
BOE Agenda Approval	lfree1	05/09/2018 13:39:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20057**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-14**Is budget authority
available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 1349 - Buildings and Grounds, expenditure category 14, Building Renovation.

Legal Entity Name: **FARR WEST ENGINEERING DBA
FARR WEST CHILTON ENGINEERING**Contractor Name: **FARR WEST ENGINEERING DBA
FARR WEST CHILTON ENGINEERING**Address: **FARR WEST CHILTON ENGINEERING
5510 LONGLEY LANE**City/State/Zip: **RENO, NV 89511**Contact/Phone: **775-851-4788**Vendor No.: **T81102795**NV Business ID: **NV20011242988**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 100% Agency Funded CIP

Agency Reference #: **112009**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **06/19/2018**
Examiner's approval?Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Stewart Complex Fire Water System Renovation CIP project to include design, inspection and permitting services for the redesign and renovation of the domestic and fire suppression water systems on the campus: CIP Project No. 18-A032; SPWD Contract No. 112009.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$69,140.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No
 a. List the names of vendors that were solicited to submit proposals (include at least three):
 Not Applicable
 b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**
 c. Why was this contractor chosen in preference to other?
 Demonstrated the required expertise for work on this project.
 d. Last bid date: Anticipated re-bid date:
 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
 No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
 Not Applicable
 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
 No
 b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
 No
 c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
 No If "Yes", please explain
 Not Applicable
 13. Has the contractor ever been engaged under contract by any State agency?
 No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
 Not Applicable
 14. Is the contractor currently involved in litigation with the State of Nevada?
 No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable
 15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation
 16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes
 17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes
 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes
 19. Agency Field Contract Monitor:
 Wachker, Brian, Project Manager Ph: 775-684-4141
 20. Contract Status:
 Contract Approvals:
- | Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | Imars1 | 05/07/2018 16:10:18 PM |
| Division Approval | Imars1 | 05/07/2018 16:10:21 PM |
| Department Approval | Imars1 | 05/07/2018 16:10:24 PM |
| Contract Manager Approval | Imars1 | 05/07/2018 16:10:28 PM |
| Budget Analyst Approval | jrodrig9 | 05/10/2018 23:06:32 PM |
| BOE Agenda Approval | hfield | 05/18/2018 16:08:33 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19955**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	INTERNATIONAL CHEMTEX CORPORATION
Agency Code:	082	Contractor Name:	INTERNATIONAL CHEMTEX CORPORATION
Appropriation Unit:	1349-12	Address:	PO BOX 9305 KB 21
Is budget authority available?:	Yes	City/State/Zip	MINNEAPOLIS, MN 55440-9305
If "No" please explain:	Not Applicable	Contact/Phone:	S. Young 775-846-8045
		Vendor No.:	T81017462A
		NV Business ID:	NV20071161982
To what State Fiscal Year(s) will the contract be charged?	2018-2022		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rental Income Revenue
Agency Reference #:	ASD 2783740		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **WATER TREATMENT**

5. Purpose of contract:

This is a new contract to provide ongoing monthly HVAC chemical water treatment services, as needed, for state-owned buildings in the southern and northern regions of the state.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,680.00**

Payment for services will be made at the rate of \$1,410.00 per month

Other basis for payment: Monthly payments are based on yearly price of \$16,920 X's 4 years = \$67,680 and \$5,000 for extra service the life of the contract totals \$72,680

II. JUSTIFICATION

7. What conditions require that this work be done?

Water chemical treatment is necessary for the health and safety of the employee.

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):

SAN JOAQUIN CHEMICALS
INTERNATIONAL CHEMTEX
AQUA SERV

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This company was the lowest bidder.

d. Last bid date: 01/04/2018 Anticipated re-bid date: 03/30/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

WILL LONG, HVAC SPECIALIST 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/30/2018 13:47:17 PM
Division Approval	ssands	04/30/2018 13:47:20 PM
Department Approval	ssands	04/30/2018 13:47:25 PM
Contract Manager Approval	ssands	04/30/2018 13:47:29 PM
Budget Analyst Approval	jrodrig9	05/08/2018 23:21:34 PM
BOE Agenda Approval	hfield	05/18/2018 15:50:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17524**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **PENTAGON PLUMBING, INC.**Agency Code: **082**Contractor Name: **PENTAGON PLUMBING, INC.**Appropriation Unit: **1349-12**Address: **5125 W. OQUENDO RD.
SUITE 5**Is budget authority
available? **Yes**City/State/Zip **LAS VEGAS, NV 89118-2837**

If "No" please explain: Not Applicable

Contact/Phone: **Michael Stokely 702-876-5969**Vendor No.: **T29005002**NV Business ID: **NV20041518233**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Rent Income Revenue

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **06/01/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **05/31/2020**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Plumbing services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing plumbing services and repairs to various state buildings in the Las Vegas area. This amendment increases the maximum amount from \$30,000 to \$105,000 due to higher than anticipated use of this service and to cover demand for the service through the term of the contract.

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):	\$75,000.00	\$75,000.00	\$105,000.00	Yes - Action
3. New maximum contract amount:	\$105,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings plumbing and sewer services need to be maintained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have enough personnel to perform the needed plumbing services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Statewide Open Solicitation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple contractors for plumbing services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 02/01/2016 Anticipated re-bid date: 02/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Buildings and Grounds 2008 to present work is satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/25/2018 08:57:43 AM
Division Approval	ssands	04/25/2018 08:57:47 AM
Department Approval	ssands	04/25/2018 08:57:51 AM
Contract Manager Approval	ssands	05/21/2018 09:56:54 AM
Budget Analyst Approval	jrodrig9	05/21/2018 10:12:45 AM
BOE Agenda Approval	hfield	05/22/2018 15:47:12 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19753**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **WOW CLEANING CORPORATION**Agency Code: **082**Contractor Name: **WOW CLEANING CORPORATION**Appropriation Unit: **1349-12**Address: **2720 WRONDEL WAY SUITE A**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89502-8343**

If "No" please explain: Not Applicable

Contact/Phone: **Thad Peterson 775-322-4787**Vendor No.: **T27041430**NV Business ID: **NV20141289535**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 % B&G Building Rent Revenue

Agency Reference #: **ASD 2741642**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2018**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

3. Previously Approved Termination Date: **03/01/2021**Contract term: **2 years and 341 days**4. Type of contract: **Contract**Contract description: **Emergency Janitorial**

5. Purpose of contract:

This is the first amendment to the original contract which provides emergency janitorial services for state-owned building in Northern and Southern Nevada. This amendment increases the maximum amount from \$45,000 to \$165,000 due to the demand for these services being greater than anticipated.

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):	\$120,000.00	\$120,000.00	\$165,000.00	Yes - Action
3. New maximum contract amount:	\$165,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

A state-owned building must be kept in a clean and sanitary environment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have enough personnel to handle the additional workload.

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 vendor will be contacted to submit bids on projects.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 01/01/2022

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	05/07/2018 10:11:38 AM
Division Approval	ssands	05/07/2018 10:11:42 AM
Department Approval	ssands	05/07/2018 10:11:45 AM
Contract Manager Approval	ssands	05/15/2018 14:39:59 PM
Budget Analyst Approval	jrodrig9	05/15/2018 21:17:10 PM
BOE Agenda Approval	hfield	05/18/2018 15:57:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19900**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1366-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CASHMAN EQUIPMENT COMPANY**Contractor Name: **CASHMAN EQUIPMENT COMPANY**Address: **600 Glendale Avenue**City/State/Zip: **Sparks, NV 89431**Contact/Phone: **775-358-5111**Vendor No.: **PUR0000249**NV Business ID: **NV19601000406**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 %	X	Fees	100.00 % water sales
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD 2769028**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **Maintenance & Repair**

5. Purpose of contract:

This is a new contract to provide ongoing general and level 1/level 2 scheduled maintenance services for the Marlette Lake Caterpillar generators.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$279,727.00**

Payment for services will be made at the rate of \$0.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Without this maintenance, a major water pump failure is imminent and will affect water service to Carson City County and Storey County.

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 experienced personnel 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per the Purchasing Administrator, Jeff Haag, a solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State. Essentially, these ongoing requirements are contemplated as a part of the initial procurement, ensuring taxpayer dollars were spent in good faith and it is reasonable to expect the State to maintain, in good working order, any system acquired as a result of spending those dollars. This does not exempt an agency from following any other process that may be required (i.e. RXQ entries into Advantage, agency specific approvals or authorizations, etc.).

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:

Jerry Walker, Water System Manager Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/12/2018 13:12:59 PM
Division Approval	ssands	04/12/2018 13:13:05 PM
Department Approval	ssands	04/12/2018 13:13:08 PM
Contract Manager Approval	ssands	04/12/2018 13:13:12 PM
Budget Analyst Approval	jrodrig9	04/17/2018 20:59:53 PM
BOE Agenda Approval	hfield	04/26/2018 14:00:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19918**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SIERRA CONTROLS, LLC
Agency Code: 082	Contractor Name: SIERRA CONTROLS, LLC
Appropriation Unit: 1366-04	Address: 5470 Lowe Lane Suite 104
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-1860
If "No" please explain: Not Applicable	Contact/Phone: Danny Hunsaker 775-236-3350
	Vendor No.: PUR0002695
	NV Business ID: NV201217320336

To what State Fiscal Year(s) will the contract be charged? **2018-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Water Sales

Agency Reference #: **ASD 2769028**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **6 years and 13 days**4. Type of contract: **Contract**Contract description: **Maintenance SCADA**

5. Purpose of contract:

This is a new ongoing contract to provide system maintenance services for the Marlette Lake Supervisory Control and Data Acquisition system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$0.00 per hour

Other basis for payment: please see attachment AA: Contractor's Response Rate Sheet for charges per hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Marlette Water System requires monitoring and operation of water flow, water pressure and water level in the tanks and transmission of that information through computer systems via radio transmitter units.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Sierra Controls is the authorized dealer for this system.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?

Per the Purchasing Administrator, a solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State. Essentially, these ongoing requirements are contemplated as a part of the initial procurement, ensuring taxpayer dollars were spent in good faith and it is reasonable to expect the State to maintain, in good working order, any system acquired as the result of spending those dollars.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/12/2018 13:11:36 PM
Division Approval	ssands	04/12/2018 13:11:39 PM
Department Approval	ssands	04/12/2018 13:11:42 PM
Contract Manager Approval	ssands	04/12/2018 13:36:57 PM
Budget Analyst Approval	jrodrig9	04/19/2018 10:54:53 AM
BOE Agenda Approval	hfield	04/26/2018 13:35:28 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 CONTRACT1. Contract Number: **18249**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **CORE CONSTRUCTION SERVICES OF
NEVADA, INC.**Agency Code: **082**Contractor Name: **CORE CONSTRUCTION SERVICES OF
NEVADA, INC.**Appropriation Unit: **1590-71**Address: **CORE CONSTRUCTION
7150 CASCADE VALLEY CT.**Is budget authority
available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89128-0455**

If "No" please explain: Not Applicable

Contact/Phone: **Shamayne Rustebakke 702-794-0550**Vendor No.: **T81092744**NV Business ID: **NV19861002524**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

X Highway Funds **100.00 %** Other funding 0.00 %Agency Reference #: **110715**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **12/19/2016**
Examiner's approval?Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2020**Contract term: **3 years and 193 days**4. Type of contract: **Contract**Contract description: **Owner CMAR Const Agr**

5. Purpose of contract:

This is the first amendment to the original contract which provides owner Construction Manager at Risk (CMAR) services for the Flamingo Department of Motor Vehicles Building Upgrades CIP project: CIP Project No 15-M29; SPWD Contract No. 110715. This amendment decreases the maximum amount from \$1,524,367.00 to \$1,396,768.10 due to an adjustment to the Owner's Contingency reflecting savings in the cost of the work and CMAR's contingency.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,524,367.00	\$1,524,367.00	\$1,524,367.00	Yes - Action
2. Amount of current amendment (#1):	-\$127,598.90	-\$127,598.90	-\$127,598.90	Yes - Action
3. New maximum contract amount:	\$1,396,768.10			

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 construction 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	Imars1	05/08/2018 16:50:10 PM
Division Approval	Imars1	05/08/2018 16:50:13 PM
Department Approval	Imars1	05/08/2018 16:50:17 PM
Contract Manager Approval	Imars1	05/08/2018 16:50:20 PM
Budget Analyst Approval	jrodrig9	05/10/2018 22:45:41 PM
BOE Agenda Approval	hfield	05/21/2018 09:11:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20022**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority
available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650 - Office of the Military, expenditure category 10, Army Facilities.

Legal Entity
Name: **ROUNDS ENGINEERING, LTD. DBA
CR ENGINEERING**Contractor Name: **ROUNDS ENGINEERING, LTD. DBA
CR ENGINEERING**Address: **CR ENGINEERING
5434 LONGLEY LN.**City/State/Zip **RENO, NV 89511-1879**Contact/Phone: **775-826-1919**Vendor No.: **T29024113**NV Business ID: **NV20041355601**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: **111974**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **06/19/2018**
Examiner's approval?Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Army National Guard, United States Property and Fiscal Office - HVAC System Renovation CIP project to include design, construction and bid documents, as well as construction administration services to replace major equipment components of the existing variable air volume system for the Carson City location: CIP Project No. 17-A006; SPWD Contract No. 111974.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$165,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2018 13:42:21 PM
Division Approval	Imars1	04/30/2018 13:42:24 PM
Department Approval	Imars1	04/30/2018 13:42:27 PM
Contract Manager Approval	Imars1	04/30/2018 13:42:29 PM
Budget Analyst Approval	jrodrig9	05/10/2018 22:17:25 PM
BOE Agenda Approval	hfield	05/18/2018 16:57:37 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20035**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Birdsall, Voss & Associates, Inc.**Contractor Name: **Birdsall, Voss & Associates, Inc.**Address: **BVK****250 Coventry Ct. #300**City/State/Zip: **Milwaukee, WI 53217**Contact/Phone: **Victoria Simmons 425-802-0753**Vendor No.: **T27042232**NV Business ID: **NV20181318463**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 % Lodging Tax

Agency Reference #: **RFP # 10TCA-S14 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Creative Development**

5. Purpose of contract:

This is a new contract to provide ongoing creative development services, including multi-audience campaigns (copy, images, video and infrastructure) that increase brand awareness and visitation to Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: Per individual invoice submitted by the contracted vendor and approved by the Nevada Division of Tourism. Approximately \$750,000 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To accomplish the above task, the Division of Tourism uses various channels to advertise Nevada's brand and generate awareness of Nevada as a world class destination. The Division of Tourism would not be able to garner favorable buy rates, as we do not have the luxury of pooling our advertising dollars with other entities.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):

Noble Studios
BVK
Fahlgren Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #10TCA-S14, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/02/2018 Anticipated re-bid date: 01/02/2022

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:

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	jfranc5	05/03/2018 13:55:22 PM
Division Approval	jfranc5	05/03/2018 13:55:24 PM
Department Approval	jfranc5	05/03/2018 13:55:27 PM
Contract Manager Approval	jfranc5	05/03/2018 16:38:22 PM
Budget Analyst Approval	laaron	05/17/2018 10:35:14 AM
BOE Agenda Approval	lfree1	05/17/2018 10:46:19 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20008**

Agency Name:	DTCA - DIVISION OF TOURISM	Legal Entity Name:	FAHLGREN INC. DBA FAHLGREN MORTINE
Agency Code:	101	Contractor Name:	FAHLGREN INC. DBA FAHLGREN MORTINE
Appropriation Unit:	1522-31	Address:	FAHLGREN MORTINE 4030 EASTON STATION SUITE 300 COLUMBUS, OH 43219
Is budget authority available?:	Yes	City/State/Zip	COLUMBUS, OH 43219
If "No" please explain:	Not Applicable	Contact/Phone:	MARTY MCDONALD 614/383-1621
		Vendor No.:	T29035894A
		NV Business ID:	NV20121202601

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 % Lodging Tax

Agency Reference #: **RFP #10TCA-S14-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Media Buying Service**

5. Purpose of contract:

This is a new contract to continue advertising and media buying services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000,000.00**

Other basis for payment: Per individual invoice submitted by the contracted vendor and approved by the Nevada Division of Tourism. Approximately \$8,000,000 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To accomplish the above task, the Division of Tourism uses various channels to advertise Nevada's brand and generate awareness of Nevada as a world class destination. The Division of Tourism would not be able to garner favorable buy rates, as we do not have the luxury of pooling our advertising dollars with other entities.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):

Noble Studios
Fahlgren Inc.
BVK

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #10TCA-S14, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/02/2018 Anticipated re-bid date: 01/02/2022

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Division of Tourism, February 2015 through current. They 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	amathies	04/25/2018 08:19:04 AM
Division Approval	amathies	04/25/2018 08:19:06 AM
Department Approval	amathies	04/25/2018 08:19:08 AM
Contract Manager Approval	amathies	04/25/2018 08:19:10 AM
Budget Analyst Approval	laaron	05/16/2018 14:05:52 PM
BOE Agenda Approval	lfree1	05/16/2018 14:27:19 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20007**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Fahlgren, Inc. dba Fahlgren Mortine**Contractor Name: **Fahlgren, Inc. dba Fahlgren Mortine**Address: **Fahlgren Mortine****4030 Easton Station Suite 300**City/State/Zip: **Columbus, OH 43219**Contact/Phone: **Marty McDonald 614/383-1555**Vendor No.: **T29035894A**NV Business ID: **NV20121202601**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 % Lodging Tax

Agency Reference #: **RFP#10TCA-S14-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **PR/External Comms.**

5. Purpose of contract:

This is a new contract to continue media/industry partner relations and external communication services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,400,000.00**

Other basis for payment: Per individual invoice submitted by the contracted vendor and approved by the Nevada Division of Tourism. Approximately \$600,000 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To accomplish the above task, the Division of Tourism uses various channels to advertise Nevada's brand and generate awareness of Nevada as a world class destination. The Division of Tourism would not be able to garner favorable buy rates, as we do not have the luxury of pooling our advertising dollars with other entities.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):

BVK
Noble Studios
Fahlgren Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #10TCA-S14, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/02/2018 Anticipated re-bid date: 01/02/2022

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Division of Tourism, February 2015 through current. They 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	amathies	04/25/2018 08:21:40 AM
Division Approval	amathies	04/25/2018 08:21:42 AM
Department Approval	amathies	04/25/2018 08:21:43 AM
Contract Manager Approval	amathies	04/25/2018 08:21:47 AM
Budget Analyst Approval	laaron	05/16/2018 14:07:22 PM
BOE Agenda Approval	lfree1	05/16/2018 14:22:30 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20018**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NOBLE STUDIOS**Contractor Name: **NOBLE STUDIOS**Address: **50 W LIBERTY ST STE 800**City/State/Zip: **RENO, NV 89501-1948**Contact/Phone: **775/883-6000**Vendor No.: **T29013206**NV Business ID: **NV20051380698**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 % Lodging Tax

Agency Reference #: **RFP # 10TCA-S14 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Web/Digital services**

5. Purpose of contract:

This is a new contract to continue web and digital development services as well as digital customer relationship management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,934,750.00**

Other basis for payment: Per individual invoice submitted by the contracted vendor and approved by the Nevada Division of Tourism. Approximately \$719,000 for FY19, \$727,250 for FY20, \$740,000 for FY21, and \$748,500 for FY22.

II. JUSTIFICATION

7. What conditions require that this work be done?

Division of Tourism is tasked to provide and promote Tourism for the State of Nevada.

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 required resources or time to complete the tasks that this contract will provide.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):

**Fahlgren Inc.
BVK
Noble Studios**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #10TCA-S14, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/02/2018 Anticipated re-bid date: 01/02/2022

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

GOED - 2009-2012
University of Nevada, Reno - 2010-2015
NCOT - Nevada Magazine - 2006-2008
They 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	jfranc5	04/27/2018 08:19:21 AM
Division Approval	jfranc5	04/27/2018 08:19:23 AM
Department Approval	jfranc5	04/27/2018 08:22:50 AM
Contract Manager Approval	jfranc5	05/10/2018 15:57:29 PM
Budget Analyst Approval	laaron	05/16/2018 14:05:18 PM
BOE Agenda Approval	lfree1	05/16/2018 14:33:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19943**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **OmniTrak**Contractor Name: **TravelTrak America, LLC**Address: **841 Bishop St. Suite 1250**City/State/Zip: **Honolulu, HI 96813**Contact/Phone: **515-828-3177**Vendor No.: **T32006232**NV Business ID: **NV20181118362**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 % Lodging Tax

Agency Reference #: **10TCA-S27-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Dom Visitor Study**

5. Purpose of contract:

This is a new contract to provide ongoing domestic visitor profile study services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$282,500.00**

Other basis for payment: FY 19: approx \$68,000; FY 20: approx \$69,500; FY 21: approx 71,500; FY 22: approx \$73,500.

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of this contract is to keep current, and disseminate statistics on travel and tourism in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Need specialized online data collection programming/model and objective expertise not available to the agency without this contract.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):

Omnitrak
Analytic Focus LLC
DK Shifflet
Longwoods
Strategic Progress LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #10TCA-S27, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2018 Anticipated re-bid date: 01/15/2022

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?

No b. If "No", please explain:

TravelTrak appears to be a subsidiary of OmniTrak.

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	amathies	04/12/2018 14:26:48 PM
Division Approval	amathies	04/12/2018 14:26:50 PM
Department Approval	amathies	04/12/2018 14:26:52 PM
Contract Manager Approval	amathies	04/18/2018 07:56:52 AM
Budget Analyst Approval	laaron	04/20/2018 09:56:31 AM
BOE Agenda Approval	lfree1	04/30/2018 15:59:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19080**Amendment
Number: **1**Agency Name: **GOVERNOR'S OFFICE OF
ECONOMIC DEVELOPMENT**Legal Entity
Name: **National Main Street Center, Inc.**Agency Code: **102**Contractor Name: **National Main Street Center, Inc.**Appropriation Unit: **1532-04**Address: **53 West Jackson Blvd.
Suite 350**Is budget authority
available?: **Yes**City/State/Zip **Chicago, IL 60604**

If "No" please explain: Not Applicable

Contact/Phone: **Patrice Frey 312-610-5617**Vendor No.: **T32005766**NV Business ID: **NV20161444620**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **08/25/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2018**Contract term: **1 year and 309 days**4. Type of contract: **Contract**Contract description: **Program Facilitation**

5. Purpose of contract:

This is the first amendment to the original contract that provides training and technical assistance related to the Nevada Main Street Program. This amendment extends the contract termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$48,810 to \$143,970 due to expansion of the scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,810.00	\$49,810.00	\$49,810.00	Yes - Info
2. Amount of current amendment (#1):	\$94,160.00	\$94,160.00	\$143,970.00	Yes - Action
3. New maximum contract amount:	\$143,970.00			
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?

This work is being performed in compliance with AB417 of the 2017 Legislature.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a new program requiring training and other assistance that is being provided to all participating states through the Department of Housing and Urban Development and the National Trust for Historic Preservation. There are no state employees with the knowledge and expertise to provide this work.170801

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 #: 17081

Approval Date: 08/22/2017

c. Why was this contractor chosen in preference to other?

This vendor is a non-profit corporation and subsidiary of the National Trust for Historic Preservation and the only entity administering the Main Street America program nationwide and the only organization the State can partner with to implement the Nevada Main Street Program.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has an existing contract with GOED and the work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	05/08/2018 13:45:50 PM
Division Approval	bvale1	05/08/2018 13:45:53 PM
Department Approval	bvale1	05/08/2018 13:45:56 PM
Contract Manager Approval	bvale1	05/08/2018 13:45:59 PM
Budget Analyst Approval	lfree1	05/17/2018 11:33:12 AM



Purchasing Use Only:

Approval#: **170801**

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:		Governor's Office of Economic Development ("GOED")		
1a	Contact Name and Title	Phone Number	Email Address	
	Steve Woodbury, ASO	775-687-9909	scwoodbury@diversifynevada.com	
Vendor Information:				
1b	Identify Vendor:	National Main Street Center ("Center")		
	Contact Name:	Kathy La Plante, Director of Coordinating Program Services		
	Address:	53 W. Jackson Blvd., Suite 350, Chicago IL		
	Telephone Number:	202-297-2893		
	Email Address:	klaplante@savingplaces.org		
Type of Waiver Requested – Check the appropriate type:				
1c	Sole or Single Source:	X		
	Professional Service Exemption:			
Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#19080		
Term: (*NOTE: as indicated in #9 below, this contract will likely be extended 1-2 additional years.)				
1e	One (1) Time Purchase:			
	Contract:	Start Date:	Upon Approval	End Date: June 30, 2018*
Funding:				
1f	State Appropriated:	X (Per AB417, 2017 Legislature)		
	Federal Funds:			
	Grant Funds:			
	Other (Explain):			
Total Estimated Value of this Service Contract, Amendment or Purchase:				
1g	\$44,845 (*This amount is for year one; if extended, the value will be increased by approx. \$50K per year.)			

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>The Center will provide orientations, training, application workshops, inaugural visits, and other assistance related to the Nevada Main Street Program, created by the 2017 Legislature (per AB417) and in connection with the National Trust for Historic Preservation.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The Center is the only provider for this program and is part of the National Main Street Center, Inc., a subsidiary of the National Trust for Historic Preservation, which is under Housing and Urban Development. AB417 references that this entity will be utilized to carry out the Nevada Main Street Program.</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>(See above.)</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	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>There are no feasible alternatives.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes:	No:	<input checked="" 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>					
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)	
			\$			
			\$			
			\$			
			\$			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If this waiver were denied, GOED would be unable to comply with the provisions set forth in AB417.</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>GOED has reviewed the budget and pricing and determined that the costs are fair and reasonable.</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:	<i>X</i>	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>The initial contract is for one year, but it will likely be extended an additional 1-2 years. (There is current Legislative funding through the current biennium.)</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.


Agency Representative Initiating Request

Steve Woodbury
Print Name of Agency Representative Initiating Request

8/3/17
Date

Bonnie Long
Signature of Agency Head Authorizing Request

Bonnie Long
Print Name of Agency Head Authorizing Request

8/3/17
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

/
Name of agency or entity who provided information or review:

/
Representative Providing Review

/
Print Name of Representative Providing Review

/
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Signature]
Administrator, Purchasing Division or Designee

8-22-2017
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17817**Amendment Number: **2**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Legal Entity Name: **AVIAT U.S., INC.**Agency Code: **180**Contractor Name: **AVIAT U.S., INC.**Appropriation Unit: **1388-08**Address: **5200 GREAT AMERICA PARKWAY**Is budget authority available?: **No**City/State/Zip: **SANTA CLARA, CA 95054-1108**

If "No" please explain: This amendment is contingent upon a work program (#C43326) that is pending June IFC.

Contact/Phone: **ALI HIRSA 408-567-6640**Vendor No.: **PUR0004165B**NV Business ID: **NV20071365437**To what State Fiscal Year(s) will the contract be charged? **2017-2026**

What is the source of funds that 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 % User
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP #3234**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2023**Contract term: **9 years and 355 days**4. Type of contract: **Contract**Contract description: **Microwave systems**

5. Purpose of contract:

This is the second amendment to the original contract which provides replacement of the existing microwave backhaul network. This amendment extends the termination date from December 31, 2023 to June 30, 2026 and increases the maximum amount from \$11,484,651.00 to \$12,177,390.80 for equipment and services to complete construction, installation and testing of the statewide microwave system.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$10,600,000.00	\$10,600,000.00	\$10,600,000.00	Yes - Action
a. Amendment 1:	\$884,651.00	\$884,651.00	\$884,651.00	Yes - Action
2. Amount of current amendment (#2):	\$692,739.68	\$692,739.68	\$692,739.68	Yes - Action
3. New maximum contract amount:	\$12,177,390.68			
and/or the termination date of the original contract has changed to:	06/30/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

Replace the existing microwave backhaul network, which updates the system to meet the requirements of an Internet Protocol/Multi-Protocol Labeling System network that will facilitate redundancy, traffic prioritization, dynamic routing, and Quality of Service, in addition to supporting legacy circuits and systems. This Amendment provides for additional construction and installation that was not anticipated in the original project design but is necessary to complete the project and maintain a stable, fully functional communication system during construction.

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 capability to provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3234, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/26/2106 Anticipated re-bid date: 02/26/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

ddav12

05/10/2018 15:16:04 PM

Division Approval	ddav12	05/10/2018 15:16:09 PM
Department Approval	ddav12	05/10/2018 15:16:13 PM
Contract Manager Approval	ddav12	05/15/2018 10:42:10 AM
Budget Analyst Approval	cmurph3	05/15/2018 15:20:44 PM
BOE Agenda Approval	cmurph3	05/15/2018 15:20:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17860**Amendment
Number: **1**Agency Name: **DEPARTMENT OF VETERANS
SERVICES**Legal Entity
Name: **GARRATT CALLAHAN COMPANY**Agency Code: **240**Contractor Name: **GARRATT CALLAHAN COMPANY**Appropriation Unit: **2561-07**Address: **50 INGOLD RD**Is budget authority
available?: **Yes**City/State/Zip **BURLINGAME, CA 94010**

If "No" please explain: Not Applicable

Contact/Phone: Jay Nordling, District Manager 650/697-5811

Vendor No.: T81091351

NV Business ID: NV20121688270

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

Agency Reference #: 240

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **06/17/2016**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/20/2018**Contract term: **4 years and 4 days**4. Type of contract: **Contract**Contract description: **Water System**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing water system maintenance and testing. This amendment extends the termination date from June 20, 2018 to June 20, 2020 and increases the maximum amount from \$30,400 to \$60,802 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:	\$30,400.00	\$30,400.00	\$30,400.00	Yes - Info
2. Amount of current amendment (#1):	\$30,402.00	\$30,402.00	\$60,802.00	Yes - Action
3. New maximum contract amount:	\$60,802.00			
and/or the termination date of the original contract has changed to:	06/20/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off specialized system for the NSVH. Vendor has been performing this function under State Public Works and now NDVS is taking over the payment for these services. There is no other vendor who understands and can maintain this system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees that have the knowledge and expertise to perform these operations

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 180302

Approval Date: 03/15/2018

- c. Why was this contractor chosen in preference to other?

Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the NSVH. The process being performed is considered the acceptable practice in response to a positive Legionella test. NSVH continues to work in conjunction with the SPWB toward the installation of a system to provide a permanent solution and rectify the water situation at the NSVH.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Currently under contract with SPWB and NDVS is taking over the payment of this service.

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with SPWB and NDVS is taking over the payment of this service. Service provided to SPWB has been verified as satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	04/30/2018 09:41:18 AM
Division Approval	agarland	04/30/2018 09:41:24 AM
Department Approval	agarland	04/30/2018 09:41:28 AM
Contract Manager Approval	agarland	04/30/2018 09:41:33 AM
Budget Analyst Approval	bmacke1	05/07/2018 09:55:08 AM
BOE Agenda Approval	hfield	05/09/2018 09:21:31 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: **16894** Amendment Number: **5**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **DATA RECOGNITION CORPORATION**

Agency Code: **300** Contractor Name: **DATA RECOGNITION CORPORATION**

Appropriation Unit: **2697-45** Address: **13490 BASS LAKE RD**

Is budget authority available?: **Yes** City/State/Zip: **MAPLE GROVE, MN 55311**

If "No" please explain: Not Applicable Contact/Phone: Susan Engeleier 763-268-3000

Vendor No.: T29036572

NV Business ID: NV20041507280

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2015**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **08/31/2019**Contract term: **4 years and 21 days**4. Type of contract: **Contract**Contract description: **CBT/McGraw-Hill**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides Nevada Ready Student Assessment System services and support statewide on an as needed basis. This amendment increases the maximum amount from \$42,409,617.30 to \$42,741,283.30 due to the addition of training, reporting and standard setting activities for the ACT assessment.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$51,457,083.00	\$51,457,083.00	\$51,457,083.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$511,498.00	\$511,498.00	\$511,498.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	-\$9,558,963.70	-\$9,558,963.70	-\$9,558,963.70	Yes - Action
2. Amount of current amendment (#5):	\$331,666.00	\$331,666.00	\$331,666.00	Yes - Action
3. New maximum contract amount:	\$42,741,283.30			

II. JUSTIFICATION

7. What conditions require that this work be done?

Employees within the state have responsibilities that support programs but certain tasks exceed their expertise. Nevada Revised Statutes (NRS) requires contracting with a nationally recognized testing company for these activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contractor was selected as the best solution by the independent evaluation committee based on pre-determined evaluation criteria. The Nevada Department of Education does not have the necessary manpower or expertise to conduct this Statewide Assessment.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3175, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/10/2015 Anticipated re-bid date: 12/31/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Education � 7/1/08 to 6/3012

State of Nevada � March 1, 2014

Nevada Department of Education � 1/14/15 � they have been deemed satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

amccalla

04/24/2018 11:49:42 AM

Division Approval

amccalla

04/24/2018 11:49:46 AM

Department Approval	amccalla	04/24/2018 11:49:50 AM
Contract Manager Approval	amccalla	04/24/2018 11:57:42 AM
Budget Analyst Approval	tgreenam	05/09/2018 13:01:36 PM
BOE Agenda Approval	sbrown	05/18/2018 12:22:04 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: **18890**

Amendment Number: **1**

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Legal Entity Name: **NORTHWEST EVALUATION ASSOCIATION**

Agency Code: **300**

Contractor Name: **NORTHWEST EVALUATION ASSOCIATION**

Appropriation Unit: **2697-11**

Address: **121 NW Everett Street**

Is budget authority available?: **Yes**

City/State/Zip: **Portland, OR 97209-4049**

If "No" please explain: **Not Applicable**

Contact/Phone: **Jeff Strickler 503-528-5200**

Vendor No.: **T27027751**

NV Business ID: **NV20071300623**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **1 year and 326 days**4. Type of contract: **Other (include description): Joinder Intrastate Interlocal Agreement**Contract description: **K-3 Reading Assessmt**

5. Purpose of contract:

This is the first amendment to the joinder interlocal agreement which provides the new statewide Measures of Academic Progress Kindergarten through Third Grade Reading Assessment. This contract includes a computer-based adaptive assessment tool, associated implementation services, professional development services, technical support, data integration, and NWEA reporting services. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$1,712,621.20 to \$3,425,242.40 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,712,621.20	\$1,712,621.20	\$1,712,621.20	Yes - Action
2. Amount of current amendment (#1):	\$1,712,621.20	\$1,712,621.20	\$1,712,621.20	Yes - Action
3. New maximum contract amount:	\$3,425,242.40			
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?

In 2015 the Nevada State Legislature passed SB391, the Nevada Read by Grade 3 Act. SB 391 established Nevada's Read by Grade 3 Program. SB 391 identifies multiple protocols aimed at improving K-3 literacy instruction & intervention across all public school district and charter school K-3 settings. In June of 2016 the State Board of Education adopted NWEA's MAP K-3 Reading Assessment statewide. In September, 2016, the State Legislative Regulatory Commission enacted it as regulation. This regulation also indicates that the statewide rollout of the MAP K-3 reading assessment will occur during the 2017-2018 academic year. At the outset of this school year, all Nevada public and charter K-3 students will be assessed with this tool.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This very complex technical reading assessment work is beyond the scope of NDE. The Northwest Evaluation Association is highly respected for its national work in reading assessment. NWEA has established a national team of highly skilled professional experts (in literacy, technical oversight, data management, etc.). NWEA's capacity is a safeguard for ensuring the successful implementation of this test across Nevada.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per NRS 332.195 - Joinder or mutual use of contracts by governmental entities. The department is using the joinder clause to enter into a Joinder Intrastate Interlocal Agreement with NWEA. NWEA has a current contract with the Chicago Public Schools to perform similar work.

Per SB 391 (78th Legislative Session), the Nevada Read by Grade 3 Act, the Nevada State Board of Education adopted (through regulation) the Measures of Academic Progress (MAP) assessment as the sole "valid and reliable" assessment to be used to measure the reading proficiency of all Nevada (public school district and charter) K-3 students. As noted above, this decision was upheld by the state Regulatory Commission.

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:

Department of Education - CETS #18205 dated 11/17/2016-12/18/2016 - work has been satisfactory
Chicago Public Schools - work has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	04/18/2018 17:18:05 PM
Division Approval	amccalla	04/18/2018 17:18:08 PM
Department Approval	amccalla	04/18/2018 17:18:13 PM
Contract Manager Approval	amccalla	04/18/2018 17:18:16 PM
EITS Approval	lolso3	04/30/2018 08:57:29 AM
Budget Analyst Approval	tgreenam	05/10/2018 15:55:40 PM
BOE Agenda Approval	sbrown	05/18/2018 10:08:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19593**Amendment Number: **1**Legal Entity Name: **WestEd**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **WestEd**Agency Code: **300**Address: **730 Harrison Street**Appropriation Unit: **2697-46**Is budget authority available?: **No**City/State/Zip: **San Francisco, CA 94107-1242**

If "No" please explain: WPC43299 is pending approval at June IFC.

Contact/Phone: **Virgilio Tinio, Jr. 415-565-3012**Vendor No.: **T81012500**NV Business ID: **NV20111743662**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **10/31/2018**

Termination Date:

Contract term: **232 days**4. Type of contract: **Contract**Contract description: **Assessmnt Evaluation**

5. Purpose of contract:

This is the first amendment to the original contract to conduct an external evaluation of the Nevada Assessment System as required per Senate Bill 303 from the 2017 Legislative Session. This amendment increases the maximum amount from \$100,000 to \$222,809 due to the addition of Phase 2 to the scope of work to complete the assessment audit and the assessment alignment studies required for Federal Peer Review.

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):	\$222,809.00	\$222,809.00	\$222,809.00	Yes - Action
3. New maximum contract amount:	\$322,809.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per SB 303 of the 2017 Legislative Session, the Nevada Department of Education shall develop and carry out a plan to audit the assessment tools and examinations used to monitor the performance of the pupils and schools for kindergarten and grades 1-12, inclusive, in the public schools system in Nevada; requiring the plan to comply with the grant application process set forth in applicable federal law; making an appropriation; and providing other matters properly relating thereto. Sec 2 of this bill requires the NDE to submit the plan to the United States Secretary of Education to apply for a grant of money pursuant to the provisions of the Every Student Succeeds Act. Sec 3 of this bill requires the NDE to submit the plan and the results to the State Board of Education, the Legislative Committee on Education and the Interim Finance Committee.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is a requirement of the United States Department of Education and the Nevada Legislative Council Bureau that this work be completed by an outside entity.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

- d. Last bid date: 09/25/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

WestEd has previously been under contract with the Department of Education and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Non-Title 7

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	03/23/2018 08:49:26 AM
Division Approval	rrussum	03/23/2018 08:49:30 AM
Department Approval	amccalla	03/23/2018 10:08:42 AM
Contract Manager Approval	amccalla	03/23/2018 10:08:54 AM
Budget Analyst Approval	tgreenam	05/01/2018 10:09:10 AM
BOE Agenda Approval	sbrown	05/03/2018 12:08:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20131**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	CLARK COUNTY PUBLIC EDUCATION FOUNDATION, INC.
Agency Code:	300	Contractor Name:	CLARK COUNTY PUBLIC EDUCATION FOUNDATION, INC.
Appropriation Unit:	2699-49	Address:	4350 S MARYLAND PKWY
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119
If "No" please explain:	Not Applicable	Contact/Phone:	JUDI STEELE 702-799-1042
		Vendor No.:	T81024412
		NV Business ID:	NV19911036268

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 06/2018

Retroactive? **Yes**

If "Yes", please explain

The Department of Education did not fully review and correctly interpret the language of Senate Bill 155 of the 2015 Legislative Session (SB155); therefore a contract was not completed for the first year of the services provided in the contract. There are no other alternative as this contract is Legislatively mandated per Senate Bill 155 of the 78th (2015) Legislative Session.

3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Leadership Training**

5. Purpose of contract:

This is a new contract to provide for the implementation and operation of educational leadership training programs and other matters properly relating to per Senate Bill 155 of the 78th (2015) Legislative Session.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Payment for services will be made at the rate of \$500,000.00 per State Fiscal Year

Other basis for payment: Contingent upon matching money being provided by Clark County Public Education Foundation or from sources other than the funds distributed by the Department of Education

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Senate Bill 155 of the 78th (2015) Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

N/A. Mandated per Senate Bill 155 of the 78th (2015) Legislative Session.

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?

Mandated per Senate Bill 155 of the 78th (2015) Legislative Session.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	05/21/2018 11:40:19 AM
Division Approval	amccalla	05/21/2018 11:40:22 AM
Department Approval	amccalla	05/21/2018 11:40:24 AM
Contract Manager Approval	amccalla	05/21/2018 11:40:27 AM
Budget Analyst Approval	cbrekken	05/22/2018 11:59:08 AM
BOE Agenda Approval	sbrown	05/24/2018 08:56:56 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA



DEPARTMENT OF EDUCATION
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Carson City, Nevada 89701-5096
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www.doc.nv.gov/Educator_Licensure

May 21, 2018

MEMORANDUM

TO: James Wells
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Susan Brown
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea Osborne 
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with Clark County Public Education Foundation

This memorandum serves as a request for retroactive approval to July 1, 2017 on a contract with Clark County Public Education Foundation, Inc. The NDE did not fully review and correctly interpret the language of Senate Bill 155 of the 2015 Legislative Session (SB155); therefore a contract was not completed for the first year of the services provided in the contract. Payments were made directly rather than through the Statement of Services for FY18. This contract would retroactively authorize that payment as well as the payment for FY19.

After the 2017 Legislative Session and subsequent sessions, all bills will be thoroughly reviewed for new funding/contracts and tracked to completion to avoid this from happening in the future.

Failure to approve the retroactive contract would result in the Department of Education in conjunction with Clark County Public Education Foundation not being able to continue forward with the implementation and operation of educational leadership training programs, including providing other matters properly related thereto, per SB155.

We appreciate your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18132**

Amendment Number: **1**

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Legal Entity Name: **Board of Regents - UNIVERSITY OF NEVADA LAS VEGAS**

Agency Code: **300**

Contractor Name: **Board of Regents - UNIVERSITY OF NEVADA LAS VEGAS**

Appropriation Unit: **2709-21**

Address: **4505 S. Maryland Pkwy. Box 451055**

Is budget authority available?: **Yes**

City/State/Zip: **Las Vegas , NV 89154**

If "No" please explain: **Not Applicable**

Contact/Phone: **Tara Phebus 702-895-1040**

Vendor No.: **D35000813**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **3 years and 281 days**4. Type of contract: **Interlocal Agreement**Contract description: **Pre-K Program Eval.**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to provide Pre-K evaluations. Nevada Institute for Children's Research and Policy will evaluate differences in outcomes based on pre-k attendance. It is anticipated that 4-year olds from low income families that attend pre-k programs compared to 4-year olds from low income families that do not attend pre-k programs: will be statistically less likely to be placed in special education programs after kindergarten, have higher kindergarten entry scores, and have statistically higher reading scores. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$45,012 to \$123,624 due to the continued need for these services and the addition of an annual Early Childhood Research Symposium.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,012.00	\$45,012.00	\$45,012.00	Yes - Info
2. Amount of current amendment (#1):	\$78,612.00	\$78,612.00	\$123,624.00	Yes - Action
3. New maximum contract amount:	\$123,624.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education receives funding from the U.S. Administration for Children and Families, Child Care and Development Funds (CCDF) through a sub-grant from the Nevada Division of Welfare and Supportive Services. These funds must be used to increase access and improve quality of child care programs and specifically to evaluate programs and services that are being provided.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Department of Education employees do not have the expertise to perform these duties (evaluation of Pre-k programs) and the UNLV Nevada Institute for Children's Research and Policy is a government entity.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.189, the Agency has contracted with the Board of Regents, University of Nevada, Las Vegas.

The indirect rate is 5%.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

5%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Education - work has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	04/27/2018 05:30:29 AM
Division Approval	amccalla	04/27/2018 05:30:32 AM
Department Approval	amccalla	04/27/2018 05:30:34 AM

Contract Manager Approval
Budget Analyst Approval
BOE Agenda Approval

amccalla
tgreenam
sbrown

04/27/2018 05:30:37 AM
05/10/2018 11:45:51 AM
05/18/2018 09:10:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15553**Amendment Number: **2**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Legal Entity Name: **DHHS - DIVISION OF CHILD & FAMILY SERVICES**Agency Code: **300**Contractor Name: **DHHS - DIVISION OF CHILD & FAMILY SERVICES**Appropriation Unit: **2709-21**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? **2015-2022**

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 **07/01/2014**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **8 years and 1 day**4. Type of contract: **Interlocal Agreement**Contract description: **Early Childhood**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides ongoing Early Childhood Mental Health Services (ECMHS). ECMHS North provides counseling and case management services for families with children from birth through seven years of age, including training on early childhood mental health and social and emotional issues to Head Start programs and child care centers. ECMHS South provides mental health services and targeted case management to children and families ages birth through six years of age, including providing mental health consultations and child observations to Head Start programs and child care centers. This amendment extends the termination date from June 30, 2018 to June 30, 2022 and increases the maximum amount from \$2,154,604 to \$4,087,252 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,154,604.00	\$2,154,604.00	\$2,154,604.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$1,932,648.00	\$1,932,648.00	\$1,932,648.00	Yes - Action
3. New maximum contract amount:	\$4,087,252.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives Federal Child Care Development Funds (CCDF) which are used to improve the quality of childcare services in Nevada. This contract is designed to provide childhood mental health services ensuring the health, safety and proper treatment of children.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DCFS is a State Agency and has the expertise to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing 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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	04/27/2018 08:42:41 AM
Division Approval	amccalla	04/27/2018 08:42:44 AM
Department Approval	amccalla	04/27/2018 08:42:47 AM
Contract Manager Approval	amccalla	04/27/2018 08:42:50 AM
Budget Analyst Approval	tgreenam	05/10/2018 10:54:05 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18977**Amendment Number: **1**Agency Name: **ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS**Legal Entity Name: **Nevada Humanities, Inc.**Agency Code: **332**Contractor Name: **Nevada Humanities, Inc.**Appropriation Unit: **2891-12**Address: **P.O. Box 8029**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89507**If "No" please explain: **Not Applicable**Contact/Phone: **Christina Barr 775-784-6587**Vendor No.: **T08946425**NV Business ID: **NV19751003518**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **2549613**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2018**

Termination Date:

Contract term: **1 year and 326 days**4. Type of contract: **Contract**Contract description: **Consulting Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing management of the Nevada Center for the Book, including the statewide Nevada Reads program, Letters About Literature, and the National Book Festival. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$50,000 to \$100,000 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:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
2. Amount of current amendment (#1):	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
3. New maximum contract amount:	\$100,000.00			
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?

To fulfill obligations as state affiliate of Library of Congress Center for the Book program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Staffing shortage to manage the scope of this program.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 170701

Approval Date: 07/06/2017

- c. Why was this contractor chosen in preference to other?

Nevada Humanities is the only allied partner with statewide credibility and authority to engage in the work.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/07/2018 10:35:05 AM
Division Approval	ssands	05/07/2018 10:35:09 AM
Department Approval	ssands	05/07/2018 10:35:15 AM
Contract Manager Approval	ssands	05/07/2018 10:35:20 AM
Budget Analyst Approval	mtum1	05/14/2018 12:26:34 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 Haug
Administrator

Purchasing Use Only:

Approval#: 170701 A

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: Nevada State Library, Archives and Public Records		
	Contact Name and Title	Phone Number	Email Address
	Sulin Jones	775 684-3340	sulinjones@admin.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Nevada Humanities
	Contact Name:	Stephanie Gibson
	Address:	1670-200 North Virginia St, Reno, NV 89507
	Telephone Number:	775-784-6587
	Email Address:	sgibson@nevadahumanities.org

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:				
	Is this a new Contract?	Yes		No	<input checked="" type="checkbox"/>
	Amendment:	#1			
	CETS:	#18977			

1e	Term:			
	One (1) Time Purchase:	yes		
	Contract:	Start Date:	July 1, 2018	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	<input checked="" type="checkbox"/>
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$200,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<p>The Nevada State Library, Archives and Public Records (NSLAPR) is designated as the state affiliate of the National Center for the Book in the Library of Congress. Nevada Humanities will administer programs demarcated as Nevada Center for the Book initiatives:</p> <ol style="list-style-type: none"> 1. Nevada Reads - a statewide One Book program to promote literacy and build community 2. National Book Festival: represent Nevada in the Pavilion of States during this annual festival hosted by the Library of Congress in Washington, DC 3. Letters About Literature: 4. Additional book, author, and literacy related programs produced by Nevada Humanities in alignment with the Center for the Book mission and vision

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p>Nevada State Library and Archives uses available resources and collaborative projects to advance literacy initiatives leveraged with thoughtfully selected books, reading activities and programs statewide through the Nevada Center for the Book/Nevada Literacy Services. The scope of projects, both currently in place and potential, are a credit to the staff, their collaborations and the collective energy of Nevadans who believe in the role of books and reading in today's society. The Nevada Center for the Book is positioned to support and collaborate on programs that reach all Nevadans. And the professional expertise of the Nevada Humanities is stand alone in its class. Additionally, the genesis of Nevada's affiliate status with the Library of Congress' Center for the Book was due to the Nevada Humanities.</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>As the premier allied partner in advancing literacy in Nevada, the Nevada Humanities organization not only joins the Nevada State Library in celebration of Nevada's vast community of authors, illustrators, designers, book artists and artisans and publishers, but it is the only other statewide organization with allied literary authority and credibility among this audience to deploy the programs of the National Center for the Book in the Library of Congress.</p>

5	Were alternative services or commodities evaluated? Check One.			
	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>	Yes:	No:	<input checked="" type="checkbox"/>
	b. <i>If not, why were alternatives not evaluated?</i>			
<p>Alternatives were not evaluated because no other allied partner meets the requirements of this program as described in the guidelines for establishing state centers for the book. The state library should be closely involved with the center. If the center is not to be located at the state library, the state library must agree to its location elsewhere and to serve as a major partner.</p> <p>The activities of a state center in promoting books, reading, libraries, and literacy are more important than its location. The state center should not be or be seen as a vehicle for promoting any single library. A state center for the book should be truly statewide in its governance, support, and activities. Its creation should help unify a state's book community, from author to reader, and its activities should reinforce and strengthen the work of other organizations. State centers should not be or be seen as "competitors" with other organizations. The Nevada Humanities is the only organization who meets these requirements.</p>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:				
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
	08/08/17	06/30/18	\$50,000	Project Management, Nevada Center for the Book	Waiver #170701
			\$		
			\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	The State Library will have to reconsider its engagement with this national program, due to organizational bandwidth. The opportunity cost to thousands of engaged Nevadans who annually participate in the programs noted above is significant.

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?
	As having been responsible for these program activities we have a clear understanding of how much time and effort is required to advance strategic goals. The price to share some of the responsibilities for executing programs and all that is necessary to promote success is based on an average number of hours required from a variety of key skills and abilities from the Nevada Humanities, the only allied partner with statewide credibility and authority to engage in the work.

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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	a. If yes, please provide details regarding future obligations or needs.		
	This purchase will not "obligate" the State to this vendor, however the success of the partnership is likely to lend itself to future programs.		

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.

Sulin Jones
Agency Representative Initiating Request

Sulin Jones
Print Name of Agency Representative Initiating Request

04-27-18
Date

Tammy Westergard
Signature of Agency Head Authorizing Request

Tammy Westergard, Assistant Administrator
Print Name of Agency Head Authorizing Request

4-27-18
Date (Acting Administrator)

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

5-3-2018
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19920**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	Public Consulting Group, INC.
Agency Code:	402	Contractor Name:	Public Consulting Group, INC.
Appropriation Unit:	3208-24	Address:	148 State St. 10th Floor
Is budget authority available?:	Yes	City/State/Zip	Boston, MA 02109
If "No" please explain:	Not Applicable	Contact/Phone:	Jamie Kilpatrick 615-983-5318
		Vendor No.:	T32000898
		NV Business ID:	NV20021466314
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.

X	General Funds	67.00 %	Fees	0.00 %
X	Federal Funds	33.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 40DHHS-S11**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2021**Contract term: **2 years and 304 days**4. Type of contract: **Contract**Contract description: **Early Intervention**

5. Purpose of contract:

This is a new contract to provide an off-the-shelf, cloud-hosted Early Intervention Management System which will replace existing systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$762,500.00**

Payment for services will be made at the rate of \$15,416.67 per month

Other basis for payment: \$300,000 when all integrated modules of the Early Intervention Management System (EIMS) are functional and approved. \$185,000 per year Annual Maintenance, Hosting and Support paid \$15,416.67 monthly. Plus PCG will collect ten percent (10%) of the collections from the EIMS systems for Medicaid and other commercial insurance revenue received starting in the month following approved system go-live. This amount is estimated to be \$530,125 per year based on FY18 total Medicaid and Private Insurance authority.

II. JUSTIFICATION

7. What conditions require that this work be done?

There is a need for an integrated system that will meet all Federal and State reporting and tracking needs (as defined by IDEA Part C) and improve visibility across programs and services. There is a need for a service module that will allow for detailed logging, tracking and monitoring of specific services provided. Additionally, there is a need for detailed billing services to both Medicaid and commercial / private insurance. This is cloud-based Software as a Service (SaaS) system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have the staffing or expertise available to perform these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Public Consulting Group (PCG)

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S11, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/20/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

PCG will receive ten percent (10%) of the collections from the EIMS systems.

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently contracted with all DHHS Divisions and service has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vmilazz1	04/02/2018 15:25:18 PM
Division Approval	vmilazz1	04/02/2018 15:25:21 PM
Department Approval	vmilazz1	04/02/2018 15:25:24 PM
Contract Manager Approval	vmilazz1	04/10/2018 15:56:11 PM
EITS Approval	lolso3	04/10/2018 16:00:01 PM
Budget Analyst Approval	bwooldri	05/10/2018 10:51:23 AM
BOE Agenda Approval	nhovden	05/14/2018 13:19:50 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

MEMORANDUM

DATE: 30 Aug 2017

TO: David N. Stewart, Deputy Administrator,
Health Information, Tech and Analytics

CC: Governor's Finance Office
Tiffany A Smith, Family Services Specialist,
Brenda Bledsoe, Clinical Program Planner
Valerie Hoffman, ITP III, DHHS
Shannon Rahming, Administrator, EITS, DOA
David Haws, Deputy 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

FROM: Tim Lewis, TIR Administrator, EITS, DOA

SUBJECT: TIR Approval: DHHS IDEA Part C Early Intervention and Billing System

We have reviewed and approved the TIR and associated documentation for the **DHHS IDEA Part C Early Intervention and Billing System project** for the Department of Health and Human Services.

To meet emerging federal requirements, the project requests funding to replace the existing system by procuring an Early Intervention Management System (EIMS) that includes service logging and billing modules.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) (InfoSec@doit.nv.gov) will ensure maximum security through guidance related to system architecture and the establishment of proper security controls. Please work with OIS to assure that proper security provisions are included in RFPs and vendor contracts. They are available to review any controls and provide guidance on protecting critical and personally identifiable information.

Please be sure to 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 regarding this or wish to receive a sampling of the types of RDAs that will be affected by this implementation please contact the State Records Manager, Nevada Library and Archives at records@admin.nv.gov.

For any servers hosted at the EITS facility that are retired as a result of the project, please work with your budget analyst so that budgeting and billing streams are appropriately adjusted, as needed.

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services. If you have any questions, or if EITS Planning can be of any further assistance, please feel free to contact me at 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: **19959**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	Center for Autism and Behavior Analysis, LLC
Agency Code:	402	Contractor Name:	Center for Autism and Behavior Analysis, LLC
Appropriation Unit:	3266-16	Address:	5940 S Rainbow Blvd., #190
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	Darnell Thompkins 702-850-2691
		Vendor No.:	T29040234
		NV Business ID:	NV20171216358

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	56.00 %	Fees	0.00 %
X	Federal Funds	31.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	13.00 % Healthy Nevada Fund

Agency Reference #: 402

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/11/2022**Contract term: **3 years and 358 days**4. Type of contract: **Contract**Contract description: **Professional Services**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services to increase language and communication skills; improve attention, focus, social skills and memory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,440,000.00**

Other basis for payment: Monthly, as invoiced

II. JUSTIFICATION

7. What conditions require that this work be done?

The Autism Treatment Assistance Program (ATAP) was created to assist parents and caregivers with the expensive cost of providing Autism-specific treatments to their child with Autism Spectrum Disorder (ASD). ATAP provides a monthly allotment to pay for on-going treatment development, supervision and a limited amount of weekly intervention hours based upon a child's individual treatment plan, age, and income.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

ATAP uses contracted providers to develop and implement treatment. In order to meet the need of the population, ATAP is always recruiting and accepting new providers to carry out treatment. At this time, ATAP has a wait list of 540 children. In order to meet our budgeted caseload we need to increase our provider network. Without a sufficient provider network, hundreds of children will go without therapy during critical learning stages hindering progress.

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?

Non-competitive selection per NAC 333.150

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	dbowma1	04/16/2018 11:38:44 AM
Division Approval	dbowma1	04/16/2018 11:38:48 AM
Department Approval	vmilazz1	04/29/2018 20:16:19 PM
Contract Manager Approval	ltuttl1	04/30/2018 13:55:01 PM
Budget Analyst Approval	bwooldri	05/09/2018 12:05:00 PM
BOE Agenda Approval	nhovden	05/09/2018 13:17:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19973**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	SUMMIT AUTISM SERVICES, LLC
Agency Code:	402	Contractor Name:	SUMMIT AUTISM SERVICES, LLC
Appropriation Unit:	3266-16	Address:	848 N. Rainbow Blvd. PMB 2717
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89107
If "No" please explain:	Not Applicable	Contact/Phone:	Jaime Hughes-Lika 702-375-4461
		Vendor No.:	T27041644
		NV Business ID:	NV20091620261

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	56.00 %	Fees	0.00 %
X	Federal Funds	31.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	13.00 % Healthy Nevada Fund

Agency Reference #: **402**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/11/2022**Contract term: **3 years and 358 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services to increase language and communication skills, improve attention, focus, social skills and memory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,440,000.00**

Other basis for payment: Monthly, as invoiced

II. JUSTIFICATION

7. What conditions require that this work be done?

The Autism Treatment Assistance Program (ATAP) was created to assist parents and caregivers with the expensive cost of providing Autism-specific treatments to their child with Autism Spectrum Disorder (ASD). ATAP provides a monthly allotment to pay for on-going treatment development, supervision and a limited amount of weekly intervention hours based upon a child's individual treatment plan, age, and income.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

ATAP uses contracted providers to develop and implement treatment. In order to meet the need of the population, ATAP is always recruiting and accepting new providers to carry out treatment. At this time, ATAP has a wait list of 540 children. In order to meet our budgeted caseload we need to increase our provider network. Without a sufficient provider network, hundreds of children will go without therapy during critical learning stages hindering progress.

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?

Non-competitive selection per NAC 333.150

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	dbowma1	04/17/2018 11:00:11 AM
Division Approval	dbowma1	04/17/2018 11:00:14 AM
Department Approval	vmilazz1	04/29/2018 20:09:07 PM
Contract Manager Approval	ltuttl1	04/30/2018 13:54:14 PM
Budget Analyst Approval	bwooldri	05/09/2018 11:58:57 AM
BOE Agenda Approval	nhovden	05/09/2018 13:15:18 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19969**Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3157-00**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Elko County DBA REGIONAL DEVELOPMENT AUTHORITY**Contractor Name: **Elko County DBA REGIONAL DEVELOPMENT AUTHORITY**Address: **540 Court Street Suite 104**City/State/Zip: **Elko, NV 89801**Contact/Phone: **775-748-0359**Vendor No.: **T81072742**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2021**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Elko RTC**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer funds to support paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,146.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have Transportation services in place to provide paratransit rides.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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	04/24/2018 11:39:40 AM
Division Approval	ecreceli	05/01/2018 10:40:35 AM
Department Approval	vmilazz1	05/07/2018 11:04:08 AM
Contract Manager Approval	iknigh1	05/08/2018 14:36:05 PM
Budget Analyst Approval	bwooldri	05/14/2018 14:44:53 PM
BOE Agenda Approval	nhovden	05/22/2018 13:22:14 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
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MEMORANDUM

Date: May 1st, 2018
TO: Bessie Wooldridge, Executive Branch Officer I
FROM: Ellen Crecelius, DHCFP
RE: Elko County

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. This contract requires a retroactive start date due to negotiations between the Counties and the State for paratransit services. The county required more time to submit cost reports to DHCFP's financial statement auditor so that they can be audited for accuracy and submitted to the agency for payment. The final payment is used by the agency to calculate the projected budget for the contract term. The retroactive start date reflects the lag time in cost reports submitted to the vendor and in turn submitted to the agency for payment and budget projections

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: **19857**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	HEALTH SERVICES ADVISORY GROUP, INC.
Agency Code:	403	Contractor Name:	HEALTH SERVICES ADVISORY GROUP, INC.
Appropriation Unit:	3158-04	Address:	3133 E CAMELBACK RD STE 100
Is budget authority available?:	Yes	City/State/Zip	PHOENIX, AZ 85016-4545
If "No" please explain:	Not Applicable		
		Contact/Phone:	602-801-6630
		Vendor No.:	T81093076
		NV Business ID:	NV20001213956

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.

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **EQRO Vendor**

5. Purpose of contract:

This is a new contract to provide ongoing analysis and evaluation of aggregated information on quality, timeliness and access to the health care services furnished by a managed care organization, prepaid ambulatory health plan or care management organization to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,962,597.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Balanced Budget Act of 1997 (BBA) requires that DHCFP contract with a qualified independent entity to annually review the quality outcomes, timeliness, and access to services for which the managed care contractors are contractually responsible.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing or expertise available to perform these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Mercer Health & Benefits, LLC
 Germane Solutions
 Delmarva Foundation for Medical Care**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3491, 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: 01/10/2018 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:

This vendor has previously been utilized and their performance 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	pcolegro	04/13/2018 14:52:43 PM
Division Approval	pcolegro	04/13/2018 14:52:46 PM
Department Approval	vmilazz1	05/01/2018 16:45:12 PM
Contract Manager Approval	iknigh1	05/01/2018 16:45:50 PM
EITS Approval	lolso3	05/02/2018 15:18:21 PM
Budget Analyst Approval	bwooldri	05/15/2018 11:20:16 AM
BOE Agenda Approval	nhovden	05/21/2018 09:38:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19854**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Carson City Fire Department
Agency Code:	403	Contractor Name:	Carson City Fire Department
Appropriation Unit:	3243-24	Address:	777 South Stewart Street
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	775-283-7209
		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 %
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 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid Fiscal Agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,311,668.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Fire Districts perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payment based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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 is currently supplying these services and their performance 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	jkolenut	04/10/2018 10:21:54 AM
Division Approval	vmilazz1	04/29/2018 21:35:29 PM
Department Approval	vmilazz1	04/29/2018 21:35:32 PM
Contract Manager Approval	iknigh1	05/08/2018 14:31:03 PM
Budget Analyst Approval	bwooldri	05/14/2018 13:59:29 PM
BOE Agenda Approval	nhovden	05/22/2018 12:11:45 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19849**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Central Lyon County Fire Protection District
Agency Code:	403	Contractor Name:	Central Lyon County Fire Protection District
Appropriation Unit:	3243-24	Address:	146 Dayton Valley Road Suite 106
Is budget authority available?:	Yes	City/State/Zip	Dayton, NV 89403
If "No" please explain:	Not Applicable	Contact/Phone:	775-246-6209
		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 %
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 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,519,885.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The state has previously contracted with this vendor and they performed 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	jkolenut	04/10/2018 10:39:19 AM
Division Approval	vmilazz1	04/29/2018 21:57:46 PM
Department Approval	vmilazz1	04/29/2018 21:57:49 PM
Contract Manager Approval	iknigh1	05/08/2018 14:33:50 PM
Budget Analyst Approval	bwooldri	05/14/2018 14:06:37 PM
BOE Agenda Approval	nhovden	05/22/2018 13:00:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19946**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County Fire Department
Agency Code:	403	Contractor Name:	Clark County Fire Department
Appropriation Unit:	3243-24	Address:	500 Grand Central Parkway
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89155
If "No" please explain:	Not Applicable	Contact/Phone:	702-455-6298
		Vendor No.:	T81026920
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 06/2018

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the Fire Districts for services rendered. This contract was delayed due to the approval of the State Plan Amendment.3. Termination Date: **06/30/2018**Contract term: **2 years and 273 days**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,553,173.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	04/24/2018 14:27:35 PM
Division Approval	ecreceli	05/01/2018 10:41:16 AM
Department Approval	vmilazz1	05/07/2018 10:56:21 AM
Contract Manager Approval	iknigh1	05/08/2018 14:36:40 PM
Budget Analyst Approval	bwooldri	05/14/2018 13:37:58 PM
BOE Agenda Approval	nhovden	05/22/2018 12:08:16 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: May 1st, 2018
TO: Bessie Wooldridge, Executive Branch Officer I
FROM: Ellen Crecelius, DHCFP
RE: Clark County Fire Department

This memorandum requests that the above subject contract be approved for a retroactive start date effective October 1, 2015. The contract requires a retroactive start date to allow the State to pay the Fire Districts for services rendered. This contract was delayed due to the approval of the State Plan Amendment. The county required more time to submit cost reports to DHCFP's financial statement auditor so that they can be audited for accuracy and submitted to the agency for payment. The final payment is used by the agency to calculate the projected budget for the contract term. The retroactive start date reflects the lag time in cost reports submitted to the vendor and in turn submitted to the agency for payment and budget projections

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: **19951**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	East Fork Fire Protection District
Agency Code:	403	Contractor Name:	East Fork Fire Protection District
Appropriation Unit:	3243-24	Address:	1694 County Road
Is budget authority available?:	Yes	City/State/Zip	Minden, NV 89423
If "No" please explain:	Not Applicable	Contact/Phone:	775-782-9040
		Vendor No.:	T27040913
		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 %
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 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,503,158.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	04/24/2018 15:01:33 PM
Division Approval	ecreceli	05/01/2018 10:44:20 AM
Department Approval	vmilazz1	05/07/2018 09:36:42 AM
Contract Manager Approval	iknigh1	05/08/2018 14:37:09 PM
Budget Analyst Approval	bwooldri	05/14/2018 14:09:56 PM
BOE Agenda Approval	nhovden	05/22/2018 13:02:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19858**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	North Lake Tahoe Fire Protection District
Agency Code:	403	Contractor Name:	North Lake Tahoe Fire Protection District
Appropriation Unit:	3243-24	Address:	866 Oriole Way
Is budget authority available?:	Yes	City/State/Zip	Incline Village, NV 89451
If "No" please explain:	Not Applicable	Contact/Phone:	775-831-0351
		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 %
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 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide certified public expenditures reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid Fiscal Agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,100,868.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Fire District performs Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payment based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has previously contracted with this vendor and their performance was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	jkolenut	04/12/2018 15:47:01 PM
Division Approval	vmilazz1	04/29/2018 21:52:19 PM
Department Approval	vmilazz1	04/29/2018 21:52:22 PM
Contract Manager Approval	iknigh1	05/08/2018 14:34:29 PM
Budget Analyst Approval	bwooldri	05/14/2018 14:02:27 PM
BOE Agenda Approval	nhovden	05/22/2018 12:14:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19949**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Pyramid Lake Fire Rescue
Agency Code:	403	Contractor Name:	Pyramid Lake Fire Rescue
Appropriation Unit:	3243-24	Address:	208 Capitol Hill
Is budget authority available?:	Yes		P.O. Box 256
If "No" please explain:	Not Applicable	City/State/Zip	Nixon, NV 89424
		Contact/Phone:	775-574-1008
		Vendor No.:	T10116900
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2022**

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 **10/01/2015**

Anticipated BOE meeting date 06/2018

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the Fire Districts for services rendered. This contract was delayed due to the approval of the State Plan Amendment.

3. Termination Date: **06/30/2022**Contract term: **6 years and 274 days**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,753,384.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	04/24/2018 13:33:08 PM
Division Approval	ecreceli	05/01/2018 10:44:04 AM
Department Approval	vmilazz1	05/07/2018 10:04:07 AM
Contract Manager Approval	iknigh1	05/08/2018 14:38:32 PM
Budget Analyst Approval	bwooldri	05/14/2018 14:11:27 PM
BOE Agenda Approval	nhovden	05/22/2018 13:05:22 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: May 1st, 2018
TO: Bessie Wooldridge, Executive Branch Officer I
FROM: Ellen Crecelius, DHCFP
RE: Pyramid Lake Fire Rescue / EMS

This memorandum requests that the above subject contract be approved for a retroactive start date effective October 1, 2015. The contract requires a retroactive start date to allow the State to pay the Fire Districts for services rendered. This contract was delayed due to the approval of the State Plan Amendment. The county required more time to submit cost reports to DHCFP's financial statement auditor so that they can be audited for accuracy and submitted to the agency for payment. The final payment is used by the agency to calculate the projected budget for the contract term. The retroactive start date reflects the lag time in cost reports submitted to the vendor and in turn submitted to the agency for payment and budget projections

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: **19843**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Washoe County
Agency Code:	403	Contractor Name:	Washoe County
Appropriation Unit:	3243-00	Address:	PO BOX 11130
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89520
If "No" please explain:	Not Applicable	Contact/Phone:	775-785-5641
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **County Match**

5. Purpose of contract:

This is a new Interlocal agreement to provide the administrative services necessary to operate the Medicaid County Match program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,939,751.88****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support, and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The county match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the county match program. DHCFF pays providers and the counties reimburse the State for the non-federal share.

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:

DHCFP has had similar contracts with the county to facilitate the county match program since 1989.

14. Is the contractor currently involved in litigation with the State 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	jkolenut	04/10/2018 13:13:41 PM
Division Approval	ecrecli	05/08/2018 16:40:41 PM
Department Approval	vmilazz1	05/09/2018 09:02:38 AM
Contract Manager Approval	iknigh1	05/14/2018 14:15:59 PM
Budget Analyst Approval	bwooldri	05/14/2018 14:47:24 PM
BOE Agenda Approval	nhovden	05/22/2018 13:12:21 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

DATE: May 1st, 2018
TO: Bessie Wooldridge, Executive Branch Budget Officer I
FROM: Ellen Crecelius, DHCFP
RE: Washoe County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. The contract requires a retroactive start date to allow the State to collect revenue from the County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

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: **20085**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Fidelity Information Services, LLC
Agency Code:	406	Contractor Name:	Fidelity Information Services, LLC
Appropriation Unit:	3214-12	Address:	601 Riverside Avenue
Is budget authority available?:	Yes	City/State/Zip	Jacksonville, FL 32204
If "No" please explain:	Not Applicable	Contact/Phone:	Louise Meyer 262-679-0389
		Vendor No.:	T27038949A
		NV Business ID:	NV19981232693

To what State Fiscal Year(s) will the contract be charged? **2019-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP 3292/C 16530**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **WIC EBT**

5. Purpose of contract:

This is a new contract to provide ongoing electronic benefit transfer services to eligible clients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,389,142.40****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada WIC requires financial services to provide eligibility services and payments to clients.

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 experience or technical knowledge to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Conduent State & Local Solutions, Inc.
 Fidelity Information Services, LLC
 Solutran, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3292, 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: 08/16/2017 Anticipated re-bid date: 10/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2015 - 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	05/14/2018 11:50:42 AM
Division Approval	rmorse	05/14/2018 11:50:45 AM
Department Approval	vmilazz1	05/14/2018 14:59:47 PM
Contract Manager Approval	rmorse	05/14/2018 15:35:22 PM
Budget Analyst Approval	afrantz	05/16/2018 11:05:18 AM
BOE Agenda Approval	nhovden	05/22/2018 10:10:01 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19982**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	ImageTrend, Inc.
Agency Code:	406	Contractor Name:	ImageTrend, Inc.
Appropriation Unit:	3235-20	Address:	20855 Kensington Blvd.
Is budget authority available?:	Yes	City/State/Zip	Lakeville, MN 55044
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Vanina 952-469-1589
		Vendor No.:	T32005910
		NV Business ID:	NV20181134339

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP 3492/C 16513

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **Contract**Contract description: **NEMSIS**

5. Purpose of contract:

This is a new contract to provide implementation, hosting and maintenance of a statewide, web-based Emergency Medical Services Data Reporting System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,714,200.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This request for new technology coincides with the development of the National Emergency Medical Service Information System (NEMSIS), which is a national consensus-based standard that creates both uniform definitions of terms and a single data transfer scheme between local, state and national emergency medical services (EMS) data systems.

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 knowledge or technical experience to perform this service.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

ImageTrend, Inc.b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3292, 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: 09/22/2017 Anticipated re-bid date: 09/21/2022

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dohl0	04/25/2018 12:57:05 PM
Division Approval	dohl0	04/25/2018 12:57:10 PM
Department Approval	vmilazz1	04/29/2018 22:24:17 PM
Contract Manager Approval	dohl0	05/01/2018 14:46:04 PM
EITS Approval	lolso3	05/02/2018 15:20:37 PM
Budget Analyst Approval	afrantz	05/14/2018 14:15:23 PM
BOE Agenda Approval	nhovden	05/22/2018 10:37:19 AM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Michael Dietrich
State CIO

David Haws
EITS Administrator

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

DATE: April 26, 2018

TO: Amber Little, IT Manager 1, DPBH

CC: Michael Dietrich, State CIO
David Haws, 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: TIN Review Completion: Emergency Medical Services System Replacement

We completed our review of the Emergency Medical Services System Replacement.

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) are available to review security controls and provide guidance on system architecture and the protection of 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: **20068**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	FIDELITY INFORMATION SERVICES, LLC
Agency Code:	407	Contractor Name:	FIDELITY INFORMATION SERVICES, LLC
Appropriation Unit:	3228-12	Address:	LLC
Is budget authority available?:	Yes		PO BOX 4535
If "No" please explain:	Not Applicable	City/State/Zip	CAROL STREAM, IL 60197-4535
		Contact/Phone:	414/357-9133
		Vendor No.:	T27038949A
		NV Business ID:	NV19981232693
To what State Fiscal Year(s) will the contract be charged?	2019-2026		

What is the source of funds that 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	47.50 %	Fees	0.00 %
X	Federal Funds	52.50 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **EBT Services**

5. Purpose of contract:

This is a new contract to provide ongoing electronic benefits services to eligible clients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,880,000.00**Other basis for payment: **Actual per Invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Supplemental Nutrition Assistance Program requires EBT services to Welfare clients who meet the requirements for assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to perform this type of work.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):

Fidelity Information Services
Solutran Inc.
Condunt Financial Information

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 3292, and in accordance with NRS 333, the selected the vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/16/2017 Anticipated re-bid date: 06/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Denise Southern, Program Officer Ph: 775) 684-0575

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bberry	05/09/2018 15:33:27 PM
Division Approval	bberry	05/09/2018 15:48:35 PM
Department Approval	vmilazz1	05/09/2018 17:50:16 PM
Contract Manager Approval	mpomerle	05/10/2018 09:07:37 AM
Budget Analyst Approval	nhovden	05/22/2018 10:17:04 AM
BOE Agenda Approval	nhovden	05/22/2018 10:17:07 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19829**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	REGIONAL TRANSPORTATION COMMISSION
Agency Code:	407	Contractor Name:	REGIONAL TRANSPORTATION COMMISSION
Appropriation Unit:	3230-15	Address:	COMMISSION
Is budget authority available?:	Yes	City/State/Zip	1105 TERMINAL WAY STE 300 RENO, NV 89502-2189
If "No" please explain:	Not Applicable	Contact/Phone:	775/348-0400
		Vendor No.:	PUR0002452
		NV Business ID:	Gov't 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.

X	General Funds	9.00 %	Fees	0.00 %
X	Federal Funds	91.00 %	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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **TANF/SNAP Transporta**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing bus passes to eligible Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program employment and training participants who must participate in work activities as a condition of receiving benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$237,600.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Providing bus passes to TANF eligible recipients assists them in fulfilling required job seeking activities. Some SNAP participants are required to complete job search activities. Transportation is provided to combat this as a potential barrier of job search activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Regional Transportation Commission is a public agency that provides public transit services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing 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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Maria Wortman-Meshberger, Program Specialist Ph: 775-684-0506

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	04/05/2018 16:20:35 PM
Division Approval	bberry	04/25/2018 13:34:38 PM
Department Approval	vmilazz1	05/06/2018 18:29:50 PM
Contract Manager Approval	sjon23	05/07/2018 12:23:22 PM
Budget Analyst Approval	nhovden	05/09/2018 11:45:18 AM
BOE Agenda Approval	nhovden	05/09/2018 11:45:20 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19859**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	CHANGE AND INNOVATION AGENCY, LLC
Agency Code:	407	Contractor Name:	CHANGE AND INNOVATION AGENCY, LLC
Appropriation Unit:	3233-26	Address:	LLC
Is budget authority available?:	Yes		8908 N GLENWOOD AVE
If "No" please explain:	Not Applicable	City/State/Zip	KANSAS CITY, MO 64157-7889
		Contact/Phone:	573/230-7470
		Vendor No.:	T32002127
		NV Business ID:	NV2012733603

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.

X	General Funds	30.00 %	Fees	0.00 %
X	Federal Funds	70.00 %	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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Lobby Management**

5. Purpose of contract:

This is a new contract to provide ongoing Lobby Management system licensing/support.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,679,501.00**

Other basis for payment: As specified in Attachment A: Negotiated Cost Summary

II. JUSTIFICATION

7. What conditions require that this work be done?

The Lobby Management system is essential for maintaining the streamlined service process, increased client satisfaction, and enhanced productivity of DWSS District Office employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to provide this service.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The system was previously purchased/installed and in use by the State.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Joe Garcia, Chief, POST Ph: 775-684-0516

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	04/05/2018 16:22:31 PM
Division Approval	bberry	04/20/2018 16:55:14 PM
Department Approval	vmilazz1	05/07/2018 17:28:32 PM
Contract Manager Approval	sjon23	05/08/2018 09:04:52 AM
Budget Analyst Approval	nhovden	05/14/2018 15:46:29 PM
BOE Agenda Approval	nhovden	05/14/2018 15:46:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17792**Amendment Number: **3**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Legal Entity Name: **CHANGE AND INNOVATION AGENCY, LLC**Agency Code: **407**Contractor Name: **CHANGE AND INNOVATION AGENCY, LLC**Appropriation Unit: **3233-04**Address: **8908 N GLENWOOD AVE**Is budget authority available?: **Yes**City/State/Zip: **KANSAS CITY, MO 64157-7889**If "No" please explain: **Not Applicable**Contact/Phone: **573/230-7470**Vendor No.: **T32002127**NV Business ID: **NV20031499292**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	30.00 %	Fees	0.00 %
X	Federal Funds	70.00 %	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 **07/01/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **SNAP Reinvest - BPR**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing maintenance and follow-up to improve Business Process Reengineering consistency across field offices and to conduct a design session to improve the client error rate. This amendment extends the termination date from June 30, 2018 to June 30, 2020, increases the maximum amount from \$320,000 to \$840,000 due to the continued need for these services, revises Attachment A: Deliverable Payment Schedule, revises Attachment C: Scope of Work and incorporates Attachment D, an amended Solicitation Waiver.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$320,000.00	\$320,000.00	\$320,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$520,000.00	\$520,000.00	\$520,000.00	Yes - Action
3. New maximum contract amount:	\$840,000.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to quality control sanctions imposed by USDA-FNS, DWSS must reinvest funds to improve timeliness and SNAP Payment Accuracy by improving business practices in all DWSS field offices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to provide this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 180504

Approval Date: 05/11/2018

c. Why was this contractor chosen in preference to other?

Reinvestment activities must be in place by 9/30/2016 otherwise DWSS faces additional sanctions. DWSS has previously partnered with this vendor and the services will build upon what has already been developed.

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:

Vendor is currently under contract with DWSS and providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	jhoba2	04/24/2018 12:38:47 PM
Division Approval	bberry	04/25/2018 19:34:23 PM
Department Approval	vmilazz1	05/11/2018 16:14:32 PM
Contract Manager Approval	mpomerle	05/14/2018 08:12:51 AM
Budget Analyst Approval	nhovden	05/14/2018 15:10:47 PM
BOE Agenda Approval	nhovden	05/14/2018 15:38:16 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#: **180504**

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: DHHS/DWSS		
	Contact Name and Title	Phone Number	Email Address
	Joe Garcia, Social Services Chief III	775.684.0516	jgarcia@dwss.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Change and Innovation Agency (CIA)
	Contact Name:	Blake Shaw
	Address:	8908 N. Glenwood Ave. Kansas City, MO 64157
	Telephone Number:	573.230.7470
Email Address:		blake@changeagents.info

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
Professional Service Exemption:		X

1d	Contract Information:			
	Is this a new Contract?	Yes	No	X
	Amendment:	#3		
CETS:		#17792		

1e	Term:				
	One (1) Time Purchase:				
Contract:15298		Start Date:	July 1, 2018	End Date:	June 30, 2020

1f	Funding:	
	State Appropriated:	3233 CAT 04
	Federal Funds:	
	Grant Funds:	
Other (Explain):		

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
\$520,000	

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Continued maintenance of DWSS' Business Process Reengineering BPR work flow procedures as well as continued guidance/training from CIA. This guidance/training includes managing, monitoring, maintaining and enhancing DWSS' current BPR efforts ensuring the process is maintained according to the workflow format designed by the vendor in accordance with Division and federal requirements pursuant to the recommendation of the Federal Food and Nutrition Services (FNS) agency. The vendor acts in an advisory and consulting capacity to facilitate and guide the agency to conduct office reviews, analyze suggestions for change, pilot approved suggestions, monitor and measure outcomes, implement statewide changes, and update tools, scripts, and manuals. This guidance/training will also allow DWSS to have qualified BPR state staff who will audit each offices BPR process to ensure staff have a clear understanding of the current BPR process, and to identify areas needing improvement.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>DWSS and CIA have successfully partnered to reengineer business practices in all DWSS Field Offices as well as the Investigations & Recovery Unit. This amendment provides for maintenance services to maintain the procedural system which has significantly improved efficiencies enabling DWSS to do more work with less staff while providing expeditious service to the citizens of Nevada. Additionally, part of our vendor relationship with CIA is real-time monitoring of all client workflows ensuring staff do not deviate from the established BPR procedures unintentionally corrupting the established business process and workflow. This is accomplished by constant analysis of workflow tracked by the vendor's proprietary system PathOS. This system has been designed to meet the needs of DWSS BPR procedures and has been interfaced with DWSS' mainframe (NOMADS). Integration has increased the agencies capacity as a result of reducing the manual intervention needed. The Process System and the Technology System increase agency capacity and facilitate a "one and done" client eligibility determination. The agency is able to determine eligibility for individuals at first contact 75% of the time. DWSS is looking to continue to expand the initiative beyond just the field operations units (District Offices) to other units in the agency including utilizing the PathOs work management system.</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>The effort and expertise already provided by CIA is unparalleled. They have a 5 year proven track record with the Division. DWSS has integrated the BPR process designed by CIA and utilization of their proprietary system PathOS. Replacing the BPR process and PathOS data system would cost the Division millions of dollars and disrupt an already proven process and workflow system. Corrupting or not maintaining the business process could result in reduced capacity, poor timeliness, poor quality, increased error rates and potential federal sanctions. Increased staffing would be needed to manage the disruptions resulting from obtaining a new vendor and causing eligibility delays to the customers we serve.</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>				

DWSS has a proven BPR process that was designed/developed by CIA. This includes maintenance of the process they developed and their proprietary system PathOS. The BPR procedures have been integrated into our eligibility determinations which includes the training of approx. 900 division staff in this process and the use of PathOS. There is no cost benefit to the state to transition to a new vendor and disrupt an already highly functioning process/system.

Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.					Yes:	X	No:	
6	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)		
	07/01/2016	06/30/2017	\$320,000	Risk loss of Fed. funds		Waiver#160504		
	03/11/2014	06/30/2018	\$1,302,500	Lobby Management System		RFP#3038		
	03/12/2013	06/30/2015	\$1,310,000	New Business Process Reengineering		RFP#3038		
		\$						

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

It is imperative that DWSS retain CIA's services to continue with current BPR processes and data system; as well as maintain efficiencies already recognized as a result of their guidance. Additionally, their valued assistance is needed in other areas of the division to continue with the Division's vision of streamlining processes and improving client services which inevitably saves the state time and money. Two states did not proactively maintain the health of the newly established business process, Hawaii and Alaska, and each state lost the previous gains, and fell back into the realm of untimely work, poor customer service and federal sanctions. At the urging of FNS and because of our partnership with CIA, DWSS improved average processing times from 52 days to 8 days. Reduced the average call wait time from 60 minutes to 2 minutes. Improved the decision error rate from 7.61% to less than 6%. The agency went from a sanction status in 2014 and a penalty of \$755,091.50 to one of the most improved in the nation in 2015 and received a 1.9 million dollar bonus.

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?

DWSS has invested a significant amount of time and money working with the Feds and CIA to remediate the negative impacts of the FY 14 accuracy rates and federal sanctions. CIA has worked effectively to implement an efficient system and provide quality, consistent training that has resulted in substantial improvements in timeliness and streamlined the eligibility determination process. This dramatic increase in efficiencies has led to considerable cost savings to the State. Transitioning an already proven process to another vendor's solution will disrupt the current process causing substantial cost to the State. Additionally, DWSS would lose the momentum gained with the current vendor which would put the Division at risk of federal sanctions ultimately reducing the amount of federal funding available for services to needy Nevadan's. This in addition to the cost of transitioning this already proven process to another vendor is an inefficient use of state funding and time.

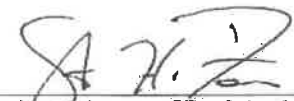
	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
9	a. <u>If yes, please provide details regarding future obligations or needs.</u> As demonstrated above, it would not be cost effective for the Division to transition to another BPR process or data system. Therefore, it is the Division's intention to continue to partner with CIA for BPR services.				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.


Agency Representative Initiating Request

Joe Garcia
Print Name of Agency Representative Initiating Request

05/09/18
Date


Signature of Agency Head Authorizing Request

Steve H. Fisher
Print Name of Agency Head Authorizing Request

5/10/18
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: 
Administrator, Purchasing Division or Designee

5-11-2018
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19934**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3233-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GINNIE BERES DBA ROADRUNNER JANITORIAL SERVICE**Contractor Name: **GINNIE BERES DBA ROADRUNNER JANITORIAL SERVICE**Address: **ROADRUNNER JANITORIAL SERVICE
5911 VICKI ANN RD**City/State/Zip: **PAHRUMP, NV 89048-7440**Contact/Phone: **775/727-4405**Vendor No.: **T29032429**NV Business ID: **NV20131113914**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.

X	General Funds	31.00 %	Fees	0.00 %
X	Federal Funds	69.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Pahrump District Office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$1,250.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to ensure that a clean and sanitary work environment exists for staff and the clients served by DWSS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Janitorial services are not offered by the State of Nevada.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):

Spit Shine LLC
Resolution Partners, LLC
R&R Solutions, Inc.
Valleywide Janitorial
SunnySuds
Roadrunner Janitorial Service
On Point Cleaning Service
Merchants Building Maintenance
Grade A kitchen and Office Cleaning
Danuvial Service Solutions Inc.
Cosmic Cleaning Service
Best Janitorial Services of Nevada
Battle Born Services LLC
AM BUILDING MAINTENANCE
A Clean Getaway

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only one who submitted a bid on this solicitation. Additionally, the vendor is currently contracted with the State to perform janitorial services at this location and has been providing satisfactory service.

d. Last bid date: 03/13/2014 Anticipated re-bid date: 03/13/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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 is currently under contract with DWSS and performing janitorial services in a satisfactory manner.

14. Is the contractor currently involved in litigation with the State 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:

Barbara Smith, Facility and Safety Manager Ph: (775) 684-0652

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	04/23/2018 12:47:55 PM
Division Approval	bberry	04/25/2018 11:37:04 AM

Department Approval	vmilazz1	05/06/2018 18:08:17 PM
Contract Manager Approval	mpomerle	05/07/2018 13:42:16 PM
Budget Analyst Approval	nhovden	05/09/2018 11:36:26 AM
BOE Agenda Approval	nhovden	05/09/2018 11:36:28 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19720**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3238-10**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **CARSON CITY FIRST JUDICIAL DISTRICT COURT**Contractor Name: **CARSON CITY FIRST JUDICIAL DISTRICT COURT**Address: **FIRST JUDICIAL DISTRICT COURT
885 E MUSSER ST STE 2007**City/State/Zip: **CARSON CITY, NV 89701**Contact/Phone: **775/887-2121**Vendor No.: **T80990941AJ**NV Business ID: **Gov't 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$106,244.00**Other basis for payment: **Actual per invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.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: **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:

Currently under contract with DWSS and providing 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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Danielle Loomis, SSPS III Ph: 775-684-0691

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/15/2018 16:16:10 PM
Division Approval	bberry	05/07/2018 17:02:15 PM
Department Approval	vmilazz1	05/08/2018 14:33:08 PM
Contract Manager Approval	sjon23	05/09/2018 15:28:22 PM
Budget Analyst Approval	nhovden	05/09/2018 15:40:24 PM
BOE Agenda Approval	nhovden	05/09/2018 15:44:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19755**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	CHURCHILL COUNTY - TENTH JUDICIAL DISTRICT COURT
Agency Code:	407	Contractor Name:	CHURCHILL COUNTY - TENTH JUDICIAL DISTRICT COURT
Appropriation Unit:	3238-10	Address:	CHURCHILL COUNTY TREASURER 155 N TAYLOR ST STE 110
Is budget authority available?:	Yes	City/State/Zip	FALLON, NV 89406-2748
If "No" please explain:	Not Applicable	Contact/Phone:	775/423-6028
		Vendor No.:	T81032440E
		NV Business ID:	GOV'T 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$68,769.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.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:

Currently under contract with DWSS and providing 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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Danielle Loomis, SSPS III Ph: 775-684-0691

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/15/2018 16:18:02 PM
Division Approval	jhoba2	03/28/2018 08:19:15 AM
Department Approval	vmilazz1	04/08/2018 18:06:55 PM
Contract Manager Approval	mpomerle	04/11/2018 13:49:18 PM
Budget Analyst Approval	nhovden	05/09/2018 13:41:10 PM
BOE Agenda Approval	nhovden	05/09/2018 13:41:13 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 CONTRACT1. Contract Number: **19745**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	ELKO COUNTY FOURTH JUDICIAL DISTRICT FAMILY COURT
Agency Code:	407	Contractor Name:	ELKO COUNTY FOURTH JUDICIAL DISTRICT FAMILY COURT
Appropriation Unit:	3238-10	Address:	NORTHEASTERN NEVADA JUVENILE 571 IDAHO ST STE 101
Is budget authority available?:	Yes	City/State/Zip	ELKO, NV 89801-3715
If "No" please explain:	Not Applicable	Contact/Phone:	775/738-5694
		Vendor No.:	T81072742R
		NV Business ID:	GOV'T 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % STATE SHARE OF COLLECTIONS

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$299,307.00**

Other basis for payment: Actual Per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.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:

Currently under contract and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

DANIELLE LOOMIS, SSPSIII Ph: 775-684-0691

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/15/2018 16:17:31 PM
Division Approval	bberry	05/03/2018 09:26:51 AM
Department Approval	vmilazz1	05/06/2018 18:34:10 PM
Contract Manager Approval	sjon23	05/07/2018 12:25:32 PM
Budget Analyst Approval	nhovden	05/09/2018 15:48:52 PM
BOE Agenda Approval	nhovden	05/09/2018 15:48:55 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19732**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3238-10**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **LYON COUNTY - THIRD JUDICIAL DISTRICT COURT**Contractor Name: **LYON COUNTY - THIRD JUDICIAL DISTRICT COURT**Address: **LYON COUNTY TREASURER
27 S MAIN ST**City/State/Zip: **YERINGTON, NV 89447-2571**Contact/Phone: **775/463-6501**Vendor No.: **T40156600F**NV Business ID: **Gov't 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,997.00**Other basis for payment: **Actual per invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.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: **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:

Currently under contract and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Danielle Loomis, SSPS III Ph: 775-684-0619

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/15/2018 16:17:15 PM
Division Approval	bberry	04/20/2018 16:07:19 PM
Department Approval	vmilazz1	05/06/2018 17:26:11 PM
Contract Manager Approval	sjon23	05/07/2018 12:11:07 PM
Budget Analyst Approval	nhovden	05/09/2018 13:52:04 PM
BOE Agenda Approval	nhovden	05/09/2018 13:52:06 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19729**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3238-10**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **SEVENTH JUDICIAL DISTRICT COURT EUREKA, LINCOLN, WHITE PINE**Contractor Name: **SEVENTH JUDICIAL DISTRICT COURT EUREKA, LINCOLN, WHITE PINE**Address: **SEVENTH JUDICIAL COURT/DEPT 1 801 CLARK ST STE 7**City/State/Zip: **ELY, NV 89301**Contact/Phone: **775/289-4813**Vendor No.: **T80971176D**NV Business ID: **Gov't 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$83,018.00**Other basis for payment: **Actual per invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.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: **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:

Currently under contract with DWSS and providing 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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Danielle Loomis, SSPS III Ph: 775-684-0691

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/15/2018 16:16:52 PM
Division Approval	bberry	03/28/2018 16:54:02 PM
Department Approval	vmilazz1	04/08/2018 17:47:51 PM
Contract Manager Approval	sjon23	04/11/2018 13:54:48 PM
Budget Analyst Approval	nhovden	05/09/2018 13:45:42 PM
BOE Agenda Approval	nhovden	05/09/2018 13:45:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19730**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	WASHOE COUNTY SECOND JUDICIAL DISTRICT COURT
Agency Code:	407	Contractor Name:	WASHOE COUNTY SECOND JUDICIAL DISTRICT COURT
Appropriation Unit:	3238-10	Address:	WASHOE SECOND JUDICIAL DIST CT 75 COURT ST
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89501
If "No" please explain:	Not Applicable	Contact/Phone:	775/328-3569
		Vendor No.:	T40283400Y
		NV Business ID:	Gov't 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Master**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,271,116.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.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: **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:

Currently under contract and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Danielle Loomis, SSPS III Ph: 775-684-0691

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/15/2018 16:17:03 PM
Division Approval	bberry	04/20/2018 16:06:43 PM
Department Approval	vmilazz1	05/06/2018 17:31:13 PM
Contract Manager Approval	sjon23	05/07/2018 12:18:15 PM
Budget Analyst Approval	nhovden	05/09/2018 13:38:11 PM
BOE Agenda Approval	nhovden	05/09/2018 13:38:13 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 CONTRACT1. Contract Number: **19810**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3148-04**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **TriTherapy LV, LLC**Contractor Name: **TriTherapy LV, LLC**Address: **10540 Headwind Avenue**City/State/Zip: **Las Vegas, NV 89129**Contact/Phone: **Erin Madden 702-803-1109**Vendor No.: **T32006298**NV Business ID: **NV20181075267**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2022**Contract term: **3 years and 347 days**4. Type of contract: **Contract**Contract description: **Therapy Services**

5. Purpose of contract:

This is a new contract to provide ongoing physical, speech and occupational therapy services to youth.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,200.00**

Other basis for payment: \$375 Initial Eval; \$250 60 min. session; \$150 30 min. session; \$125 per person 45 min. group session; \$50 service refusal

II. JUSTIFICATION

7. What conditions require that this work be done?

When prescribed by a physician a youth may require physical therapy to rehabilitate a part of the body to improve or restore physical function. When prescribed by a licensed physician speech-language therapy may be used to enhance intentional communication. When prescribed by a licensed physician Occupational Therapy may be prescribed to help people increase their functional independence in daily life while preventing or minimizing disability.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are not therapists employed with the State to meet these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Tritherapy LV LLC
Kelly Hawkins Physical Therapy
Performance Physical Therapy
Selec Physical Therapy

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected because they were the only one willing to provide services at the facility. This saves the State money in transportation costs.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/10/2022

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:

Jacob Murphy, Director, Nursing Services Ph: 702-668-4747

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/09/2018 11:41:45 AM
Division Approval	mgalli	05/01/2018 17:29:13 PM
Department Approval	vmilazz1	05/07/2018 08:01:20 AM
Contract Manager Approval	mmason	05/07/2018 09:46:49 AM
Budget Analyst Approval	nhovden	05/09/2018 10:02:29 AM
BOE Agenda Approval	nhovden	05/09/2018 10:02:31 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19963**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Allpro Services, LLC
Agency Code:	409	Contractor Name:	Allpro Services, LLC
Appropriation Unit:	3646-07	Address:	3674 N. Rancho Drive Ste. 101
Is budget authority available?:	Yes	City/State/Zip	Las Vegas , NV 89130
If "No" please explain:	Not Applicable	Contact/Phone:	Mike Holden 702-550-4755
		Vendor No.:	T27034427
		NV Business ID:	NV20111339463

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.

X	General Funds	66.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	34.00 % Medicaid

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Painting Services**

5. Purpose of contract:

This is a new contract to provide ongoing painting services at the West Charleston campus on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Payment for services will be made at the rate of \$45.00 per hour per person

II. JUSTIFICATION

7. What conditions require that this work be done?

The importance of maintaining the finish, weather resistance and appearance of the buildings. Keeping the paint and stucco in good conditions maintains the integrity of the buildings' structure. The agency also deals with destructive clients that periodically damage the walls of the agency owned buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There isn't sufficient staff to maintain paint projects along with their current workload.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):

**All Valley Painters
McMillan & McMillan Painting Contractors
Allpro Services**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to respond.

d. Last bid date: 03/15/2018 Anticipated re-bid date: 03/15/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been under contract with the agency in the past and services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	04/13/2018 11:47:54 AM
Division Approval	mgalli	04/30/2018 17:33:45 PM
Department Approval	vmilazz1	05/07/2018 08:11:03 AM
Contract Manager Approval	mmason	05/07/2018 09:47:04 AM
Budget Analyst Approval	nhovden	05/09/2018 09:55:18 AM
BOE Agenda Approval	nhovden	05/09/2018 09:55:21 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 CONTRACT1. Contract Number: **15330**Amendment Number: **2**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **CharDonnay Dialysis, Inc.**Agency Code: **440**Contractor Name: **CharDonnay Dialysis, Inc.**Appropriation Unit: **3706-50**Address: **807 W Fairchild Street**Is budget authority available?: **Yes**City/State/Zip: **Danville, IL 61832**If "No" please explain: **Not Applicable**Contact/Phone: **Joe Burke, Vice President 217/477-1490**Vendor No.: **T81009401**NV Business ID: **NV19951062552**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #2051**

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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 184 days**4. Type of contract: **Contract**Contract description: **Dialysis Treatments**

5. Purpose of contract:

This is the second amendment to the original contract which provides hemodialysis treatments for inmates housed at Northern Nevada Correctional Center and at Florence McClure Women's Correctional Center. This amendment extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$3,031,260.00 to \$3,423,340.00 to allow for the completion of the solicitation process and provide ongoing services throughout the process.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,809,600.00	\$1,809,600.00	\$1,809,600.00	Yes - Action
a. Amendment 1:	\$1,221,660.00	\$1,221,660.00	\$1,221,660.00	Yes - Action
2. Amount of current amendment (#2):	\$392,080.00	\$392,080.00	\$392,080.00	Yes - Action
3. New maximum contract amount:	\$3,423,340.00			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #2051, 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: 11/25/2013 Anticipated re-bid date: 04/02/2018

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:

FY02 - current with the Department of Corrections. Service has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/15/2018 13:18:08 PM
Division Approval	sewart	03/23/2018 07:43:34 AM
Department Approval	sewart	03/23/2018 07:43:38 AM
Contract Manager Approval	mkillia1	05/08/2018 10:39:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15308**Amendment Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.**Agency Code: **440**Contractor Name: **HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.**Appropriation Unit: **3706-50**Address: **10315 Professional Circle**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **Ty Windfeldt, Vice President 775-982-3105**Vendor No.: **T29003541A**NV Business ID: **NV19811015672**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3086**

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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Third Party Admin.**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing third party administration services to manage the payment of medical and dental claims to providers not employed by the Department of Corrections. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$1,476,776.64 to \$1,877,064.84 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,476,776.64	\$1,476,776.64	\$1,476,776.64	Yes - Action
2. Amount of current amendment (#1):	\$400,288.20	\$400,288.20	\$400,288.20	Yes - Action
3. New maximum contract amount:	\$1,877,064.84			
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?

Nevada Department of Corrections (NDOC) provides federally mandated medical care to incarcerated individuals within the correctional system. NDOC requires third party administration services to manage the payment of claims to the medical providers not employed by the Department

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 third party administrator services to ensure prompt and accurate processing of inmate medical claims. No other State agency provides these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3086, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/26/2010 Anticipated re-bid date: 10/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

FY 2015 to current, Dept. of Corrections, services have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amonro1	04/30/2018 16:21:07 PM
Division Approval	amonro1	04/30/2018 16:21:18 PM

Department Approval	sewart	04/30/2018 16:38:45 PM
Contract Manager Approval	mkillia1	05/08/2018 09:41:32 AM
Budget Analyst Approval	cpalme2	05/21/2018 08:28:30 AM
BOE Agenda Approval	hfield	05/24/2018 08:12:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20093**

Agency Name:	DEPARTMENT OF CORRECTIONS	Legal Entity Name:	OFFICE OF THE ATTORNEY GENERAL
Agency Code:	440	Contractor Name:	OFFICE OF THE ATTORNEY GENERAL
Appropriation Unit:	3710-56	Address:	100 N. CARSON STREET
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	775/684-1110
		Vendor No.:	
		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.

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 **07/01/2018**

Anticipated BOE meeting date 07/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **VINE Systems**

5. Purpose of contract:

This is a new Interlocal contract to provide for the Automated Victim Information and Notification System (VINE). The public safety entities that utilize this system will cost share with the Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,000.00**

Payment for services will be made at the rate of \$35,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The VINE system is utilized by several counties and public safety entities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agencies that use this system will share the cost for the operation of this system.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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	05/14/2018 15:52:15 PM
Division Approval	cschonl1	05/14/2018 15:52:16 PM
Department Approval	cschonl1	05/14/2018 15:52:18 PM
Contract Manager Approval	cschonl1	05/14/2018 15:52:20 PM
Budget Analyst Approval	hfield	05/21/2018 10:39:11 AM
BOE Agenda Approval	hfield	05/21/2018 10:39:14 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 CONTRACT1. Contract Number: **20023**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3711-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CLARK COUNTY SCHOOL DISTRICT DBA ADULT EDUCATION PROGRAMS**Contractor Name: **CLARK COUNTY SCHOOL DISTRICT DBA ADULT EDUCATION PROGRAMS**Address: **ADULT EDUCATION PROGRAMS****5100 West Sahara Avenue**City/State/Zip: **LAS VEGAS, NV 89146**Contact/Phone: **Kimberly Dauterive (702) 799-54**Vendor No.: **T40231800J**NV Business ID: **Governmental entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

The Title 1-Part D (subpart 1) grant for SFY18 contained a new requirement for set-aside funds. The NDOC and the Nevada Department of Education (NDE) sought additional federal Title 1D funding for this requirement. Though successful in securing a supplemental award, the request required review from the U.S. Department of Education, delaying approvals in NDE's e-PAGE grant processing system, and related interlocal contracts with school districts.

3. Termination Date: **09/30/2018**Contract term: **1 year and 91 days**4. Type of contract: **Interlocal Agreement**Contract description: **Re-Entry Programs**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing educational and/or vocational services to youthful offenders incarcerated at High Desert State Prison to obtain High School Equivalency or High School Diploma to successfully reintegrate into the community upon release from incarceration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$214,325.90**

Other basis for payment: Upon monthly submission of invoices and proof of services.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department houses over 2,400 inmates from the ages 16 - 26. The vast majority of these inmates have not obtained a High School Equivalency or a High School Diploma. This contract will provide the necessary education and tools for employment upon release from incarceration.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department is contracting with Clark County School District to obtain the teachers required to provide the educational services to the youthful offenders. No other state agency offers 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?

The Nevada Department of Education awarded the Department with the Title I-D Subpart I Grant program funds to be used for the purpose of this contract.

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

2.3%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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, 2016 to present, verified 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:

Kimberly Petersen, Education Programs Professional Ph: 775-887-3237

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	05/03/2018 13:57:20 PM
Division Approval	amonro1	05/08/2018 09:17:38 AM
Department Approval	sewart	05/14/2018 09:59:53 AM
Contract Manager Approval	mkillia1	05/14/2018 10:23:45 AM
Budget Analyst Approval	bmacke1	05/22/2018 15:56:37 PM
BOE Agenda Approval	hfield	05/22/2018 16:02:39 PM
BOE Final Approval	Pending	

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

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



**State of Nevada
Department of Corrections**

Brian Sandoval
Governor

James Dzurenda
Director

DATE: MAY 7, 2018

TO: BRIDGETT GARRISON, GOVERNOR'S FINANCE OFFICE

FROM: SHEILA LAMBERT, MANAGEMENT ANALYST IV

SUBJECT: TITLE I PART D YOUTHFUL OFFENDER PROGRAM
RETROACTIVE INTERLOCAL AGREEMENTS

Nevada Department of Corrections (NDOC) received grant funds for the operation of the Youth Offender Program (YOP) from the Nevada Department of Education (NDE) as part of the federal Title I Part D program to provide continuing education and skills trainings for SFY 18. NDOC applied for funds, as a continuation of the current program, through previously awarded Title I funds. The SFY 17 was the first year of the change in programming awards. Previously, the United States Department of Education (USDOE) provided the grant to NDE and then sub-granted to NDOC. NDE had, prior to SFY 17, provided the funds directly to NDOC's sub-recipient(s). NDE grant payment activities were audited and it was determined that corrective action was required.

As per the federal code, and as interpreted by the USDOE, NDE was and is required to accept the funds in accordance with applicable federal and state statutes, regulations, and program plans and to administer the programs in compliance with such provisions. As part of the process, it was determined that interlocal agreement(s) were required with NDOC and the respective Local Education Associations (LEAs) in SFY17. As part of these compliance activities, NDOC was notified of another provision in SFY18 that required set-aside of funds for the specific use of educational program assessments and re-entry. There were additional monies awarded, and NDOC had to work out the grant requirements and limitations for the set-aside. These activities worked to ensure compliance and to allocate the appropriate resources and budget assignments, which required additional time.

Based on the extra time required, NDOC is providing this information as justification for the processing of the interlocal agreements, with a retro-active effective date of July 1, 2017, to reimburse the school districts for providing the services to students.

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: **20043**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: PERSHING COUNTY SCHOOL DISTRICT
Agency Code: 440	Contractor Name: PERSHING COUNTY SCHOOL DISTRICT
Appropriation Unit: 3711-21	Address: 1150 Elmhurst Ave. PO BOX 389
Is budget authority available?: Yes	City/State/Zip: LOVELOCK, NV 89419
If "No" please explain: Not Applicable	Contact/Phone: Dave Pollard, Correctional Education Director 775-688-1777
	Vendor No.: T40234400A
	NV Business ID: Governmental entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

The Title 1-Part D (subpart 1) grant for SFY18 contained a new requirement for set-aside funds. The NDOC and the Nevada Department of Education (NDE) sought additional federal Title 1D funding for this requirement. Though successful in securing a supplemental award, the request required review from the U.S. Department of Education, delaying approvals in NDE's e-PAGE grant processing system, and related interlocal contracts with school districts.

3. Termination Date: **09/30/2018**Contract term: **1 year and 91 days**4. Type of contract: **Interlocal Agreement**Contract description: **Re-Entry Programs**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing educational and/or vocational services to youthful offenders incarcerated at Lovelock Correctional Center to obtain High School Equivalency or High School Diploma to successfully reintegrate into the community upon release from incarceration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,341.40**

Other basis for payment: Upon monthly submission of invoices and proof of services.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department houses over 2,400 inmates from the ages 16 - 26. The vast majority of these inmates have not obtained a High School Equivalency or a High School Diploma. This contract will provide the necessary education and tools for employment upon release from incarceration.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department is contracting with Pershing County School District to obtain the teachers required to provide educational services to the youthful offenders. No other state agency offers 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?

The Nevada Department of Education awarded the Department with the Title I-D Subpart I Grant program funds to be used for the purpose of this contract.

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

5.11%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	bweisent	05/03/2018 13:58:27 PM
Division Approval	amonro1	05/08/2018 09:18:20 AM
Department Approval	sewart	05/08/2018 13:46:43 PM
Contract Manager Approval	mkillia1	05/14/2018 09:23:57 AM
Budget Analyst Approval	bmacke1	05/22/2018 15:58:20 PM
BOE Agenda Approval	hfield	05/22/2018 16:00:18 PM
BOE Final Approval	Pending	

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
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Las Vegas, NV 89118
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**State of Nevada
Department of Corrections**

Brian Sandoval
Governor

James Dzurenda
Director

DATE: MAY 7, 2018

TO: BRIDGETT GARRISON, GOVERNOR'S FINANCE OFFICE

FROM: SHEILA LAMBERT, MANAGEMENT ANALYST IV

SUBJECT: TITLE I PART D YOUTHFUL OFFENDER PROGRAM
RETROACTIVE INTERLOCAL AGREEMENTS

Nevada Department of Corrections (NDOC) received grant funds for the operation of the Youth Offender Program (YOP) from the Nevada Department of Education (NDE) as part of the federal Title I Part D program to provide continuing education and skills trainings for SFY 18. NDOC applied for funds, as a continuation of the current program, through previously awarded Title I funds. The SFY 17 was the first year of the change in programming awards. Previously, the United States Department of Education (USDOE) provided the grant to NDE and then sub-granted to NDOC. NDE had, prior to SFY 17, provided the funds directly to NDOC's sub-recipient(s). NDE grant payment activities were audited and it was determined that corrective action was required.

As per the federal code, and as interpreted by the USDOE, NDE was and is required to accept the funds in accordance with applicable federal and state statutes, regulations, and program plans and to administer the programs in compliance with such provisions. As part of the process, it was determined that interlocal agreement(s) were required with NDOC and the respective Local Education Associations (LEAs) in SFY17. As part of these compliance activities, NDOC was notified of another provision in SFY18 that required set-aside of funds for the specific use of educational program assessments and re-entry. There were additional monies awarded, and NDOC had to work out the grant requirements and limitations for the set-aside. These activities worked to ensure compliance and to allocate the appropriate resources and budget assignments, which required additional time.

Based on the extra time required, NDOC is providing this information as justification for the processing of the interlocal agreements, with a retro-active effective date of July 1, 2017, to reimburse the school districts for providing the services to students.

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: **15760**Amendment Number: **2**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **ADVANCED CHEMICAL TECHNOLOGY**Agency Code: **440**Contractor Name: **ADVANCED CHEMICAL TECHNOLOGY**Appropriation Unit: **3715-09**Address: **INC
8728 UTICA AVE**Is budget authority available?: **Yes**City/State/Zip: **RANCHO CUCAMONGA, CA 91730-5115**

If "No" please explain: Not Applicable

Contact/Phone: **Dan Earley, President 909/980-4556**Vendor No.: **T29018816**NV Business ID: **NV20101547478**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	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 **07/08/2014**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 177 days**4. Type of contract: **Contract**Contract description: **Water Treatment**

5. Purpose of contract:

This is the second amendment to the original contract which provides chemical treatments to maintain steam boilers, cooling towers, feed water and condensate systems at Southern Nevada Correctional Center, High Desert State Prison, Southern Desert Correctional Center, Three Lakes Valley Correctional Center, Northern Nevada Correctional Center, Silver State Industries Dairy, Warm Springs Correctional Center and Lovelock Correctional Center. This amendment removes services for Stewart Conservation Camp from the contract, extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$293,832.44 to \$348,234.55 to allow for the facilitation and completion of the solicitation process.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$229,810.44	\$229,810.44	\$229,810.44	Yes - Action
a. Amendment 1:	\$64,022.00	\$64,022.00	\$64,022.00	Yes - Action
2. Amount of current amendment (#2):	\$54,402.11	\$54,402.11	\$54,402.11	Yes - Action
3. New maximum contract amount:	\$348,234.55			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of NDOC staff and offenders.

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 water and boiler treatment services to ensure chemical usage is within FDA, GRAS and USDA approval guidelines. NDOC does not have the staff, expertise and/or equipment necessary to perform these services. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 201402, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/28/2014 Anticipated re-bid date: 08/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

FY10 to current; Nevada Department of Corrections. Service has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

dmartine

05/03/2018 16:53:37 PM

Division Approval	amonro1	05/07/2018 17:03:00 PM
Department Approval	sewart	05/08/2018 07:17:04 AM
Contract Manager Approval	mkillia1	05/08/2018 10:53:29 AM
Budget Analyst Approval	bmacke1	05/22/2018 10:21:07 AM
BOE Agenda Approval	hfield	05/24/2018 08:16:26 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19686**Agency Name: **GCB - GAMING CONTROL BOARD**Agency Code: **611**Appropriation Unit: **4066-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Motorola Solutions, Inc.

Contractor Name: **Motorola Solutions, Inc.**Address: **2900 South Diablo Way Ste 150**City/State/Zip: **Tempe, AZ 85282**

Contact/Phone: Henry Johnson 7026171734

Vendor No.:

NV Business ID: NV19731001987

To what State Fiscal Year(s) will the contract be charged? **2018-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Federal Forfeiture Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2023**Contract term: **4 years and 286 days**4. Type of contract: **Contract**Contract description: **Service Contract**

5. Purpose of contract:

This is a new contract for installation, training and maintenance of Motorola radio equipment for the Enforcement Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,000.00**

Other basis for payment: Services and maintenance at various rates specified in Pricing Summary of contract

II. JUSTIFICATION

7. What conditions require that this work be done?

The current radio system is obsolete and needs to be upgraded and expanded for GCB use.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Existing staff does not have the requisite expertise to install or service this equipment.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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has a contract with the purchasing division of the State of Nevada. The equipment was purchased under the State's MSA, therefore the installation and service of the equipment must be provided by the same vendor.

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 currently has an MSA with the State of Nevada.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmacis	05/01/2018 11:24:00 AM
Division Approval	cmacis	05/01/2018 11:24:03 AM
Department Approval	cmacis	05/01/2018 11:24:06 AM
Contract Manager Approval	cmacis	05/01/2018 11:24:09 AM
Budget Analyst Approval	laaron	05/11/2018 07:45:10 AM
BOE Agenda Approval	lfree1	05/17/2018 09:17:39 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#: 18040

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency: <i>Nevada Gaming Control Board</i>			
	Contact Name and Title		Phone Number	Email Address
	<i>Christina Macis, Senior Research Specialist</i>		<i>775-684-7792</i>	<i>cmacis@gcb.nv.gov</i>

1b	Vendor Information:			
	Identify Vendor: <i>Motorola Solutions, Inc.</i>			
	Contact Name: <i>Henry Johnson</i>			
	Address: <i>2900 South Diablo Way Suite 150</i>			
	Telephone Number: <i>702-617-1734</i>			
Email Address: <i>Henry.johnson@motorolasolutions.com</i>				

1c	Type of Waiver Requested – Check the appropriate type:			
	Sole or Single Source:			
	Professional Service Exemption: <input checked="" type="checkbox"/>			

1d	Contract Information:			
	Is this a new Contract?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Amendment:		#	
	CETS:		#19686	

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>BOE Approval</i>	End Date: <i>3/31/2023</i>

1f	Funding:			
	State Appropriated:			
	Federal Funds:			
	Grant Funds:			
	Other (Explain): <i>Forfeiture funds</i>			

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:			
	<i>\$140,000.00</i>			

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>The radios have been purchased previously under the State Purchasing Agreement with Motorola. The radios will not be functional unless and until the installation has occurred. Once installation has occurred, Motorola will provide ongoing service, maintenance and warranty. This contract will cover the installation, maintenance, service and warranty.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Motorola is the manufacturer of the radios that will be installed and maintained. Because Motorola is the manufacturer of the radios that will be installed and maintained, they have the expertise to perform the services. If installed by another vendor, they could be improperly installed, potentially voiding any warranties.</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>Because Motorola is the manufacturer of the radios that will be installed and maintained, they have the expertise to properly perform the services. Additionally, because other service providers may not have familiarity with the Motorola products, the services would likely be offered at a higher price point or require more hours, which in turn would increase the cost.</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>Because Motorola is the manufacturer of the radios that will be installed and maintained, they have the expertise to perform the services. (see 3 and 4 above)</i>						

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes:	<input type="checkbox"/>	No:	<input checked="" 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>						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
			\$				
			\$				
			\$				
			\$				

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p><i>The other providers could not properly install and service the already purchased radios. Motorola is the manufacturer of the product.</i></p>
---	---

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p> <p><i>The products were purchased under the State Purchasing Agreement. In addition, the pricing for the installation, services and warranty was heavily negotiated by the Gaming Control Board.</i></p>
---	---

9	<p>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></p>	Yes:	X	No:	
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>Yes, there will be continued system maintenance and service, so long as the Gaming Control Board continues to utilize the Motorola products.</i></p>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Christina Macis

Print Name of Agency Representative Initiating Request

4/2/18

Date



Signature of Agency Head Authorizing Request

Becky Harris

Print Name of Agency Head Authorizing Request

4-2-18

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:



Administrator, Purchasing Division or Designee

4-6-2018

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15478**Amendment Number: **2**Agency Name: **DPS-RECORDS & TECHNOLOGY**Legal Entity Name: **Goserco, Inc.**Agency Code: **655**Contractor Name: **Goserco, Inc.**Appropriation Unit: **4702-50**Address: **7165 E. University Dr.
Suite 180**Is budget authority available?: **Yes**City/State/Zip: **Mesa, AZ 85207**If "No" please explain: **Not Applicable**Contact/Phone: **Shawn Andrews 480-964-8911**Vendor No.: **PUR0005456**NV Business ID: **NV20021411265**To what State Fiscal Year(s) will the contract be charged? **2014-2022**

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 % Cost Allocation

Agency Reference #: **RFP #3097**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2014**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **8 years and 50 days**4. Type of contract: **Contract**Contract description: **Dispatch Digital Rec**

5. Purpose of contract:

This is the second amendment to the original contract which provides digital recording system installation services and related maintenance for the Carson City, Elko and Las Vegas dispatch centers. This amendment extends the current contract termination date from June 30, 2018 to June 30, 2022, adds attachment FF - Maintenance Costs Thru June 2022, and increases the contract amount from \$280,750.76 to \$495,002.35 to add four years of system maintenance to the agreement.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$262,637.56	\$262,637.56	\$262,637.56	Yes - Action
a. Amendment 1:	\$18,113.20	\$18,113.20	\$18,113.20	Yes - Info
2. Amount of current amendment (#2):	\$214,251.59	\$214,251.59	\$232,364.79	Yes - Action
3. New maximum contract amount:	\$495,002.35			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current analog Dispatch Recording System has reached its anticipated shelf life and cannot be repaired. A new digital system is required to ensure accurate and complete the recordings of telephone and radio transmissions for the three DPS Dispatch Centers for public safety purposes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not have the ability or capacity to provide hardware, software, installation, ongoing maintenance and 24/7 support for the provision of a Dispatch Digital Recording System.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3097, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/01/2014 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	04/17/2018 11:18:48 AM
Division Approval	nkephart	04/17/2018 13:11:38 PM

Department Approval	mcar2	04/17/2018 13:33:22 PM
Contract Manager Approval	mcar2	04/17/2018 14:17:23 PM
EITS Approval	lolso3	04/24/2018 08:39:07 AM
Budget Analyst Approval	jrodrig9	04/26/2018 21:42:25 PM
BOE Agenda Approval	hfield	05/01/2018 09:16:47 AM

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Gates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:

Approval #: **215**

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:		Records, Communications and Compliance Division (RCCD)	
			Department of Public Safety	
	Contact Name(s) and Titles:		Melissa Costa, Management Analyst	
	Telephone Number(s):		775.684.6259	
	Email Address(s):		mcosta@dps.state.nv.us	

2	Contractor Information:			
	Contractor:		Goserco, Inc.	
	Contact Name:		Shaun Andrews	
	Address:		7165 East University Drive #180, Mesa, AZ 85207	
	Phone Number:		480.964.8911	
	Email Address:		sandrews@goserco.com	

3	Ongoing relationship disclosure - List all previous contract information:			
	Procurement method:		RFP #3097	
	CETS #:		15478	
	Contract "not to exceed amount":		\$262,637.56	
	Contract term:	Start date: mm/dd/yy	May 13, 2014	End date: mm/dd/yy

4	Procurement method used to award the current contract:	
	RFP, solicitation # if applicable:	RFP #3097
	Quote, solicitation # if applicable:	N/A
	Waiver, provide number:	N/A
	Other:	N/A

5	Current contract information:				
	CETS #:		15478		
	Initial contract "not to exceed amount":		\$280,750.56		
	Contract term:	Start date: mm/dd/yy	May 13, 2014	End date: mm/dd/yy	June 30, 2018

6	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
	1	Added the trunked logging recorder (TLR) module to the existing system which allows it to compatible with recently installed radio dispatch communications equipment.	\$18,113.20	---

Proposed amendment information:			
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in "not to exceed" amount
	2	This amendment will extend the existing contract termination date to June 30, 2018 to add additional maintenance periods for radio-dispatch communications equipment.	\$208,275.87
			Change in end date: mm/dd/yy June 30, 2022

8	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):
	Extending the contract to allow for on-going maintenance of the existing dispatch recording equipment is necessary to ensure proper functionality for the safety of the public and law enforcement personnel.

9	What are the potential consequences to the State if the contract extension request is denied?
	Not approving the contract extension has the potential of adding additional costs to the state by not properly maintaining the current system which could create inoperability and require securing a new recording system. The stability of the recording system is imperative to officer and public safety. Recordings are used in court or investigations should a member of the public challenge the State or a finding of improper behavior from State personnel. The dispatch recording equipment also 'talks' with the Nevada Department of Transportation's Nevada Shared Radio System (NSRS) and therefore any equipment used by DPS is required to be Phase 25 (P25) compliant and compatible with the Harris' EDACS (Enhanced Digital Access Communication System), Harris' VIDA (Voice, Interoperability, Data and Access) and Harris' IMC Integrated Multi-site Controller currently used by NDOT's technology. (Additional maintenance costs are estimated at \$250,000.00 for a 4-year period and shall be outlined in a subsequent amendment).

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.

Melissa Costa

Signature of Agency Representative Initiating Request

Melissa Costa, Management Analyst II

Print Name of Agency Representative Initiating Request

0213-18

Date

Julie Butler

Signature of Agency Head Authorizing Request

Julie Butler, Administrator

Print Name of Agency Head Authorizing Request

2-13-18

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:

[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 CONTRACT1. Contract Number: **13175**Amendment Number: **5**Agency Name: **DPS-RECORDS & TECHNOLOGY**Legal Entity Name: **MORPHOTRAK, LLC**Agency Code: **655**Contractor Name: **MORPHOTRAK, LLC**Appropriation Unit: **4709-26**Address: **5515 East La Palma Avenue
Suite 100**Is budget authority available?: **Yes**City/State/Zip: **Anaheim, CA 92807-2116**

If "No" please explain: Not Applicable

Contact/Phone: **Kimberly Dullinger 714-632-2180**Vendor No.: **PUR0004754**NV Business ID: **NV20141407627**To what State Fiscal Year(s) will the contract be charged? **2012-2022**

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 % Fingerprint Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **11 years and 2 days**4. Type of contract: **Contract**Contract description: **Service Contract**

5. Purpose of contract:

This is the fifth amendment to the original contract that continues on-going maintenance and repair of the LiveScan fingerprint machines in various law enforcement agencies throughout Nevada. This amendment extends the termination date from June 30, 2018 to June 30, 2022 and increases the maximum amount of the contract from \$1,303,340.48 to \$1,759,056.24 due to the continued need for these services and to replace three LiveScan machines as identified in Exhibit D.1 - Replacement Schedule (March 2018).

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$463,830.04	\$463,830.04	\$463,830.04	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$839,510.44	\$839,510.44	\$839,510.44	Yes - Action
d. Amendment 4:	\$0.00	\$0.44	\$0.44	No
2. Amount of current amendment (#5):	\$455,715.76	\$455,716.20	\$455,716.20	Yes - Action
3. New maximum contract amount:	\$1,759,056.24			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The LiveScan machines are required to provide fingerprints in compliance with FBI requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are proprietary machines that require the servicing be done by the vendor in order to maintain the warranty.

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 #: 111205

Approval Date: 12/14/2011

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 contractor was the original vendor of these services to DPS since 2007 and the service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

mcar2

04/27/2018 09:47:31 AM

Division Approval

nkephart

04/27/2018 09:58:41 AM

Department Approval	mcar2	04/30/2018 08:51:16 AM
Contract Manager Approval	mcar2	04/30/2018 08:51:20 AM
Budget Analyst Approval	jrodrig9	05/08/2018 23:06:01 PM
BOE Agenda Approval	hfield	05/18/2018 15:44:56 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 #:

214

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:		<i>Department of Public Safety – Records, Communications and Compliance Division</i>	
	Contact Name(s) and Titles:		<i>Melissa Costa, Management Analyst</i>	
	Telephone Number(s):		<i>775.684.6259</i>	
	Email Address(s):		<i>mcosta@dps.state.nv.us</i>	

2	Contractor Information:			
	Contractor:		<i>MorphoTrak, Inc.</i>	
	Contact Name:		<i>Marie Harper</i>	
	Address:		<i>33405 8th Avenue South, Federal Way, WA 98003</i>	
	Phone Number:		<i>800.346.2674 ext 8018</i>	
Email Address:		<i>marie.harper@morpho.com</i>		

3	On-going relationship disclosure – List all previous contract information:				
	Procurement method:		<i>RFP #1533</i>		
	CETS #:		<i>CONV4217</i>		
	Contract "not to exceed amount":		<i>\$908,513.00</i>		
	Contract term:		Start date: mm/dd/yy	<i>05.08.07</i>	End date: mm/dd/yy

4	Procurement method used to award the current contract:	
	RFP, solicitation # if applicable:	<i>---</i>
	Quote, solicitation # if applicable:	<i>---</i>
	Waiver, provide number:	<i>111205</i>
Other:		<i>---</i>

5	Current contract information:				
	CETS #:		<i>13175</i>		
	Initial contract "not to exceed amount":		<i>\$1,303,340.48</i>		
	Contract term:		Start date: mm/dd/yy	<i>07.01.11</i>	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
1	Time Extension	\$0	11.30.15
2	Time Extension	\$0	01.31.16
3	Extended the term of the contract, modified the replacement schedule and increased contract authority to allow for machine replacements and maintenance for the new equipment thru June 2018	\$839,510.44	06.30.18
4	Modified Appendix C - Maintenance Fees and Appendix D - Replacement Schedule and adds language to allow for software enhancements/modifications which may be required due to changes in process, regulatory requirements, state laws etc.	\$0	---

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
5	Continue the maintenance thru 2022 which is the anticipated end of life of the machines identified in Amendment 3 (see 'Note' in Paragraph 8) and allow for the purchase of 3 machines to be placed in Elko Justice and Municipal Court, Fernley Municipal Court and the Esmeralda County Sheriff's Office. Maintenance for the machines located at Elko Justice and Municipal Court and Fernley Municipal Court is the responsibility of the housing agencies.	\$457,915.42	06.30.22

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):	
8	The LiveScan machines covered under this contract are manufactured by MorphoTrak and the software utilized by the LiveScan machines is proprietary to MorphoTrak. The software requires a customized and unique interface between the machines and the Department of Public Safety - Records, Communications and Compliance Division (RCCD). LiveScan machines (and related software) ensure RCCD continues to receive approximately 99% of all criminal arrest records electronically from Nevada law enforcement agencies for submission through the Western Identification Network's AFIS and to the FBI's Integrated AFIS (IAFIS) and its replacement, the Next Generation Identification within 24 hours of the arrest event.

RCCD and MorphoTrak have a long standing relationship dating back to September 2006 with the original competitive bidding process and subsequent contract; this contract now includes 25 LiveScan machines throughout the State. The business relationship also extends to the individual agencies housing LiveScan machines and MorphoTrak software.

RCCD has continual contact with the technicians and regional representatives assigned to our contract to ensure that our systems are operating at optimal efficiency and effectiveness. When new legislation or statutes are released by either the State of Nevada or the Federal Government that will affect the operations of the LiveScan units, MorphoTrak has been incredibly responsive in evaluation of said changes and offering recommendations on possible solutions, resulting in improved access, timeliness and completeness of criminal history records.

Having a different vendor provide maintenance and support on machines that they are not familiar with could cause serious delays and costly software development that would not be in the best interest of the State and agencies who utilize the LiveScan machines.

Note: In December 2015 Purchasing authorized a contract extension (thru June 2018) that included the following statement: Extending the contract to 2021 will cover maintenance and support through the expected life span of the LiveScan machines. RCCD (then General Services Division) originally submitted the Contract Extension Request (to the previous DPS Contract Manager) to cover maintenance on the machines being replaced in Amendment #3 thru June 2021. It is unclear whether the termination date was changed (to June 2018) at the request of Purchasing or at the request of the previous DPS Contract Manager; however the statement above was left in the Contract Extension request in error after the decision to change the termination date was made.

Amendment 5, if approved by this Contract Extension Request will continue the maintenance thru 2022 which is the anticipated end of life of the machines identified in Amendment 3.

What are the potential consequences to the State if the contract extension request is denied?

If this extension request is denied, RCCD would need to execute a new contract with this same vendor for software support and maintenance, which is an unnecessary step to continue the contractual relationship with this vendor.

9 MorphoTrak already has the necessary site information, NCJIS Security clearances and knowledge of the LiveScan units at said sites as well as the business relationships to easily conduct services. Executing a new contract with the same terms will not change this.

With the lengthy implementation for service provided by this vendor as well as the significant funding invested to maintain the LiveScan functionality, it is in the best interest of the State to extend the current contract with MorphoTrak.

Approval Signatures continued on Page 6.

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.

Melissa Costa
Signature of Agency Representative Initiating Request

Melissa Costa, Management Analyst 03.06.18
Print Name of Agency Representative Initiating Request Date

Jimmy M. Butler for Julie Butler
Signature of Agency Head Authorizing Request

Julie Butler, Administrator 3/6/2018
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] 3.15.2018
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 CONTRACT1. Contract Number: **20064**Agency Name: **COLORADO RIVER COMMISSION**Agency Code: **690**Appropriation Unit: **4490-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GRAY CPA CONSULTING, PC**Contractor Name: **GRAY CPA CONSULTING, PC**Address: **PO BOX 6606 FM 1488****STE. 148-621**City/State/Zip: **MONTGOMERY, TX 77354**Contact/Phone: **GAIL GRAY 936-828-4587**Vendor No.: **T29040318**NV Business ID: **In progress.**To what State Fiscal Year(s) will the contract be charged? **2018-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Power and Water Sales

Agency Reference #: **RFP # 3501-J1**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2023**Contract term: **4 years and 334 days**4. Type of contract: **Other (include description): Joiner**Contract description: **CAFR Assistance**

5. Purpose of contract:

This is a new joiner contract to provide implementation, training and ongoing licensing for the Commission's Comprehensive Annual Financial Report production.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$116,828.50**

Other basis for payment: As invoiced by the Contractor and Approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to bring the entire CAFR production within the agency and strengthen internal controls over year-end financial reporting in accordance with audit recommendations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract will allow the agency to better compile, maintain and report CAFR production activities within the agency and within a computer reporting system and eliminate the need for CAFR production support outside of the agency. It will also provide for automated integration with the production of the State CAFR by the Controller's office staff, which is currently manually incorporating the Commission's report.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):

Workiva, Inc.
Thales Consulting
Gray CPA Consulting, PC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3501, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. Pursuant to NRS 332.195, the State may join or use a contract that has been competitively bid by another governing body.

d. Last bid date: 11/29/2017 Anticipated re-bid date: 11/01/2022

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:

Currently under State Controller's Office beginning April 2018, this contract is being signed as a joinder under the solicitation. Service is ongoing.

14. Is the contractor currently involved in litigation with the State 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	gbenton	05/09/2018 11:08:44 AM
Division Approval	gbenton	05/09/2018 11:08:47 AM
Department Approval	gbenton	05/09/2018 11:08:51 AM
Contract Manager Approval	dbeaty	05/09/2018 11:42:42 AM
EITS Approval	lolso3	05/14/2018 13:43:56 PM
Budget Analyst Approval	cmurph3	05/15/2018 09:52:03 AM
BOE Agenda Approval	mdoya1	05/21/2018 13:46:53 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Michael Dietrich
State CIO

David Haws
EITS Administrator

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

DATE: May 14, 2018

TO: Gail Benton, Natural Resource Specialist, Colorado River Commission
Kaleb Hall, Asst Director Energy Info System, Colorado River Commission

CC: Michael Dietrich, State CIO
David Haws, 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: TIN Review Completion: CAFR Software CRC

We completed our review of the CAFR software TIN for the Colorado River Commission. This software offers an opportunity for the Colorado River Commission to share financial data with the Controllers in an automated fashion, streamlining CAFR reporting for Nevada.

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) are available to review security controls and provide guidance on system architecture and the protection of critical and personally identifiable information.

Please consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions or wish to receive a sampling of the types of Record Disposition Authorizations (RDAs) affected by this implementation, please contact the State Records Manager, Nevada Library and Archives at records@admin.nv.gov.

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services. If you have any questions, or if EITS Planning can be of any further assistance, please feel free to contact me at 775-684-5845.

State of Nevada, Purchasing Division Joinder Checklist

1. Obtain written approval from Administrator of State Purchasing (see below) Yes ☒ No ☐
2. State/entity that released RFP (verify it was procured the same as Nevada law requires)
- a. Original issuing government entity: State of Nevada, Office of the State Controller
 - b. Awarded vendor: Gray CPA Consulting, PC
 - c. Does the RFP have joinder language? Yes ☒ No ☐
 - d. Did the entity advertise in the newspaper? Yes ☒ No ☐
 - e. Does the scope of work fit your needs? Yes ☒ No ☐
 - f. Was it competitively bid? Yes ☒ No ☐
 - g. Are there any federal requirements that need to be in RFP? Yes ☐ No ☒
3. Get copies of
- a. Vendor's submitted technical proposal Yes ☒ No ☐
 - b. Vendor's submitted cost proposal Yes ☒ No ☐
 - c. Executed contract between entity and vendor and any negotiated items Yes ☒ No ☐
 - i. Any amendments to contract
 - d. Awarded vendor's permission to piggy back Yes ☒ No ☐
4. Review
- a. Vendor technical proposal Yes ☒ No ☐
 - b. Vendor cost proposal Yes ☒ No ☐
 - c. Insurance Yes ☒ No ☐
 - d. Determine if it fits agency needs (cannot change scope) Yes ☒ No ☐
 - e. Evaluation documents Yes ☒ No ☐
 - f. Was an independent cost analysis done (evaluation) Yes ☒ No ☐
 - g. Are there federal requirements? Yes ☐ No ☒
5. Verify
- a. Contract start/end dates Yes ☒ No ☐
 - b. Vendor is not on debar list <https://www.sam.gov/> Yes ☒ No ☐
 - c. Vendor registered with NevadaEPro Yes ☒ No ☐
 - d. Vendor registered with Nevada Secretary of State's Office Yes ☒ No ☐
 - e. Insurance requirements meet Nevada's schedule from Risk Yes ☒ No ☐
 - f. Does Nevada need a deliverable schedule (attach to contract) Yes ☐ No ☒
6. Additional Nevada/agency specific forms
- a. Business Associate Addendum? Yes ☐ No ☒
 - b. Other forms: _____ Yes ☐ No ☒

*** Prior to requesting Purchasing approval, please ensure you have all necessary documentation. ***

Purchasing Administrator approval

Signature

Date

4-30-2018

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: **20075**

Agency Name:	DCNR - CONSERVATION & NATURAL RESOURCES	Legal Entity Name:	Nevada Department of Wildlife
Agency Code:	700	Contractor Name:	Nevada Department of Wildlife
Appropriation Unit:	4150-10	Address:	6980 Sierra Center Parkway #120
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	Alan Jenne 775-688-1500
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 11 days**4. Type of contract: **Interlocal Agreement**Contract description: **DCNR / SETT / NDOW**

5. Purpose of contract:

This is a new interlocal agreement that enables a collective and collaborative effort between the Department of Conservation and Natural Resources, Sagebrush Ecosystem Technical Team and the Department of Wildlife to further both agencies goals and objectives to provide a wide range and opportunity of research and projects for Greater Sage Grouse and sagebrush habitat.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$147,475.37**

Other basis for payment: Year 1 (FY18) up to \$62,475.37; Year 2 (FY19) up to \$85,000.00 - payable upon receipt of invoices and verification of work completed

II. JUSTIFICATION

7. What conditions require that this work be done?

The need for continued research and development of appropriate monitoring, surveying, management, and habitat restoration activities related to the Greater Sage Grouse populations and sagebrush ecosystems to promote successful management of the species and its habitat.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Department of Conservation and Natural Resources and the Nevada Department of Wildlife will work together to accomplish this work and will contract portions of the work out to entities or vendors that have the technical expertise, knowledge, or capacity to complete the required goals and objectives outlined in the scope of 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?

State Government Agency - Intrastate Interlocal Contract

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:

Katie Andrie, Wildlife Staff Specialist Ph: 775-684-8600

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwilliam	05/10/2018 11:30:38 AM
Division Approval	kwilliam	05/10/2018 11:30:40 AM
Department Approval	kwilliam	05/10/2018 11:30:42 AM
Contract Manager Approval	kwilliam	05/10/2018 11:39:15 AM
Budget Analyst Approval	cpalme2	05/11/2018 15:22:58 PM
BOE Agenda Approval	cmurph3	05/14/2018 10:42:13 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19668**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: The Woods Hole Group, Inc.

Contractor Name: **The Woods Hole Group, Inc.**Address: **4300 Forbes Blvd
Suite 110**City/State/Zip: **Lanham, MD 20706-4369**

Contact/Phone: Linda Morris 301-925-4411

Vendor No.: T27042086

NV Business ID: NV20181207456

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	25.00 % Upland Game Stamp
X Federal Funds	25.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	50.00 % Donation 25%, Wildlife Trust 25%

Agency Reference #: 18-52

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **Yes**

If "Yes", please explain

A retroactive contract is required because the contractor had changed the company name and the contractor was not previously registered with the Secretary of State, and to address technology investment reviews.

3. Termination Date: **06/30/2022**Contract term: **4 years and 91 days**4. Type of contract: **Contract**Contract description: **Satellite Tracking**

5. Purpose of contract:

This is a new contract to provide tracking services for big game animals and sage grouse via satellite data transmission to better understand the habitat use areas, migration routes and movement patterns.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,940.80**

Other basis for payment: As invoiced by the vendor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

To better understand the habitat use areas, migration routes and movement patterns that big game animals and sage grouse have across the landscape. This information is critical for NDOW and land management agencies to make appropriate population and habitat management decisions that will result in the long-term propagation and conservation of the species in relation to detrimental large-scale projects such as mining, energy development, transportation corridors and urban expansion.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department has no control over or access to the use of satellites for tracking animal movements.

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):

Lotek
Woods Hole Group, Inc.
Eco Knowledge

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is the only vendor capable of performing the services.

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 company has done work for our department 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 registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Pat Jackson, Predator Management Staff Specialist Ph: 775-688-1676

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	05/08/2018 10:33:53 AM
Division Approval	tdoucett	05/16/2018 08:03:10 AM
Department Approval	eobrien	05/16/2018 15:06:28 PM
Contract Manager Approval	nrob1	05/16/2018 15:09:40 PM
EITS Approval	lolso3	05/18/2018 08:52:18 AM
Budget Analyst Approval	cpalme2	05/23/2018 10:11:49 AM
BOE Agenda Approval	cmurph3	05/24/2018 09:51:22 AM
BOE Final Approval	Pending	



NEVADA DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120 • Reno, Nevada 89511
(775) 688-1526 Fax (775) 688-1577

RETROACTIVE BOE CONTRACT APPROVAL REQUEST

Date: May 8, 2018
To: Liz O'Brien, Deputy Director
From: Nancy Camarena, Management Analyst
Subject: Request for retroactive contract start date for The Woods Hole Group, Inc.

Please approve the retroactive start date of April 1, 2018 for The Woods Hole Group, Inc. contract to provide tracking services for big game animals and sage grouse via satellite data transmission to better understand the habitat use areas, migration routes and movement patterns.

A retroactive contract is required because the contractor had changed their company name and the contractor was not previously registered with the Secretary of State.

Thank you for your assistance in this matter. If you have any questions please call me at (775) 688-1526.

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: **19977**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Outdoor Immersion Tahoe, Inc. dba Sand Harbor Rentals**Contractor Name: **Outdoor Immersion Tahoe, Inc. dba Sand Harbor Rentals**Address: **PO Box 1675**City/State/Zip: **Tahoe City, CA 96145**Contact/Phone: **Andrew Laughlin 530-581-4336**

Vendor No.:

NV Business ID: **NV20111039695**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/12/2021**Contract term: **3 years and 116 days**4. Type of contract: **Revenue Contract**Contract description: **Water Sports**

5. Purpose of contract:

This is a new revenue contract to provide water sports rental concession at Lake Tahoe Nevada State Park, Sand Harbor.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$896,617.00**

Other basis for payment: Vendor to pay 37% on profit after taxes

II. JUSTIFICATION

7. What conditions require that this work be done?

The concession will provide requested service at Sand Harbor.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA9. 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):

**Ocean Lineage
 Kayak Tahoe
 Exclusive Tahoe Boat Rental
 Tahoe Multisport**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Outdoor Immersion was the highest qualified bidder.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 02/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been under contract for seven years with Nevada State Parks 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:

Allen Wooldridge, Park Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/30/2018 14:30:36 PM
Division Approval	sdecrona	04/30/2018 14:30:42 PM
Department Approval	sdecrona	04/30/2018 14:30:46 PM
Contract Manager Approval	sdecrona	04/30/2018 14:30:49 PM
Budget Analyst Approval	cpalme2	05/04/2018 13:33:50 PM
BOE Agenda Approval	cmurph3	05/04/2018 13:38:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20009**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: NEVADA LAND TRUST
Agency Code: 709	Contractor Name: NEVADA LAND TRUST
Appropriation Unit: 3193-09	Address: PO BOX 20288
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89515-0288
If "No" please explain: Not Applicable	Contact/Phone: Alicia Reban 775/851-5180
	Vendor No.: T81200103A
	NV Business ID: NV19921030338

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP18-017**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **1 year and 195 days**4. Type of contract: **Contract**Contract description: **Watershed Plan**

5. Purpose of contract:

This is a new contract to provide support for the development of elements of a Watershed Management Plan to achieve water quality improvements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,780.00**

Other basis for payment: Quarterly

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Environmental Protection Agency provides federal Clean Water Act Section 319 funds to the State of Nevada, Division of Environmental Protection for the specific purpose of addressing nonpoint source pollution through watershed restoration and environmental education projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Division of Environmental Protection, Nonpoint Source Pollution Management Program issues an annual request for proposals (RFP) for the distribution of federal Clean Water Act Section 319 funds for the implementation of environmental restoration and education projects to control nonpoint source pollution. The local match funds generated through the projects fulfill the State's non-federal match obligation for the federal funds.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Land Trust
Sierra Nevada Journeys
River Wranglers

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 07/05/2017 Anticipated re-bid date: 07/05/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brigit Henson, Env Scientist Ph: 775-687-9550

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	04/27/2018 10:55:35 AM
Division Approval	pcomba	05/07/2018 09:54:10 AM
Department Approval	pcomba	05/07/2018 09:54:14 AM
Contract Manager Approval	mhilk1	05/07/2018 10:23:48 AM
Budget Analyst Approval	cpalme2	05/08/2018 12:29:17 PM
BOE Agenda Approval	cmurph3	05/08/2018 13:29:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19981**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-14**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **OLIVER WYMAN ACTUARIAL CONSULTING, INC.**Contractor Name: **OLIVER WYMAN ACTUARIAL CONSULTING, INC.**Address: **CONSULTING INC
155 N WACKER DRIVE STE 1500**City/State/Zip: **CHICAGO, IL 60606**Contact/Phone: **Beth Fritchen 312-345-3378**Vendor No.: **T32005045A**NV Business ID: **NV20181117402**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 % Network Adequacy Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3509GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2020**Contract term: **1 year and 316 days**4. Type of contract: **Contract**Contract description: **Network Adequacy**

5. Purpose of contract:

This is a new contract to provide an independent examination of Nevada licensed health insurance carriers to determine if their provider networks are compliant with the adequacy standards developed by the Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Invoiced monthly for services provided. \$5500 for analysis and report for May 2018 thru April 2019; \$5700 for analysis and report May 2019 thru April 2020; \$400/hr for Principal and \$295/hr for Consultant for first year report; \$410/hr for Principal and \$305/hr for Consultant for second year report.

II. JUSTIFICATION

7. What conditions require that this work be done?

This purpose of this contract is to provide a qualified vendor to conduct an independent examination of Nevada licensed Health Insurance carriers to determine if their provider network(s) is/are compliant with the adequacy standards developed by the Division.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The scope of changes in the industry and the Divisions regulation of that industry in Nevada will impose technical and analytical demands upon the Division that will require outside assistance to effectively and efficiently carry out the Divisions duties.

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):

Burns and Associates
Examination Resources LLC
Quest Analytics LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3509, 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: 11/29/2017 Anticipated re-bid date: 11/01/2019

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?

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:

Mackay Moore, Chief Insurance Examiner Ph: 775-687-0736

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	05/08/2018 16:16:49 PM
Division Approval	jhanse4	05/08/2018 16:16:52 PM
Department Approval	jhanse4	05/08/2018 16:16:55 PM
Contract Manager Approval	tbouas	05/08/2018 16:17:55 PM
Budget Analyst Approval	lfree1	05/16/2018 16:54:35 PM
BOE Agenda Approval	lfree1	05/16/2018 16:54:39 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15389**Amendment Number: **2**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Legal Entity Name: **IMAGE ACCESS CORPORATION**Agency Code: **810**Contractor Name: **IMAGE ACCESS CORPORATION**Appropriation Unit: **4745-04**Address: **103 SHORELINE PKWY**Is budget authority available?: **Yes**City/State/Zip: **SAN RAFAEL, CA 94901-5581**

If "No" please explain: Not Applicable

Contact/Phone: Brent Bailey 415/460-1700

Vendor No.: T29031905

NV Business ID: NV20151699236

To what State Fiscal Year(s) will the contract be charged? **2014-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	75.00 % Insurance Verification Program (IVP) fees
Federal Funds	0.00 %		Bonds	0.00 %
X Highway Funds	25.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2014**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **7 years and 114 days**4. Type of contract: **Contract**Contract description: **Technical Support**

5. Purpose of contract:

This is the second amendment to the original contract which provides end user technical support to the Kavis File 360 scanning software currently used within the department. This includes onsite software support services, system administration support, application development support, software upgrade support and training. The Kavis File 360 Imaging System is integrally linked to the DMV Mainframe Application which required custom programming by Image Access. This amendment extends the termination date from June 30, 2018 to June 30, 2021 and increases the maximum amount from \$50,800 to \$102,840 due to the need for additional custom programming, services and annual cost increases.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$42,000.00	\$42,000.00	\$42,000.00	Yes - Info
a. Amendment 1:	\$8,800.00	\$8,800.00	\$50,800.00	Yes - Action
2. Amount of current amendment (#2):	\$52,040.00	\$52,040.00	\$52,040.00	Yes - Action
3. New maximum contract amount:	\$102,840.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department requires end user and technical support on software being used within the Department. The imaging system is integrally linked to the DMV mainframe which required custom programming by the vendor. The source code is vendor proprietary. DMV does not have the source code and instead is provided the executable file.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees available in the area to provide this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Kavis File 360 license renewals were processed on PO# DMV1400321 from Image Access. The source code is vendor proprietary, therefore DMV does not have the source code and is instead provided the executable file.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

vleigh

04/20/2018 07:53:07 AM

Division Approval	vleigh	04/20/2018 07:53:11 AM
Department Approval	cmunoz	04/23/2018 09:28:00 AM
Contract Manager Approval	hazevedo	04/23/2018 10:19:37 AM
EITS Approval	lolso3	05/03/2018 13:14:23 PM
Budget Analyst Approval	hfield	05/04/2018 10:48:55 AM
BOE Agenda Approval	hfield	05/04/2018 10:48:59 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15306**Amendment Number: **4**Agency Name: **PUBLIC EMPLOYEES' BENEFITS**Legal Entity Name: **HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.**Agency Code: **950**Contractor Name: **HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.**Appropriation Unit: **1338 - All Categories**Address: **INSURANCE CO INC - PPO PREMIUM 10315 Professional Circle**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **775-982-3181**Vendor No.: **T29003541**NV Business ID: **NV19871019956**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 % 67% State Subsidy/33% Premium Revenue

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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **UM/ CM**

5. Purpose of contract:

This is the fourth amendment to the original contract to provide utilization management and large case management. This amendment increases maximum amount of the contract from \$4,000,000 to \$5,029,398 due to adding the PEBP Managed Self-Insured Exclusive Provider Organization plan for FY19. This amendment also revises and reorders the incorporated documents as follows: revises Attachment AA, Amended Negotiated Points; adds new Attachment DD Business Associate Agreement; adds new Attachment EE URAC Standards Agreement; reorders Attachment FF Contractor's Response; and adds Attachment GG Confidentiality Agreement.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,000,000.00	\$4,000,000.00	\$4,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$3,960,000.00	\$3,960,000.00	\$3,960,000.00	Yes - Action
c. Amendment 3:	-\$3,960,000.00	-\$3,960,000.00	-\$3,960,000.00	Yes - Action
2. Amount of current amendment (#4):	\$1,029,398.00	\$1,029,398.00	\$1,029,398.00	Yes - Action
3. New maximum contract amount:	\$5,029,398.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program (PEBP) oversees the administration of the self-funded medical and dental plans. The medical plan requires a vendor to provide pre-certification for certain medical services/ procedures. Case management provides assistance during large or high dollar claim events.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not licensed to provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3084 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: 09/01/2010 Anticipated re-bid date: 09/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Hometown Health currently provides PEBP's northern Nevada HMO benefit plan and is the PPO network provider for northern Nevada. PEBP is satisfied by the services provided by Hometown Health.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	04/13/2018 13:51:29 PM
Division Approval	ceaton	04/13/2018 13:51:32 PM

Department Approval	cglover	04/17/2018 17:39:13 PM
Contract Manager Approval	ceaton	04/18/2018 12:10:26 PM
Budget Analyst Approval	lfree1	05/09/2018 12:04:20 PM
BOE Agenda Approval	lfree1	05/09/2018 12:04:24 PM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	Contract Description:	VARIOUS STATE AGENCIES	ALSCO, INC.	OTHER: VARIOUS	\$2,000,000	
		This is a new contract to provide laundry services to various state agencies. Services may include hospital sheets, pillow cases, shop towels, uniforms, logo patches, floor mats, towels, fender covers, hand soap, air freshener, as well as affixing logos and patches on uniforms.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19941		
2.	Contract Description:	VARIOUS STATE AGENCIES	ARBOR PROS	OTHER: VARIOUS	\$12,406,250	
		This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.9 Road Construction, Maintenance and Rehabilitation.				
		Term of Contract:	07/10/2018 - 05/08/2019	Contract # 19976		
3.	Contract Description:	VARIOUS STATE AGENCIES	BROOKS ONE RECOVERY SERVICES	OTHER: VARIOUS	\$2,000,000	
		This is a new contract to provide psychiatry services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20104		
4.	Contract Description:	VARIOUS STATE AGENCIES	CENTRAL TELEPHONE COMPANY NEVADA DBA CENTURYLINK COMMUNICATIONS	OTHER: VARIOUS	\$0	
		This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and, if applicable, a Technology Investment Notification prior to start of services.				
		Term of Contract:	06/19/2018 - 09/08/2026	Contract # 20130		
5.	Contract Description:	VARIOUS STATE AGENCIES	ZELLA C.CHILDS DBA CHRISTY CHILDS MFT	OTHER: VARIOUS	\$1,000,000	
		This is a new contract to provide marriage and family therapy services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20151		
6.	Contract Description:	VARIOUS STATE AGENCIES	COX NEVADA TELECOM, LLC	OTHER: VARIOUS	\$4,000,000	
		This is a new contract that continues ongoing telecommunication services, including voice and data transport systems for state agencies in southern Nevada.				
		Term of Contract:	06/19/2018 - 02/29/2020	Contract # 19776		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.		VARIOUS STATE AGENCIES	CYNTHIA M. ADAMS, M.F.T.	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide marriage and family therapy licensed social worker services statewide. This contract replaces the previous provider agreement.				
	Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20105			
8.		VARIOUS STATE AGENCIES	DEBBIE TILTON OTR L, INC. DBA TILTON'S THERAPY FOR TOTS	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide occupational, physical and speech therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20108			
9.		VARIOUS STATE AGENCIES	EJINE OKOROA FOR, MD LTD	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20110			
10.		VARIOUS STATE AGENCIES	GREGORY P. BROWN, MD PROF CORP	OTHER: VARIOUS	\$750,000	
	Contract Description:	This is a new contract to provide forensic psychiatry and psychiatry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20113			
11.		VARIOUS STATE AGENCIES	GERI LYNN GROSSAN, DBA NUTRITION MOVES!	OTHER: VARIOUS	\$2,700,000	
	Contract Description:	This is a new contract to provide dietician services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20111			
12.		VARIOUS STATE AGENCIES	GOOD LIFE THERAPY, LLC	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to provide occupational, physical and speech therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20117			
13.		VARIOUS STATE AGENCIES	HEJAZI, JAMAL S	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide child and adolescent psychiatry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20121			
14.		VARIOUS STATE AGENCIES	HEATHER FOWLER	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide counseling services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20135			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.		VARIOUS STATE AGENCIES	JM PINSON, PLLC	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide medical family nurse practitioner - psychiatry emphasis services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20116		
16.		VARIOUS STATE AGENCIES	KAHMIEN LARUSCH, MD	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20114		
17.		VARIOUS STATE AGENCIES	KIMBERLY L. GARCIA	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide targeted case management services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20118		
18.		VARIOUS STATE AGENCIES	KASA ENTERPRISES, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide occupational therapy services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20115		
19.		VARIOUS STATE AGENCIES	LINDA WALKER, LMFT	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide marriage and family therapy services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20134		
20.		VARIOUS STATE AGENCIES	NORTHERN NEVADA PSYCHOLOGY LLC	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20136		
21.		VARIOUS STATE AGENCIES	PHYLLIS HILL PROFESSIONAL SERVICES, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide psychiatry and family nurse services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20119		
22.		VARIOUS STATE AGENCIES	ROBIN G. WARDWELL-WOOD	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide marriage and family therapy services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20107		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.		VARIOUS STATE AGENCIES	SEAN DODGE, PSYD DBA BLUE SKIES PSYCHOLOGICAL SERVICES, LLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20109		
24.		VARIOUS STATE AGENCIES	JOHN L. TAN II DBA J TAN, LLC	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20158		
		VARIOUS STATE AGENCIES	VMWARE INC	OTHER: VARIOUS	\$0	
25.	Contract Description:	This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and, if applicable, a Technology Investment Notification prior to start of services.				
		Term of Contract:	06/19/2018 - 09/08/2026	Contract # 20020		
26.		VARIOUS STATE AGENCIES	WENDY J. RIBACK	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide speech pathology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	06/19/2018 - 06/30/2022	Contract # 20120		

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: **19941**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Alsco, Inc.**Contractor Name: **Alsco, Inc.**Address: **2535 E. 5th Street**City/State/Zip: **Reno, NV 89512**Contact/Phone: **Shawn Mynear 775-323-4111**Vendor No.: **T60153013B**NV Business ID: **NV19591000546**To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: **3485-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Laundry Services**

5. Purpose of contract:

This is a new contract to provide laundry services to various state agencies. Services may include hospital sheets, pillow cases, shop towels, uniforms, logo patches, floor mats, towels, fender covers, hand soap, air freshener, affixing logos and patches on uniforms.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: Various rates per required items, see contractor's cost proposal which is provided on Attachment CC of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

Several State agencies require laundry services in the course of their daily operations.

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 type of facility needed to handle 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):

AlSCO, Inc.
Aramark Uniform Services
Cintas
Brady Linen Services, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 3485, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 01/22/2018 Anticipated re-bid date: 01/04/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State of Nevada, 12/3/2013 thru Present. They have been deemed satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

They are listed as Domestic Close Corporation with the Secretary of State's office.

16. a. Is 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	05/01/2018 08:41:51 AM
Division Approval	mstewa10	05/01/2018 08:41:53 AM
Department Approval	mstewa10	05/01/2018 08:41:56 AM
Contract Manager Approval	amorfin	05/01/2018 11:10:59 AM
Budget Analyst Approval	auruty	05/11/2018 11:54:51 AM
BOE Agenda Approval	lfree1	05/16/2018 17:01:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19976**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Arbor Pros
Agency Code:	MSA	Contractor Name:	Arbor Pros
Appropriation Unit:	9999 - All Categories	Address:	430 Stoker Avenue Suite 107
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89503
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel E. Omler 775-221-3827
		Vendor No.:	
		NV Business ID:	NV20161405908
To what State Fiscal Year(s) will the contract be charged?	2019		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2018**Anticipated BOE meeting date **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/08/2019**Contract term: **302 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.9 Road Construction, Maintenance and Rehabilitation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,406,250.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

GTS Forestry, Inc.
Swaggart Enterprise
Cross Creek Services, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ has been awarded to 22 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/22/2018 12:41:24 PM
Division Approval	mstewa10	05/22/2018 12:41:26 PM
Department Approval	mstewa10	05/22/2018 12:41:29 PM
Contract Manager Approval	nfese1	05/22/2018 13:38:39 PM
Budget Analyst Approval	lfree1	05/24/2018 09:56:42 AM
BOE Agenda Approval	lfree1	05/24/2018 09:56:45 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 CONTRACT1. Contract Number: **20104**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Brooks One Recovery Services
Agency Code:	MSA	Contractor Name:	Brooks One Recovery Services
Appropriation Unit:	9999 - All Categories	Address:	7720 Houston Peak St
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89166
If "No" please explain:	Not Applicable	Contact/Phone:	Sean Elder, APRN 702-486-0452
		Vendor No.:	T32002877
		NV Business ID:	NV20141229996

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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide psychiatry 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: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:30:46 PM
Division Approval	mstewa10	05/16/2018 16:30:48 PM
Department Approval	mstewa10	05/16/2018 16:30:51 PM
Contract Manager Approval	mstewa10	05/16/2018 16:30:53 PM
Budget Analyst Approval	lfree1	05/24/2018 09:42:41 AM
BOE Agenda Approval	lfree1	05/24/2018 09:42:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20130**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CenturyLink Communications, LLC
Agency Code:	MSA	Contractor Name:	CENTRAL TELEPHONE COMPANY NEVADA DBA CENTURYLINK COMMUNICATIONS,
Appropriation Unit:	9999 - All Categories	Address:	6700 Via Austi Pkwy
Is budget authority available?:	No	City/State/Zip	Las Vegas, NV 89119
If "No" please explain: Funding approval will happen during the enactment of a Work Plan, which per the PA is required for each purchase under the contract.		Contact/Phone:	Ellen Walker 702-244-1494

Vendor No.: PUR0000402
NV Business ID: NV19901012165

To what State Fiscal Year(s) will the contract be charged? **2018-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: 3466-GD / AR2474

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/08/2026**Contract term: **8 years and 83 days**4. Type of contract: **MSA**Contract description: **Cloud Services**

5. Purpose of contract:

This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and, if applicable, a Technology Investment Notification prior to start of services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: As invoiced by the Vendor and approved by the State, in accordance with each Work Plan.

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple State agencies and political subdivisions require access to cloud solutions to support the needs of their agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not a Cloud Solutions provider.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NASPO ValuePoint Contract for Cloud Solutions awarded to 32 vendors. State Purchasing Division is signing Participating Addenda with vendor awarded under NASPO contract that provide services that state agencies or political subdivisions have expressed a need for.

d. Last bid date: 12/21/2015 Anticipated re-bid date: 12/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor Trade Name is shortened version of name used for SOS registration.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gideon Davis, Purchasing Officer Ph: 775-684-0196

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/23/2018 10:04:29 AM
Division Approval	mstewa10	05/23/2018 10:04:32 AM
Department Approval	mstewa10	05/23/2018 10:04:34 AM
Contract Manager Approval	lfree1	05/23/2018 10:23:12 AM
Budget Analyst Approval	lfree1	05/23/2018 10:23:15 AM
BOE Agenda Approval	lfree1	05/23/2018 10:23:18 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20151**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **CHILDS, ZELLA C DBA CHRISTY CHILDS MFT**Contractor Name: **CHILDS, ZELLA C DBA CHRISTY CHILDS MFT**Address: **Zella Christine Childs
2255 Lenticular Drive**City/State/Zip: **Sparks, NV 89441**Contact/Phone: **775/770-0900**Vendor No.: **T27037934**NV Business ID: **NV20121186992**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide marriage and family therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/23/2018 15:45:51 PM
Division Approval	mstewa10	05/23/2018 15:45:53 PM
Department Approval	mstewa10	05/23/2018 15:45:55 PM
Contract Manager Approval	mstewa10	05/23/2018 15:45:58 PM
Budget Analyst Approval	laaron	05/24/2018 10:18:05 AM
BOE Agenda Approval	lfree1	05/24/2018 10:51:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19776**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Cox Nevada Telecom, LLC

Contractor Name: **Cox Nevada Telecom, LLC**Address: **1700 Vegas Drive**City/State/Zip: **Las Vegas, NV 89106**

Contact/Phone: Victoria Zrebiec 702-545-1889

Vendor No.:

NV Business ID: NV19981048274

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: RFQ 3167 tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/29/2020**Contract term: **1 year and 273 days**4. Type of contract: **MSA**Contract description: **Telecommunications**

5. Purpose of contract:

This is a new contract that continues ongoing telecommunication services, including voice and data transport systems for state agencies in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State employees need access to local telephone services in order to do their jobs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Telecommunications are a regulated service and must be provided by a company certified by the Nevada Public Utilities Commission.

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):

Inyo Networks
AT&T
CenturyLink

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 3167, and in accordance with NRS 333, this contractor was one of four selected as the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/27/2014 Anticipated re-bid date: 10/26/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	04/23/2018 11:40:05 AM
Division Approval	mstewa10	04/23/2018 11:40:08 AM
Department Approval	mstewa10	04/23/2018 11:40:11 AM
Contract Manager Approval	tsmit2	04/23/2018 13:11:17 PM
Budget Analyst Approval	auruty	06/06/2018 09:39:03 AM
BOE Agenda Approval	lfree1	06/06/2018 09:42:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20105**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Cynthia M. Adams, M.F.T.**Contractor Name: **Cynthia M. Adams, M.F.T.**Address: **PO Box 20825**City/State/Zip: **Reno, NV 89515**Contact/Phone: **Cynthia M. Adams 775-233-6531**Vendor No.: **T32005603**NV Business ID: **NV20171390487**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide marriage and family therapy licensed social worker services statewide. This contract replaces the previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:29:31 PM
Division Approval	mstewa10	05/16/2018 16:29:33 PM
Department Approval	mstewa10	05/16/2018 16:29:36 PM
Contract Manager Approval	mstewa10	05/16/2018 16:29:38 PM
Budget Analyst Approval	lfree1	05/24/2018 09:38:25 AM
BOE Agenda Approval	lfree1	05/24/2018 09:38:28 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20108**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**

Legal Entity Name:

DEBBIE TILTON OTR L, INC. DBA TILTON'S THERAPY FOR TOTS

Contractor Name:

DEBBIE TILTON OTR L, INC. DBA TILTON'S THERAPY FOR TOTS

Address:

11091 Kilkerran Ct

City/State/Zip

Las Vegas, NV 89141

Contact/Phone:

Debbie Tilton, CEO 702-281-2552

Vendor No.:

T29038099

NV Business ID:

NV19991152392To 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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide occupational, physical and speech therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 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?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human 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:
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	05/16/2018 16:28:44 PM
Division Approval	mstewa10	05/16/2018 16:28:47 PM
Department Approval	mstewa10	05/16/2018 16:28:49 PM
Contract Manager Approval	mstewa10	05/16/2018 16:28:52 PM
Budget Analyst Approval	lfree1	05/24/2018 08:24:09 AM
BOE Agenda Approval	lfree1	05/24/2018 08:24:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20110**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	EJINE OKOROAFOR, MD LTD
Agency Code:	MSA	Contractor Name:	EJINE OKOROAFOR, MD LTD
Appropriation Unit:	9999 - All Categories	Address:	5440 W SAHARA AVE STE 202
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146-0361
If "No" please explain:	Not Applicable	Contact/Phone:	Ejine Okoroafor 914/426-7774
		Vendor No.:	T27038506
		NV Business ID:	NV20151168336

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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatry 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****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? **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?

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. Satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:27:54 PM
Division Approval	mstewa10	05/16/2018 16:27:56 PM
Department Approval	mstewa10	05/16/2018 16:27:59 PM
Contract Manager Approval	mstewa10	05/16/2018 16:28:01 PM
Budget Analyst Approval	lfree1	05/24/2018 08:21:55 AM
BOE Agenda Approval	lfree1	05/24/2018 08:22:22 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 CONTRACT1. Contract Number: **20113**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **GREGORY P BROWN MD PROF CORP**Contractor Name: **GREGORY P BROWN MD PROF CORP**Address: **5120 TENNIS COURT ST W**City/State/Zip: **LAS VEGAS, NV 89120-1348**Contact/Phone: **Gregory Brown 702/232-3256**Vendor No.: **T27032410**NV Business ID: **NV19961207391**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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. 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 forensic psychiatry and psychiatry 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: **\$750,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. Satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:27:30 PM
Division Approval	mstewa10	05/16/2018 16:27:33 PM
Department Approval	mstewa10	05/16/2018 16:27:35 PM
Contract Manager Approval	mstewa10	05/16/2018 16:27:38 PM
Budget Analyst Approval	lfree1	05/25/2018 09:09:19 AM
BOE Agenda Approval	lfree1	05/25/2018 09:09:21 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 CONTRACT1. Contract Number: **20111**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GROSSAN, GERI LYNN DBA Nutrition Moves!**Contractor Name: **GROSSAN, GERI LYNN DBA Nutrition Moves!**Address: **7721 Leavorite Drive**City/State/Zip: **Las Vegas, NV 89128**Contact/Phone: **Geri Lynn Grossan 702-242-5730**Vendor No.: **T29030525**NV Business ID: **NV20111319055**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 % Various Agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide dietician 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: **\$2,700,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:22:20 PM
Division Approval	mstewa10	05/16/2018 16:22:23 PM
Department Approval	mstewa10	05/16/2018 16:22:25 PM
Contract Manager Approval	mstewa10	05/16/2018 16:22:28 PM
Budget Analyst Approval	lfree1	05/24/2018 09:30:04 AM
BOE Agenda Approval	lfree1	05/24/2018 09:30:06 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 CONTRACT1. Contract Number: **20117**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Good Life Therapy, LLC**Contractor Name: **Good Life Therapy, LLC**Address: **850 La Sconsa Drive**City/State/Zip: **Las Vegas, NV 89138**Contact/Phone: **Corinne Trenholm 702-526-5550**Vendor No.: **T29033861**NV Business ID: **NV20131507281**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 % Various Agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide occupational, physical and speech therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	05/16/2018 16:22:46 PM
Division Approval	mstewa10	05/16/2018 16:22:48 PM
Department Approval	mstewa10	05/16/2018 16:22:51 PM
Contract Manager Approval	mstewa10	05/16/2018 16:22:57 PM
Budget Analyst Approval	lfree1	05/24/2018 09:06:00 AM
BOE Agenda Approval	lfree1	05/24/2018 09:06:02 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20121**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **HEJAZI, JAMAL S**Contractor Name: **HEJAZI, JAMAL S**Address: **3044 E PINEVIEW DR**City/State/Zip: **SALT LAKE CITY, UT 84121-3407**Contact/Phone: **801/652-4238**Vendor No.: **T27038303**NV Business ID: **NV20151492577**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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide child and adolescent psychiatry 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: **\$1,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:23:27 PM
Division Approval	mstewa10	05/16/2018 16:23:30 PM
Department Approval	mstewa10	05/16/2018 16:23:32 PM
Contract Manager Approval	mstewa10	05/16/2018 16:23:35 PM
Budget Analyst Approval	lfree1	05/25/2018 09:13:55 AM
BOE Agenda Approval	lfree1	05/25/2018 09:13:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20135**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Heather Fowler**Contractor Name: **Heather Fowler**Address: **301 Leslie St**City/State/Zip: **Pahrump, NV 89060-1109**Contact/Phone: **Heather Fowler 801-209-6691**Vendor No.: **T29039690**NV Business ID: **NV20171352938**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide counseling 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: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/21/2018 14:20:49 PM
Division Approval	mstewa10	05/21/2018 14:20:53 PM
Department Approval	mstewa10	05/21/2018 14:20:56 PM
Contract Manager Approval	mstewa10	05/21/2018 14:20:59 PM
Budget Analyst Approval	laaron	05/24/2018 10:21:14 AM
BOE Agenda Approval	lfree1	05/24/2018 10:47:20 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20116**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **JM PINSON, PLLC**Contractor Name: **JM PINSON, PLLC**Address: **4553 E. Timbersaw Drive**City/State/Zip: **Boise, ID 83716**Contact/Phone: **Jenny Pinson 601-880-9571**Vendor No.: **T29034545**NV Business ID: **NV20131278109**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide medical family nurse practitioner - psychiatry emphasis 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: **\$1,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. 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	05/16/2018 16:26:31 PM
Division Approval	mstewa10	05/16/2018 16:26:33 PM
Department Approval	mstewa10	05/16/2018 16:26:36 PM
Contract Manager Approval	mstewa10	05/16/2018 16:26:40 PM
Budget Analyst Approval	lfree1	05/24/2018 08:28:33 AM
BOE Agenda Approval	lfree1	05/24/2018 08:28:36 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20114**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KAHMIEN LARUSCH, MD**Contractor Name: **KAHMIEN LARUSCH, MD**Address: **KAHMIEN LARUSCH MD
6475 MONDELL PINES CIR**City/State/Zip: **LAS VEGAS, NV 89146-6645**Contact/Phone: **702/802-9835**Vendor No.: **T27037807**NV Business ID: **NV20151463108**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatry 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****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? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 06/30/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. Satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:26:58 PM
Division Approval	mstewa10	05/16/2018 16:27:01 PM
Department Approval	mstewa10	05/16/2018 16:27:04 PM
Contract Manager Approval	mstewa10	05/16/2018 16:27:06 PM
Budget Analyst Approval	tgreenam	05/21/2018 10:31:01 AM
BOE Agenda Approval	lfree1	05/24/2018 09:40:14 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 CONTRACT1. Contract Number: **20118**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **KIMBERLY L. GARCIA**Contractor Name: **KIMBERLY L. GARCIA**Address: **716 THISTLE DRIVE**City/State/Zip: **SPRING CREEK, NV 89815-7337**Contact/Phone: **Kimberly Garcia 775/738-8021**Vendor No.: **T29036864**NV Business ID: **NV20151579239**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide targeted case management 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: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. Satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:26:06 PM
Division Approval	mstewa10	05/16/2018 16:26:08 PM
Department Approval	mstewa10	05/16/2018 16:26:11 PM
Contract Manager Approval	mstewa10	05/16/2018 16:26:13 PM
Budget Analyst Approval	lfree1	05/24/2018 08:26:43 AM
BOE Agenda Approval	lfree1	05/24/2018 08:26:46 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20115**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Kasa Enterprises, LLC**Contractor Name: **Kasa Enterprises, LLC**Address: **219 Chimney Rock Rd PO 3360**City/State/Zip: **Stateline, NV 89449**Contact/Phone: **Laurie Kasa 775-720-9707**Vendor No.: **T29040582**NV Business ID: **NV20111226619**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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide occupational therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	05/16/2018 16:19:22 PM
Division Approval	mstewa10	05/16/2018 16:19:24 PM
Department Approval	mstewa10	05/16/2018 16:19:27 PM
Contract Manager Approval	mstewa10	05/16/2018 16:19:35 PM
Budget Analyst Approval	lfree1	05/25/2018 09:11:42 AM
BOE Agenda Approval	lfree1	05/25/2018 09:11:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20134**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WALKER, LINDA**Contractor Name: **LINDA WALKER, LMFT**Address: **6367 WHITE HERON CT**City/State/Zip: **LAS VEGAS, NV 89139-7234**Contact/Phone: **702/480-9599**Vendor No.: **T27040753**NV Business ID: **NV20161529336**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 % Various Agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide marriage and family therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/21/2018 14:20:19 PM
Division Approval	mstewa10	05/21/2018 14:20:22 PM
Department Approval	mstewa10	05/21/2018 14:20:24 PM
Contract Manager Approval	mstewa10	05/21/2018 14:20:27 PM
Budget Analyst Approval	laaron	05/24/2018 10:26:14 AM
BOE Agenda Approval	lfree1	05/24/2018 10:44:35 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20136**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **NORTHERN NEVADA PSYCHOLOGY LLC**Contractor Name: **NORTHERN NEVADA PSYCHOLOGY LLC**Address: **309 E JOHN STREET SUITE 1**City/State/Zip: **CARSON CITY, NV 89706**Contact/Phone: **Sheri Hixon-Brenenstall 775/335-6995**Vendor No.: **T27035587A**NV Business ID: **NV20141509223**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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	05/21/2018 14:21:27 PM
Division Approval	mstewa10	05/21/2018 14:21:48 PM
Department Approval	mstewa10	05/21/2018 14:21:53 PM
Contract Manager Approval	mstewa10	05/21/2018 14:21:56 PM
Budget Analyst Approval	lfree1	05/25/2018 08:24:28 AM
BOE Agenda Approval	lfree1	05/25/2018 08:25:08 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 CONTRACT1. Contract Number: **20119**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**

Legal Entity Name:

PHYLLIS HILL PROFESSIONAL SERVICES, LLC

Contractor Name:

PHYLLIS HILL PROFESSIONAL SERVICES, LLC

Address:

30200 ROAD M9

City/State/Zip

MANCOS, CO 81328-9239

Contact/Phone:

970/903-1208

Vendor No.:

T29036984

NV Business ID:

NV20151596476To 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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide psychiatry and family nurse 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: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:21:52 PM
Division Approval	mstewa10	05/16/2018 16:21:55 PM
Department Approval	mstewa10	05/16/2018 16:21:58 PM
Contract Manager Approval	mstewa10	05/16/2018 16:22:01 PM
Budget Analyst Approval	lfree1	05/25/2018 08:18:45 AM
BOE Agenda Approval	lfree1	05/25/2018 08:18:48 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 CONTRACT1. Contract Number: **20107**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **ROBIN G. WARDWELL-WOOD**Contractor Name: **ROBIN G. WARDWELL-WOOD**Address: **4727 Solias Rd.**City/State/Zip: **Fallon, NV 89406**Contact/Phone: **Robin Wardwell-Wood 775-232-0069**Vendor No.: **T32003723**NV Business ID: **NV20151390346**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide marriage and family therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Health and Human Services. satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/16/2018 16:29:08 PM
Division Approval	mstewa10	05/16/2018 16:29:10 PM
Department Approval	mstewa10	05/16/2018 16:29:12 PM
Contract Manager Approval	mstewa10	05/16/2018 16:29:15 PM
Budget Analyst Approval	lfree1	05/24/2018 09:36:09 AM
BOE Agenda Approval	lfree1	05/24/2018 09:36:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20109**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Sean Dodge, PsyD, Blue Skies Psychological Services, LLC**Contractor Name: **Sean Dodge, PsyD, Blue Skies Psychological Services, LLC**Address: **1900 NE Third Street, #106-101**City/State/Zip: **Bend, OR 97701**Contact/Phone: **Sean Dodge 775-297-8855**Vendor No.: **T27042229**NV Business ID: **NV20171820691**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 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	mstewa10	05/16/2018 16:28:19 PM
Division Approval	mstewa10	05/16/2018 16:28:22 PM
Department Approval	mstewa10	05/16/2018 16:28:24 PM
Contract Manager Approval	mstewa10	05/16/2018 16:28:27 PM
Budget Analyst Approval	lfree1	05/24/2018 09:33:41 AM
BOE Agenda Approval	lfree1	05/24/2018 09:33:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20158**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TAN, JOHN L II DBA J TAN LLC**Contractor Name: **TAN, JOHN L II DBA J TAN LLC**Address: **4775 SUMMIT RIDGE DR APT 2135**City/State/Zip: **RENO, NV 89523-7927**Contact/Phone: **John Tan 213/453-4507**Vendor No.: **T27041473**NV Business ID: **NV20171268975**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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide psychiatry services statewide. 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****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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. The agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/24/2018 10:14:59 AM
Division Approval	mstewa10	05/24/2018 10:15:02 AM
Department Approval	mstewa10	05/24/2018 10:15:07 AM
Contract Manager Approval	mstewa10	05/24/2018 10:15:09 AM
Budget Analyst Approval	lfree1	05/25/2018 08:20:52 AM
BOE Agenda Approval	lfree1	05/25/2018 08:20:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20020**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **No**

If "No" please explain: Funding approval will happen during the enactment of a Work Plan, which per the PA is required for each purchase under the contract.

Legal Entity Name: **VMWARE INC**Contractor Name: **VMWARE INC**Address: **12100 Sunset Hills Road Suite 600**City/State/Zip: **Reston, VA 20190**Contact/Phone: **NASPO-VP@VMWare.com 571-375-3481**Vendor No.: **T29010938**NV Business ID: **NV20041434308**To what State Fiscal Year(s) will the contract be charged? **2018-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3466-GD / AR2493**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/08/2026**Contract term: **8 years and 83 days**4. Type of contract: **MSA**Contract description: **Cloud Services**

5. Purpose of contract:

This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and, if applicable, a Technology Investment Notification prior to start of services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: As invoiced by the Vendor and approved by the State, in accordance with each Work Plan.

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple State agencies and political subdivisions require access to cloud solutions to support the needs of their agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is not a Cloud Solutions provider.9. Were quotes or proposals solicited? **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):

CherryRoad Technologies
Insight Public Sector
Quest Media & Supplies
Carahsoft

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NASPO ValuePoint Contract for Cloud Solutions awarded to 32 vendors. State Purchasing Division is signing Participating Addenda with vendor awarded under NASPO contract that provide services that state agencies or political subdivisions have expressed a need for.

d. Last bid date: 12/21/2015 Anticipated re-bid date: 12/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gideon Davis, Purchasing Officer Ph: 775-684-0196

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	05/01/2018 08:40:30 AM
Division Approval	mstewa10	05/01/2018 08:40:32 AM
Department Approval	mstewa10	05/01/2018 08:40:35 AM
Contract Manager Approval	gdavi6	05/01/2018 08:56:18 AM
Budget Analyst Approval	aurruty	05/09/2018 13:42:59 PM
BOE Agenda Approval	lfree1	05/09/2018 14:06:33 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20120**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WENDY J. RIBACK**Contractor Name: **WENDY J. RIBACK**Address: **9505 CORAL WAY**City/State/Zip: **LAS VEGAS, NV 89117-3602**Contact/Phone: **702/338-4630**Vendor No.: **T29021317**NV Business ID: **NV20121193054**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 % Various agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 12 days**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide speech pathology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00****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?

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES - RADIATION CONTROL PROGRAM	FEDERAL	\$10,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. Term of Contract: 07/01/2018 - 06/30/2019 Contract # 20038				
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	BECKER GALLAGHER LEGAL PUBLISHING, INC.	GENERAL	\$20,000	
	Contract Description:	This is a new contract to provide ongoing services to format and file legal proceedings in the Supreme Court of the United States. Term of Contract: 07/01/2018 - 12/31/2018 Contract # 20141				
3.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	MELISSA PIASECKI, MD PC	GENERAL	\$10,000	Professional Service, Current Employee
	Contract Description:	This is a new contract to provide ongoing expert witness testimony and evaluation by a licensed psychiatrist in regards to lawsuits and criminal matters involving 9th Circuit case 11-99009. RELATES TO AGENDA ITEM 9-E. Term of Contract: 07/01/2018 - 06/30/2020 Contract # 20071				
4.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	BTMC, LLC DBA BRAINTRUST MARKETING & COMMUNICATIONS	OTHER: FORFEITURE FUNDS	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide professionally produced public service announcement videos promoting awareness and education concerning cyber security. Each of the videos will be focusing on areas of technology crimes such as open Wi-Fi, importance of strong passwords, counterfeiting, skimming and phishing. Term of Contract: 04/23/2018 - 03/23/2020 Contract # 19880				
5.	030	ATTORNEY GENERAL'S OFFICE - COUNCIL FOR PROSECUTING ATTORNEYS	NEW TROPICANA OPCO, INC. DBA MONTBLEU RESORT CASINO & SPA	FEE: REGISTRATION	\$15,713	
	Contract Description:	This is a new contract to provide conference room rentals for the Nevada Prosecutors Conference. Term of Contract: 05/21/2018 - 09/30/2018 Contract # 20088				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	CITY OF HENDERSON - POLICE DEPARTMENT	OTHER: REVENUE	\$12,500	
	Contract Description:	This is a new revenue interlocal contract to provide for the Victim Information and Notification System (VINE). The entities that utilize this system will cost share with the Office of the Attorney General. Term of Contract: 07/01/2017 -06/30/2018 Contract # 20072				
7.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	KEPHART CONSULTING, LLC	OTHER: TORT FUNDS	\$25,000	Exempt
	Contract Description:	This is a new contract to provide expert witness testimony on the training, use and deployment of less than lethal munitions (i.e. "skip munitions deployment"). Term of Contract: 03/28/2018 -06/30/2020 Contract # 19890				
8.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MELISSA PIASECKI, MD PC	OTHER: TORT FUNDS	\$30,000	Professional Service, Current Employee
	Contract Description:	This is a new contract that continues ongoing expert witness testimony and evaluation by a licensed psychiatrist in regards to lawsuits and criminal matters involving the State of Nevada. This contract will be used on an as needed basis and is not for any specific case. RELATES TO AGENDA ITEM 9-E. Term of Contract: 07/01/2018 -06/30/2020 Contract # 20070				
9.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	RIMKUS CONSULTING GROUP, INC.	FEE: TORT FUNDS	\$26,000	Exempt
	Contract Description:	This is a new contract to provide for an expert opinion regarding litigation against the State, case number A-15-723943-C. Term of Contract: 10/31/2017 -12/31/2018 Contract # 19559				
10.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	STEINER MEDICAL REGISTRY DBA EXPEDIENT MEDICOLEGAL SERVICES	OTHER: TORT FUNDS	\$20,000	Exempt
	Contract Description:	This is a new contract to provide necessary review and research for the preparation and submittal of rebuttal expert report. Term of Contract: 04/01/2018 -06/30/2020 Contract # 19940				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	INTERACTIVE FINANCIAL SERVICE GROUP, INC. DBA SCHOOL SAVINGS	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$15,000	Sole Source
	Contract Description:	This is a new contract to provide elementary school students with financial literacy by allowing them to save money at their school. Services include a pilot program for two schools and access to a web-based system specific to Nevada which allows deposits and reporting.				
		Term of Contract:	05/16/2018 -06/30/2019	Contract # 19988		
12.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	UNIVERSAL PRINTING & GRAPHICS, INC. DBA PANDA PRINTING AND MAILING	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$17,462	
	Contract Description:	This is a new contract to provide printing and mailing services to parents of College Kick Start account holders. The Nevada College Kick Start Program establishes a 529 college savings account with an initial deposit of \$50.00 for all public school kindergarten students. The College Savings Program is responsible for contacting parents of account holders to encourage claiming their student's account before it expires. Mailers are sent to parents of children in kindergarten and fourth grade.				
		Term of Contract:	05/21/2018 -06/30/2018	Contract # 20065		
13.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	STRATEGIC PROGRESS, LLC	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$20,900	
	Contract Description:	This is a new contract to provide two online financial literacy training programs for military families, veteran families and families of children with special needs. Services include registration, pre and post testing, college savings program enrollment reporting, and program analysis of results.				
		Term of Contract:	04/26/2018 -12/31/2018	Contract # 19933		
14.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	SECTORLYTICS, LLC	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$23,050	
	Contract Description:	This is a new contract to provide a financial literacy website for college savings programs. Services include designing a financial literacy curriculum, developing online content and resources, and administering a website for educators, parents and high school graduates with specific emphasis on college savings.				
		Term of Contract:	05/02/2018 -06/30/2021	Contract # 19986		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	060	CONTROLLER'S OFFICE INFORMATIX, INC.		OTHER: DEBT SERVICE TRANSFER	\$17,700	
	Contract Description:	This is a new contract to provide continuing professional services for Financial Institution Data Matching (FIDM) services in support of debt collection efforts. FIDM services match information about debtors to the state with information about depositor information from financial institutions doing business in Nevada.				
		Term of Contract:	04/20/2018 - 04/19/2019	Contract # 19966		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CONVERSE PROFESSIONAL GROUP, INC. DBA CONVERSE CONSULTANTS	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide environmental and hazardous waste management services, as needed, for state-owned buildings in northern Nevada.				
		Term of Contract:	05/10/2018 - 04/30/2022	Contract # 19961		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CONVERSE PROFESSIONAL GROUP, INC. DBA CONVERSE CONSULTANTS	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide environmental and hazardous waste management services, as needed, for state-owned buildings in southern Nevada.				
		Term of Contract:	05/08/2018 - 4/30/2022	Contract # 19960		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CHAVEZ PAINTING, LLC	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide for painting services, as needed, for state-owned buildings in the northern Nevada area.				
		Term of Contract:	05/08/2018 - 4/30/2022	Contract # 20001		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	LUMOS & ASSOCIATES	OTHER: AGENCY FUNDED CIP	\$23,880	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Clear Creek Mitigation CIP project to include design, permitting and construction services to repair/restore damaged land adjacent to Clear Creek at the Stewart Facility, including installation of erosion control measures and re-vegetation of approximately 2.5 acres and 1,000 feet of the stream bank: CIP Project No. 18-A033; SWPD Contract No. 111938.				
		Term of Contract:	04/26/2018 - 06/30/2022	Contract # 19996		
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RED CAP ACOUSTICS	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide installation, maintenance and repair services of acoustical ceiling tiles and T-bars, as needed, for state-owned buildings in southern Nevada.				
		Term of Contract:	04/26/2018 - 04/30/2022	Contract # 19978		
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WISE CONSULTING & TRAINING	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract that continues ongoing environmental and hazardous waste management services, as needed, for state-owned buildings in northern Nevada.				
		Term of Contract:	05/08/2018 - 03/31/2022	Contract # 19962		
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$31,500	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services for the Henderson Department of Motor Vehicles facility. This amendment extends the termination date from June 30, 2018 to November 30, 2018 and increases the maximum amount from \$304,500 to \$336,000 to provide the Purchasing Division additional time to complete/implement a new competitive contracting process for janitorial contracts.				
		Term of Contract:	07/01/2014 - 11/30/2018	Contract # 15623		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$48,600	
	Contract Description:	This is the third amendment to the original contract which provides janitorial services for the West Flamingo Department of Motor Vehicles facility. This amendment extends the termination date from May 31, 2018 to November 30, 2018 and increases the maximum amount from \$494,880 to \$543,480 to provide the Purchasing Division additional time to complete/implement a new competitive contracting process for janitorial contracts.				
	Term of Contract:	08/31/2013 - 11/30/2018 Contract # 14654				
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$32,650	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services for the Decatur Department of Motor Vehicle facility. This amendment extends the termination date from June 30, 2018 to November 30, 2018 and increases the maximum amount from \$316,100 to \$348,750 to provide the Purchasing Division additional time to complete/implement a new competitive contracting process for janitorial contracts.				
	Term of Contract:	07/01/2014 - 11/30/2018 Contract # 15620				
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$40,500	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services for the Las Vegas Campos Building. This amendment extends the termination date from June 30, 2018 to November 30, 2018 and increases the maximum amount from \$411,760 to \$452,260 to provide the Purchasing Division additional time to complete/implement a new competitive contracting process for janitorial contracts.				
	Term of Contract:	07/01/2014 - 11/30/2018 Contract # 15625				
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS	\$1,980	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Lake's Crossing - Air Handling Unit No. 2 Replacement CIP project: CIP No. 17-M52; SPWD Contract No. 111652. This amendment increases the maximum amount from \$77,400 to \$79,380 due to additional electrical work required for added air conditioning units and ceiling removal.				
	Term of Contract:	01/09/2018 - 06/30/2021 Contract # 19502				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$18,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides architectural/engineering services for the Stewart Conservation Camp Showers and Restrooms Remodel CIP project: CIP Project: 17-M62; SPWD Contract No. 111451. This amendment increases the maximum amount from \$167,000 to \$185,500 due to the re-design and replacement of the underfloor sewer piping and tempered water system.				
	Term of Contract:	12/12/2017 - 06/30/2021	Contract # 19401			
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	FARR WEST CHILTON ENGINEERING DBA FARR WEST ENGINEERING	BONDS 72% FEDERAL 28%	\$15,610	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veteran's Home - Secondary Water Treatment Installation CIP project to include construction and permitting documents, as well as construction administration services for the design and installation of a new water treatment system for the home: CIP Project No. 17-M03; SPWD Contract No. 112022.				
	Term of Contract:	05/23/2018 - 06/30/2022	Contract # 20139			
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	KAUTZ ENVIRONMENTAL CONSULTANTS, INC.	GENERAL	\$48,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides ongoing professional environmental consulting services for the Northern Nevada Veteran's Home for the purpose of producing an environmental site assessment for the project: CIP Project No: 13-P07; SPWD Contract No. 111269. This amendment increases the maximum amount from \$99,500 to \$147,500 due to additional days required to complete the archeological monitoring component of the task.				
	Term of Contract:	07/12/2017 - 06/30/2019	Contract # 18988			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	WOOD RODGERS, INC.	GENERAL	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide professional consulting services in support of the development of the 2019-21 Capital Improvement Plan as directed by the Division: CIP Project No. 17-S04; SPWD Contract No. 112011.				
		Term of Contract:	05/08/2018 - 06/30/2022	Contract # 20060		
31.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	POGGEMEYER DESIGN GROUP INC. DBA CMWORKS, INC.	BONDS	\$17,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Las Vegas Nevada State Museum - Loading Dock Remodel CIP project, to include design, construction and bid documents, as well as construction administration services for renovating the loading dock and access drive on the east end of the museum: CIP Project No. 17-M74; SPWD Contract No. 111963.				
		Term of Contract:	04/26/2018 - 06/30/2021	Contract # 19991		
32.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - ALL BUDGETS ACCOUNTS	WELLES PUGSLEY ARCHITECTS, LLP DBA SIMPSON COULTER STUDIOS	OTHER: AGENCY FUNDED CIP	\$24,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Remodel CIP project to include design, construction and bid documents, as well as construction administration services, for the renovation of buildings 1304 & 1306: CIP Project No. 18-A030; SPWD Contract No. 111892.				
		Term of Contract:	05/08/2018 - 06/30/2022	Contract # 20062		
33.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	BOARD OF REGENTS- NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$14,800	Exempt
	Contract Description:	This is a new contract to provide consultation and technical assistance regarding the Americans with Disabilities Amendments Act of 2008 for the provision of effective communication, auxiliary aids and services and modifications to agency policies and procedures.				
		Term of Contract:	2/15/2018 12/31/2018	Contract # 19796		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	DOWNTOWN FILMS, LLC DBA SILVER STATE PRODUCTIONS	GENERAL	\$13,720	
	Contract Description:	This is a new contract to provide a marketing video on the economic landscape of Nevada over the past six years. The video will be posted on the agency's website, on social media sites and included in presentations.				
35.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NAVAL FACILITIES ENGINEERING COMMAND	OTHER: REVENUE	\$14,932	
	Contract Description:	This is the first amendment to the original revenue contract which provides rack space at Austin Mountain in Lander County. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$14,932.12 to \$29,864.24 due to continued need for these services.				
36.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	CUMMINS ROCKY MOUNTAIN, LLC	OTHER: PATIENT COLLECTIONS	\$3,333	
	Contract Description:	This is the second amendment to the original contract which provides emergency generator maintenance and testing. This amendment increases the maximum amount from \$9,999 to \$13,332 to cover the additional year extension granted under amendment number one.				
37.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	TERMINIX INTERNATIONAL COMPANY, LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides pest control services. This amendment extends the termination date from July 1, 2018 to June 30, 2020 and increase the maximum amount from \$10,000 to \$20,000 due to continued need for these services.				
38.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	US WATER SERVICES, INC. DBA WEST, INC.	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$15,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing maintenance for the cooling towers, chillers and hot water boilers including monthly inspection and preventative maintenance for this equipment. This amendment extends the contract termination date from September 30, 2018 to September 30, 2020 and increases the maximum amount from \$20,000.00 to \$35,000.00 due to the continued need of these services.				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	MEDCO CONTAINMENT LIFE INSURANCE COMPANY	OTHER: TOBACCO FUNDS	\$10,000	Exempt
		Contract Description: This is the second amendment to the original contract which provides subsidies to the monthly premium of eligible members who are enrolled in the Medicare Part D prescription program. The Division cannot foresee which participants will join which insurance company and this insurance company has increased the participants they have in the Senior RX program. This amendment increases the maximum amount from \$12,000 to \$22,000 due to the increased number of members.				
		Term of Contract:	04/03/2015 - 03/09/2019	Contract # 16436		
40.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	THOMAS TANNEHILL DBA ET&M REFRIGERATION	GENERAL 50.9% FEDERAL 49.1%	\$35,358	
		Contract Description: This is a new contract to provide ongoing inspection and repair services for facility air conditioning systems.				
		Term of Contract:	07/01/2018 - 06/30/2020	Contract # 20042		
41.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	SOUTHERN NEVADA HEALTH DISTRICT	FEDERAL	\$29,887	Exempt
		Contract Description: This is a new interlocal agreement to provide oral health education for clients.				
		Term of Contract:	04/01/2018 - 06/30/2018	Contract # 20061		
42.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - FACILITY FOR THE MENTAL OFFENDER	BRIAN D. LEANY PH.D.	GENERAL	\$17,000	
		Contract Description: This is a new contract to provide neuropsychological assessment for clients/patients.				
		Term of Contract:	05/15/2018 - 06/30/2019	Contract # 19938		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - FACILITY FOR THE MENTAL OFFENDER	VERUS ASSOCIATES NEVADA, LLC	GENERAL	\$49,950	
Contract Description: This is a new contract to provide ongoing maintenance and support for the entry and security system for the Lake's Crossing Center campus.						
Term of Contract:			05/03/2018 - 12/31/2021	Contract # 19787		
44.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	ACTION FOR CHILD PROTECTION	FEDERAL	\$24,300	
Contract Description: This is a new contract to provide ongoing Change Focused Intervention training and coaching services to supervisors and staff in the State's child welfare offices.						
Term of Contract:			05/09/2018 - 09/30/2018	Contract # 19804		
45.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	NEVADA BROADCASTERS ASSOCIATION	FEDERAL	\$20,000	
Contract Description: This is the first amendment to the original contract which assists in recruiting for adoption and foster care homes in rural Nevada by airing non-commercial sustaining announcements. This amendment extends the termination date from May 31, 2018 to June 30, 2020 and increases the maximum amount from \$8,000 to \$28,000 due to the continued need for the advertising campaign airings.						
Term of Contract:			06/26/2017 - 06/30/2020	Contract # 18770		
46.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	INTERMOUNTAIN LOCK & SECURITY SUPPLY	GENERAL	\$26,400	
Contract Description: This is a new contract that continues ongoing locksmith service and repair on an as needed basis.						
Term of Contract:			07/01/2018 - 06/30/2022	Contract # 19831		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	431	OFFICE OF THE MILITARY	THYSSENKRUPP ELEVATOR CORPORATION	GENERAL	\$49,996	
	Contract Description:	This is a new contract to provide ongoing elevator maintenance service on an as needed basis at the Nevada Army Guard location in north Las Vegas.				
		Term of Contract:	04/17/2018 - 02/22/2022	Contract # 19939		
48.	431	OFFICE OF THE MILITARY	WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE	FEDERAL	\$24,999	
	Contract Description:	This is a new contract to provide cleaning, pumping and legal disposal of grease traps and sand oil separators at northern Nevada locations.				
		Term of Contract:	05/15/2018 - 05/01/2019	Contract # 20053		
49.	440	DEPARTMENT OF CORRECTIONS - SOUTHERN NEVADA CORRECTIONAL CENTER	D&R HYDRANT, INC.	GENERAL	\$17,385	
	Contract Description:	This is the first amendment to the original contract which provides ongoing backflow testing and certification services to Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Nevada Correctional Center, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. This amendment extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$69,539 to \$86,924 to provide ongoing services while a new solicitation process is completed.				
		Term of Contract:	11/12/2014 - 12/31/2018	Contract # 15956		
50.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	MATTHEW BENDER & COMPANY, INC. DBA LEXISNEXIS MATTHEW BENDER	OTHER: INMATE WELFARE FUND	\$41,020	
	Contract Description:	This is the first amendment to the original contract which provides specific legal materials and references to the inmate law libraries at seven correctional facilities. This amendment extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$313,964 to \$354,984 to provide ongoing services while a new solicitation process is completed.				
		Term of Contract:	07/01/2014 - 12/31/2018	Contract # 15399		
51.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	CISCO AIR SYSTEMS, INC.	FEDERAL	\$16,420	
	Contract Description:	This is a new contract to provide ongoing preventative service maintenance for compressors and vacuum pumps in the chemistry laboratory.				
		Term of Contract:	03/30/2018 - 03/31/2020	Contract # 19834		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	550	DEPARTMENT OF AGRICULTURE - ADMINISTRATION	JANI-KING OF LAS VEGAS, INC.	OTHER: COST ALLOCATION 75% FEDERAL 25%	\$22,032	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services for the southern headquarters. This amendment extends the termination date from April 30, 2018 to April 30, 2020 and increases the maximum amount from \$22,032 to \$44,064 due to the continued need for these services.				
		Term of Contract:	05/13/2016 - 04/30/2020	Contract # 17722		
53.	611	GAMING CONTROL BOARD	ACCURATE BUILDING MAINTENANCE, LLC	GENERAL	\$30,000	
	Contract Description:	This is a new contract to provide janitorial services for the Pilot Road office building in Las Vegas.				
		Term of Contract:	06/01/2018 - 05/31/2020	Contract # 20032		
54.	611	GAMING CONTROL BOARD	JEANNE H. YAMAMURA	GENERAL	\$20,000	
	Contract Description:	This is a new contract to provide ethics training for Board employees to address ethical standards, issues and challenges to include Board-specific standards with a focus on common problem areas. The contractor shall also provide ethics training sufficient to satisfy Continuing Professional Education requirements for Certified Public Accountant license renewal to include a review of Nevada ethical standards and recent and potential changes to these standards.				
		Term of Contract:	05/23/2018 - 12/31/2018	Contract # 20094		
55.	654	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	ALERTSENSE, INC.	FEDERAL	\$24,950	
	Contract Description:	This is a new contract to provide continued web portal access to the Integrated Public Alert & Warning System which includes 12 collaborative operating groups with unlimited administrators, notifications and alerts.				
		Term of Contract:	05/16/2018 - 08/31/2019	Contract # 20077		
56.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHALL - CONTINGENCY FOR HAZARDOUS MATERIALS- NON-EXEC	FEDERAL RESOURCES SUPPLY COMPANY	FEE: LICENSE PLATE	\$11,850	
	Contract Description:	This is a new contract to provide for a Hazardous Material Training course (HazMatIQ Decon IQ).				
		Term of Contract:	05/16/2018 - 12/31/2018	Contract # 20083		
57.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - Q1/AB9 BONDS- NON-EXEC	DIELCO CRANE SERVICE	BONDS	\$15,720	
	Contract Description:	This is a new contract to provide crane services to load and unload a train caboose transported to the Elgin School House.				
		Term of Contract:	05/24/2018 - 08/15/2018	Contract # 20047		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	GOHUNT, LLC	FEE: RESOURCE ENHANCEMENT STAMP	\$20,000	
	Contract Description:	This is a new contract to provide for the marketing of the Resource Enhancement Stamp and Dream Tag programs.				
		Term of Contract:	05/04/2018 - 04/10/2019	Contract # 19972		
59.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	OREGON STATE UNIVERSITY	FEDERAL	\$20,000	
	Contract Description:	This is the first amendment to the original interlocal contract which provides terrestrial surveillance and diagnostic testing services for wildlife health. This amendment reduces the termination date from July 30, 2019 to June 30, 2019 and increases the maximum amount from \$20,000 to \$40,000 due to an increased volume of testing.				
		Term of Contract:	11/04/2014 - 06/30/2019	Contract # 16170		
60.	702	DEPARTMENT OF WILDLIFE - HABITAT	U.S. DEPARTMENT OF THE INTERIOR - FOREST SERVICE	FEE: HABITAT CONSERVATION	\$5,000	
	Contract Description:	This is the first amendment to the original interlocal contract to provide ecological restoration to wildlife habitat. This amendment increases the contract amount from \$9,900 to \$14,900 due to increased monitoring activities.				
		Term of Contract:	01/26/2018 - 11/20/2021	Contract # 19612		
61.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	5 STAR GRAND CANYON HELICOPTER TOURS, LLC	OTHER: REVENUE	\$40,000	
	Contract Description:	This is a new revenue contract to provide helicopter weddings at the Valley of Fire State Park.				
		Term of Contract:	05/02/2018 - 05/11/2020	Contract # 20011		
62.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	MICHAEL D. SHIELDS TECHNICAL CONSULTANT	GENERAL	\$10,000	
	Contract Description:	This is a new contract to provide trail design and layout workshops at Walker River State Recreation Area for the agency and its partners.				
		Term of Contract:	09/16/2018 - 09/22/2018	Contract # 20128		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
63.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	BUDGET DRILLING, LLC	OTHER: UTILITY SURCHARGE	\$20,000	
	Contract Description:	This is a new contract to provide on call services for well repairs at the Valley of Fire and Spring Mountain Ranch state parks.				
		Term of Contract:	05/08/2018 - 05/01/2021	Contract # 20025		
64.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS REVOLVING ACCOUNT-NON-EXEC	JOHNSON PERKINS GRIFFIN, LLC	OTHER: LAND MANAGEMENT REVOLVING FUNDS	\$15,000	
	Contract Description:	This is a new contract to provide appraisal services to determine fair market rental value of the submerged lands and the structures that occupy the submerged land in Lake Tahoe.				
		Term of Contract:	04/27/2018 - 03/31/2019	Contract # 19968		
65.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE-NON-EXEC	TAHOE INSTITUTE FOR NATURAL SCIENCE	BONDS	\$49,900	Sole Source
	Contract Description:	This is a new contract to conduct a three-year scientific study on the effects of the invasive white satin moth on bird communities at Lake Tahoe Nevada State Park.				
		Term of Contract:	05/15/2018 - 06/30/2021	Contract # 20073		
66.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	ENVIRONMENTAL INCENTIVES, LLC	FEDERAL	\$38,662	
	Contract Description:	This is a new contract to evaluate and identify the most viable options to resolve concerns associated with road condition assessment protocols and baseline road condition adjustments for incorporation into program policy and guidance documentation for the Lake Tahoe Total Maximum Daily Limit Program.				
		Term of Contract:	05/08/2018 - 12/31/2018	Contract # 19992		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS	TAYLOR-WALKER CONSULTING, LLC	OTHER: ALLOCATION FROM FUND FOR WORKERS' COMPENSATION AND SAFETY	\$12,000	
		Contract Description: This is a new contract to provide actuarial services related to the annual adjustment and update to the actuarial annuity table as required by NRS 616C.495 (5). The table is used to calculate the present value of lump sum payments of permanent partial disability awards to injured workers.				
		Term of Contract:	05/24/2018 - 06/30/2021	Contract # 19924		
68.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ABC FIRE EXTINGUISHER COMPANY, INC. DBA ABC FIRE AND CYLINDER SERVICE	OTHER: BUSINESS ENTERPRISES SET ASIDE	\$20,000	
		Contract Description: This a new contract to provide Fire Alarm/Fire Security monitoring, maintenance and repair to include annual inspection and testing of fire suppression systems, Gaylord Quencher Systems, hood cleaning services and ANSUL certification at the Hoover Dam site.				
		Term of Contract:	05/07/2018 - 06/30/2020	Contract # 19910		
69.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ADVANCED PRO REMEDIATION, LLC DBA ADVANCED PRO RESTORATION	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$24,500	
		Contract Description: This is a new contract to provide on-going handyman services for southern Nevada facilities on an as needed basis.				
		Term of Contract:	05/07/2018 - 06/30/2020	Contract # 19930		
70.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ROBERT ELLIOT DBA BRIGHT CLEANING SERVICES	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$20,000	
		Contract Description: This is a new contract to provide ongoing commercial kitchen cleaning services in southern Nevada facilities.				
		Term of Contract:	10/01/2018 - 09/30/2020	Contract # 19889		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
71.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - TRUCKEE MEADOWS COMMUNITY COLLEGE	GENERAL 21.3% FEDERAL 78.7%	\$44,588	
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 which will provide the tools to enable them to seek and retain employment. The Workforce Innovation and Opportunity Act (Public Law 113-128) requires that 15% of all federal Rehabilitation funding be focused on Pre-ETS.				
	Term of Contract:	05/10/2018 - 06/30/2019	Contract # 19970			
72.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL 21.3% FEDERAL 78.7%	\$25,166	
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 which will provide the tools to enable them to seek and retain employment. The Workforce Innovation and Opportunity Act (Public Law 113-128) requires that 15% of all federal Rehabilitation funding be focused on Pre-ETS.				
	Term of Contract:	05/07/2018 - 06/30/2019	Contract # 19916			
73.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL 21.3% FEDERAL 78.7%	\$45,000	
	Contract Description:	This is a new interlocal agreement to provide employment opportunities for eligible clients who have written Individual Plans of Employment specifying the need for supported or customized employment. Participants must be eligible for Regional Center services and be enrolled in the Pathway to Independence 2-year program.				
	Term of Contract:	05/10/2018 - 07/31/2020	Contract # 19848			
74.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - WESTERN NEVADA COLLEGE, CARSON CITY	GENERAL 21.3% FEDERAL 78.7%	\$10,608	
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16-21 which will provide the tools to enable them to seek and retain employment. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$18,325.44 to \$28,933.63 due to the continued need for these services.				
	Term of Contract:	07/18/2017 - 06/30/2019	Contract # 18922			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
75.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	LYON COUNTY SCHOOL DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$20,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 which will provide the tools to enable them to seek and retain employment. The Workforce Innovation and Opportunity Act (Public Law 113-128) requires that 15% of all federal Rehabilitation funding be focused on Pre-ETS.				
		Term of Contract:	04/20/2018 - 09/30/2018	Contract # 19958		
76.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL OF NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$19,674	
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 which will provide the tools to enable them to seek and retain employment. The Workforce Innovation and Opportunity Act (Public Law 113-128) requires that 15% of all federal Rehabilitation funding be focused on Pre-ETS.				
		Term of Contract:	05/10/2018 - 09/30/2018	Contract # 19875		
77.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	SPECIAL RECREATION SERVICES, INC. DBA AMPLIFY LIFE	GENERAL 21.3% FEDERAL 78.7%	\$16,125	
	Contract Description:	This is the second amendment to the original contract which provides students with disabilities, ages 14 through 21, with opportunities to engage in career exploration and pre-employment training in camps during school breaks throughout the year. This amendment increases the maximum amount from \$244,362 to \$260,487 due to incorporating attachment AA.2 which updates the negotiated items by adding an additional summer transition camp.				
		Term of Contract:	04/05/2017 - 06/30/2019	Contract # 18524		
78.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	WMK, LLC DBA MOBILITY WORKS	GENERAL 21.3% FEDERAL 78.7%	\$45,000	
	Contract Description:	This is a new contract to provide ongoing services for modifying and converting new and used vehicles for vocational rehabilitation clients. Modifications/conversions include structural vehicle modifications; installation of mobility equipment and devices, including customized and advanced adaptive driving equipment and controls; installation of high tech driving systems; adjustments to fit required equipment to specific needs, and equipment repair services as needed.				
		Term of Contract:	04/20/2018 - 06/30/2020	Contract # 19868		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
79.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	OTIS ELEVATOR COMPANY	OTHER: PENALTIES AND INTEREST	\$13,480	
	Contract Description:	This is a new contract to provide maintenance, monitoring and repair service of the elevator located in the Saint Louis building.				
		Term of Contract:	04/20/2018 - 12/31/2019	Contract # 19460		
80.	B003	LICENSING BOARDS AND COMMISSIONS - AUDIOLOGY AND SPEECH PATHOLOGY	NUMBERS, INC.	FEE: LICENSING	\$16,000	Professional Service
	Contract Description:	This is a new contract to provide bookkeeping and payroll services and other financial reporting services as requested.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20049		
81.	B003	LICENSING BOARDS AND COMMISSIONS - AUDIOLOGY AND SPEECH PATHOLOGY	PAULA BERKLEY	FEE: LICENSING	\$30,000	
	Contract Description:	This is a new contract to provide lobbyist services during the 2019 Legislative Session.				
		Term of Contract:	07/01/2018 - 09/30/2019	Contract # 20048		

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: **20038**Agency Name: **NUCLEAR PROJECTS OFFICE**Agency Code: **012**Appropriation Unit: **1005-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NDPB, Radiation Control Program**Contractor Name: **NDPB, Radiation Control Program**Address: **675 Fairview Drive, Suite 218**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **Karen Beckley 775-687-7540**

Vendor No.:

NV Business ID: **N/A**To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Waste Transport**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: reimbursement of actual expenses upon submittal of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy plans to transport transuranic waste through Nevada

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Department of Public and Behavioral Health - Radiation Control Program is a State agency9. 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: **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:

Strolin, Joseph, Contractor Ph: 775-687-3744

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shughe2	05/03/2018 10:58:35 AM
Division Approval	shughe2	05/03/2018 10:58:38 AM
Department Approval	shughe2	05/03/2018 10:58:41 AM
Contract Manager Approval	shughe2	05/03/2018 10:58:44 AM
Budget Analyst Approval	mtum1	05/18/2018 10:05:04 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20141**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1030-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BECKER GALLAGHER LEGAL**Contractor Name: **BECKER GALLAGHER LEGAL**Address: **PUBLISHING INC
8790 GOVERNORS HILL DR STE 102
CINCINNATI, OH 45249-1374**City/State/Zip: **513/340-7102**Contact/Phone: **T29007123**Vendor No.: **NV20101495766**

NV Business ID:

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 **07/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **183 days**4. Type of contract: **Contract**Contract description: **Legal Publishing**

5. Purpose of contract:

This is a new contract which provides ongoing services to format and file legal proceedings in the Supreme Court of the United States.

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?

Formatting and file pleadings in the Supreme Court of the United States

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The complexity of the work that needs to be done requires specialized 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Becker Gallagher does superior work compared to the other organizations and their fees were similar.

d. Last bid date: 05/01/2018 Anticipated re-bid date: 12/01/2018

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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 Attorney General's Office has used this company for several years and their work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Lawrence VanDyke, Solicitor General Ph: 775-684-1233

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	05/22/2018 08:39:37 AM
Division Approval	cschon1	05/22/2018 08:39:39 AM
Department Approval	cschon1	05/22/2018 08:39:41 AM
Contract Manager Approval	cschon1	05/22/2018 08:39:44 AM
Budget Analyst Approval	hfield	05/24/2018 14:16:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20071**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1030-04**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **MELISSA PIASECKI MD PC**Contractor Name: **MELISSA PIASECKI MD PC**Address: **561 KEYSTONE AVE STE 104**City/State/Zip: **RENO, NV 89503-4304**Contact/Phone: **775/722-1077**Vendor No.: **T27018059**NV Business ID: **NV20051422118**To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract that continues ongoing expert witness testimony and evaluation by a licensed psychiatrist in regards to lawsuits and criminal matters involving case 9th Cir. 11-99009.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****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:

Dr. Melissa Piasecki is an employee of the Nevada System of Higher Education at the University of Nevada Reno.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?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:
Amanda Sage, Sr. Deputy Attorney General Ph: 775-687-2141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	05/14/2018 09:10:50 AM
Division Approval	cschonl1	05/14/2018 09:10:52 AM
Department Approval	cschonl1	05/14/2018 09:10:54 AM
Contract Manager Approval	cschonl1	05/14/2018 09:10:56 AM
Budget Analyst Approval	hfield	05/21/2018 13:43:34 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Melissa Piasecki
Employee ID Number:	
Job Title:	Forensic Consultant
Current Employee Agency:	NSHE
Current Class and Grade:	
Employment Dates:	1995- present
Contracting Agency:	Office of Attorney General
Please check which of the following applies:	
<input checked="" type="checkbox"/> X Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a 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.	
Forensic assessments and reports.	
b. Document the employee's current job description.	
UNR School of Medicine: administrative roles in medical education and institutional partnerships.	
c. Explain how this differs from current State duties.	
Contract is specific to forensic consultations. State duties do not include forensic consultation.	
d. Explain why existing State employees within your agency cannot perform this function.	
None that provide forensic consultation to this agency.	

<p>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.</p> <p>Not related.</p>
<p>f. List contractor's hourly rate.</p> <p>400/h</p>
<p>g. List the range of comparable State employee rates.</p> <p>No comparisons available</p>
<p>h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent:</p> <p>Hourly rate reflects standard forensic consultant rates</p>
<p>i. Document justification for hiring contractor.</p> <p>Specialty expertise not available in employees.</p>
<p>j. Will the employee be collecting PERS at any time during the contract?</p> <p>No</p>
<p>k. What is the duration of the contract with the current employee? (include start and end date)</p> <p>July 1, 2018 through June 30, 2020; 18 months</p>
<p>l. Will the current employee be working FT/PT? If PT how many hours</p> <p>PT, 5-10 h/ week</p>

Comments:

 6-11-18
Contracting Agency Head's Signature and Date

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19880**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1038-16**Is budget authority available?: **No**

If "No" please explain: Work Program C42924 in process

Legal Entity Name: **BTMC LLC DBA BRAINTRUST**Contractor Name: **BTMC LLC DBA BRAINTRUST**Address: **MARKETING & COMMUNICATIONS****8948 SPANISH RIDGE AVE**City/State/Zip: **LAS VEGAS, NV 89148-1352**Contact/Phone: **Kurt Ouchida 702/862-4242**Vendor No.: **T29035033**NV Business ID: **NV20101712174**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Forfeiture Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/23/2020**Contract term: **1 year and 335 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide professionally produced public service announcement videos promoting awareness and education concerning cyber security. Each of the videos will be focusing on areas of technology crimes such as open Wi-Fi, importance of strong passwords, counterfeiting, skimming and phishing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$3,333.33 per video maximum

Other basis for payment: Upon completion of each video, receipt of invoice and approval by the OAG.

II. JUSTIFICATION

7. What conditions require that this work be done?

One of the missions of the Tech Crimes Board which the Attorney General chairs is to promote awareness and education.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We do not have the necessary equipment or the expertise to produce professional videos necessary for Public Service Announcements.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?

The vendor was chosen based on their expertise and reasonable rates.

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:

Monica C Moazez, Communications Director Ph: (702) 486-0657

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	03/27/2018 16:48:54 PM
Division Approval	hrobinso	03/27/2018 16:49:01 PM
Department Approval	cschonl1	04/16/2018 12:55:23 PM
Contract Manager Approval	cschonl1	04/16/2018 12:55:25 PM
Budget Analyst Approval	hfield	04/23/2018 16:49:27 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20088**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1041-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NEW TROPICANA OPCO INC DBA**
 Contractor Name: **NEW TROPICANA OPCO INC DBA**
 Address: **MONTBLEU RESORT CASINO & SPA
PO BOX 5800**
 City/State/Zip: **STATELINE, NV 89449-5800**
 Contact/Phone: **775/588-3515**
 Vendor No.: **T29038574**
 NV Business ID: **nv20051111678**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % registration fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/21/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2018**Contract term: **132 days**4. Type of contract: **Contract**Contract description: **Training Conference**

5. Purpose of contract:

This is a new contract to provide conference room rentals for the Nevada Prosecutors Conference.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,712.75****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is to provide a conference room, rentals and equipment usage for the annual Statewide Prosecutor's Conference.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State facilities are not available for a group this large

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

MontBleu was the most compatible location for the services and facility that was needed for the conference.

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:

Patty Cafferata, Special Assistant AG Ph: 775-684-1136

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	05/14/2018 09:09:04 AM
Division Approval	cschonl1	05/14/2018 09:09:06 AM
Department Approval	cschonl1	05/14/2018 09:09:08 AM
Contract Manager Approval	cschonl1	05/14/2018 09:09:10 AM
Budget Analyst Approval	hfield	05/21/2018 14:50:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20072**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1042-22**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HENDERSON, CITY OF**Contractor Name: **HENDERSON, CITY OF**
Address: **HENDERSON POLICE DEPARTMENT**
223 LEAD STCity/State/Zip: **HENDERSON, NV 89015-7328**Contact/Phone: **702/267-4754**Vendor No.: **T41033300L**NV Business ID: **government entity**To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % revenue from outside entities
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 **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

We request retroactive approval of this contract due to processing times for this vendor to obtain approval and signatures from the City Attorney's office and return to us within a timely manner. We therefore request to make this contract retroactive from July 1, 2017.

3. Termination Date: **06/30/2018**Contract term: **364 days**4. Type of contract: **Revenue Contract**Contract description: **VINE System**

5. Purpose of contract:

This is a new Revenue Interlocal Contract to provide for the Victim Information and Notification System (VINE). The entities that will be using this system will cost share with the Office of the Attorney General to pay for the VINE services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,500.00**

Payment for services will be made at the rate of \$1,041.66 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 178.4715 a victim may request the Administrator or the Administrator's designee to notify them of an offender's discharge, conditional release or escape from the custody of the Administrator. The VINE system has been implemented so that this notification is an automated process removing this task from the individual jurisdictions and creating a more expedient method of notification.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract that does not require work to be done by State employees

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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:

Tanaka, Debbie, MAIV Ph: 775-684-1110

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	05/14/2018 09:09:55 AM
Division Approval	cschonl1	05/14/2018 09:09:56 AM
Department Approval	cschonl1	05/14/2018 09:09:58 AM
Contract Manager Approval	cschonl1	05/14/2018 09:10:00 AM
Budget Analyst Approval	cpalme2	05/22/2018 11:21:28 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: May 10, 2018
To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office
From: Lesley Volkov, Management Analyst II
Subject: Retroactive Approval for contract # 20072 for
City of Henderson Police Department

We request retroactive approval of this contract due to processing times for this vendor to obtain approval and signatures from the City Attorney's office and return to us within a timely manner. We therefore request to make this contract retroactive from July 1, 2017.

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: **19890**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Kephart Consulting LLC**Contractor Name: **Kephart Consulting LLC**Address: **2989 N. 44th St #3028**City/State/Zip: **Phoenix , AZ 85018**Contact/Phone: **Stanley Kephart 602-615-7694**Vendor No.: **t27042174**NV Business ID: **NV20181221104**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TORT funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2018**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

We request retroactive approval of this contract due to processing times for this vendor to become registered to perform work for the state running beyond the expected contract start date. A state business license was issued March 28, 2018, which is a requirement to contract with the vendor. Due to the nature and timing of ongoing litigation, it is in the best interest of the State of Nevada to allow work to begin immediately in this matter.

3. Termination Date: **06/30/2020**Contract term: **2 years and 95 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide expert witness testimony on the training use and deployment of less than lethal munitions i.e. "skip munitions deployment".

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

These services will provide expert witness testimony for ongoing litigation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have this specialized training 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:

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:

Nancy Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	04/09/2018 15:11:17 PM
Division Approval	cschonl1	04/09/2018 15:11:20 PM
Department Approval	cschonl1	04/09/2018 15:11:22 PM
Contract Manager Approval	cschonl1	04/09/2018 15:12:08 PM
Budget Analyst Approval	hfield	04/17/2018 16:15:58 PM

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: April 4, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #19890 for
Kephart Consulting LLC

We request retroactive approval of this contract due to processing times for this vendor to become registered to perform work for the state running beyond the expected contract start date. A state business license was issued March 28, 2018, which is a requirement to contract with the vendor. Due to the nature and timing of ongoing litigation, it is in the best interest of the State of Nevada to allow work to begin immediately in this matter.

We therefore request to make this contract retroactive from March 28, 2018 as that is the earliest date the contractor became licensed and able to begin working on this case

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: **20070**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **MELISSA PIASECKI MD PC**Contractor Name: **MELISSA PIASECKI MD PC**Address: **561 KEYSTONE AVE STE 104**City/State/Zip: **RENO, NV 89503-4304**Contact/Phone: **775/722-1077**Vendor No.: **T27018059**NV Business ID: **NV20051422118**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 % Tort funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract that continues ongoing expert witness testimony and evaluation by a licensed psychiatrist in regards to lawsuits and criminal matters involving the State of Nevada. This contract will be used on an as needed basis and is not for any specific case.

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?

This vendor's services are an important piece in determining the competency of petitioners in pending litigation involving the State of Nevada

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Dr. Melissa Piasecki is an employee of the Nevada System of Higher Education at the University of Nevada Reno.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?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Nancy Katafias, Torts Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	05/14/2018 09:10:25 AM
Division Approval	cschonl1	05/14/2018 09:10:27 AM
Department Approval	cschonl1	05/14/2018 09:10:30 AM
Contract Manager Approval	cschonl1	05/14/2018 09:10:37 AM
Budget Analyst Approval	hfield	05/21/2018 13:34:46 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Melissa Piasecki
Employee ID Number:	
Job Title:	Forensic Consultant
Current Employee Agency:	NSHE
Current Class and Grade:	
Employment Dates:	1995- present
Contracting Agency:	Office of Attorney General
Please check which of the following applies:	
<input checked="" type="checkbox"/> X Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a 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.	
Forensic assessments and reports.	
b. Document the employee's current job description.	
UNR School of Medicine: administrative roles in medical education and institutional partnerships.	
c. Explain how this differs from current State duties.	
Contract is specific to forensic consultations. State duties do not include forensic consultation.	
d. Explain why existing State employees within your agency cannot perform this function.	
None that provide forensic consultation to this agency.	

- 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.**

Not related.

- f. List contractor's hourly rate.**

400/h

- g. List the range of comparable State employee rates.**

No comparisons available

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

Hourly rate reflects standard forensic consultant rates

- i. Document justification for hiring contractor.**

Specialty expertise not available in employees.

- 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)**

July 1, 2018 through June 30, 2020; 18 months

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

PT, 5-10 h/ week

Comments:

 6-11-18
Contracting Agency Head's Signature and Date

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19559**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RIMKUS CONSULTING GROUP INC**Contractor Name: **RIMKUS CONSULTING GROUP INC**Address: **7501 SOUTH QUINCY ST STE 160**City/State/Zip: **WILLOWBROOK, IL 60527**Contact/Phone: **866-746-5871**Vendor No.: **Pending**NV Business ID: **NV20001449218**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % TORT assessment fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/31/2017**Anticipated BOE meeting date **07/2018**Retroactive? **Yes**

If "Yes", please explain

This contract will be retroactive effective October 31, 2017 due to the immediate need for the vendor's expert opinion. The nature of this ongoing litigation has narrowed the timeframe for timely submission of this contract in order to effectively gather information.

3. Termination Date: **12/31/2018**Contract term: **1 year and 61 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide for an expert opinion regarding litigation against the State, case number A-15-723943-C.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This vendor will provide an expert opinion regarding a lawsuit against the stat

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This vendor is an expert in the field in question

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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Katafias, Tort Claim Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	05/22/2018 13:34:09 PM
Division Approval	cschonl1	05/22/2018 13:34:11 PM
Department Approval	cschonl1	05/22/2018 13:34:16 PM
Contract Manager Approval	cschonl1	05/22/2018 13:34:27 PM
Budget Analyst Approval	hfield	05/24/2018 10:42:08 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: May 22, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #19559 for
Rimkus Consulting Group, Inc.

We request this contract to be retroactive effective October 31, 2017 due to the immediate need for the vendor's expert opinion. The nature of this ongoing litigation has narrowed the timeframe for timely submission of this contract in order to effectively gather information.

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: **19940**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Steiner Medical Registry DBA Expedient Medicolegal Services**Contractor Name: **Steiner Medical Registry DBA Expedient Medicolegal Services**Address: **8605 Santa Monica Blvd#16989**City/State/Zip: **W. Hollywood, CA 90069-4109**Contact/Phone: **888-720-2552**Vendor No.: **T32006520A**NV Business ID: **NV20181272788**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Tort Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

We request retroactive approval of this contract due to the immediate need for the vendor's rebuttal expert report. The nature of this ongoing litigation has narrowed the timeframe for timely submission of this contract in order to effectively gather information. Due to the nature and timing of ongoing litigation, it is in the best interest of the State of Nevada to allow work to begin immediately in this matter. We therefore request to make this contract retroactive from April 1, 2018.

3. Termination Date: **06/30/2020**Contract term: **2 years and 91 days**4. Type of contract: **Contract**Contract description: **Rebuttal Expert**

5. Purpose of contract:

This is a new contract to provide necessary review and research for the preparation and submittal of rebuttal expert report.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$500.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

These services will provide review of Plaintiff's Expert report and provide rebuttal report for ongoing litigation

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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	04/18/2018 13:10:28 PM
Division Approval	cschonl1	04/18/2018 13:10:30 PM
Department Approval	cschonl1	04/18/2018 13:10:31 PM
Contract Manager Approval	cschonl1	04/18/2018 13:10:35 PM
Budget Analyst Approval	hfield	04/18/2018 16:32:00 PM

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: April 9, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #19940 for
Steiner Medical Registry, Inc DBA Expedient Medicolegal
Services

We request retroactive approval of this contract due to the immediate need for the vendor's rebuttal expert report. The nature of this ongoing litigation has narrowed the timeframe for timely submission of this contract in order to effectively gather information. Due to the nature and timing of ongoing litigation, it is in the best interest of the State of Nevada to allow work to begin immediately in this matter. We therefore request to make this contract retroactive from April 1, 2018.

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: **19988**Agency Name: **TREASURER - COLLEGE SAVINGS TRUST**Agency Code: **051**Appropriation Unit: **1092-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **INTERACTIVE FINANCIAL SERVICES GROUP, INC.**Contractor Name: **DBA School Savings**Address: **P.O. Box 162**City/State/Zip: **Ronald, WA 98940**Contact/Phone: **Sherry Avena 206-898-9075**Vendor No.: **T27042079**NV Business ID: **NV20181184875**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 % Transfer from Endowment Account

Agency Reference #: **TREASURER � COLLEGE SAVINGS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/16/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 45 days**4. Type of contract: **Contract**Contract description: **School Saving**

5. Purpose of contract:

This is a new contract to provide Nevada elementary school students with financial literacy by allowing them to save money at their school. Services include a pilot program for two schools and access to a web based system specific to Nevada which allows deposits and reporting.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Payment for services will be made on a monthly basis from invoices provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

The College Savings Division is responsible for taking a proactive approach to further Financial Literacy efforts in Nevada through various programs and initiatives.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Treasurer's Office does not have the staff resources or expertise to create and execute the activities involved with this project.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 180402

Approval Date: 04/15/2018

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	04/20/2018 10:23:32 AM
Division Approval	alaw1	04/20/2018 10:23:34 AM
Department Approval	alaw1	04/20/2018 10:23:36 AM
Contract Manager Approval	yli00	04/26/2018 11:05:29 AM
Budget Analyst Approval	laaron	05/16/2018 13:26:50 PM

State of Nevada
Department of Administration

Purchasing Division

515 E. Missouri Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Hagg
Administrator

Purchasing Use Only:

Approval#: 180402

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: <u>Treasurer's Office</u>		
	Contact Name and Title	Phone Number	Email Address
	<u>Turn Hagan Chief Deputy Treasurer</u>	<u>775.684.5753</u>	<u>trhagan@nevadatreasurer.gov</u>

1b	Vendor Information:	
	Identify Vendor:	<u>Interactive Financial Services Group (DBA School Savings)</u>
	Contact Name:	<u>Sherry Ayena</u>
	Address:	<u>PO Box 162 Ronald, Washington 98940</u>
	Telephone Number:	<u>888.787.7728</u>
Email Address:	<u>sherry@schoolsavings.com</u>	

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes		No
	Amendment:	#		
	CETS:	#		

1e	Term: <u>One year and 2 months</u>			
	One (1) Time Purchase:			
	Contract:	Start Date: <u>April 15, 2018</u>	End Date: <u>June 30, 2019</u>	

1f	Funding:	
	State Appropriated:	<u>BA 1092, Category 21 Financial Literacy</u>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<u>College Savings Endowment Fund</u>

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<u>\$15,000</u>

2		<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>The State Treasurer's Office, College Savings Division would like to partner with School Savings (School Savings is a social enterprise that helps children learn to save by accepting deposits at school). School Savings partners with banks across the country and is the only school banking program approved by the US Department of Education. By partnering with School Savings, the Treasurer's staff would be able to select two elementary schools in the Las Vegas area (or one in Las Vegas and one in Washoe/Carson City area) to serve as pilot schools for the in-school deposit pilot program. Treasurer's office staff would provide the marketing and outreach and School Savings would provide infrastructure to facilitate bank deposits at schools and college savings deposits into the SSgA Uprromise 529 Plan. Parent Volunteers or Volunteer Bank Tellers would provide the money handling on 'banking day' at the school. The Vendor would provide the US Department of Education approved national financial literacy model, including: the Websaver deposit system software (FDIC insured), and Student Incentive System.</i></p>					
3		<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>The unique features include: the deposit system for taking monies at schools and depositing these monies in an efficient and secure manner, the capability to partner with any commercial bank or credit union in the state, to pilot the only school banking program currently approved by the US Department of Education, and more importantly the vendor's willingness to program the Websaver deposit system to include the ability for students to deposit to the SSgA Uprromise 529 plan rather than just a bank account.</i></p>					
4		<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>Our research on the topic has allowed the State Treasurer's Office to conclude that School Savings is the only service of its kind which facilitates deposits at schools, works with nearly any bank in Nevada, has the online proprietary software to facilitate deposits electronically into nearly any banking institution, has online software to incentivize students to save while educating them on financial literacy, ensures compliance with banking security requirements of the United States Office of the Comptroller of the Currency, carries \$1,000,000 of professional liability insurance to protect account holders from unintended errors and omission, and ensures student saving deposit accounts are FDIC insured. Lastly, School Savings is offering to customize its software and banking system to allow for deposits into 529 college savings accounts, in addition to bank accounts.</i></p>					
5		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">Were alternative services or commodities evaluated? Check One.</td> <td style="width: 10%;">Yes:</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">No:</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</p> <p><i>Yes, we reviewed the many documents available through the FDIC which launched a two-year pilot initiative for youth savings to help build the financial capability of young people by linking financial education with safe, hands-on savings opportunities. The FDIC final report is built around three models 1) school based branches (bank opens a permanent branch on school premises 2) In-school banking (bank sets up temporary bank in school on specific days at designated times 3) Encourage students to open accounts at local branches (bank collaborates with schools and nonprofit partners to provide financial education and encourage the opening of accounts). The Treasurer's Office does not have the resources or expertise to conduct any of the models identified by the FDIC. School Savings has the resources, infrastructure and website for parents to enter their child's account information once students open accounts, and provides a secure and efficient manner to transmit money to each and every student account. The Treasurer's Office staff would work with the two Pilot Schools and the Program Vendor (School Savings) to ensure families knew how to open a</i></p>	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>			

	college savings account and that they could have their child start saving for college for as little as \$1.00 per deposit. With this program change, kids can have savings accounts AND a college savings account with the SSgA Upromise Plan and deposit money into each account on deposit day for as little as \$1.00 in each account.
	b. If not, why were alternatives not evaluated?

	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.	Yes:		No:	X																							
6	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:																											
	<table border="1"> <thead> <tr> <th>Term Start and End Dates</th> <th>Value</th> <th>Short Description</th> <th>Type of Procurement (RFP#, RFQ#, Waiver #)</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table>	Term Start and End Dates	Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		\$				\$				\$				\$				\$					
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7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p>If the waiver request is denied, the implementation of the back-end processing to link School Savings to the SSgA Upromise 529 would not begin which would delay the start of the pilot program in the schools. In addition, this would delay the overall goal of using these two schools as pilot schools to build an ecosystem in Nevada schools to assist students and parents in learning the importance of savings, planning for college and financial literacy.</p>
---	--

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p> <p>Staff conducted significant research on youth based savings accounts and concluded the only current option is to pair with one financial institution in the state which severely limits the scope of the program, the plan under this structure would lack the 529 college savings option directly linked to the SSgA Upromise 529 plan or any 529 plan. The \$15,000 includes ~50 hours (at \$175 per hour) of programming hours to implement and test the bank-end processing to link School Savings to the SSgA Upromise 529, ~40 hours (at \$150 per hour) for the design changes needed to ensure that college savings, including branding for SSgA and note the importance of college savings in addition to personal savings. These prices are comparable to the \$5,000 fee charged to banks for participation and the \$450 per year, per school or the per student fee of \$4. Please note this cost is a one-time only fee of \$15,000 with no additional charges for the pilot program. If the pilot program is successful, the Treasurer's Office would conduct either a formal solicitation or an RFP depending on the dollar amount prior to expanding the program.</p>
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9	Will this purchase obligate the State to this vendor for future	Yes:		No:	X
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	<p>purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p>				
	<p>a. <u>If yes, please provide details regarding future obligations or needs.</u></p>				

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.

Shelia Salehian
Agency Representative Initiating Request

Shelia Salehian
Print Name of Agency Representative Initiating Request

4/3/18
Date

Janet Hagan
Signature of Agency Head Authorizing Request

Tara R Hagan
Print Name of Agency Head Authorizing Request

4/3/18
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Signature]
Administrator, Purchasing Division or Designee

4-6-2018
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20065**Agency Name: **TREASURER - COLLEGE SAVINGS TRUST**Agency Code: **051**Appropriation Unit: **1092-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **UNIVERSAL PRINTING & GRAPHICS, INC.**Contractor Name: **Panda Printing and Mailing**Address: **4835 LONGLEY LN**City/State/Zip: **RENO, NV 89502-5953**Contact/Phone: **John Payne 775/324 2559**Vendor No.: **PUR0004542**NV Business ID: **NV20051343279**To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Transfer from Endowment Account

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/21/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **40 days**4. Type of contract: **Contract**Contract description: **CKS Mailing**

5. Purpose of contract:

This is a new contract to provide printing and mailing services to parents of College Kick Start account holders. The Nevada College Kick Start Program establishes a 529 college savings account with an initial deposit of \$50.00 for all public school kindergarten students. The College Savings Program is responsible to contact parents of account holders to encourage claiming their student's account before it expires. Mailers are sent to parents of children in kindergarten and fourth grade.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,461.90**

Other basis for payment: Payment will be made from an invoice provided after mailing is complete.

II. JUSTIFICATION

7. What conditions require that this work be done?

The College Savings Division is responsible to contact through mail, Nevada parents of kindergartener and fourth grade children in the Nevada College Kick Start Program, to encourage claiming their account before it expires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Treasurer's Office does not have the staff resources or expertise to create and execute the activities involved with this project.

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):

Amplify Relations
Panda Printing and Mailing
Gravis Marketing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They were the lowest bidder in response to the solicitation

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada System of Higher Education, January 2018, 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?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	05/10/2018 14:16:34 PM
Division Approval	alaw1	05/10/2018 14:16:36 PM
Department Approval	alaw1	05/10/2018 14:16:39 PM
Contract Manager Approval	yli00	05/17/2018 14:37:40 PM
Budget Analyst Approval	laaron	05/21/2018 13:03:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19933**Agency Name: **TREASURER - COLLEGE SAVINGS TRUST**Agency Code: **051**Appropriation Unit: **1092-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **STRATEGIC PROGRESS LLC**Contractor Name: **STRATEGIC PROGRESS LLC**Address: **PO BOX 34294**City/State/Zip: **RENO, NV 89533-4294**Contact/Phone: **702/241-8033**Vendor No.: **T27029824A**NV Business ID: **NV20051774907**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 % Transfer from Endowment Account

Agency Reference #: **051**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2018**Anticipated BOE meeting date **04/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **249 days**4. Type of contract: **Contract**Contract description: **FIN LIT Military**

5. Purpose of contract:

This is a new contract to provide two online financial literacy training programs for Nevada military families, veteran families, and families of children with special needs. Services include registration, pre and post testing, college savings program enrollment reporting, and program analysis of results.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,900.00**

Payment for services will be made at the rate of \$125.00 per hour

Other basis for payment: Payment for services completed at the rate of \$125 per hour including a 10% admin fee not to exceed \$20,900.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The College Savings Division is responsible for taking a proactive approach to further Financial Literacy efforts in Nevada through various programs and initiatives which help military families, veteran families and parents of special needs children.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Treasurer's Office does not have the staff resources or expertise to create and execute the activities involved with this project.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):

CBIG Consulting
Strategic Progress LLC
Precision Consulting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Strategic Progress, LLC was the sole responder to the solicitation.

d. Last bid date: 03/13/2018 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:

The Department of Health and Human Services used this contractor from November 1, 2015 to May 30, 2016 with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	alaw1	04/06/2018 14:21:26 PM
Division Approval	alaw1	04/06/2018 14:21:29 PM
Department Approval	alaw1	04/06/2018 14:21:32 PM
Contract Manager Approval	yli00	04/06/2018 14:28:27 PM
Budget Analyst Approval	laaron	04/26/2018 10:50:58 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19986**Agency Name: **TREASURER - COLLEGE SAVINGS TRUST**Agency Code: **051**Appropriation Unit: **1092-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Sectorlytics, LLC**Contractor Name: **Sectorlytics, LLC**Address: **8350 W Desert Inn Rd Apt 2007**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **Christopher C Stream 702-806-9067**Vendor No.: **T32006421**NV Business ID: **NV20151495496**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 % 100.00 % Transfer from Endowment Account

Agency Reference #: **051**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/02/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 60 days**4. Type of contract: **Contract**Contract description: **Fin Lit Website**

5. Purpose of contract:

This is a new contract to provide a financial literacy website for college savings programs. Services include designing a financial literacy curriculum, developing online content and resources, and administering a website for educators, parents, and high school graduates with specific emphasis on college savings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,050.00**

Other basis for payment: Payment for services will be made on a monthly basis from invoices provided at a rate of \$125 per hour plus \$1,500 annual maintenance fees billed quarterly at \$375 per quarter.

II. JUSTIFICATION

7. What conditions require that this work be done?

The College Savings Division is responsible for taking a proactive approach to further Financial Literacy efforts in Nevada through various programs and initiatives which help promote financial literacy and the importance of higher education for Nevadans.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Treasurer's Office does not have the staff resources or expertise to create and execute the activities involved with this project.

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):

Sectorlytics LLC
CBIG Consulting
Amplify Relations

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only one who replied.

d. Last bid date: 04/13/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	alaw1	04/20/2018 11:08:12 AM
Division Approval	alaw1	04/20/2018 11:08:15 AM
Department Approval	alaw1	04/20/2018 11:08:18 AM
Contract Manager Approval	yli00	04/30/2018 08:04:09 AM
Budget Analyst Approval	laaron	05/02/2018 14:21:14 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19966**Agency Name: **CONTROLLER'S OFFICE**Agency Code: **060**Appropriation Unit: **1130-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **INFORMATIX INC**Contractor Name: **INFORMATIX INC**Address: **2485 NATOMAS PARK DR STE 430**City/State/Zip: **SACRAMENTO, CA 95833-2937**Contact/Phone: **Danielle Pittman 916/830-1400**Vendor No.: **T29018702**NV Business ID: **NV20081431872**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 % Debt Service Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/19/2019**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **FIDM Services**

5. Purpose of contract:

This is a new contract to provide continuing professional services for Financial Institution Data Matching (FIDM) services in support of debt collection efforts, in accordance with NRS 353C.240. FIDM services match information about debtors to the state with information about depositor information from financial institutions doing business in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,700.00**

Payment for services will be made at the rate of \$4,425.00 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353C.240 authorizes the State Controller to develop and operate a system for matching data from financial institutions in Nevada with debtor data maintained by the State Controller's Office for the purpose of collecting debts.

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 extensive knowledge of Federal laws pertaining to debt collection practices to be able to initiate FIDM relationships with financial institutions in the State, nor the time to conduct on-going data collection/matching operations between disparate databases. This is the specific expertise that Informatix does offer to its clientele.

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?

Informatix was the only vendor to respond that they could perform these services. Informatix has been the vendor providing FIDM services to the Controller's Office the past two years. Additionally, Informatix established the agreements with the contracted financial institutions at the beginning of the prior contract. Informatix has over 19 years of established expertise in FIDM services in support of both state tax revenue and child support enforcement collections under Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).

d. Last bid date: 03/09/2018 Anticipated re-bid date: 02/18/2019

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:

Informatix has been contracted to the State Controller's Office from 4/15/2015 through 4/19/2018. Their performance has been exceptional. Informatix has also been contracted to the Department of Health and Human Services, Division of Welfare and Supportive Services, since 2005 for FIDM services related to Child Support, and DHHS/DWSS indicates their services are more than 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	jsmack	04/16/2018 09:40:46 AM
Division Approval	jsmack	04/16/2018 09:40:48 AM
Department Approval	jsmack	04/16/2018 09:40:50 AM
Contract Manager Approval	hbill1	04/16/2018 09:43:49 AM
EITS Approval	lolso3	04/17/2018 11:16:07 AM
Budget Analyst Approval	knielsen	04/17/2018 12:05:16 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19961**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CONVERSE CONSULTANTS**Contractor Name: **CONVERSE CONSULTANTS**Address: **1020 South Rock Blvd.
Suite A**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Philip Childers 775-856-3833**Vendor No.: **T80721610B**NV Business ID: **NV19971267942**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rent Income Revenue

Agency Reference #: **ASD 2783837**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **05/10/2018**
Examiner's approval?Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2022**Contract term: **3 years and 356 days**4. Type of contract: **Contract**Contract description: **Environmental**

5. Purpose of contract:

This is a new ongoing contract which provides environmental and hazardous waste management services, as needed, for state-owned buildings in the northern Nevada area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Please see Attachment AA as hourly fees are varied depending on the scope of work needed.

II. JUSTIFICATION

7. What conditions require that this work be done?

Hazardous waste is toxic to employees and citizens of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized services that professional environmentalists need to perform.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing **No**
Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an open-ended contract and per SAM 0338.0 each contractor will be contacted to submit bids on projects.

d. Last bid date: 04/01/2018 Anticipated re-bid date: 03/31/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

MichaelJohnson, Facility Manager Ph: 684-1816

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/10/2018 09:29:07 AM
Division Approval	ssands	05/10/2018 09:29:10 AM
Department Approval	ssands	05/10/2018 09:29:13 AM
Contract Manager Approval	ssands	05/10/2018 09:29:15 AM
Budget Analyst Approval	jrodrig9	05/30/2018 12:33:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19960**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CONVERSE CONSULTANTS**Contractor Name: **CONVERSE CONSULTANTS**Address: **6610 W. ARBY AVENUE
SUITE 104**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **Kurt Gooble 702-263-7600**Vendor No.: **T80721610B**NV Business ID: **NV19971267942**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Rent Income Revenue

Agency Reference #: **ASD2783836**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2022**Contract term: **3 years and 358 days**4. Type of contract: **Contract**Contract description: **Environmental**

5. Purpose of contract:

This is a new ongoing contract which provides environmental and hazardous waste management services, as needed, for state-owned buildings in the southern Nevada area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$0.00 per hour

Other basis for payment: Please see Attachment AA as hourly fees are varied depending on the scope of work needed.

II. JUSTIFICATION

7. What conditions require that this work be done?

Hazardous waste is toxic to employees and citizens of Nevada.

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 professional environmentalists need to perform.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing
Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**H2O Environmental
Converse Consultants**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an open-ended contract and per SAM 0338.0 each contractor will be contacted to submit bids on projects.

d. Last bid date: 04/01/2018 Anticipated re-bid date: 03/31/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Michael Johnson, Facility Manager Ph: 775/684-1816

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/07/2018 08:43:50 AM
Division Approval	ssands	05/07/2018 08:43:54 AM
Department Approval	ssands	05/07/2018 08:44:08 AM
Contract Manager Approval	ssands	05/07/2018 08:44:13 AM
Budget Analyst Approval	jrodrig9	05/08/2018 15:42:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20001**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Chavez Painting, LLC**Contractor Name: **Chavez Painting, LLC**Address: **73 Glen Carran Circle**City/State/Zip: **Sparks, NV 89434**Contact/Phone: **775-544-7604**

Vendor No.:

NV Business ID: **NV20151461409**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 %

Fees 0.00 %

Federal Funds 0.00 %

Bonds 0.00 %

Highway Funds 0.00 %

X Other funding 100.00 % B&G Building Rental Income RevenueAgency Reference #: **ASD 2793660**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2022**Contract term: **3 years and 358 days**4. Type of contract: **Contract**Contract description: **Painting**

5. Purpose of contract:

This is a new ongoing contract that provides for painting services, as needed, for state-owned buildings in the northern Nevada area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To provide painting services on an as needed/emergency basis per B&G.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower and is beyond the expertise of some 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):

Open State-wide Solicitationb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several contractors that provide the same service and per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 04/02/2018 Anticipated re-bid date: 03/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Michael Johnson, Facility manager Ph: 684-1816

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/30/2018 13:50:15 PM
Division Approval	ssands	04/30/2018 13:50:18 PM
Department Approval	ssands	04/30/2018 13:50:22 PM
Contract Manager Approval	ssands	04/30/2018 13:50:26 PM
Budget Analyst Approval	jrodrig9	05/08/2018 11:24:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19996**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 1349, expenditure category 12, Maintenance of Buildings and Grounds.

Legal Entity Name: **LUMOS & ASSOCIATES**Contractor Name: **LUMOS & ASSOCIATES**Address: **800 EAST COLLEGE PARKWAY**City/State/Zip: **CARSON CITY, NV 89706**Contact/Phone: **775-883-7077**Vendor No.: **T80912843**NV Business ID: **NV19791006982**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 100% Agency funded CIP

Agency Reference #: **111938**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2018**

Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 66 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Stewart Clear Creek Mitigation CIP project to include design, permitting and construction services to repair/restore damaged land adjacent to Clear Creek at the Stewart Facility, including installation of erosion control measures and re-vegetation of approximately 2.5 acres and 1,000 feet of the stream bank: CIP Project No. 18-A033; SWPD Contract No. 111938.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,880.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/20/2018 14:36:35 PM
Division Approval	Imars1	04/20/2018 14:36:38 PM
Department Approval	Imars1	04/20/2018 14:36:40 PM
Contract Manager Approval	Imars1	04/20/2018 14:36:43 PM
Budget Analyst Approval	jrodrig9	04/26/2018 20:55:36 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19978**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RED CAP ACOUSTICS**Contractor Name: **RED CAP ACOUSTICS**Address: **5880 West Oquendo Road**City/State/Zip: **Las Vegas, NV 89118**Contact/Phone: **702-994-8412**

Vendor No.:

NV Business ID: **NV20141421455**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rental Income Fee Revenue

Agency Reference #: **ASD 2789395**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2022**Contract term: **4 years and 5 days**4. Type of contract: **Contract**Contract description: **Ceiling tile**

5. Purpose of contract:

This is a new contract to provide installation, maintenance and repair services of acoustical ceiling tiles and T-bars, as needed, for state-owned buildings in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Labor rates are: Hourly \$45/per hour; O/T \$67.50/per hour; Daily rate \$360/per (8) hour day; Saturday rate \$67.50/per hour; Sunday \$90.00/per hour; Holiday rate \$90.00 per/hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

Damaged ceiling tiles, T-bars, etc., can have a negative impact on air quality, compliance with regulations and/or repairing and replacing ceiling tiles will improve air performance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract is on an as needed or emergency basis.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):

Statewide Open Solicitation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

These are open ended contracts and per SAM 0338.0 each contractor will bid on upcoming jobs.

d. Last bid date: 03/15/2018 Anticipated re-bid date: 03/15/2022

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:

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:

Michael Johnson, Facility Manager Ph: 775-684-1816

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/25/2018 08:52:44 AM
Division Approval	ssands	04/25/2018 08:52:47 AM
Department Approval	ssands	04/25/2018 08:52:50 AM
Contract Manager Approval	ssands	04/25/2018 08:52:53 AM
Budget Analyst Approval	jrodrig9	05/30/2018 12:39:14 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19962**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WISE CONSULTING & TRAINING**Contractor Name: **WISE CONSULTING & TRAINING**Address: **500 RYLAND STREET
SUITE 250**City/State/Zip: **RENO, NV 89502**Contact/Phone: **Tina Vellone 775-827-2717**

Vendor No.:

NV Business ID: **NV19951170978**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Rent Income Revenue

Agency Reference #: **ASD 2783834**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2022**Contract term: **3 years and 328 days**4. Type of contract: **Contract**Contract description: **Environ. Services**

5. Purpose of contract:

This is a new contract that continues ongoing environmental and hazardous waste management services, as needed, for state-owned buildings in the Northern Nevada area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Please see Attachment AA as prices are varied for Asbestos, Lead-Based Paint, Airborne VOC's and other tests.

II. JUSTIFICATION

7. What conditions require that this work be done?

Hazardous waste is toxic to employees and citizens of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This service must be performed by specialist in environmental management.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):

Wise Consulting & Training
Converse Consultants
H2O Environmentalist

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an open-ended contract and per SAM 0338.0, all contractors will be notified to bid on projects.

d. Last bid date: 04/01/2018 Anticipated re-bid date: 03/30/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

MICHAEL JOHNSON, FACILITY MANAGER Ph: 775-684-1816

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/07/2018 08:40:27 AM
Division Approval	ssands	05/07/2018 08:40:30 AM
Department Approval	ssands	05/07/2018 08:40:34 AM
Contract Manager Approval	ssands	05/07/2018 08:41:27 AM
Budget Analyst Approval	jrodrig9	05/08/2018 15:36:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15623**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **XCEL MAINTENANCE SERVICES INC**Agency Code: **082**Contractor Name: **XCEL MAINTENANCE SERVICES INC**Appropriation Unit: **1349-12**Address: **8920 COLORFUL PINES AVE.**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89143-4403**

If "No" please explain: Not Applicable

Contact/Phone: **Kathia Winchell 702-341-9235**Vendor No.: **T81103343**NV Business ID: **NV20021426879**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 % B&G Building Rent Income Revenue

Agency Reference #: **RFP# 3102**

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 **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 153 days**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services for the Henderson DMV facility. This amendment extends the termination date from June 30, 2018, to November 30, 2018, and increase the maximum amount from \$304,500 to \$336,000 to provide the Purchasing Division additional time to complete/implement the Division's new competitive contracting process for janitorial contracts.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$304,500.00	\$304,500.00	\$304,500.00	Yes - Action
2. Amount of current amendment (#1):	\$31,500.00	\$31,500.00	\$31,500.00	Yes - Info
3. New maximum contract amount:	\$336,000.00			
and/or the termination date of the original contract has changed to:	11/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean for the safety of the public and State employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Pursuant to RFP# 3102, 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: 08/27/2009 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor currently holds several contracts with Buildings and Grounds and has provided excellent service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/21/2018 13:53:59 PM
Division Approval	ssands	05/21/2018 13:54:02 PM
Department Approval	ssands	05/21/2018 13:54:08 PM
Contract Manager Approval	ssands	05/21/2018 13:54:12 PM
Budget Analyst Approval	jrodrig9	05/24/2018 12:23:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14654**Amendment Number: **3**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**Agency Code: **082**Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**Appropriation Unit: **1349-12**Address: **8920 COLORFUL PINES AVE.**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89143-4403**

If "No" please explain: Not Applicable

Contact/Phone: **Kathia Winchell 702-355-3895**Vendor No.: **T81103343**NV Business ID: **NV20021426879**To what State Fiscal Year(s) will the contract be charged? **2014-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rent Income Revenue

Agency Reference #: **RFP#3017**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/31/2013**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **05/31/2018**Contract term: **5 years and 93 days**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is the third amendment to the original contract which continues ongoing janitorial services for the Las Vegas West Flamingo Department of Motor Vehicles facility. This amendment extends the termination date from May 31, 2018, to November 30, 2018, and increase the maximum amount from \$421,980 to \$543,480 to provide the Purchasing Division additional time to complete the Division's new competitive contracting process for janitorial contracts.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$421,980.00	\$421,980.00	\$421,980.00	Yes - Action
a. Amendment 1:	\$24,300.00	\$24,300.00	\$24,300.00	Yes - Info
b. Amendment 2:	\$48,600.00	\$48,600.00	\$72,900.00	Yes - Action
2. Amount of current amendment (#3):	\$48,600.00	\$48,600.00	\$48,600.00	Yes - Info
3. New maximum contract amount:	\$543,480.00			
and/or the termination date of the original contract has changed to:	12/01/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean for the safety of the public and State employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3017, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This is the current vendor for janitorial services for five buildings in Las Vegas and has provided satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/03/2018 12:33:21 PM
Division Approval	ssands	05/03/2018 12:33:25 PM
Department Approval	ssands	05/03/2018 12:33:29 PM

Contract Manager Approval
Budget Analyst Approval

ssands
jrodrig9

05/03/2018 12:33:33 PM
05/30/2018 12:48:18 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15620**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**Agency Code: **082**Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**Appropriation Unit: **1349-12**Address: **8920 COLORFUL PINES AVE**Is budget authority available? **Yes**City/State/Zip: **LAS VEGAS, NV 89143-4403**

If "No" please explain: Not Applicable

Contact/Phone: **Kathia Winchell 702-355-3995**Vendor No.: **T81103343**NV Business ID: **NV20021426879**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP# 3102**

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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 153 days**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services for the Las Vegas Decatur Department of Motor Vehicle facility. This amendment extends the termination date from June 30, 2018, to November 30, 2018, and increase the maximum amount from \$316,100 to \$348,750 to allow the Purchasing Division sufficient time to complete the Division's new competitive contracting process for janitorial service contracts.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$316,100.00	\$316,100.00	\$316,100.00	Yes - Action
2. Amount of current amendment (#1):	\$32,650.00	\$32,650.00	\$32,650.00	Yes - Info
3. New maximum contract amount:	\$348,750.00			
and/or the termination date of the original contract has changed to:	11/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean for the safety of the public and State employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Pursuant to RFP#3102, 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: 08/27/2009 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor currently holds several contracts with Buildings and Grounds and has provided excellent service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/15/2018 09:59:14 AM
Division Approval	ssands	05/15/2018 09:59:18 AM
Department Approval	ssands	05/15/2018 09:59:22 AM
Contract Manager Approval	ssands	05/15/2018 10:20:16 AM
Budget Analyst Approval	jrodrig9	05/30/2018 12:52:12 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15625**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**Agency Code: **082**Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**Appropriation Unit: **1349-12**Address: **8920 COLORFUL PINES AVE**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89143-4403**

If "No" please explain: Not Applicable

Contact/Phone: **Kathia Winchell 702-341-9235**Vendor No.: **T81103343**NV Business ID: **NV20021426879**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 % B&G Building Rent Income Revenue

Agency Reference #: **RFP# 3102**

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 **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 153 days**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services for the Las Vegas Campos Building. This amendment extends the termination date from June 30, 2018, to November 30, 2018, and increase the maximum amount from \$411,760 to \$452,260 to allow the Purchasing Division sufficient time to complete the Division's new competitive contracting process for janitorial service contracts.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$411,760.00	\$411,760.00	\$411,760.00	Yes - Action
2. Amount of current amendment (#1):	\$40,500.00	\$40,500.00	\$40,500.00	Yes - Info
3. New maximum contract amount:	\$452,260.00			
and/or the termination date of the original contract has changed to:	11/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean for the safety of the public and State employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

State-wide Open Solicitation

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Pursuant to RFP# 3102, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by and independently appointed evaluation committee.

d. Last bid date: 08/27/2009 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor currently has several contracts with Buildings and Grounds and has provided excellent service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/21/2018 13:47:31 PM
Division Approval	ssands	05/21/2018 13:47:36 PM
Department Approval	ssands	05/21/2018 13:47:40 PM
Contract Manager Approval	ssands	05/21/2018 13:47:44 PM
Budget Analyst Approval	jrodrig9	05/30/2018 12:55:54 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19502**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **PETTY & ASSOCIATES, INC.**Agency Code: **082**Contractor Name: **PETTY & ASSOCIATES, INC.**Appropriation Unit: **1535-41**Address: **1375 GREG ST.**Is budget authority available?: **Yes****SUITE 106**

If "No" please explain: Not Applicable

City/State/Zip: **SPARKS, NV 89431-6077**Contact/Phone: **775-359-5777**Vendor No.: **T80580350**NV Business ID: **NV19841014622**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 #: **111652**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **3 years and 172 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Lake's Crossing - Air Handling Unit No. 2 Replacement CIP project: CIP No. 17-M52; SPWD Contract No. 111652. This amendment increases the maximum amount from \$77,400.00 to \$79,380.00 due to the additional electrical work required for the added AC units and total ceiling removal.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$68,900.00	\$68,900.00	\$68,900.00	Yes - Action
a. Amendment 1:	\$8,500.00	\$8,500.00	\$8,500.00	No
2. Amount of current amendment (#2):	\$1,980.00	\$10,480.00	\$10,480.00	Yes - Info
3. New maximum contract amount:	\$79,380.00			

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?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/03/2018 07:21:33 AM
Division Approval	Imars1	05/03/2018 07:21:54 AM
Department Approval	Imars1	05/03/2018 07:21:58 AM
Contract Manager Approval	Imars1	05/03/2018 07:22:03 AM
Budget Analyst Approval	jrodrig9	05/30/2018 12:59:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19401**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **FRAME ARCHITECTURE, INC.**Agency Code: **082**Contractor Name: **FRAME ARCHITECTURE, INC.**Appropriation Unit: **1550-70**Address: **4090 S MCCARRAN BLVD. SUITE E**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89502-7529**

If "No" please explain: Not Applicable

Contact/Phone: **775-827-9977**Vendor No.: **T29014981**NV Business ID: **NV20031302154**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 #: **111451**

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 **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **3 years and 200 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides architectural/engineering services for the Stewart Conservation Camp Showers and Restrooms Remodel CIP project: CIP Project: 17-M62; SPWD Contract No. 111451. This amendment increases the maximum amount from \$167,000.00 to \$185,500.00 due to the re-design, and replacement of the underfloor sewer piping and tempered water system.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$167,000.00	\$167,000.00	\$167,000.00	Yes - Action
2. Amount of current amendment (#1):	\$18,500.00	\$18,500.00	\$18,500.00	Yes - Info
3. New maximum contract amount:	\$185,500.00			

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:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/16/2018 13:50:05 PM
Division Approval	Imars1	05/16/2018 13:50:08 PM
Department Approval	Imars1	05/16/2018 13:50:12 PM
Contract Manager Approval	Imars1	05/16/2018 13:50:16 PM
Budget Analyst Approval	jrodrig9	05/21/2018 18:35:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20139**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1567-20**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FARR WEST ENGINEERING**Contractor Name: **FARR WEST ENGINEERING**Address: **5510 Longley Lane**City/State/Zip: **Reno, NV 89511**Contact/Phone: **775-851-4788**Vendor No.: **T81102795**NV Business ID: **NV20011242988**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	28.00 %	X Bonds	72.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **112022**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/23/2018**Anticipated BOE meeting date **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 39 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veteran's Home - Secondary Water Treatment Installation CIP project to include construction and permitting documents, as well as construction administration services for the design and installation of a new water treatment system for the home: CIP Project No. 17-M03; SPWD Contract No. 112022

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,610.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional /Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

LeFevre, Kent, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/21/2018 14:26:37 PM
Division Approval	Imars1	05/21/2018 14:26:40 PM
Department Approval	Imars1	05/21/2018 14:26:43 PM
Contract Manager Approval	Imars1	05/21/2018 14:26:46 PM
Budget Analyst Approval	jrodrig9	05/23/2018 16:11:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18988**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **KAUTZ ENVIRONMENTAL CONSULTANTS, INC.**Agency Code: **082**Contractor Name: **KAUTZ ENVIRONMENTAL CONSULTANTS, INC.**Appropriation Unit: **1567 - All Categories**Address: **1140 FINANCIAL BLVD SUITE 100**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89502**

If "No" please explain: Not Applicable

Contact/Phone: **BARBIE HARMON 775-829-4411**Vendor No.: **T32004399**NV Business ID: **NV19941033589**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111269**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Misc Serv Agmt**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing professional environmental consulting services for the Northern Nevada Veterans Home for the purpose of producing an environmental site assessment for the project: CIP Project No: 13-P07; SPWD Contract No. 111269. This amendment increases the maximum amount from \$99,500 to \$147,500 due to additional days required to complete the archeological monitoring component of the task.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$36,050.00	\$36,050.00	\$36,050.00	Yes - Info
a. Amendment 1:	\$63,450.00	\$63,450.00	\$99,500.00	Yes - Action
2. Amount of current amendment (#2):	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$147,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP that has been extended for expiration on June 30, 2019 per SPWD Project Manager, Ron Crook.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Miscellaneous Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	04/19/2018 10:00:09 AM
Division Approval	amarangi	04/19/2018 10:00:16 AM
Department Approval	amarangi	04/19/2018 10:00:21 AM
Contract Manager Approval	amarangi	04/19/2018 10:00:26 AM
Budget Analyst Approval	jrodrig9	04/19/2018 10:53:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20060**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1585-50**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WOOD RODGERS, INC.**Contractor Name: **WOOD RODGERS, INC.**Address: **1361 CORPORATE BLVD.**City/State/Zip: **RENO, NV 89502**Contact/Phone: **775-823-4068**Vendor No.: **T29006428A**NV Business ID: **NV20031304987**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 #: **112011**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 54 days**4. Type of contract: **Contract**Contract description: **Miscellaneous**

5. Purpose of contract:

This is a new contract to provide professional consulting and support services in support of the development of the 2019-21 Capital Improvement Plan as directed by SPWD: CIP Project No. 17-S04; SPWD Contract No. 112011.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Commissioning, Surveying, and other Miscellaneous 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/08/2018 12:09:51 PM
Division Approval	Imars1	05/08/2018 12:10:16 PM
Department Approval	Imars1	05/08/2018 12:10:18 PM
Contract Manager Approval	Imars1	05/08/2018 12:10:21 PM
Budget Analyst Approval	jrodrig9	05/08/2018 21:52:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19991**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1592-29**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name:**POGGEMEYER DESIGN GROUP INC.**

Contractor Name:

POGGEMEYER DESIGN GROUP INC.

Address:

**6960 SMOKE RANCH RD.
SUITE 110**

City/State/Zip

LAS VEGAS, NV 89128-3204

Contact/Phone:

702-255-8100

Vendor No.:

T29028422A

NV Business ID:

NV19811011150To 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 #: 111963

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 66 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Las Vegas Nevada State Museum - Loading Dock Remodel CIP project, to include design, construction and bid documents, as well as construction administration services for renovating the loading dock and access drive on the east end of the museum: CIP Project No. 17-M74; SPWD Contract No. 111963.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,700.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/20/2018 09:52:23 AM
Division Approval	Imars1	04/20/2018 09:52:26 AM
Department Approval	Imars1	04/20/2018 09:52:28 AM
Contract Manager Approval	Imars1	04/20/2018 09:52:31 AM
Budget Analyst Approval	jrodrig9	04/26/2018 20:37:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20062**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3279, expenditure category 95, Deferred Facilities Maintenance.

Legal Entity Name: **WELLES PUGSLEY ARCHITECTS, LLP.**Contractor Name: **WELLES PUGSLEY ARCHITECTS, LLP.**Address: **DBA SIMPSON COULTER STUDIOS
151 E. WARM SPRINGS RD.**City/State/Zip: **LAS VEGAS, NV 89119-4101**Contact/Phone: **702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV2003100034**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 100% Agency Funded CIP

Agency Reference #: **111892**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years and 54 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Remodel CIP project to include design, construction and bid documents, as well as construction administration services, for the renovation of buildings 1304 & 1306: CIP Project No. 18-A030; SPWD Contract No. 111892.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,600.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering 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:

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:

LeFevre, Kent, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/08/2018 13:54:06 PM
Division Approval	Imars1	05/08/2018 13:54:09 PM
Department Approval	Imars1	05/08/2018 13:54:12 PM
Contract Manager Approval	Imars1	05/08/2018 13:54:14 PM
Budget Analyst Approval	jrodrig9	05/08/2018 15:52:54 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19796**Agency Name: **ADMIN - HEARINGS AND APPEALS
DIVISION**Agency Code: **089**Appropriation Unit: **1015-30**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **BOARD OF REGENTS-NSHE OBO
UNR**Contractor Name: **BOARD OF REGENTS-NSHE OBO
UNR**Address: **CONTROLLERS
MAIL STOP 124**City/State/Zip: **RENO, NV 89557**Contact/Phone: **775-784-1233**Vendor No.: **D35000849**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Transfer from Industrial Relations

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **02/15/2018**
Examiner's approval?Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

The Hearings Division received a complaint through the US Department of Labor. A Settlement Agreement was reached on December 5, 2017. Within ninety days of the date on which the agreement was signed, we were to consult with a recognized expert. The expert was to conduct evaluations of our policies, practices and procedures, provide initial training on proper procedures to become ADA compliant, and submit written reports of the findings and draft procedures to the Civil Rights Center (CRC).

3. Termination Date: **12/31/2018**Contract term: **319 days**4. Type of contract: **Interlocal Agreement**Contract description: **ADA Consult & Trng**

5. Purpose of contract:

This is a new contract which provides for consultation and technical assistance regarding the Americans with Disabilities Amendments Act of 2008 regarding the provision of effective communication, auxiliary aids, and services, with modifications of policies and procedures.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,800.00**

Other basis for payment: \$12,000, Principal Investigator (96 hours at \$125/per hour; 2 days/per month for 3 months):\$750, Consultant, Effective Communication (10 hours at \$75/per hour: \$1,300, Travel (1 Las Vegas trip for 2 people; flight and hotel): \$750, training for 1.5 days (1 session in Las Vegas and 1 session in Carson City).

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to the agreed upon terms of the Department of Labor Settlement Agreement CRC Complaint No. 09-NV-007.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services will be provided by the Nevada Center for Excellence in Disabilities (NCED) and the ADA Nevada Project at the University of Nevada.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per statute NRS277.080 and SAM 300, this is an interlocal contract, solicitations are not required.

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	ssands	03/27/2018 10:37:53 AM
Division Approval	ssands	03/27/2018 10:37:56 AM
Department Approval	ssands	03/27/2018 10:37:59 AM
Contract Manager Approval	ssands	05/03/2018 07:22:15 AM
Budget Analyst Approval	tgreenam	05/09/2018 15:17:45 PM

Brian Sandoval
Governor



Patrick Cates
Director

Michelle L. Morgando, Esq.
Acting Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E. William St., Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

Appeals Office
1050 E. William St., Ste. 450
Carson City, Nevada 89701
(775) 687-8420 | Fax (775) 687-8421


STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Hearings Division
<http://hearings.state.nv.us>

Southern Nevada:
Hearing Office
2200 S. Rancho Drive, Ste. 210
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Executive Branch Budget Officer

From: Michelle Morgando, Acting Senior Appeals Officer 

Date: March 27, 2018

Subject: CETS #19796 - Board of Regents - UNR ADA Nevada Project

The Hearings Division received a complaint through the US Department of Labor. A Settlement Agreement was reached between the Complainant and the Nevada Department of Administration, Hearings Division; Nevada Department of Business and Industry, Division of Industrial Relations, Workers' Compensation Section; and Nevada Attorney for Injured Workers, Respondents on December 5, 2017.

Within ninety (90) days of the date on which the agreement was signed, we were to consult with a recognized expert. The expert was to conduct evaluations of our policies, practices and procedures, provide initial training on proper procedures to become ADA compliant, and submit written reports of the findings and draft procedures to the Civil Rights Center (CRC).

Due to the limited time between the selection of recognized expert and the deadline of the written reports, the contract was not finalized and approved prior to the training and the reports being completed. In the future, we will more carefully monitor compliance and contract deadlines through the use of multiple calendar reminders.

We respectfully request a Retro start date for this contract to be February 15, 2018.

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: **19950**Agency Name: **GOVERNOR'S OFFICE OF
ECONOMIC DEVELOPMENT**Agency Code: **102**Appropriation Unit: **1526-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Downtown Films LLC dba Silver State Productions**Contractor Name: **Downtown Films LLC dba Silver State Productions**Address: **Silver State Productions
1027 S. Main Street, Suite 210**City/State/Zip: **Las Vegas, NV 89101**Contact/Phone: **Justin Folger 702-569-9868**

Vendor No.:

NV Business ID: **NV20111732201**To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **65 days**4. Type of contract: **Contract**Contract description: **Video Production**

5. Purpose of contract:

This is a new contract to produce a marketing video on the economic landscape of Nevada over the past six years. The video will be posted on the agency's website, on social media sites, and included in presentations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,720.00**

Other basis for payment: \$6,860 upon contract approval and the remainder to be paid upon successful completion and approval of the final video.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Office of Economic Development is charged with diversifying and strengthening Nevada's economy and marketing efforts such as the video to be produced will further enhance the goals of the agency.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not employ any staff that are able to film, edit, and produce marketing videos. In addition, the agency does not own the equipment necessary to produce videos.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):

Digisphere Productions
FLF Films
Downtown Films LLC dba Silver State Productions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor who responded to the request for proposals.

d. Last bid date: 04/02/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Brian Baluta, Communications Director Ph: 702-486-2785

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	04/17/2018 10:07:31 AM
Division Approval	bvale1	04/17/2018 10:07:34 AM
Department Approval	bvale1	04/17/2018 10:07:36 AM
Contract Manager Approval	bvale1	04/17/2018 10:07:38 AM
Budget Analyst Approval	lfree1	04/26/2018 12:04:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19158**Amendment Number: **1**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Legal Entity Name: **NAVAL FACILITIES ENGINEERING COMMAND**Agency Code: **180**Contractor Name: **NAVAL FACILITIES ENGINEERING COMMAND**Appropriation Unit: **1388-00**Address: **SOUTHWEST-REAL ESTATE DEPT
1220 PACIFIC HIGHWAY**Is budget authority available?: **Yes**City/State/Zip: **SAN DIEGO, CA 92132**

If "No" please explain: Not Applicable

Contact/Phone: **LORNA TIMOG 619/532-1164**

Vendor No.:

NV Business ID: **N/A**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **Rack Space Rental**

5. Purpose of contract:

This is the first amendment to the original revenue contract which provides rack space at Austin Mountain in Lander County. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$14,932.12 to \$29,864.24 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,932.12	\$14,932.12	\$14,932.12	Yes - Info
2. Amount of current amendment (#1):	\$14,932.12	\$14,932.12	\$29,864.24	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$29,864.24 06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue 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?

Not Applicable

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:

We have had ongoing revenue contracts with Naval Facilities Engineering Command Southwest, Real Estate Department for many years and other mountain top sites, all 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	dbaughn	04/30/2018 11:44:53 AM
Division Approval	dbaughn	04/30/2018 11:44:56 AM
Department Approval	dbaughn	04/30/2018 11:44:59 AM
Contract Manager Approval	ascott	05/02/2018 14:52:15 PM
Budget Analyst Approval	cmurph3	05/04/2018 13:48:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16759**Amendment Number: **2**Agency Name: **OFFICE OF VETERANS SERVICES**Legal Entity Name: **Cummins Rocky Mountain, LLC**Agency Code: **240**Contractor Name: **Cummins Rocky Mountain, LLC**
Address: **2750 Losee Road**Appropriation Unit: **2561-07**Is budget authority available?: **Yes**City/State/Zip: **North Las Vegas, NV 89030**If "No" please explain: **Not Applicable**Contact/Phone: **Ian Thaler 702-399-2339**Vendor No.: **PUR0001370**NV Business ID: **NV20171009441**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 % Patient collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2015**Anticipated BOE meeting date **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **05/31/2019**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Generator Service**

5. Purpose of contract:

This is the second amendment to the original contract which provides emergency generator maintenance and testing. This amendment increases the not to exceed amount of the contract by \$3,333.00 to cover the additional year extension granted under amendment number one.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,999.00	\$9,999.00	\$9,999.00	No
a. Amendment 1:	\$0.00	\$9,999.00	\$9,999.00	No
2. Amount of current amendment (#2):	\$3,333.00	\$13,332.00	\$13,332.00	Yes - Info
3. New maximum contract amount:	\$13,332.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Emergency power supply is a requirement for nursing homes, and that emergency power must show testing each year.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employees are available to do this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

LOFTIN EQUIPMENT CO - PHOENIX, AZ
CUMMINS, INC - NORTH LAS VEGAS, NV
CASHMAN CATERPILLER - LAS VEGAS, NV

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best price and familiarity with equipment.

d. Last bid date: 04/30/2015 Anticipated re-bid date: 03/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has provide generator services in the past. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	05/14/2018 12:22:05 PM
Division Approval	agarland	05/14/2018 12:22:07 PM
Department Approval	agarland	05/14/2018 12:22:12 PM
Contract Manager Approval	agarland	05/14/2018 12:22:19 PM
Budget Analyst Approval	bmacke1	05/25/2018 11:22:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17907**Amendment Number: **1**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Legal Entity Name: **Terminix International Company, LLC**Agency Code: **240**Contractor Name: **Terminix International Company, LLC**Appropriation Unit: **2561-07**Address: **1856 Pama Lane, Unit B**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89119-4613**If "No" please explain: **Not Applicable**Contact/Phone: **Don Wiggins 702-837-6520**Vendor No.: **T80941074**NV Business ID: **NV19911004735**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

Agency Reference #: **240**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **07/01/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **NSVH - Pest Control**

5. Purpose of contract:

This is the first amendment to the original contract which provides pest control services. This amendment extends the termination date from July 1, 2018 to June 30, 2020 and increase the maximum amount from \$10,000 to \$20,000 due to continued need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$20,000.00	Yes - Info
3. New maximum contract amount:	\$20,000.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Veterans Administration Standard 51.200(4.3)(h)(4); CFR 483.70(h)(1) - To maintain an effective pest control program so that the facility is free of pests and rodents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Pest control must be performed by a licensed pest control company/business.

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):

Stefani's Pest Control
Terminix Pest control
Orkin Commercial Services

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Knowledge and experience. Familiarity with the needs of the NSVH.

d. Last bid date: 06/01/2016 Anticipated re-bid date: 05/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor is Currently performing these services for NDVS. Services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Foreign Limited 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	agarland	04/20/2018 10:55:12 AM
Division Approval	agarland	04/20/2018 10:55:14 AM
Department Approval	agarland	04/20/2018 10:55:16 AM

Contract Manager Approval
Budget Analyst Approval

agarland
bmacke1

04/20/2018 10:55:18 AM
04/26/2018 13:11:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **17972**Amendment Number: **2**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Legal Entity Name: **US WATER SERVICES INC DBA**Agency Code: **240**Contractor Name: **US WATER SERVICES INC DBA**Appropriation Unit: **2561-07**Address: **WEST INC**Is budget authority available?: **Yes****12270 43RD ST NE**

If "No" please explain: Not Applicable

City/State/Zip **SAINT MICHAEL, MN 55376-8517**Contact/Phone: **Matt Copthorne 866/663-7633**Vendor No.: **T27041321**NV Business ID: **NV20131390340**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Maintenance at NSVH**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing maintenance for the cooling towers, chillers and hot water boilers including monthly inspection and preventative maintenance for this equipment. This amendment extends the contract termination date from September 30, 2018 to September 30, 2020 and increases the maximum amount from \$20,000 to 35,000 due to the continued need of these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$20,000.00	No
2. Amount of current amendment (#2):	\$15,000.00	\$15,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$35,000.00			
and/or the termination date of the original contract has changed to:	09/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is preventative maintenance to avoid corrosion of cooling towers and closed loop system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State agencies or employees are available to perform this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

BISHOP AIR SERVICES
NATIONWIDE POWER
CARL'S A/C & SHEET METAL, INC.
WATER AND ENERGY SYSTEMS TECHNOLOGY, INC. (WEST)

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Only respondent; Keeping same price for service that was established in 2012; and have a proven track record of efficiency and customer service.

d. Last bid date: 06/20/2016 Anticipated re-bid date: 06/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contract is currently under contract with NDVS performing these services; All work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	04/20/2018 10:53:44 AM
Division Approval	agarland	04/20/2018 10:53:55 AM
Department Approval	agarland	04/20/2018 10:53:58 AM

Contract Manager Approval
Budget Analyst Approval

agarland
bmacke1

04/20/2018 10:54:03 AM
04/26/2018 12:25:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16436**Amendment Number: **2**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Legal Entity Name: **MEDCO CONTAINMENT LIFE**Agency Code: **402**Contractor Name: **MEDCO CONTAINMENT LIFE**Appropriation Unit: **3156-16**Address: **INSURANCE COMPANY
1 EXPRESS WAY**Is budget authority available?: **Yes**City/State/Zip: **SAINT LOUIS, MO 63121**

If "No" please explain: Not Applicable

Contact/Phone: **ulla_gonzalez@express-scripts.com
2017269-5234**Vendor No.: **T29013685**NV Business ID: **NV20021356534**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 % TOBACCO FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2015**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/09/2019**

Termination Date:

Contract term: **3 years and 341 days**4. Type of contract: **Contract**Contract description: **Medco Containment**

5. Purpose of contract:

This is the second amendment to the original contract, which provides subsidizes to the monthly premium of eligible members who are enrolled in the Medicare Part D prescription program. The division cannot foresee which participants will join which insurance company. This insurance company has increased the participants they have in the Senior RX program. This amendment increases the maximum amount from \$12,000 to \$22,000 due to the increase of members.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,000.00	\$2,000.00	\$2,000.00	No
a. Amendment 1:	\$10,000.00	\$12,000.00	\$12,000.00	Yes - Info
2. Amount of current amendment (#2):	\$10,000.00	\$10,000.00	\$22,000.00	Yes - Info
3. New maximum contract amount:	\$22,000.00			

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:

1/1/14 to current with ADSD: Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	05/04/2018 12:51:51 PM
Division Approval	dbowma1	05/04/2018 12:51:55 PM
Department Approval	vmilazz1	05/09/2018 09:45:35 AM
Contract Manager Approval	ltuttl1	05/09/2018 15:25:14 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20042**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3279-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TANNEHILL, THOMAS DBA ET&M REFRIGERATION**Contractor Name: **TANNEHILL, THOMAS DBA ET&M REFRIGERATION**Address: **PO BOX 90418**City/State/Zip: **HENDERSON, NV 89009**Contact/Phone: **Carmen Goodman 702/564-3511**Vendor No.: **T29040547**NV Business ID: **NV20171426322**To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	50.90 %	Fees	0.00 %
X	Federal Funds	49.10 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **HVAC**

5. Purpose of contract:

This is a new contract to provide ongoing inspection and repair services for facility air conditioning systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,358.00**

Other basis for payment: Per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment, the facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. Air Conditioning/Heating units must be operational at all times to maintain a safe, comfortable living environment for people who live on campus and to prevent costly breakdown of units.

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 necessary tools or expertise to perform this work.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Climate Control Experts
Cal Air
Anytime Plumbing
A-1 Mechanical
Sun City Heating & Cooling
Southwest Air
Number One Plumbing, Heating & Air
Ideal Services
HVAC Connection LLC
Hacienda Air
ET&M Refrigeration

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was chosen because they were able to provide a reliable maintenance schedule and fair charges for services.

d. Last bid date: 03/19/2018 Anticipated re-bid date: 03/02/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	dbowma1	05/04/2018 11:35:16 AM
Division Approval	dbowma1	05/04/2018 11:35:18 AM
Department Approval	vmilazz1	05/07/2018 11:40:34 AM
Contract Manager Approval	ltuttl1	05/08/2018 09:10:43 AM
Budget Analyst Approval	bwooldri	05/14/2018 10:26:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20061**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3220-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Southern Nevada Health District

Contractor Name: **Southern Nevada Health District**Address: **P.O. Box 3902**City/State/Zip: **Las Vegas, NV 89127**

Contact/Phone: Joseph Iser, PhD. 702-759-1201

Vendor No.: T27001231

NV Business ID: NV20161589068

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 %

X Federal Funds **100.00 %**

Highway Funds 0.00 %

Fees 0.00 %

Bonds 0.00 %

Other funding 0.00 %

Agency Reference #: C 16412

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **Yes**

If "Yes", please explain

The contract was initiated in early January 2018, and has been revised on several occasions and has been reviewed and approved at two separate Health District Board meetings. These dates were developed based on feedback from the BOC in multiple counties as well as the spring Health District mobile clinic schedule. If work is not started prior to contract execution, the planned dental rural services will not be provided and many underserved and vulnerable populations will go without care.

3. Termination Date: **06/30/2018**Contract term: **90 days**4. Type of contract: **Interlocal Agreement**Contract description: **Oral Health**

5. Purpose of contract:

This is a new interlocal agreement to provide oral health education for clients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,887.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The State of Nevada is required to provide oral health services to underprivileged clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have enough facilities or manpower to provide services throughout the state.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?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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:

Public agencies routinely provide services jointly - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	05/10/2018 15:29:16 PM
Division Approval	rmorse	05/10/2018 15:29:18 PM
Department Approval	vmilazz1	05/11/2018 10:37:04 AM
Contract Manager Approval	rmorse	05/17/2018 14:40:23 PM
Budget Analyst Approval	afrantz	05/25/2018 09:57:33 AM

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



JULIE KOTCHEVAR, PhD.
Administrator

LEON RAVIN, MD
Acting Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

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May 8, 2018

MEMORANDUM

TO: Aaron Frantz
*Budget Officer
Governor's Finance Office*

THROUGH: Mark Winebarger
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Beth Handler, MPH, Bureau Chief
Bureau of Child, Family & Community Wellness (CFCW)

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT–Southern Nevada Health District (CETS #20061)

This memorandum requests that the following contract be approved for a retroactive start.

- The following information is required:
- Southern Nevada Health District
- The DPBH Oral Health Program/Southern Nevada Health District public health endorsed dental hygienist will:
 - Provide dental prophylaxis, fluoride varnish applications, sealants, oral cancer screening, and assessments of the oral health of patients through medical and dental histories, radiographs, indices, risk assessment, and intraoral and extraoral procedures that analyze and identify the oral health needs of patients in rural Nevada through the SNHD mobile clinic and through SNHD health center locations.
 - Through motivational interviewing set oral health goals and instruct patients on oral hygiene techniques including tooth brushing, flossing, and routine oral health examination schedules.
 - Assist patients in finding a dental home and provide the state community dental clinic directory
 - Partner with staff in other SNHD clinics and programs (adolescent, chronic disease prevention and health promotion, healthy start program, kid's clinic, etc.) to promote oral health.
- BA3220, 3605XRA and 9399416
- Requested start date: April 1, 2018
- Expected execution date of agreement: May 18, 2018
- The project overview and associated budget was approved by Administrator Amy Roukie on December 2, 2017 during her meeting in Las Vegas with Dr. Capurro, State Dental Health Officer, and Dr. Joe Iser, Chief Health Officer of the Southern Nevada Health District. The contract between agencies was initiated in early January 2018, and has been revised on several occasions and has been reviewed and approved at two separate Southern Nevada Health District Board meetings. The agreed upon scope of work included three trips through rural Nevada which

Revised 2/18

Public Health: Working for a Safer and Healthier Nevada

would take place April through June 2018. These dates were developed based on feedback from the Board of County Commissioners in Esmeralda, Lincoln, Nye, and White Pine Counties as well as the spring Southern Nevada Health District mobile clinic schedule.

- If work is not started prior to contract execution, the planned medical-dental rural services will not be provided and many underserved and vulnerable populations will go without care.
- By closely working with the DPBH Management Analyst team, future retroactive requests will be prevented.

If you have any questions, please contact Dr. Antonina Capurro at (702) 774-2573 or acapurro@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19938**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3645-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Leany, Brian**Contractor Name: **Leany, Brian**Address: **Brian D Leany PH D
505 S. Arlington Ave., Suite 1
Reno, NV 89509**City/State/Zip: **Reno, NV 89509**Contact/Phone: **Brian Leany 775-225-2525**Vendor No.: **T27042211**NV Business ID: **NV20121678597**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **16456**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 46 days**4. Type of contract: **Contract**Contract description: **Neuropsychological**

5. Purpose of contract:

This is a new contract to provide neuropsychological assessment for clients/patients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Payment for services will be made at the rate of \$85.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Neuropsychological evaluation is to assist with integrity of cognitive functions, to confirm or clarify a diagnosis, and treatment planning; also, serve to assess readiness to return to court trial or other important life activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No current psychologists that are employed by Lake's Crossing Center have the specialization of neuropsychology.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):

**Brian Leany Ph.D.
Melanie Crawford Ph.D.
Evarista Nnadi Dr.**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor provided the best quality proposal and cost determined by an impartial selection committee.

d. Last bid date: 02/26/2018 Anticipated re-bid date: 04/30/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Tom Durante, Agency Manager Ph: 775-688-1900*233

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dohl0	04/25/2018 12:33:35 PM
Division Approval	dohl0	04/25/2018 12:33:44 PM
Department Approval	vmilazz1	05/07/2018 12:36:16 PM
Contract Manager Approval	rmorse	05/08/2018 07:36:05 AM
Budget Analyst Approval	afrantz	05/10/2018 11:39:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19787**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3645-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VERUS Associates Nevada LLC**Contractor Name: **VERUS Associates Nevada LLC**Address: **9210 Prototype Drive, STE 101**City/State/Zip: **Reno, NV 89512-2978**Contact/Phone: **Don Mewes 775-870-1004**Vendor No.: **T29038999**NV Business ID: **NV20161620968**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 #: **C 16464**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/03/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2021**Contract term: **3 years and 243 days**4. Type of contract: **Contract**Contract description: **Access Control Maint**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance support for the entry and security system for the Lake's Crossing Center campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,950.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a new contract to provide basic maintenance/repair/service for the door controls system at Lake's Crossing Center. The existing warranty for the door controls expire the end of March 2018, and Lake's Crossing Center needs a vendor to maintain the door control system for staff and clients safety.

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, equipment, and tools to perform this type of work9. 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):

VERUS Associates
Fire Plus
RFI
Sample Tech Support

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to an informal solicitation and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/26/2018 Anticipated re-bid date: 10/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Mark Elliott, Facility Supervisor II Ph: 775-688-1900*248

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	04/20/2018 11:04:18 AM
Division Approval	rmorse	04/20/2018 11:04:21 AM
Department Approval	vmilazz1	04/29/2018 20:34:08 PM
Contract Manager Approval	dohl0	05/01/2018 14:49:16 PM
Budget Analyst Approval	afrantz	05/03/2018 13:26:57 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19804**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3145-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ACTION FOR CHILD PROTECTION**Contractor Name: **ACTION FOR CHILD PROTECTION**Address: **2101 SARDIS RD N STE 204**City/State/Zip: **CHARLOTTE, NC 28227-7805**Contact/Phone: **Kay Thomas 704/845-2121**Vendor No.: **T29038059**NV Business ID: **NV20181184852**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 **05/09/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2018**Contract term: **144 days**4. Type of contract: **Contract**Contract description: **Training/Coaching**

5. Purpose of contract:

This is a new contract to provide ongoing Change Focused Intervention training and coaching services to supervisors and staff in the state's child welfare offices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,300.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Since the implementation of the SAFE Child Welfare Practice Model in Nevada, the Division's Rural Region continues to build its fidelity to the Nevada Safety Model. Contracting to provide Change Focused Intervention to supervisors and staff throughout the region will enhance their skills and knowledge in this final phase of implementation and ensure caseworkers of more robust Protective Capacity Family Assessment (PCFA) and the Protective Capacity Progress Assessment (PCPA) and successful case planning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division's staff are not yet experts in this model.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Child Protective Training Institute, Cornell University
Action for Child Protection
University of Southern Florida

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: 01/25/2018 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:

DCFS has contracted with the vendor over the last several years to provide training and found the services more than 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:

Maria Hickey, Social Services Program Specialist 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmason	03/08/2018 17:09:33 PM
Division Approval	mgalli	04/16/2018 16:51:24 PM
Department Approval	vmilazz1	04/29/2018 19:31:05 PM
Contract Manager Approval	mmason	05/03/2018 10:38:42 AM
Budget Analyst Approval	nhovden	05/09/2018 09:07:56 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18770**Amendment Number: **1**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Legal Entity Name: **NEVADA BROADCASTERS ASSOCIATION**Agency Code: **409**Contractor Name: **NEVADA BROADCASTERS ASSOCIATION**Appropriation Unit: **3145-31**Address: **3900 PARADISE RD STE 279**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89169-0934**

If "No" please explain: Not Applicable

Contact/Phone: **702-794-4994**Vendor No.: **T80990324**NV Business ID: **NV20101708302**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/26/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **05/31/2018**Contract term: **3 years and 5 days**4. Type of contract: **Contract**Contract description: **Airing NCSA's**

5. Purpose of contract:

This is the first amendment to the original contract which assists in promoting the recruitment for adoption and foster care homes in rural Nevada by airing non-commercial sustaining announcements. This amendment extends the termination date from May 31, 2018 to June 30, 2020 and increases the maximum amount from \$8,000 to \$28,000 due to the continued need for the advertising campaign airings.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,000.00	\$8,000.00	\$8,000.00	No
2. Amount of current amendment (#1):	\$20,000.00	\$28,000.00	\$28,000.00	Yes - Info
3. New maximum contract amount:	\$28,000.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

A shortage of foster homes in rural Nevada causes children to be placed outside of community of origin, away from family, their school, and their friends. We are hoping the radio announcements coupled with our collaborative outreach by the courts and community partners will yield homes in rural Nevada and enhance our efforts to keep children in their schools and communities when they must be removed from their parents for 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 access to radio stations across the state to air our Non Commercial Service Announcements (NCSA).

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?

Nevada Broadcasters Association can provide the most radio coverage in the requested counties over the period using the entire amount of the contract for air-time purchase.

- 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:

Yes, DCFS in 2013 providing airing of NCSAs on over 70 radio stations throughout Nevada. The quality of the service has been verified as very satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Domestic Non-Profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	mmason	05/16/2018 08:44:10 AM
Division Approval	vmilazz1	05/22/2018 13:28:40 PM
Department Approval	vmilazz1	05/22/2018 13:28:48 PM
Contract Manager Approval	mmason	05/23/2018 09:16:58 AM
Budget Analyst Approval	nhovden	05/23/2018 16:16:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19831**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3148-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Intermountain Lock & Security Supply

Contractor Name: **Intermountain Lock & Security Supply**Address: **3106 South Main Street**City/State/Zip: **Salt Lake City, UT 84115-3731**

Contact/Phone: Victor Marin 702-939-5625

Vendor No.: PUR0003096

NV Business ID: NV20081427334

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.

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 **07/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new contract that continues ongoing locksmith service and repair on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,400.00**

Other basis for payment: \$15 per re-key; \$75 hourly labor rate; \$65 Service call charge

II. JUSTIFICATION

7. What conditions require that this work be done?

The security of the facility requires a working lock system, changes happen when keys are lost or locks become unserviceable.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Work requires specialized tools and equipment that are not available at the facility.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):

Intermountain Lock and Security Supply
ABC Locksmith
Stanley Security Services
Silverstate Locksmith
Fix Your Jail.com

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: 02/26/2018 Anticipated re-bid date: 02/14/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Anthony Perry, Facility Supervisor 2 Ph: 702-668-4747

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/13/2018 16:11:10 PM
Division Approval	mgalli	04/16/2018 16:55:17 PM
Department Approval	vmilazz1	04/29/2018 19:39:11 PM
Contract Manager Approval	mmason	05/03/2018 10:39:26 AM
Budget Analyst Approval	nhovden	05/09/2018 09:12:49 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19939**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **THYSSENKRUPP ELEVATOR CORP**Contractor Name: **THYSSENKRUPP ELEVATOR CORP**Address: **5440 W. Procyon Street Suite B**City/State/Zip: **Las Vegas, GA 31193-3004**Contact/Phone: **Jeff Bloom 702-262-6775**Vendor No.: **T80943796B**NV Business ID: **NV19841018200**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/17/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/22/2022**Contract term: **3 years and 312 days**4. Type of contract: **Contract**Contract description: **Elevator Services**

5. Purpose of contract:

This is a new contract to provide ongoing elevator maintenance service on an "as needed" basis at Nevada Army Guard location in North Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,996.00**

Payment for services will be made at the rate of \$12,499.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a service contract that will allow vendors to perform elevator services under contract so we can comply with NRS & NAC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We do not have the equipment or the certifications to do this type of work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Otis Elevator
Kone Inc.
Progressive Elevator
Thyssenkrupp Elevator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Bids were sent out to 4 vendors, Thyssenkrupp Elevator is the only vendor that agreed with the State of Nevada's terms on the contract and their pricing was acceptable.

d. Last bid date: 11/06/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	twollan1	04/09/2018 08:39:11 AM
Division Approval	twollan1	04/09/2018 08:39:14 AM
Department Approval	twollan1	04/09/2018 08:39:16 AM
Contract Manager Approval	twollan1	04/09/2018 08:39:19 AM
Budget Analyst Approval	jrodrig9	04/17/2018 19:52:21 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20053**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-07**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **WATERS SEPTIC TANK SERVICE DBA**Contractor Name: **WATERS SEPTIC TANK SERVICE DBA**Address: **WATERS VACUUM TRUCK SERVICE
PO BOX 18160**City/State/Zip: **RENO, NV 89511-0160**Contact/Phone: **Justin Angel-Waters 775-825-1595**Vendor No.: **T80206180A**NV Business ID: **NV19781005671**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 **05/15/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/01/2019**Contract term: **351 days**4. Type of contract: **Contract**Contract description: **Vacuum Truck Service**

5. Purpose of contract:

This is a new contract to provide cleaning, pumping and legal disposal of grease traps and sand oil separators at Nevada National Guard locations in Northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a new contract to provide cleaning, pumping and legal disposal of grease traps and sand oil separators at Nevada National Guard locations in Northern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the equipment or the certifications to do this type of work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Easy Rooter
Truck & Water
Waters Septic Tank Service**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has performed satisfactory service for the Office of the Military in the past and was the only vendor to provide a bid.

d. Last bid date: 04/09/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	05/04/2018 15:43:44 PM
Division Approval	twollan1	05/04/2018 15:43:51 PM
Department Approval	twollan1	05/04/2018 15:43:53 PM
Contract Manager Approval	twollan1	05/04/2018 15:43:55 PM
Budget Analyst Approval	jrodrig9	05/30/2018 13:27:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15956**Amendment Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **D&R Hydrant, Inc.**Agency Code: **440**Contractor Name: **D&R Hydrant, Inc.**Appropriation Unit: **3715-09**Address: **128 Elm Street**Is budget authority available?: **Yes****429 Max Court, Ste. 200**City/State/Zip: **Henderson, NV 89015**If "No" please explain: **Not Applicable**Contact/Phone: **Donald L. Griffie, President 702-564-0885**Vendor No.: **T29023640**NV Business ID: **NV19991246379**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **Solicitation 201416**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2014**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 50 days**4. Type of contract: **Contract**Contract description: **Back Flow Test/Cert**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing backflow testing and certification services to Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Nevada Correctional Center, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. This amendment extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$69,539.00 to \$86,924.00 to allow for the facilitation and completion of the solicitation process, provide ongoing services throughout the solicitation process up to the award of a contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$69,539.00	\$69,539.00	\$69,539.00	Yes - Action
2. Amount of current amendment (#1):	\$17,385.00	\$17,385.00	\$17,385.00	Yes - Info
3. New maximum contract amount:	\$86,924.00			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

Backflow testing and certification is a required service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically the Department has outsourced backflow testing and certification services to a vendor with the qualifications and license to perform the required testing and certification. The Department does not have these qualifications or license.

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?

Pursuant to Solicitation #201416 the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/30/2014 Anticipated re-bid date: 04/16/2018

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:

NDOC 2014 - 2018 services confirmed satisfactory by facility managers.

14. Is the contractor currently involved in litigation with the State 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	dbretche	03/23/2018 10:40:43 AM
Division Approval	amonro1	04/09/2018 13:34:58 PM

Department Approval
Contract Manager Approval
Budget Analyst Approval

sewart
mkillia1
bmacke1

04/10/2018 17:03:00 PM
05/08/2018 10:22:34 AM
05/24/2018 07:43:27 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **15399**Amendment Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **Matthew Bender & Company, Inc.**Agency Code: **440**Contractor Name: **Matthew Bender & Company, Inc.**Appropriation Unit: **3763-16**Address: **DBA LexisNexis Matthew Bender
1275 Broadway**Is budget authority available?: **Yes**City/State/Zip: **Albany, NY 12204**If "No" please explain: **Not Applicable**Contact/Phone: **Kim Shields 573-673-4230**Vendor No.: **T80994758**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 % 3763 - Inmate Welfare Fund

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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **4 years and 184 days**4. Type of contract: **Contract**Contract description: **Legal Research Svs**

5. Purpose of contract:

This is the first amendment to the original contract which provides specific legal materials and references to the inmate law libraries at seven (7) correctional facilities. This amendment extends the termination date from June 30, 2018 to December 31, 2018 and increases the maximum amount of the contract from \$313,964.00 to \$354,984.00 to allow for the facilitation and completion of the solicitation process, provide ongoing services throughout the solicitation process up to the award of a contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$313,964.00	\$313,964.00	\$313,964.00	Yes - Action
2. Amount of current amendment (#1):	\$41,020.00	\$41,020.00	\$41,020.00	Yes - Info
3. New maximum contract amount:	\$354,984.00			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

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: 08/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	05/04/2018 12:15:49 PM
Division Approval	amonro1	05/04/2018 15:57:00 PM
Department Approval	sewart	05/04/2018 17:00:48 PM
Contract Manager Approval	mkillia1	05/08/2018 15:23:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19834**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4545-04**Is budget authority available?: **No**

If "No" please explain: NDA's work program C42576 is pending approval on the upcoming April 11, 2018 agenda. BA 4545 is requesting \$51,649 in cat 04 which is expected to approve on that date.

Legal Entity Name: **CISCO AIR SYSTEMS, INC.**Contractor Name: **CISCO AIR SYSTEMS, INC.**Address: **214 27TH ST**City/State/Zip: **SACRAMENTO, CA 95816-3201**Contact/Phone: **David Hall 775-722-8510**Vendor No.: **T81096723**NV Business ID: **NV20071410056**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2018**Anticipated BOE meeting date **06/2018**Retroactive? **Yes**

If "Yes", please explain

The legal contract was approved and executed prior to the March 30, 2018 start date. However CETS approval was inadvertently not applied at all levels until it was discovered on April 26, 2018. The executed legal contract is not retroactive; rather the date discrepancy was an internal process and system error.

3. Termination Date: **03/31/2020**Contract term: **2 years and 2 days**4. Type of contract: **Contract**Contract description: **Lab PM Equipment**

5. Purpose of contract:

This is a new contract to provide ongoing preventative service maintenance for our laboratory compressors and vacuum pump in our chemistry laboratory located in our Sparks headquarters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,420.00**

Payment for services will be made at the rate of \$8,210.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Fully functional compressors and vacuum pump are essential in our laboratory to run specialized equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees don't have the skills or equipment to perform the work.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

CPS Compressors
Cisco Air Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Cisco Air Systems has knowledge of our system as they installed the equipment.

d. Last bid date: Anticipated re-bid date: 04/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	03/15/2018 07:41:09 AM
Division Approval	melli2	03/15/2018 07:41:15 AM
Department Approval	melli2	03/15/2018 07:41:21 AM
Contract Manager Approval	melli2	03/15/2018 08:38:35 AM
Budget Analyst Approval	cmurph3	04/26/2018 12:20:44 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) 684-0260

DATE: June 7, 2018

TO: Paul Nicks, Deputy Director
Governor's Finance Office

FROM: Colleen Murphy, Executive Branch Budget Officer and *CM*
Matthew Tuma, Executive Branch Budget Officer *MT*

SUBJECT: Contract #19834

A detailed review and later discussions with the agency regarding work program #C42576 showed that this contract is funded from the same Category (Operating Expenses) that was impacted by the work program but was not directly related. The contract was entered incorrectly in the Contracts Entry and Tracking System (CETS); **budget authority for this contract was available and not contingent on a work program** and should have been updated in CETS. The legal contract was executed on March 30, 2018 with a start date of April 1, 2018 and **is not a retroactive contract**, although due to the confusion with the work program it is retroactive in CETS since approval was applied in April. The agency has been consulted and provided with guidance regarding retroactive contracts and necessary timelines for GFO approval.

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: **17722**Amendment Number: **1**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity Name: **JANI-KING OF LAS VEGAS, INC.**Agency Code: **550**Contractor Name: **JANI-KING OF LAS VEGAS, INC.**Appropriation Unit: **4554-07**Address: **5828 S. PECOS RD.**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89120**

If "No" please explain: Not Applicable

Contact/Phone: **John Ferrari 702-321-6061**Vendor No.: **T32000010A**NV Business ID: **NV19941088345**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	25.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	75.00 % Cost Allocation

Agency Reference #: **550**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2016**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/30/2018**Contract term: **3 years and 353 days**4. Type of contract: **Contract**Contract description: **Jani-King Janitorial**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services for the Southern headquarters. This amendment extends the termination date from April 30, 2018 to April 30, 2020 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$22,032.00	\$22,032.00	\$22,032.00	Yes - Info
2. Amount of current amendment (#1):	\$22,032.00	\$22,032.00	\$44,064.00	Yes - Info
3. New maximum contract amount:	\$44,064.00			
and/or the termination date of the original contract has changed to:	04/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Las Vegas office must be maintained to a minimum standard of cleanliness.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not employ full time janitorial workers for this type of building.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Xcel Maintenance Services Inc.
American Cleaning Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has proved provide excellent service and provides the required services for the lowest cost.

d. Last bid date: 03/09/2018 Anticipated re-bid date: 03/31/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	bbel1	04/27/2018 14:10:43 PM
Division Approval	bbel1	04/27/2018 14:10:46 PM
Department Approval	bbel1	04/27/2018 14:10:48 PM
Contract Manager Approval	bbel1	04/27/2018 14:10:52 PM
Budget Analyst Approval	mtum1	04/27/2018 14:17:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20032**Agency Name: **GCB - GAMING CONTROL BOARD**Agency Code: **611**Appropriation Unit: **4061-04**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Accurate Building Maintenance LLC**Contractor Name: **Accurate Building Maintenance LLC**Address: **3062 Sheridan St.**City/State/Zip: **Las Vegas, NV 89102**Contact/Phone: **7022208180**Vendor No.: **T81039103**NV Business ID: **NV19991074849**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

To provide janitorial services for the Pilot Road office building.

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 \$1,160.00 per month

Other basis for payment: Extra man hours - \$17 per hour; \$25.50 per hour of overtime

II. JUSTIFICATION

7. What conditions require that this work be done?

Proper cleaning of the Gaming Control Board's Technology Division office is a necessary maintenance function.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained in proper janitorial techniques or handling of cleaning chemicals.

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):

Jan Pro Las Vegas
Aspen Commercial Services
Accurate Building Maintenance
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmacis	05/17/2018 13:30:28 PM
Division Approval	cmacis	05/17/2018 13:30:30 PM
Department Approval	cmacis	05/17/2018 13:30:33 PM
Contract Manager Approval	cmacis	05/17/2018 13:30:35 PM
Budget Analyst Approval	laaron	05/17/2018 13:44:56 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20094**Agency Name: **GCB - GAMING CONTROL BOARD**Agency Code: **611**Appropriation Unit: **4061-30**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Jeanne H. Yamamura**Contractor Name: **Jeanne H. Yamamura**

Address:

City/State/Zip **Reno, NV 89523**Contact/Phone: **775-384-9134**

Vendor No.:

NV Business ID: **NV20101207830**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/23/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **222 days**4. Type of contract: **Contract**Contract description: **Contract for service**

5. Purpose of contract:

This is a new contract to provide ethics training for Gaming Control Board (Board) employees to address ethical standards, issues, and challenges. Training should include Board-specific standards with a focus on common problem areas. The contractor shall also provide ethics training sufficient to satisfy Continuing Professional Education requirements of the Nevada State Board of Accountancy for CPA license renewal. This training should include a review of Nevada ethical standards, and recent and future changes to ethical standards.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$9,000 plus reasonable pre-approved travel and lodging expenses (at the GSA rate).

II. JUSTIFICATION

7. What conditions require that this work be done?

The Gaming Control Board employs Nevada CPAs who are required to obtain 4 continuing education hours in ethics to maintain their licenses

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada State Board of Accountancy requires 4 hours of ethics every two years for licensed CPAs. Board CPAs have already attended the ethics training hosted by the Nevada Ethics Commission and therefore wish to retain the contractor so satisfy the ongoing ethics requirements.

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):

Jeanne H. Yamamura
CPECredit.com
Beacon Hill Financial Educators

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor's price per pupil is less than any other on site option, will customize content to GCB specific ethics concerns. She is a CPA Ethics Professor for UNR, a subject matter expert for Nevada CPAs.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmacis	05/14/2018 16:30:54 PM
Division Approval	cmacis	05/14/2018 16:30:56 PM
Department Approval	cmacis	05/14/2018 16:30:59 PM
Contract Manager Approval	cmacis	05/14/2018 16:31:02 PM
Budget Analyst Approval	laaron	05/23/2018 14:26:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20077**Agency Name: **DPS-EMERGENCY MANAGEMENT**Agency Code: **654**Appropriation Unit: **3673-53**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Alertsense, Inc.

Contractor Name: **Alertsense, Inc.**Address: **6149 N Meeker Pl.
Suite 250**City/State/Zip: **Boise, ID 83713**Contact/Phone: **Brendon Longley 801-699-4918**Vendor No.: **T29040481**NV Business ID: **NV20141478483**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/16/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2019**Contract term: **1 year and 107 days**4. Type of contract: **Contract**Contract description: **public alert**

5. Purpose of contract:

This is a new contract to provide continued web portal access to the Integrated Public Alert & Warning System (IPAWS) which includes 12 collaborative operating groups with unlimited administrators, notifications and alerts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,950.00**

Other basis for payment: per consideration section of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is required to have an Integrated Public Alert and Warning (IPAWS) system, as identified in Title 47 CFR, Chapter 73, Part 11. Alert Sense is the common operational platform from which public warning is made and has been in use by the state. It uses a Common Alerting Protocol (CAP) required by law.

The Emergency Alert System, or EAS, is a network of radio and television stations, cable television operators and IPTV services (EAS Participants) that is available 24/7/365 to local, state and federal officials to inform the public of a pending emergency, disaster or crises. This network is available at no charge because providers buy their own specialized EAS equipment, pay to maintain it and train their staff to understand the purpose and use of EAS. In addition, the broadcasters and other providers set aside program time in their weekly schedules for routine testing which ensures that the system is always ready for use. The Federal Communications Commission set up a national framework for EAS for National, Presidential warnings while allowing each state to build its own EAS plan tailored to local needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within the Division of Emergency Management use the AlertSense Software and cannot access the EAS without this interface. Further, this interface is technically linked to other devices and systems which initiate the EAS and this cannot be done by a person. There are no other state agencies who have the statutory authority to initiate an EAS and manage the program.

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):

ComLabs
Intermedix
AlertSense

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

AlertSense was the initial vendor chosen by Washoe County. The Division is taking over the service and additional vendors solicited never responded after numerous attempts. The Division will be releasing a RFP for continued 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?

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:

Judith Lyman, MA1 Ph: 775-687-0324

Kelli Baratti, Planning & Operations Ph: 775-687-0310

Eric Wilson, ASO1 Ph: 775-687-0316

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

jlun1

05/11/2018 11:32:29 AM

Division Approval	nkephart	05/11/2018 13:09:38 PM
Department Approval	mcar2	05/14/2018 08:21:00 AM
Contract Manager Approval	mcar2	05/14/2018 08:22:45 AM
Budget Analyst Approval	jrodrig9	05/16/2018 19:50:19 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20083**Agency Name: **DPS-FIRE MARSHAL**Agency Code: **656**Appropriation Unit: **4728 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **FEDERAL RESOURCES SUPPLY CO**Contractor Name: **FEDERAL RESOURCES SUPPLY CO**Address: **235G Log Canoe Circle**City/State/Zip: **Stevensville, MD 21666**Contact/Phone: **Robby Thayer 702-267-2244**Vendor No.: **T29036483A**NV Business ID: **NV20151711101**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % License plate fee
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/16/2018**Anticipated BOE meeting date **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **229 days**4. Type of contract: **Contract**Contract description: **DECON-IQ Training**

5. Purpose of contract:

This is a new contract to provide for a Hazardous Material Training course (HazMatIQ Decon IQ).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,850.00**

Payment for services will be made at the rate of \$3,950.00 per Day

II. JUSTIFICATION

7. What conditions require that this work be done?

Hazmat training requires certified instructors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hazmat Training is very specialized and requires certified instructors.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):

**Federal Resources
Alliance Solutions
Emery Safety**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the lowest bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

DPS contacted the Secretary of State Business License office and was told that NRS 76.100 does not require the out of state business to obtain a business license when they are conducting business in the State of NV less than 30 days. The vendor will be providing setup and on site training for less than 30 days and a business license is not a requirement.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nkephart	05/11/2018 12:55:02 PM
Division Approval	nkephart	05/11/2018 12:55:05 PM
Department Approval	mcar2	05/14/2018 12:25:29 PM
Contract Manager Approval	mcar2	05/14/2018 12:25:32 PM
Budget Analyst Approval	jrodrig9	05/16/2018 19:42:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20047**Agency Name: **DCNR - CONSERVATION & NATURAL RESOURCES**Agency Code: **700**Appropriation Unit: **4144-50**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Dielco Crane Service**Contractor Name: **Dielco Crane Service**

Address:

City/State/Zip **Las Vegas, NV 89118**Contact/Phone: **Mike Jackman 702-364-5000**

Vendor No.:

NV Business ID: **NV19811000543**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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/15/2018**Contract term: **83 days**4. Type of contract: **Contract**Contract description: **Load/Unload Caboose**

5. Purpose of contract:

This is a new contract to provide crane services to load and unload a train caboose transported to the Elgin School House.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,720.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

We need to move a caboose to one of the locations - Elgin Schoolhouse

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the equipment9. 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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The lowest 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?

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:

Marc Lepire, Supervisor Ph: 775-684-2791

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/04/2018 09:58:15 AM
Division Approval	sdecrona	05/04/2018 10:02:39 AM
Department Approval	sdecrona	05/04/2018 10:02:42 AM
Contract Manager Approval	sdecrona	05/04/2018 10:02:45 AM
Budget Analyst Approval	mtum1	05/23/2018 12:22:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19972**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4462-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GoHunt LLC**Contractor Name: **GoHunt LLC**Address: **6595 S Jones Boulevard**City/State/Zip: **Las Vegas, NV 89118**Contact/Phone: **Chris Porter 702-575-1844**

Vendor No.:

NV Business ID: **NV20131538171**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Resource Enhancement Stamp
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **18-51**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/04/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/10/2019**Contract term: **341 days**4. Type of contract: **Contract**Contract description: **Marketing Services**

5. Purpose of contract:

This is a new contract for the marketing of Resource Enhancement Stamp and Dream Tag programs for the Department.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$0.00 per 0.00

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

This work will provide an outreach to the public to increase awareness of the Resource Enhancement Stamp and Dream Tag programs.

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 proper equipment or trained personnel to complete this work.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Abbi Agency
Kalkomey Enterprises
GoHunt

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor possessed expertise and experience marketing these products that other vendors did not.

d. Last bid date: Anticipated re-bid date: 01/10/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	tdoucett	04/19/2018 15:08:12 PM
Division Approval	gpincoli	04/23/2018 09:12:19 AM
Department Approval	eobrien	04/23/2018 16:13:21 PM
Contract Manager Approval	eobrien	05/02/2018 13:29:01 PM
Budget Analyst Approval	cpalme2	05/04/2018 08:45:41 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16170**Amendment Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity Name: **OREGON STATE UNIVERSITY**Agency Code: **702**Contractor Name: **OREGON STATE UNIVERSITY**Appropriation Unit: **4464-13**Address: **PO BOX 1086**Is budget authority available?: **Yes**City/State/Zip: **CORVALLIS, OR 97339-1086**

If "No" please explain: Not Applicable

Contact/Phone: **541/737-0644**Vendor No.: **T27021334**NV Business ID: **GOVERNMENT ENTITY**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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **15-13**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2014**Anticipated BOE meeting date **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **07/30/2019**Contract term: **4 years and 238 days**4. Type of contract: **Interlocal Agreement**Contract description: **TERRESTRIAL SURVELLI**

5. Purpose of contract:

This is the first amendment to the original interlocal contract which provides terrestrial surveillance and diagnostic services for wildlife health. This amendment corrects the termination date in CETS from July 30, 2019 to June 30, 2019 as written in the original agreement, and increases the maximum amount from \$20,000 to \$40,000 due to an increased volume of testing.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$40,000.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

These services are necessary for the state vet to determine wildlife health.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized lab equipment and expertise that state employees are unable to perform.

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? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
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	eobrien	05/16/2018 14:51:02 PM
Division Approval	eobrien	05/16/2018 14:51:05 PM
Department Approval	eobrien	05/16/2018 14:51:08 PM
Contract Manager Approval	nrob1	05/16/2018 15:06:36 PM
EITS Approval	lolso3	05/23/2018 15:37:05 PM
Budget Analyst Approval	cpalme2	05/23/2018 16:03:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19612**Amendment Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4467-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **U.S. FOREST SERVICE,**Contractor Name: **U.S. FOREST SERVICE,**
Address: **HUMBOLDT-TOIYABE NF**
1200 FRANKLIN WAYCity/State/Zip: **SPARKS, NV 89431**Contact/Phone: **BYRON KEELY 775-352-1223**

Vendor No.:

NV Business ID: **GOVERNMENT ENTITY**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 % Habitat Conservation
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **18-42**

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 **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **11/20/2021**Contract term: **3 years and 299 days**4. Type of contract: **Interlocal Agreement**Contract description: **Habitat Restoration**

5. Purpose of contract:

This is the first amendment to the original interlocal contract to provide ecological restoration to wildlife habitat. This amendment increases the contract amount from \$9,900 to \$14,900 due to the need for increased monitoring activities.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,900.00	\$9,900.00	\$9,900.00	No
2. Amount of current amendment (#1):	\$5,000.00	\$14,900.00	\$14,900.00	Yes - Info
3. New maximum contract amount:	\$14,900.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat degradation within the jurisdiction of the United States Forest Service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

USFS has the technical knowledge, expertise, and experienced staff to accomplish the work that NDOW employees do not have the ability to conduct for habitat restoration projects.

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 another governmental agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	05/07/2018 08:42:02 AM
Division Approval	eobrien	05/09/2018 15:21:59 PM
Department Approval	eobrien	05/09/2018 15:22:02 PM
Contract Manager Approval	nroble1	05/16/2018 15:07:27 PM
Budget Analyst Approval	mtum1	05/18/2018 09:35:24 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20011**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **5 Star Grand Canyon Helicopter Tours, LLC**Contractor Name: **5 Star Grand Canyon Helicopter Tours, LLC**Address: **1421 Airport Road #110**City/State/Zip: **Boulder City, NV 89005**Contact/Phone: **Jeff Young 951-500-2072**

Vendor No.:

NV Business ID: **NV20111739544**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/02/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/11/2020**Contract term: **2 years and 10 days**4. Type of contract: **Revenue Contract**Contract description: **Helicopter Weddings**

5. Purpose of contract:

This is a new revenue contract to provide helicopter weddings at the Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Vendor wants to provide helicopter wedding services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA9. 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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract since May 2015 at the Valley of Fire 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:

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:

Jim Hammons, Park Supervisor Ph: 702397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/25/2018 12:29:34 PM
Division Approval	sdecrona	04/25/2018 12:29:37 PM
Department Approval	sdecrona	04/25/2018 12:29:39 PM
Contract Manager Approval	sdecrona	04/25/2018 12:29:41 PM
Budget Analyst Approval	cpalme2	05/02/2018 12:43:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20128**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Michael D. Shields Technical Consultant

Contractor Name: **Michael D. Shields Technical Consultant**Address: **PO Box 4787**City/State/Zip: **Palmer , AK 99645-4787**

Contact/Phone: Michael Shields 907-746-2515

Vendor No.:

NV Business ID: NV20181172143

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/16/2018**

Anticipated BOE meeting date 07/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/22/2018**Contract term: **6 days**4. Type of contract: **Contract**Contract description: **Trail Design Consult**

5. Purpose of contract:

This is a new contract to provide trail design and layout workshops at Walker River State Recreation Area for the agency and their partners.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: for 10 people or less for \$4,100; for 20 people or less \$7,500; or 30 people or less for \$10,000

II. JUSTIFICATION

7. What conditions require that this work be done?

New park trail layout and construction.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the time or expertise to instruct the parks to build and layout park trails.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):

Jon Underwoodb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The experience, availability and cost.

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:

Janice Keilor, Park & Rec Program Mngr Ph: 775-684-2787

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/18/2018 07:57:11 AM
Division Approval	sdecrona	05/18/2018 07:57:14 AM
Department Approval	sdecrona	05/18/2018 07:57:16 AM
Contract Manager Approval	sdecrona	05/18/2018 07:57:20 AM
Budget Analyst Approval	cpalme2	05/24/2018 16:09:16 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20025**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: **BUDGET DRILLING, LLC**Contractor Name: **BUDGET DRILLING, LLC**Address: **1170 DARCY LANE**City/State/Zip: **PAHRUMP, NV 89060-3890**Contact/Phone: **Sam Robinson 702-306-2138**Vendor No.: **T27035261**NV Business ID: **NV20121032781**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 % Utility Surcharge

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/01/2021**Contract term: **2 years and 359 days**4. Type of contract: **Contract**Contract description: **On Call repair**

5. Purpose of contract:

This is a new contract to provide on call services for well repairs at the Valley of Fire State Park and Spring Mountain Ranch State Park.

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?

We need maintenance and emergency services for water wells.

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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They were the lowest responding vendor.

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:

Tony Howerton, Facility Manager Ph: 702-486-5126

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/01/2018 10:03:40 AM
Division Approval	sdecrona	05/01/2018 10:03:44 AM
Department Approval	sdecrona	05/01/2018 10:03:47 AM
Contract Manager Approval	sdecrona	05/02/2018 13:50:29 PM
Budget Analyst Approval	cpalme2	05/08/2018 13:13:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19968**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4174-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Johnson Perkins Griffin LLC**Contractor Name: **Johnson Perkins Griffin LLC**Address: **245 E Liberty St Ste 100**City/State/Zip: **Reno, NV 89501-2277**Contact/Phone: **Stephen R Johnson 775/322-1155**Vendor No.: **T29038043**NV Business ID: **NV20151108081**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 % LAND MANAGEMENT REVOLVING FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/27/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2019**Contract term: **338 days**4. Type of contract: **Contract**Contract description: **APPRAISAL SERVICES**

5. Purpose of contract:

This is a new contract to provide appraisal services to determine fair market rental value of the submerged lands and the structures that occupy the submerged land in Lake Tahoe.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Payment due within 30 days after receipt of appraisal report and invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 322.100, Authorizes the State Land Registrar to charge a fee for the issuance of a permit, license or other authorizations in such an amount as the State Land Registrar determines to be reasonable based upon the fair market value of the use. SB 512, Chapter 366, 79th Session 2017, requires the State Land Registrar to establish certain fees by regulation for the use of state lands. This appraisal will be used as a critical tool in this process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Division of State Lands' staff do not possess the necessary qualification to complete this type of work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Stephen R. Johnson, Johnson Perkin Griffin LLC
Charles E. Jack, Integra Realty Resources
Anthony J. Wren, Anthony J Wren & Associates

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The cost of the appraisal and processing time were desirable and deemed preferred.

d. Last bid date: 02/22/2018 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:

This contractor has been used by the following agency over the last 5 years; including: Nevada State Parks, Nevada Department of Transportation, Nevada's Attorney General's Office, and the Division of State Lands. All agencies report services to be satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Brenda Swart, Land Agent III Ph: 775-684-2735

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	04/16/2018 10:35:30 AM
Division Approval	bre00	04/16/2018 10:35:33 AM
Department Approval	kwilliam	04/17/2018 17:36:51 PM
Contract Manager Approval	bre00	04/19/2018 12:55:32 PM
Budget Analyst Approval	cmurph3	04/27/2018 10:31:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20073**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4206-37**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TAHOE INSTITUTE FOR NATURAL SCIENCE**Contractor Name: **TAHOE INSTITUTE FOR NATURAL SCIENCE**Address: **948 INCLINE WAY**City/State/Zip: **INCLINE VILLAGE, NV 89451-9527**Contact/Phone: **WILL RICHARDSON 530/412-2792**Vendor No.: **T32006582**NV Business ID: **NV20101258657**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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 47 days**4. Type of contract: **Contract**Contract description: **LT Satin Moth Study**

5. Purpose of contract:

This is a new contract to conduct a three-year scientific study on the effects of the invasive white satin moth on bird communities at Lake Tahoe Nevada State Park. This project will be the first to document such effects, and will give the state of Nevada the best opportunity to make appropriate management decisions regarding the invasive moth in the future.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,900.00**

Other basis for payment: Quarterly payments for work completed.

II. JUSTIFICATION

7. What conditions require that this work be done?

Due many ecological benefits, aspens were identified in the Lake Tahoe Watershed Assessment as "Ecologically Significant", yet aspen occupy less than two percent of the landscape in the Lake Tahoe Basin. The invasive White Satin Moth first appeared at Lake Tahoe in the early 2010s, and since that time, the moth population has grown to 226 acres within the Lake Tahoe Nevada State Park, and has caused severe defoliation in many areas of the North Canyon and Marlette Lake aspen complexes. The effects of White Satin Moth infestation and defoliation on bird communities have not been studied in North America, but are likely to be very significant at Lake Tahoe and throughout the West. These impacts demand our attention so that we are better prepared to manage our aspen forests in light of a non-native pest that will likely be part of the Lake Tahoe environment forever.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The workload for this project includes 729 discrete bird survey events and 243 discrete habitat assessments over three field seasons, in addition to data management and advanced statistical analyses. The Nevada Tahoe Resource Team personnel do not have adequate time to assume this additional workload.

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 #: 180501

Approval Date: 05/05/2018

c. Why was this contractor chosen in preference to other?

The principal contact for Tahoe Institute for Natural Science, Dr. Will Richardson has been conducting point-count bird surveys in aspen stands at Lake Tahoe since 2002. Much of the data collected were from parts of the Lake Tahoe Nevada State Parks prior to the moth infestation, and represents "pre-infestation" data. This type of data is an essential baseline with which to compare bird data that will be collected under this contract. Dr. Richardson's intimate knowledge of the methods, locations, and intricacies of the previously collected data make Dr. Richardson uniquely qualified to perform this work. In wildlife biology, having the same researcher conduct surveys over time is beneficial for data continuity, and minimizes bias that could be introduced by somebody unfamiliar with the methods originally used or somebody with a different ability to identify bird species by sight and sound. In addition, Dr. Richardson's commitment of 35 days per summer field season to a single project is unlikely to be met by any other vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Mark Enders, Biologist III Ph: 775-684-2742

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	bre00	05/10/2018 09:42:07 AM
Division Approval	bre00	05/10/2018 09:42:09 AM
Department Approval	kwilliam	05/10/2018 10:32:25 AM
Contract Manager Approval	bre00	05/10/2018 11:57:57 AM
Budget Analyst Approval	cpalme2	05/14/2018 15:57:09 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#: **180501**

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>Nevada Division of State Lands/ Nevada Tahoe Resource Team (NTRT)</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Mark Enders, wildlife biologist/NTRT</i>	<i>(775) 684-2742</i>	<i>menders@ndow.org</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Tahoe Institute for Natural Science</i>
	Contact Name:	<i>Will Richardson</i>
	Address:	<i>948 Incline Way, Incline Village, NV, 89451</i>
	Telephone Number:	<i>(775) 298-0060</i>
	Email Address:	<i>will @tinsweb.org</i>

1c	Type of Waiver Requested - Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

1d	Contract Information:			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
	Amendment:	#		
	CBTS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>May 15, 2018</i>	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>Tahoe Bonds</i>

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:	
	<i>\$49,900.00</i>	

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>This purpose of this contract is for Tahoe Institute for Natural Science to perform a three-year study on the effects of white satin moth infestations on bird communities at Lake Tahoe. This invasive moth species has caused significant aspen defoliation and mortality in Lake Tahoe Nevada State Park since the early 2010s, and this project will be the first to document impacts to bird communities that rely on aspen habitats at Lake Tahoe. Field work will be performed for three years at eight separate Lake Tahoe locations: Fountain Place, Glenbrook Creek, Logan House Creek, Marlette Lake, North Canyon, Secret Harbor Creek, Tunnel Creek, and Ward Canyon. Point-count bird surveys will be conducted three times per year at each location, and aspen habitat assessments will be conducted once per year to quantify which major structural characteristics have a logical relationship with bird abundance and diversity. Upon completion of all field work, statistical analyses will be performed to engender useful estimates of bird abundance, species richness, habitat relationships, and satin moth effects, and a final report containing all relevant conclusions will be submitted.</i></p>
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3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>The principal contact for Tahoe Institute for Natural Science, Dr. Will Richardson, has been conducting point-count bird surveys in aspen stands at Lake Tahoe since 2002. Much of these data were collected from parts of Lake Tahoe Nevada State Park prior to the moth infestation, and represent "pre-infestation" data. This type of "pre-infestation" data is an essential baseline with which to compare bird data that will be collected under this proposed contract, and his intimate knowledge of the methods, locations, and intricacies of the previously-collected data makes Dr. Richardson uniquely qualified for this contract. In wildlife biology, having the same researcher conduct surveys over time is beneficial for data continuity, and minimizes bias that could be introduced by somebody unfamiliar with the methods that were originally used or by somebody with a different ability to identify bird species by sight and sound. There is nobody more qualified to conduct this study than Dr. Richardson. He is the foremost expert on bird communities in aspen stands in the Sierra Nevada; his Ph.D. dissertation, published in 2007 at the University of Nevada, Reno, was titled, "Avian use, nest-site selection, and nesting success in Sierra Nevada aspen." In addition to his unparalleled familiarity with bird ecology at Lake Tahoe, Dr. Richardson is also uniquely qualified for this contract because he is committing approximately 35 days per summer field season to this single project for the next three years, which is a time commitment unlikely to be met by any other vendor.</i></p>
---	---

4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>This service cannot be competitively bid because a robust comparison of bird communities from before and after white satin moths appeared at Lake Tahoe is dependent on the vendor possessing an adequate knowledge of bird ecology in Lake Tahoe's aspen habitats. Dr. Richardson's skill set and experience will give him the best opportunity to draw meaningful conclusions about the satin moth's impacts to bird communities at Lake Tahoe, and will give the state of Nevada the best opportunity to make appropriate management decisions in infested areas of Lake Tahoe Nevada State Park.</i></p>
---	--

5	<p>Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p>
	<p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p>
	<p>b. <i>If not, why were alternatives not evaluated?</i></p>

No alternatives were thoroughly evaluated because no other vendor possesses abundant, standardized bird data from aspen communities on the east shore of Lake Tahoe, including Lake Tahoe Nevada State Park, prior to the arrival of white satin moths.

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)	
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	If the waiver request is denied, the immediate consequence would be that project initiation would be delayed until 2019. It is imperative that the project commence in 2018 in order to collect bird data following the devastating aspen defoliation that occurred in 2017. A subsequent consequence could arise if the vendor's interest in the project wanes due to the extra processes, which could lead to a cancellation of the project altogether, although this subsequent consequence is only hypothetical.

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?
	The biological community at Lake Tahoe is relatively small, and Nevada Department of Wildlife biologists are aware of most wildlife monitoring activities at Lake Tahoe. To our personal knowledge, there is no other vendor that possesses the skill set and experience that is necessary to conduct this study. Moreover, the current contract amount of \$49,900 for a three-year study, to be completed by one of the region's best bird experts, is most definitely fair and reasonable (based on personal experience).

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs.				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Mark Enders

Print Name of Agency Representative Initiating Request

5/1/2018

Date



Signature of Agency Head Authorizing Request

Charles Donohue Administrator

Print Name of Agency Head Authorizing Request

5/1/18

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

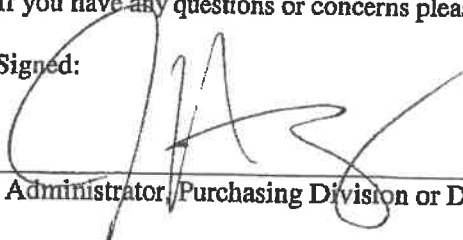
Print Name of Representative Providing Review

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:



Administrator, Purchasing Division or Designee

5-5-2018

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19992**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3193-06**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ENVIRONMENTAL INCENTIVES**Contractor Name: **ENVIRONMENTAL INCENTIVES**Address: **3351 LAKE TAHOE BLVD., SUITE 2**City/State/Zip: **SOUTH LAKE TAHOE, CA 96150-7920**Contact/Phone: **Chad Praul 530/541-2980**Vendor No.: **PUR0005645**NV Business ID: **NV20101203250**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **DEP 18-029**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2018**Contract term: **237 days**4. Type of contract: **Contract**Contract description: **Program Management**

5. Purpose of contract:

This is a new contract to provide support to the Lake Tahoe Total Maximum Daily Limit Program. The project will evaluate and identify the most viable options to resolve concerns associated with road condition assessment protocols and baseline road condition adjustments for incorporation into program policy and guidance documentation upon executive approval.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,662.00**

Other basis for payment: Quarterly

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Environmental Protection Agency provides federal Clean Water Act Section 106 funds to the State of Nevada, Division of Environmental Protection to provide statewide protection and improvements in water quality.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDEP requires additional expertise to continue development of the Lake Tahoe Clarity Crediting Program (a tool that will assist the local jurisdictions in implementing the Lake Tahoe TMDLs).

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):

Northwest Hydraulics Consultants
Environmental Incentives LLC
2nd Nature

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 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:

Jason Kuchnicki, Environmental Scientist Ph: 775-687-9450

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	04/27/2018 10:59:54 AM
Division Approval	pcomba	05/07/2018 09:52:49 AM
Department Approval	pcomba	05/07/2018 09:52:56 AM
Contract Manager Approval	mhilk1	05/07/2018 10:22:44 AM
Budget Analyst Approval	cpalme2	05/08/2018 13:04:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19924**Agency Name: **B&I - INDUSTRIAL RELATIONS DIV**Agency Code: **742**Appropriation Unit: **4680-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Taylor-Walker Consulting LLC

Contractor Name: **Taylor-Walker Consulting LLC**Address: **7681 South Main Street****PO Box 156**City/State/Zip: **Midvale, UT 84047**Contact/Phone: **Scott Garduno, Managing Member 801-562-5748**

Vendor No.:

NV Business ID: **NV20161048440**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 % Allocation from Fund for Workers' Compensation and Safety

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 38 days**4. Type of contract: **Contract**Contract description: **Ann. Actuarial Table**

5. Purpose of contract:

This is a new contract to provide actuarial services related to the annual adjustment and update to the actuarial annuity table as required by NRS 616C.495(5). The table is used to calculate the present value of lump sum payments of permanent partial disability awards to injured workers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$3,000.00 per year

Other basis for payment: Per completion of the annual work product as described in the scope of work.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statute (NRS) 616C.495 requires the Administrator of the Division of Industrial Relations to update the actuarial table used to calculate lump sum payments to permanently partially disabled injured workers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Industrial Relations, Workers' Compensation Section, does not employ actuaries which are required to perform the statutorily required tasks described above.

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):

Taylor-Walker Consulting, LLC
Milliman Inc
Oliver Wyman Actuarial Consulting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was a qualified vendor who submitted the lowest bid.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

2003-Present:

As a vendor:

Clark County Nevada Department of Finance, Risk Management and Safety - administers self-insured general liability, workers' compensation, and group health and life insurance pools that cover the County's exposures including a county-operated hospital.

Las Vegas Metropolitan Police Dept - conducts loss and LAE reserve and funding studies for the LVMPD's general liability, automobile liability and workers' compensation self-insured pools.

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 currently has two contracts with the Department of Business and Industry, Division of Insurance. Contract # 15485 was effective 06/12/2014 and ends 06/30/18. Contract # 16044 was effective 11/12/2014 and ends 09/30/18. Vendor has had contracts with the Division of Insurance since 1994.

14. Is the contractor currently involved in litigation with the State 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:

Ruth Ryan, Chief, Research & Analysis Ph: 702-486-9118

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

ljon13

05/11/2018 16:03:21 PM

Division Approval

ljon13

05/22/2018 11:13:24 AM

Department Approval	jhanse4	05/22/2018 11:17:33 AM
Contract Manager Approval	rryan	05/22/2018 12:37:26 PM
Budget Analyst Approval	lfree1	05/24/2018 10:11:15 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19910**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ABC FIRE AND CYLINDER SERVICE**Contractor Name: **ABC FIRE AND CYLINDER SERVICE**Address: **1025 TELEGRAPH ST**City/State/Zip: **RENO, NV 89502**Contact/Phone: **Glenn Brown 702-856-1553**Vendor No.: **T81093069**NV Business ID: **NV19861017903**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprises Set Aside

Agency Reference #: **3232-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years and 55 days**4. Type of contract: **Contract**Contract description: **Fire System Monitori**

5. Purpose of contract:

This a new contract to provide Fire Alarm/Fire Security monitoring, maintenance and repair: to include annual inspection and testing of fire suppression systems, Gaylord Quencher Systems, hood cleaning services and ANSUL certification at existing Business Enterprises of Nevada (BEN) site locations for the Hoover Dam/Arizona site.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Cost: Fire Monitoring: one-time fee: \$1,000.00/location, Annual 365 days monitoring: \$495.00/location; Fire Alarm Systems: Annual Fire Panel Testing: \$350.00/Location; Annual Devices Testing-Smokes, Pull-Stations and Horn/Strobes: \$5.00/device; Fire Suppression Systems, Semi-Annual Testing: \$155.00/system; Semi-Annual Device or Nozzle Testing: \$5.00/system; Hoods and Filters: Semi-Annual Testing: \$155.00/hood, Quarterly Filter Cleaning, Inspection: \$10.00/filter; Gaylord Quencher: Quarterly Inspection: \$350.00/system; Other labor/repair; Mon-Fri 7:00 a.m. - 6:00 p.m.: \$121.00/hour; Afterhours/Weekend \$181.00 hour; parts and materials at a cost not to exceed 20% above the Vendors cost. Total contract not to exceed: \$20,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Services to the Blind and Visually Impaired/Business Enterprises of Nevada has facilities containing ANSUL system, Gaylord Quencher, oven/fire hood and fire extinguishers which require mandatory regular inspections and periodic maintenance and repairs.

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 necessary training required to perform these services

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

End 2 End Technologies
ABC FIRE
Certified Fire Protection
Ace Fire Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only qualified response to solicitation.

d. Last bid date: 03/07/2018 Anticipated re-bid date: 03/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been providing satisfactory services to Department of Motor Vehicles, Adjunct General/National Guard and State Public Works since December 2000.

14. Is the contractor currently involved in litigation with the State 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:

David Furse , BEO II Ph: 702-486-2960

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/03/2018 09:03:15 AM
Division Approval	kdesoci1	04/26/2018 16:59:49 PM
Department Approval	kdesoci1	04/26/2018 16:59:51 PM
Contract Manager Approval	kdesoci1	04/26/2018 16:59:53 PM
Budget Analyst Approval	tgreenam	05/07/2018 08:13:26 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19930**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ADVANCED PRO REMEDIATION LLC**Contractor Name: **ADVANCED PRO REMEDIATION LLC**Address: **DBA ADVANCED PRO RESTORATION
5961 MCLEOD DR**City/State/Zip: **LAS VEGAS, NV 89120-3404**Contact/Phone: **Dayna Fualaau 702/252-0880**Vendor No.: **T27038055**NV Business ID: **NV20031177584**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3222-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years and 55 days**4. Type of contract: **Contract**Contract description: **Adv. Pro Handyma**

5. Purpose of contract:

This is a new contract to provide on-going Handyman services for Business Enterprise of Nevada facilities located in southern Nevada, on an as needed bases.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Monday-Friday 8:00am-5:00pm;\$65.83 per hour;Saturday or After hours:\$98.75 per hour;Sunday & holidays,\$131.66 per hour. parts and materials shall be listed on the estimate and invoice at a cost not to exceed 20% above Vendors cost. Payment upon approval of detailed invoice by authorized BEN Staff. Total cost not to Exceed \$24,500.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program sites have on-going needs of general-purpose construction services and repairs in order to maintain the sites without interruptions of services to the public and building staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the expertise or licensing or tools to undertake general purpose construction services and repairs.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Advanced Pro Restoration
TruGreen Commercial
Redesigning Surfaces Inc.
Smart Cleaning Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Cost, qualified vendor.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 03/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has provided satisfactory services to Rehabilitation since 2016.

14. Is the contractor currently involved in litigation with the State 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:

David Furse, BSO II Ph: 702-486-2960

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/16/2018 10:56:23 AM
Division Approval	kdesoci1	04/23/2018 10:41:24 AM
Department Approval	kdesoci1	04/23/2018 10:41:26 AM
Contract Manager Approval	kdesoci1	04/23/2018 10:48:55 AM
Budget Analyst Approval	tgreenam	05/07/2018 08:02:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19889**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ELLIOTT, ROBERT DBA**Contractor Name: **ELLIOTT, ROBERT DBA**Address: **BRIGHT CLEANING SRVC
1913 Nature Park Drive
NORTH LAS VEGAS, NV 89084**City/State/Zip: **NORTH LAS VEGAS, NV 89084**Contact/Phone: **Robert Elliott 702/242-5888**Vendor No.: **T29036104**NV Business ID: **NV20121120572**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 % Business Enterprise Set-Aside**Agency Reference #: **3219-21-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **LV Commercial Clean**

5. Purpose of contract:

This is a new contract to provide ongoing commercial kitchen cleaning services for the Business Enterprise of Nevada facilities located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Cost of \$20.00/hour for services performed between standard working hours of 8:00am and 5:00pm, Monday through Friday; \$30.00/hour for services performed outside of standard working hours and weekends; \$40.00/hour for holidays. A trip charge of \$50.00 per service call for BEN sites 03, 13 and 23. Costs for parking at the Hoover Dam will be reimbursed upon approval of submitted original parking receipts. Parts/Materials shall not be invoiced at more than 20% above vendor's cost. Invoices payable only upon approval by authorized staff. Total Contract not to exceed \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has a substantial inventory of equipment at various sites that require thorough cleaning for the health and safety of staff and customers and to meet the city, county and state health codes.

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 and experience involved in the thorough cleaning required of 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):

A to Z Environmental Services
Bright Cleaning Service
Green Clean Commercial Cleaning Svc
Commercial Cleaning Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost qualified vendor

d. Last bid date: 02/01/2018 Anticipated re-bid date: 04/01/2022

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:

This vendor has been providing satisfactory service to DETR since May 2015

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

David Furse, BEO II Ph: 702-486-2960

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/04/2018 13:14:10 PM
Division Approval	kdesoci1	04/13/2018 15:20:25 PM
Department Approval	kdesoci1	04/13/2018 15:20:27 PM
Contract Manager Approval	kdesoci1	04/13/2018 15:20:30 PM
Budget Analyst Approval	tgreenam	04/20/2018 10:52:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19970**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-TMCC**Contractor Name: **BOARD OF REGENTS-TMCC**Address: **TMCC CONTROLLERS OFFICE
7000 DANDINI BLVD**City/State/Zip: **RENO, NV 89512**Contact/Phone: **LAURA VARGAS 775-673-7155**Vendor No.: **D35000812**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: **3221-19-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 51 days**4. Type of contract: **Interlocal Agreement**Contract description: **2018-2019 TMCC PETS**

5. Purpose of contract:

This is a new intralocal agreement that provides ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 during the 2018 Summer Break and the 2019 Spring Break; which will provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,588.00**

Other basis for payment: SUMMER 2018 Fixed Cost: \$6,928.00; Variable Cost: \$21,960.00 (20 students max); SUMMER 2018 Total: \$28,888.00; and SPRING 2019 Fixed Cost: \$3,050.00; Variable Cost: \$12,650.00 (50 Student max); SPRING 2019 Total: \$15,700.00; with the total Contract not to exceed \$44,588.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under multiple contracts with Vocational Rehabilitation since May 2003 and has been providing satisfactory service for the entire time.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	05/01/2018 08:10:58 AM
Division Approval	kdesoci1	05/04/2018 10:33:58 AM
Department Approval	kdesoci1	05/04/2018 10:34:01 AM
Contract Manager Approval	swilli31	05/07/2018 09:00:47 AM
Budget Analyst Approval	tgreenam	05/10/2018 11:17:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19916**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNLV**Contractor Name: **BOARD OF REGENTS-UNLV**Address: **UNLV OFFICE OF CONTROLLER
4505 MARYLAND PKWY MS 1005**City/State/Zip: **LAS VEGAS, NV 89154-1005**Contact/Phone: **Josh Baker 702-895-3238**Vendor No.: **D35000813**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: **3233-19-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 54 days**4. Type of contract: **Interlocal Agreement**Contract description: **2018 UNLV FOCUS**

5. Purpose of contract:

This is a new interlocal agreement that continues to provide Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,165.72**

Other basis for payment: Fixed Costs: \$17,617.30; Variable Costs (based on 20 student max): \$343.11/camper+10% service charge or \$7,548.42. Invoices payable upon approval by authorized personnel. Contract not to exceed: \$25,165.72

II. JUSTIFICATION

7. What conditions require that this work be done?

Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on some expenses

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory services to DETR and other agencies since 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/04/2018 13:11:18 PM
Division Approval	kdesoci1	04/26/2018 15:18:24 PM
Department Approval	kdesoci1	04/26/2018 15:18:30 PM
Contract Manager Approval	kdesoci1	04/26/2018 15:24:15 PM
Budget Analyst Approval	tgreenam	05/07/2018 08:06:03 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19848**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-25**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **BOARD OF REGENTS-UNR**Contractor Name: **BOARD OF REGENTS-UNR**
Address: **UNR CONTROLLERS OFFICE**
MAIL STOP 0124City/State/Zip: **Reno, NV 89557-01**Contact/Phone: **Mary Bryant 775-682-9057**Vendor No.: **D35000816**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3225-21-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2020**Contract term: **2 years and 83 days**4. Type of contract: **Interlocal Agreement**Contract description: **Pathway2Independence**

5. Purpose of contract:

This is a new interlocal agreement that provides employment opportunities for eligible clients who have written Individual Plans of Employment specifying the need for supported or customized employment. Participants must be eligible for Regional Center services and enrolled in the Pathway to Independence 2-year program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Costs are per client and payment(s) will be made upon approval of submitted detailed invoice(s). Pre-Phase 1: Upon Completion of Client Site Assessments -\$500.00; Video Resume (per resume) - \$200.00; Vocational Assessment/Evaluation/Portfolio -\$1,200.00. Phase 1 (Intake/Acceptance) - \$400.00. Phase 2 (Job Placement) -\$1,800.00. Phase 3 (Retention and Monitoring): 30-day - \$500.00; 60-day - \$400.00; 90-day - \$800.00. Job Coaching may be provided with prior written approval from the State on a per client basis at a cost not to exceed \$23.50 per hour. The total contract amount shall not exceed \$45,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Vocational Rehabilitation clients typically lack the necessary job seeking skills to bridge their disability to the work force. UNR, as a partner in the community, is working with us to help bridge this gap for our clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources to tailor the class to the specific needs of persons with disabilities.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Board of Regents - UNR has been under contract with various State agencies since 2003 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	05/01/2018 08:13:17 AM
Division Approval	kdesoci1	05/04/2018 10:35:46 AM
Department Approval	kdesoci1	05/04/2018 10:35:48 AM
Contract Manager Approval	swilli31	05/07/2018 08:43:17 AM
Budget Analyst Approval	tgreenam	05/10/2018 11:09:50 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18922**Amendment Number: **1**Agency Name: **DETR - REHABILITATION DIVISION**Legal Entity Name: **BOARD OF REGENTS-WNC**Agency Code: **901**Contractor Name: **BOARD OF REGENTS-WNC**Appropriation Unit: **3265-09**Address: **FOUNDATION
2201 W COLLEGE PKWY BRIS 147
CARSON CITY, NV 89703-7316**Is budget authority available?: **Yes**City/State/Zip: **CARSON CITY, NV 89703-7316**If "No" please explain: **Not Applicable**Contact/Phone: **Susan Trist 775/445-3239**Vendor No.: **D35000851**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: **3072-17-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/18/2017**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2018**Contract term: **1 year and 347 days**4. Type of contract: **Interlocal Agreement**Contract description: **WNC Summer Camp 2017**

5. Purpose of contract:

This is the first amendment to the original contract which provides Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16-21; which will provide the tools that will enable them to seek and retain employment. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$18,325.44 to \$28,933.63 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:	\$18,325.44	\$18,325.44	\$18,325.44	Yes - Info
2. Amount of current amendment (#1):	\$10,608.19	\$10,608.19	\$28,933.63	Yes - Info
3. New maximum contract amount:	\$28,933.63			
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?

WIOA requires that 15% of all grant funding be spent on PETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the PETS training.

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?

Intralocal - Governmental Entity.
There is a 8% direct cost associated with this contract.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 REHAB since March 2003 and has been providing satisfactory service for the entire time.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/09/2018 10:51:10 AM
Division Approval	kdesoci1	04/13/2018 14:58:41 PM
Department Approval	kdesoci1	04/13/2018 14:58:45 PM
Contract Manager Approval	kdesoci1	04/13/2018 15:20:48 PM
Budget Analyst Approval	tgreenam	04/20/2018 07:37:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19958**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Lyon County School District**Contractor Name: **Lyon County School District**Address: **25 E. Goldfield Ave**City/State/Zip: **Yerington , NV 89447**Contact/Phone: **C.J. Fields 775-409-2206**Vendor No.: **T40233900**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: **3125-19-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2018**Contract term: **163 days**4. Type of contract: **Interlocal Agreement**Contract description: **LCSD Summer Camp**

5. Purpose of contract:

This is a new interlocal agreement to initiate Pre-Employment Transition Services (Pre-ETS), in the Lyon County School District, focused on disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Fixed Cost: \$15,037.76 (up to 10 students); Variable: \$2,481.12 (Staff Instructor - 11 to 15 students); \$2,481.12 (Staff Instructor - 16 to 20 students). Total contract not to exceed \$20,000.00,

II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all Rehabilitation grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with various state agencies since 1999 and been providing satisfactory services during the entire time.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/16/2018 10:39:49 AM
Division Approval	kdesoci1	04/16/2018 14:20:45 PM
Department Approval	kdesoci1	04/16/2018 14:20:47 PM
Contract Manager Approval	kdesoci1	04/16/2018 14:20:49 PM
Budget Analyst Approval	tgreenam	04/20/2018 10:56:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19875**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Odyssey Charter School of Nevada**Contractor Name: **Odyssey Charter School of Nevada**Address: **2251 S. Jones Blvd Suite 100 A**City/State/Zip: **Las Vegas , NV 89146**Contact/Phone: **Devon Bollinger 702-501-2160**Vendor No.: **T81102486**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: **3220-19-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2018**Contract term: **143 days**4. Type of contract: **Interlocal Agreement**Contract description: **Odyssey 2018 Camp**

5. Purpose of contract:

This is a new Interlocal agreement to provide ongoing Pre-Employment Transition Services (PETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. PETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on PETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,674.00**

Other basis for payment: Fixed Cost: \$14,118.00 (15-20 Student); Variable: \$5,556.00 (30 max students); with the Total Contract not to exceed \$19,674.00

II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been providing satisfactory services to DETR since July 2017 and the Department of Education since 2002.

14. Is the contractor currently involved in litigation with the State 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:

Mechelle Merrill , Bureau Chief Ph: 775-687-6862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	04/18/2018 13:56:54 PM
Division Approval	kdesoci1	05/03/2018 16:03:59 PM
Department Approval	kdesoci1	05/03/2018 16:04:02 PM
Contract Manager Approval	kdesoci1	05/03/2018 16:04:05 PM
Budget Analyst Approval	tgreenam	05/10/2018 11:13:09 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **18524**Amendment Number: **2**Agency Name: **DETR - REHABILITATION DIVISION**Legal Entity Name: **SPECIAL RECREATION SRVCS INC**Agency Code: **901**Contractor Name: **SPECIAL RECREATION SRVCS INC**Appropriation Unit: **3265-09**Address: **DBA AMPLIFY LIFE**Is budget authority available?: **Yes****164 Hubbard Way, Suite D**If "No" please explain: **Not Applicable**City/State/Zip: **RENO, NV 89052**Contact/Phone: **775/827-3866**Vendor No.: **T80935771A**NV Business ID: **NV19801000216**To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3033-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **2 years and 86 days**4. Type of contract: **Contract**Contract description: **Transition Smmr Camp**

5. Purpose of contract:

This is the second amendment to the original contract which provides students with disabilities, ages 14 through 21, with opportunities to engage in career exploration and pre-employment training in camps during school breaks throughout the year. This amendment increases the maximum amount from \$244,362 to \$260,487 due to incorporating attachment AA.2 which updates the negotiated items by adding an additional summer transition camp.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,832.00	\$49,832.00	\$49,832.00	Yes - Info
a. Amendment 1:	\$194,530.00	\$194,530.00	\$244,362.00	Yes - Action
2. Amount of current amendment (#2):	\$16,125.00	\$16,125.00	\$16,125.00	Yes - Info
3. New maximum contract amount:	\$260,487.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This new contract will provide opportunities for students with disabilities, ages 14 thru 21, to engage in career exploration and learning programs during summer vacation from school.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to provide the training.

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):

Children's Cabinet
Amplify Life
Goodwill of S. NV

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3299, 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: 12/28/2016 Anticipated re-bid date: 12/28/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with DETR since April 2017 and has been providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	05/07/2018 15:23:17 PM
Division Approval	kdesoci1	05/16/2018 15:43:12 PM
Department Approval	kdesoci1	05/16/2018 15:43:15 PM
Contract Manager Approval	kdesoci1	05/16/2018 15:53:20 PM
Budget Analyst Approval	tgreenam	05/22/2018 10:02:32 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19868**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **WMK LLC DBA**Contractor Name: **WMK LLC DBA**Address: **MOBILITY WORKS****2100 S DECATUR BLVD**City/State/Zip: **LAS VEGAS, NV 89102-8505**Contact/Phone: **702/876-9606**Vendor No.: **T32004343A**NV Business ID: **NV20161464693**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3230-20-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2018**Anticipated BOE meeting date **04/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **2 years and 72 days**4. Type of contract: **Contract**Contract description: **Mobility Works-South**

5. Purpose of contract:

This is a new contract to provide ongoing services for modifying and converting new and used vehicles for vocational rehabilitation clients. Modifications/conversions include structural vehicle modifications; installation of mobility equipment and devices including customized and advanced adaptive driving equipment and controls; installation of high tech driving systems; adjustments to fit required equipment to specific needs and equipment repair services as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Due to the nature and extent of work varying for each vehicle, contractor will be requested to submit cost quotes prior to each vehicle modification. Parts/Materials will be no more than 20% above vendor cost, subject to verification; contract not more than \$45,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Rehabilitation Act of 1973 as amended (section 7(30) and 29 U.S.C. 705 (30)), 34 CFR Part 361, The Americans With Disabilities Act as amended, The Workforce Investment Act of 1998 as amended (Section 188), 29 CFR Part 37, Title VI and VII of the Civil Rights Act of 1964 as amended.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor, and its predecessor, has been performing satisfactory service since March 2007 for the Department of Employment, Training and Rehabilitation.

14. Is the contractor currently involved in litigation with the State 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	bmartin7	03/26/2018 08:56:17 AM
Division Approval	kdesoci1	04/13/2018 15:37:23 PM
Department Approval	kdesoci1	04/13/2018 15:37:26 PM
Contract Manager Approval	kdesoci1	04/13/2018 15:37:28 PM
Budget Analyst Approval	tgreenam	04/20/2018 13:46:16 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19460**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4771-07**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **OTIS ELEVATOR COMPANY**Contractor Name: **OTIS ELEVATOR COMPANY**Address: **711 Pilot Road, Suite D**City/State/Zip: **Las Vegas, NV 89119**Contact/Phone: **702/219-0768**Vendor No.: **PUR0005666B**NV Business ID: **NV19441000038**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % P&I

Agency Reference #: **3111-20-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2018**Anticipated BOE meeting date **12/2017**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **1 year and 255 days**4. Type of contract: **Contract**Contract description: **Elevator Maintenance**

5. Purpose of contract:

This is a new contract to provide maintenance, monitoring and repair service of the elevator located at the Saint Louis building in the south.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,480.00**

Other basis for payment: Standard working hours and days are Monday thru Friday, 7:00 a.m. to 5:00 p.m. Monthly Service Charge is \$145.00 per month. The Hourly rate is \$175.00, Monday thru Friday 7:00a.m. to 5:00p.m. Overtime hourly rates is \$350.00, 5:00p.m. to 7:00a.m., Weekdays, and all day Saturday & Sunday. Weekend hourly rate is \$350.00, Friday 5:00 p.m. to Monday 7:00 a.m. Holidays or non-standard work rate is \$350.00, for Holidays. Markup is 15% for parts and materials. Payments to be made upon receipt and approval, of an itemized invoice, by program.

II. JUSTIFICATION

7. What conditions require that this work be done?

OSHA regulation, safety and staff use of elevator.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or license to do this type of work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

thyssenkrupp Elevator
Kone Elevator
Schindler Elevator
Otis Elevator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was the lowest bidder and was available to perform this service in accordance with the department's needs.

d. Last bid date: 09/15/2017 Anticipated re-bid date: 08/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Brandon Taylor, Facility Manager Ph: 775-684-3901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	12/05/2017 13:47:27 PM
Division Approval	rolso1	12/07/2017 16:14:50 PM
Department Approval	kdesoci1	04/16/2018 14:06:44 PM
Contract Manager Approval	kdesoci1	04/16/2018 14:06:47 PM
Budget Analyst Approval	tgreenam	04/20/2018 07:51:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20049**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B003 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Numbers Inc.

Contractor Name: **Numbers Inc.**Address: **1285 Baring Blvd #309**City/State/Zip: **Sparks, NV 89434**

Contact/Phone: Carol Woods 775-742-2962

Vendor No.:

NV Business ID: NV20031345377

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Bookkeeping Services**

5. Purpose of contract:

This is a new contract to provide bookkeeping and payroll services and other financial reporting services as requested.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Payment for services will be made at the rate of \$250.00 per month

Other basis for payment: \$50.00 per hour for additional services as requested by the Board.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain their own financial reporting system and payroll systems. The Board is funded entirely by licensing fees and is not part of the state financial or payroll systems.

NRS 637B.130 provides authority for the Board to hire staff and services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board has limited staff with the expertise necessary to perform these functions.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor has provided services to the Board in previous years and the services have been excellent.

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 Occupational Therapy, Nevada Physical Therapy Board, Board of Funeral and Cemetery 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:
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	lp310000	05/04/2018 11:25:20 AM
Division Approval	lp310000	05/04/2018 11:25:24 AM
Department Approval	lp310000	05/04/2018 11:25:28 AM
Contract Manager Approval	lp310000	05/04/2018 11:25:31 AM
Budget Analyst Approval	lfree1	05/17/2018 10:19:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20048**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B003 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Paula Berkley**Contractor Name: **Paula Berkley**Address: **908 Nixon Avenue**City/State/Zip **Reno, NV 89509**Contact/Phone: **Paula Berkley 775-323-7430**

Vendor No.:

NV Business ID: **NV20101464479**To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2019**Contract term: **1 year and 91 days**4. Type of contract: **Contract**Contract description: **Lobbyist Services**

5. Purpose of contract:

This is a new contract to provide lobbyist services during the 2019 Legislative Session.

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 \$2,000.00 per month

Other basis for payment: Upon invoice as services are provided

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 637B, the Board must obtain its own services; NRS 637B.130 provides the Board's authority for staffing and services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 637B - The Board must obtain its own services; there are no employees of the Board with the required expertise to perform the services requested.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):

**Michael Hillerby
Neena Laxalt
Paula Berkley**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has previously contracted with the Board with services being excellent, meeting the needs of the Board.

d. Last bid date: 02/08/2018 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:

Board of Occupational Therapy, Nevada Physical Therapy Board, Nevada Board of Social Workers. 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 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	lp310000	05/04/2018 11:00:43 AM
Division Approval	lp310000	05/04/2018 11:00:47 AM
Department Approval	lp310000	05/04/2018 11:00:50 AM
Contract Manager Approval	lp310000	05/04/2018 11:00:55 AM
Budget Analyst Approval	lfree1	05/16/2018 17:11:13 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) 684-0260

Date: May 14, 2018

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

From: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

FISCAL YEAR 2018 – 3RD QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2018 third quarter overtime report by department.

Additional Information:

As of the third quarter of fiscal year 2018, overtime pay and accrued compensatory leave accounted for a total of approximately \$37.67 million, or 4.9% of total pay, a 7.0% increase from fiscal year 2017.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for 3rd quarter FY18 accounted for 87.7% of the total:

1. Department of Health & Human Services – \$2.84 million
2. Department of Corrections – \$1.78 million
3. Department of Transportation – \$1.53 million
4. Department of Public Safety – \$1.47 million
5. Department of Motor Vehicles – \$193k

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 3rd quarter FY18 were:

1. Department of Public Safety – 7.4%
2. Department of Veterans Services – 6.5%

- 3. Department of Transportation – 6.0%
- 4. Department of Corrections – 5.1%
- 5. Adjutant General – 4.6%

At the Department of Corrections, overtime and comp time decreased by \$4.0 million (69.3%) from the prior quarter, and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for 3rd quarter FY18 were highest at these 7 locations, which accounted for 82.6% of the total overtime for the department:

- 1. High Desert State Prison – \$318k
- 2. Northern Nevada Correctional Center – \$224k
- 3. Prison Medical – \$220k
- 4. Ely State Prison – \$216k
- 5. Lovelock Correctional Center – \$204k
- 6. Florence McClure Women's Correctional Center – \$158k
- 7. Southern Desert Correctional Center – \$128k

The highest four causes accounted for 79.1% of the overtime for 3rd quarter FY 2018:

- 1. Covering holiday shifts – \$662k
- 2. Covering vacant shifts – \$429k
- 3. Hospital coverage – \$210k
- 4. Covering sick leave – \$106k

At the Department of Health and Human Services, overtime was driven by Public & Behavioral Health (\$1.13 million - primarily in Southern Nevada Adult Mental Health (\$721k) and Facility for the Mental Offender (\$299k) budget accounts), Child and Family Services (\$690k) and Welfare and Supportive Services (\$544k). By event code, the highest four causes accounted for 73.7% of the overtime:

- 1. Covering vacant shifts – \$787k
- 2. Covering 24 hour shifts – \$518k
- 3. Reducing backlog – \$518k
- 4. Covering holiday shifts – \$272k

REVIEWED:



INFO ITEM:

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 SUMMARY (QTR 3)
NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 19, 2018



CUMULATIVE STATEWIDE TOTALS (QTR 3)

	2016	2017	2018
BASE PAY	\$667,740,716	\$691,702,821	\$724,584,573
OVERTIME PAY + ACCRUED COMP	\$27,532,692	\$35,212,704	\$37,664,854
TOTAL PAY	\$695,273,408	\$726,915,525	\$762,249,428
OT/COMP AS A SHARE OF TOTAL PAY	3.96%	4.84%	4.94%

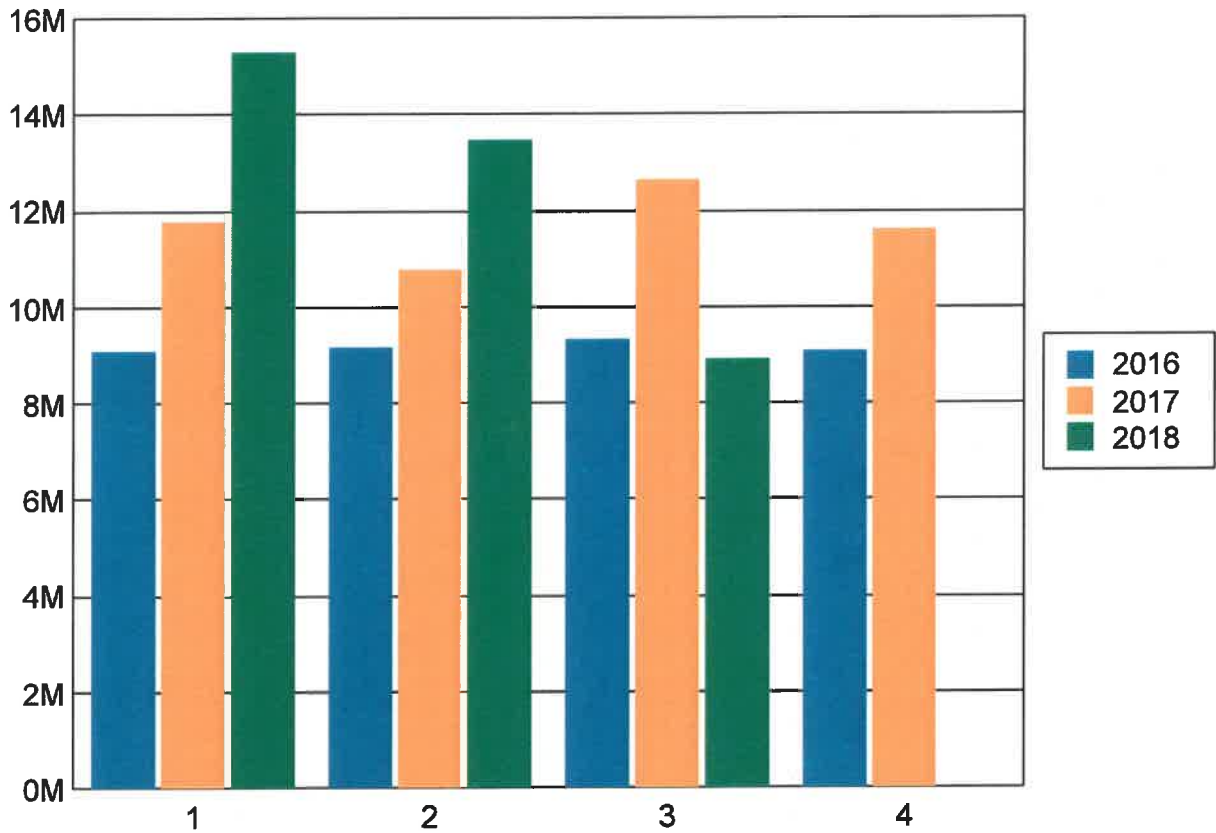
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,835,828	4.12%
44	DEPARTMENT OF CORRECTIONS	\$1,778,892	5.14%
80	DEPARTMENT OF TRANSPORTATION	\$1,532,847	6.02%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,473,709	7.36%
81	DEPARTMENT OF MOTOR VEHICLES	\$192,599	1.55%

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
65	DEPARTMENT OF PUBLIC SAFETY	\$1,473,709	7.36%
24	DEPARTMENT OF VETERANS SERVICE	\$170,976	6.46%
80	DEPARTMENT OF TRANSPORTATION	\$1,532,847	6.02%
44	DEPARTMENT OF CORRECTIONS	\$1,778,892	5.14%
43	ADJUTANT GENERAL	\$51,610	4.58%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2016	\$218,457,123	\$210,776,942	\$238,506,651	\$238,045,758
2017	\$223,221,734	\$220,013,839	\$248,467,248	\$250,120,272
2018	\$230,993,436	\$261,077,712	\$232,513,426	\$0

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 QUARTERLY ANALYSIS vs FY2017

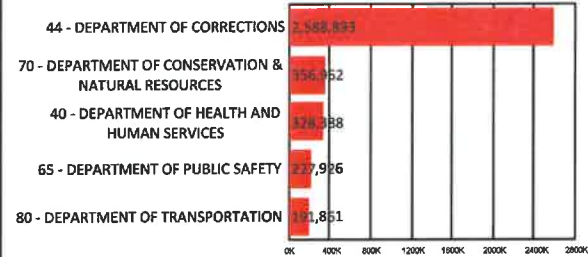
NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 19, 2018

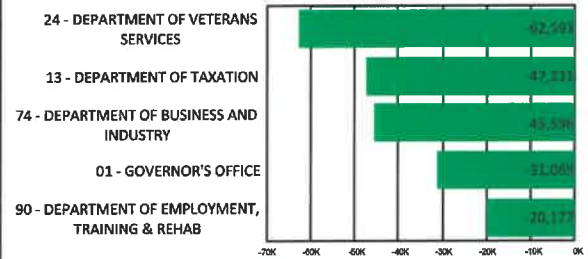


FY2018 - QTR1

Greatest increases in OT/Comp expenditures vs FY2017

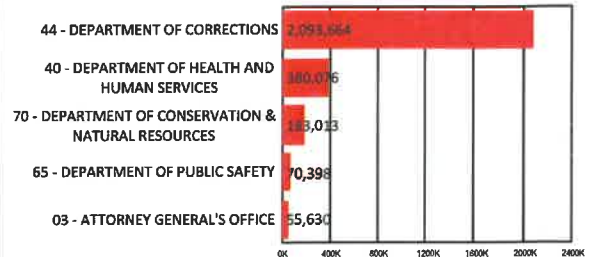


Greatest reductions in OT/Comp expenditure vs FY2017

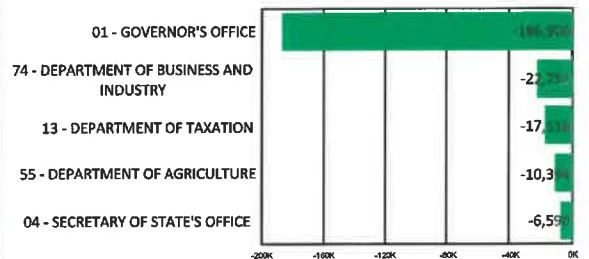


FY2018 - QTR2

Greatest increases in OT/Comp expenditures vs FY2017

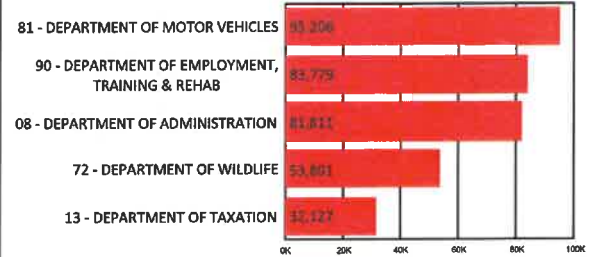


Greatest reductions in OT/Comp expenditure vs FY2017

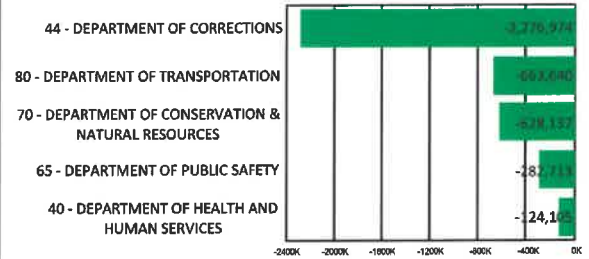


FY2018 - QTR3

Greatest increases in OT/Comp expenditures vs FY2017



Greatest reductions in OT/Comp expenditure vs FY2017



FY2018 - QTR4

Greatest increases in OT/Comp expenditures vs FY2017

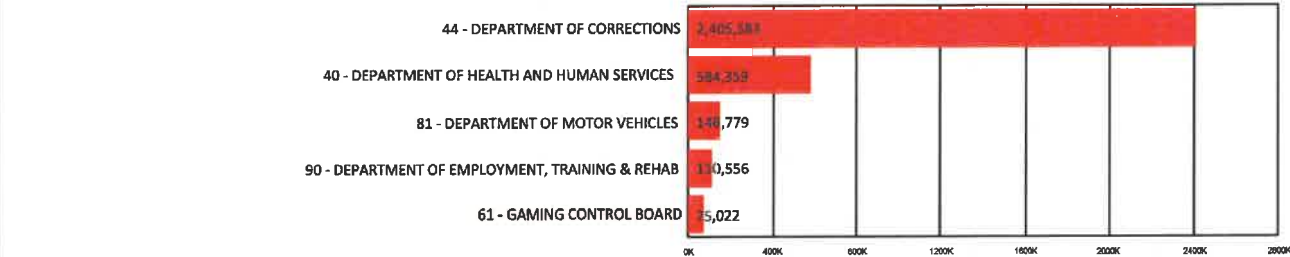
No Data Available

Greatest reductions in OT/Comp expenditure vs FY2017

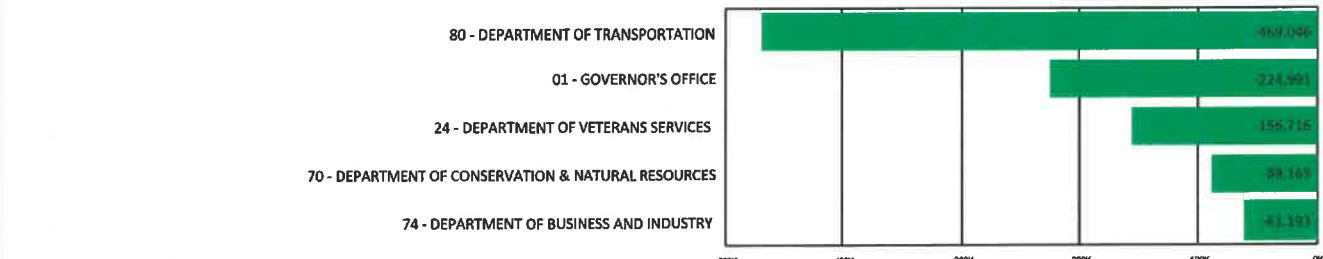
No Data Available

FY2018 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2017



Greatest reductions in OT/Comp expenditure vs FY2017



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 QUARTERLY DETAILED ANALYSIS
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, June 19, 2018

	FY2018QTR1				FY2018QTR2				FY2018QTR3				FY2018 QTR1-QTR3			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2017 (YTD)
01 - GOVERNOR'S OFFICE	\$300	\$1,386,065	0.02%	\$-31,069	\$300	\$1,727,856	0.02%	\$-186,906	\$73	\$1,504,478	0.00%	\$-7,016	\$671.68	\$4,618,399.03	0.01%	\$-224,991
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$67,337	0.00%	\$0	\$0	\$83,312	0.00%	\$0	\$0	\$77,681	0.00%	\$0	\$0.00	\$228,330.91	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$20,646	\$6,029,246	0.34%	\$-3,488	\$66,662	\$7,084,355	0.94%	\$55,630	\$15,052	\$6,109,883	0.25%	\$-3,732	\$102,359.08	\$19,223,483.91	0.53%	\$48,410
04 - SECRETARY OF STATE'S OFFICE	\$3,548	\$1,656,484	0.21%	\$-16,939	\$364	\$1,896,002	0.02%	\$-6,590	\$918	\$1,614,072	0.06%	\$-2,004	\$4,829.84	\$5,166,557.48	0.09%	\$-25,532
05 - TREASURER'S OFFICE	\$1,308	\$536,564	0.24%	\$268	\$1,797	\$680,672	0.26%	\$-1,032	\$2,284	\$618,485	0.37%	\$1,214	\$5,388.74	\$1,835,721.58	0.29%	\$449
06 - CONTROLLER'S OFFICE	\$7,501	\$630,176	1.19%	\$-5,699	\$39,297	\$766,764	5.13%	\$-5,155	\$3,168	\$624,431	0.51%	\$-1,735	\$49,965.33	\$2,021,370.36	2.47%	\$-12,590
08 - DEPARTMENT OF ADMINISTRATION	\$126,870	\$7,325,103	1.73%	\$-14,859	\$105,538	\$8,417,769	1.25%	\$-2,427	\$187,047	\$7,393,545	2.53%	\$81,811	\$419,454.51	\$23,136,416.23	1.81%	\$64,525
09 - JUDICIAL BRANCH	\$2,060	\$6,646,265	0.03%	\$565	\$2,349	\$7,706,904	0.03%	\$957	\$19,191	\$6,725,026	0.29%	\$9,412	\$23,599.87	\$21,078,195.19	0.11%	\$10,935
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$5,095	\$1,469,112	0.35%	\$1,177	\$15,637	\$1,732,717	0.90%	\$3,828	\$4,736	\$1,523,930	0.31%	\$-2,641	\$25,468.09	\$4,725,759.48	0.54%	\$2,364
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$740,216	0.00%	\$0	\$0	\$842,485	0.00%	\$0	\$0	\$685,710	0.00%	\$0	\$0.00	\$2,268,410.80	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$35,497	\$4,531,146	0.78%	\$-47,231	\$12,251	\$5,209,777	0.24%	\$-17,518	\$53,331	\$4,493,781	1.19%	\$32,127	\$101,079.24	\$14,234,704.83	0.71%	\$-32,621
15 - COMMISSION ON ETHICS	\$0	\$110,080	0.00%	\$0	\$0	\$124,974	0.00%	\$0	\$0	\$109,277	0.00%	\$0	\$0.00	\$344,330.48	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$99,941	0.00%	\$0	\$0	\$109,994	0.00%	\$0	\$0	\$98,209	0.00%	\$0	\$0.00	\$308,143.92	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$219,352	0.00%	\$0	\$873	\$247,941	0.35%	\$346	\$0	\$207,651	0.00%	\$-63	\$872.83	\$674,944.03	0.13%	\$283
24 - DEPARTMENT OF VETERANS SERVICES	\$232,502	\$2,676,785	8.69%	\$-62,593	\$308,661	\$3,175,782	9.72%	\$1,610	\$170,976	\$2,647,808	6.46%	\$-95,733	\$712,138.48	\$8,500,375.84	8.38%	\$-156,716
30 - DEPARTMENT OF EDUCATION	\$64,604	\$2,345,475	2.75%	\$23,955	\$40,764	\$2,645,449	1.54%	\$7,567	\$54,164	\$2,347,963	2.31%	\$4,909	\$159,531.78	\$7,338,887.32	2.17%	\$36,431
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$1,526	\$186,142	0.82%	\$-5,774	\$0	\$218,467	0.00%	\$0	\$0	\$210,337	0.00%	\$0	\$1,525.88	\$614,946.60	0.25%	\$-5,774
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,813,667	\$67,295,302	4.18%	\$328,388	\$2,958,742	\$77,182,113	3.83%	\$380,076	\$2,835,828	\$68,772,006	4.12%	\$-124,105	\$8,608,236.12	\$13,249,421.37	4.04%	\$584,359
43 - ADJUTANT GENERAL	\$59,187	\$1,152,025	5.14%	\$-5,889	\$58,470	\$1,247,987	4.69%	\$7,406	\$51,610	\$1,127,487	4.58%	\$13,185	\$169,267.55	\$3,527,498.45	4.80%	\$14,702
44 - DEPARTMENT OF CORRECTIONS	\$5,772,331	\$38,460,001	15.01%	\$2,588,893	\$5,792,220	\$43,876,292	13.20%	\$2,093,664	\$1,778,892	\$34,575,634	5.14%	\$-2,276,974	\$13,343,442.78	\$16,911,926.89	11.41%	\$2,405,583
50 - COMMISSION ON MINERAL RESOURCES	\$18,996	\$217,136	8.75%	\$5,621	\$401	\$202,549	0.20%	\$159	\$7,468	\$192,202	3.89%	\$2,345	\$26,864.82	\$611,887.25	4.39%	\$8,125
55 - DEPARTMENT OF AGRICULTURE	\$19,890	\$1,746,722	1.14%	\$-10,107	\$16,601	\$1,904,705	0.87%	\$-10,394	\$20,376	\$1,640,872	1.24%	\$-5,880	\$56,867.04	\$5,292,299.32	1.07%	\$-26,380
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,622,008	0.00%	\$0	\$0	\$2,008,069	0.00%	\$0	\$0	\$1,771,330	0.00%	\$0	\$0.00	\$5,401,406.44	0.00%	\$0
61 - GAMING CONTROL BOARD	\$158,280	\$5,870,044	2.70%	\$52,679	\$166,761	\$6,755,992	2.47%	\$51,241	\$132,660	\$5,709,166	2.32%	\$-28,898	\$457,701.50	\$18,335,201.81	2.50%	\$75,022
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,226,030	\$20,578,190	10.82%	\$227,926	\$1,824,597	\$23,274,797	7.84%	\$70,398	\$1,473,709	\$20,023,811	7.36%	\$-282,713	\$5,524,336.03	\$63,876,798.35	8.65%	\$15,612
69 - COLORADO RIVER COMMISSION	\$819	\$636,261	0.13%	\$262	\$2,118	\$761,878	0.28%	\$-435	\$2,471	\$662,452	0.37%	\$-1,064	\$5,407.27	\$2,060,590.65	0.26%	\$-1,237
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,898,711	\$11,572,828	16.41%	\$356,962	\$688,113	\$10,778,498	6.38%	\$183,013	\$87,010	\$9,151,836	0.95%	\$-628,137	\$2,673,834.75	\$31,503,161.54	8.49%	\$-88,163
72 - DEPARTMENT OF WILDLIFE	\$54,145	\$3,479,562	1.56%	\$-16,760	\$58,054	\$3,908,006	1.49%	\$-2,507	\$107,813	\$3,373,036	3.20%	\$53,801	\$220,012.67	\$10,760,604.85	2.04%	\$34,534
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$54,068	\$8,164,376	0.66%	\$-45,596	\$54,990	\$9,520,017	0.58%	\$-22,751	\$64,995	\$8,337,771	0.78%	\$7,155	\$174,052.23	\$26,022,163.59	0.67%	\$-61,193
80 - DEPARTMENT OF TRANSPORTATION	\$1,392,396	\$25,157,192	5.53%	\$191,861	\$1,046,763	\$24,783,842	4.22%	\$2,733	\$1,532,847	\$25,454,073	6.02%	\$-663,640	\$3,972,006.16	\$75,395,107.92	5.27%	\$-469,046
81 - DEPARTMENT OF MOTOR VEHICLES	\$133,264	\$12,405,333	1.07%	\$22,839	\$142,667	\$14,370,164	0.99%	\$30,734	\$192,599	\$12,403,421	1.55%	\$95,206	\$468,530.38	\$39,178,917.94	1.20%	\$148,779
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$183,846	\$10,684,167	1.72%	\$-20,177	\$60,462	\$10,618,519	0.57%	\$46,955	\$113,103	\$10,637,150	1.06%	\$83,779	\$357,409.79	\$31,939,836.60	1.12%	\$110,556
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$376,696	0.00%	\$0	\$0	\$436,433	0.00%	\$0	\$0	\$395,084	0.00%	\$0	\$0.00	\$1,208,212.85	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$207,190	0.00%	\$-2,113	\$0	\$242,077	0.00%	\$-2,113	\$0	\$206,147	0.00%	\$0	\$0.00	\$655,414.00	0.00%	\$-4,226
Total	\$15,287,087	\$246,280,523	6.21%	\$3,513,103	\$13,465,448	\$274,543,160	4.90%	\$2,678,489	\$8,912,319	\$241,425,745	3.69%	\$-3,739,393	\$37,664,854	\$762,249,428	4.94%	\$2,452,198

OVERTIME/ACCRUED COMP USE BY DEPARTMENT
FISCAL YEAR 2018 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR3) VS FY2016-FY2017
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, June 19, 2018

	FY 2016 QTR1-QTR3				FY 2017 QTR1-QTR3				FY 2018 QTR1-QTR3			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$3,402	\$3,886,231	0.09%	\$3,402	\$225,663	\$4,058,629	5.56%	\$222,261	\$672	\$4,618,399	0.01%	\$-224,991
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$232,698	0.00%	\$0	\$0	\$246,415	0.00%	\$0	\$0	\$228,331	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$39,963	\$18,113,042	0.22%	\$13,304	\$53,949	\$18,808,912	0.29%	\$13,986	\$102,359	\$19,223,484	0.53%	\$48,410
04 - SECRETARY OF STATE'S OFFICE	\$14,683	\$4,371,849	0.34%	\$3,413	\$30,362	\$4,758,612	0.64%	\$15,679	\$4,830	\$5,166,557	0.09%	\$-25,532
05 - TREASURER'S OFFICE	\$13,998	\$1,700,703	0.82%	\$-252	\$4,940	\$1,888,923	0.26%	\$-9,058	\$5,389	\$1,835,722	0.29%	\$449
06 - CONTROLLER'S OFFICE	\$54,801	\$1,932,130	2.84%	\$26,303	\$62,555	\$1,938,786	3.23%	\$7,754	\$49,965	\$2,021,370	2.47%	\$-12,590
08 - DEPARTMENT OF ADMINISTRATION	\$216,127	\$20,814,277	1.04%	\$-440,114	\$354,929	\$21,732,350	1.63%	\$138,803	\$419,455	\$23,136,416	1.81%	\$64,525
09 - JUDICIAL BRANCH	\$4,996	\$20,739,604	0.02%	\$-13,902	\$12,665	\$20,437,749	0.06%	\$7,670	\$23,600	\$21,078,195	0.11%	\$10,935
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$12,306	\$4,404,245	0.28%	\$-13,914	\$23,104	\$4,330,986	0.53%	\$10,799	\$25,468	\$4,725,759	0.54%	\$2,364
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$2,193,269	0.00%	\$-574	\$0	\$2,203,691	0.00%	\$0	\$0	\$2,268,411	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$77,089	\$11,396,220	0.68%	\$40,122	\$133,701	\$12,609,591	1.06%	\$56,612	\$101,079	\$14,234,705	0.71%	\$-32,621
15 - COMMISSION ON ETHICS	\$0	\$297,873	0.00%	\$0	\$0	\$313,749	0.00%	\$0	\$0	\$344,330	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$265,903	0.00%	\$0	\$0	\$306,757	0.00%	\$0	\$0	\$308,144	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$873	\$674,944	0.13%	\$283
23 - COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$2,229	\$615,029	0.36%	\$-8,581	\$590	\$637,141	0.09%	\$-1,639	\$0	\$0	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$504,496	\$7,504,917	6.72%	\$-106,628	\$868,855	\$8,042,078	10.80%	\$364,358	\$712,138	\$8,500,376	8.38%	\$-156,716
30 - DEPARTMENT OF EDUCATION	\$55,230	\$6,569,466	0.84%	\$3,499	\$123,101	\$7,270,831	1.69%	\$67,871	\$159,532	\$7,338,887	2.17%	\$36,431
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$3,358	\$494,241	0.68%	\$1,845	\$7,300	\$588,040	1.24%	\$3,941	\$1,526	\$614,947	0.25%	\$-5,774
36 - COMMISSION ON POSTSECONDARY EDUCATION	\$2,580	\$162,275	1.59%	\$2,580	\$0	\$149,575	0.00%	\$-2,580	\$0	\$0	0.00%	\$0
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$7,244,228	\$196,718,566	3.68%	\$1,558,936	\$8,023,877	\$205,568,821	3.90%	\$779,650	\$8,608,236	\$213,249,421	4.04%	\$584,359
43 - ADJUTANT GENERAL	\$172,358	\$4,109,184	4.19%	\$-1,752	\$154,566	\$4,182,506	3.70%	\$-17,792	\$169,268	\$3,527,498	4.80%	\$14,702
44 - DEPARTMENT OF CORRECTIONS	\$8,222,797	\$101,871,460	8.07%	\$2,494,066	\$10,937,860	\$107,277,444	10.20%	\$2,715,063	\$13,343,443	\$116,911,927	11.41%	\$2,405,583
50 - COMMISSION ON MINERAL RESOURCES	\$19,094	\$570,267	3.35%	\$2,088	\$18,740	\$515,960	3.63%	\$-354	\$26,865	\$611,887	4.39%	\$8,125
55 - DEPARTMENT OF AGRICULTURE	\$80,011	\$5,057,686	1.58%	\$-11,056	\$83,247	\$5,273,966	1.58%	\$3,236	\$56,867	\$5,292,299	1.07%	\$-26,380
58 - PUBLIC UTILITIES COMMISSION	\$0	\$5,166,775	0.00%	\$0	\$0	\$4,965,134	0.00%	\$0	\$0	\$5,401,406	0.00%	\$0
61 - GAMING CONTROL BOARD	\$335,338	\$17,699,914	1.89%	\$21,000	\$382,680	\$18,069,501	2.12%	\$47,342	\$457,702	\$18,335,202	2.50%	\$75,022
65 - DEPARTMENT OF PUBLIC SAFETY	\$4,717,805	\$58,321,194	8.09%	\$434,610	\$5,508,724	\$60,951,800	9.04%	\$790,919	\$5,524,336	\$63,876,798	8.65%	\$15,612
69 - COLORADO RIVER COMMISSION	\$8,238	\$1,906,216	0.43%	\$3,182	\$6,644	\$2,005,349	0.33%	\$-1,594	\$5,407	\$2,060,591	0.26%	\$-1,237
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,391,836	\$27,301,195	5.10%	\$250,559	\$2,761,998	\$29,944,420	9.22%	\$1,370,162	\$2,673,835	\$31,503,162	8.49%	\$-88,163
72 - DEPARTMENT OF WILDLIFE	\$232,406	\$10,072,895	2.31%	\$41,820	\$185,478	\$10,486,085	1.77%	\$-46,928	\$220,013	\$10,760,605	2.04%	\$34,534
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$172,803	\$24,604,079	0.70%	\$-55,003	\$235,245	\$25,034,120	0.94%	\$62,442	\$174,052	\$26,022,164	0.67%	\$-61,193
80 - DEPARTMENT OF TRANSPORTATION	\$3,212,763	\$68,980,764	4.66%	\$736,029	\$4,441,052	\$72,733,310	6.11%	\$1,228,290	\$3,972,006	\$75,395,108	5.27%	\$-469,046
81 - DEPARTMENT OF MOTOR VEHICLES	\$262,265	\$35,839,833	0.73%	\$-56,123	\$319,752	\$37,196,583	0.86%	\$57,486	\$468,530	\$39,178,918	1.20%	\$148,779
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$448,761	\$29,531,666	1.52%	\$-46,778	\$246,853	\$30,550,613	0.81%	\$-201,908	\$357,410	\$31,939,837	1.12%	\$110,556
92 - DEFERRED COMPENSATION	\$0	\$56,414	0.00%	\$0	\$48	\$66,280	0.07%	\$48	\$0	\$0	0.00%	\$0
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$1,208,213	0.00%	\$0
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$1,141,505	0.00%	\$-177	\$0	\$1,159,525	0.00%	\$0	\$0	\$0	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$6,733	\$629,822	1.07%	\$6,733	\$4,226	\$611,297	0.69%	\$-2,507	\$0	\$655,414	0.00%	\$-4,226
Total	\$27,532,692	695,273,408.33	3.96%	\$4,888,638	\$35,212,704	726,915,525.21	4.84%	\$7,680,011	\$37,664,854	762,249,427.81	4.94%	\$2,452,198

Brian Sandoval
Governor



James R. Wells, CPA
Director

Paul Nicks
Deputy Director

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

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

Date: May 2, 2018

To: James R. Wells, 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 3rd quarter of Fiscal Year 2018.

Additional Information:

- There was no activity to report during this quarter.

Statutory Authority:

NRS 321.5954

REVIEWED: <u><i>CPM</i></u>
INFO ITEM: _____



Nevada Division of
STATE LANDS

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

April 27, 2018

MEMORANDUM

RECEIVED

APR 30 2018

GOVERNOR'S OFFICE
DIVISION

TO: James R. Wells, Clerk
Nevada State Board of Examiners

FROM: Charles Donohue, Administrator
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT
AND
LAKE TAHOE MITIGATION PROGRAM – 3rd QUARTER FY 2018
BOARD OF EXAMINERS MEETING DATE OF JUNE 26, 2018**

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below.
There was no activity under the Tahoe Basin Act.

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending March 31, 2018.

- There were no acquisitions of land during this quarter.
- There were no transfers of lands or interests in land during this quarter.

In the event you have any questions or would like additional information please contact Brenda Swart, Land Agent @ 775-684-2735.

CD/bs

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