

POST

*** NOTICE OF PUBLIC MEETING ***

BOARD OF EXAMINERS

LOCATION: Capitol Building
Annex, Second Floor
101 N. Carson Street
Carson City, Nevada

DATE AND TIME: October 12, 2010 at 10:00 a.m.

Below is an agenda of all items to be considered. **Action will be taken on items preceded by an asterisk (*).**
Items on the agenda may be taken out of the order presented at the discretion of the Chairperson.

AGENDA

***1. APPROVAL OF THE SEPTEMBER 9, 2010 BOARD OF EXAMINERS' MEETING MINUTES**

***2. REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE (IFC) CONTINGENCY FUND**

Pursuant to NRS 353.268, an agency or officer shall submit a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Fund.

A. Office of the Governor – Ethics Commission – \$4,300.00

The Ethics Commission is requesting an allocation from the Interim Finance Committee Contingency Fund in the amount of \$4,300 to provide funding for the costs for filing a petition for *writ of certiorari* associated with an appeal to the US Supreme Court.

***3. REQUEST TO WRITE OFF BAD DEBT**

NRS 353C.220 allows agencies, with approval of the Board of Examiners, to write off bad debts deemed uncollectible.

A. Public Employee Benefits Program – \$384.41

Public Employees' Benefits Program (PEBP) is requesting authority to write off debt that totals \$384.41. The reported debt is specifically related to participant health insurance premiums.

One account represents a deceased participant and three accounts represent collection fees deducted from amounts collected from the Controller's Office.

B. Department of Public Safety – Records and Technology Division – \$3,197.50

The Division is requesting approval to write-off outstanding debts owed by past due vendors which exceed \$50.00. The total amount of this request is \$3,197.50.

***4. STATE VEHICLE PURCHASE**

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

| AGENCY NAME | # OF VEHICLES | NOT TO EXCEED: |
|--|---------------|------------------|
| Department of Administration – Motor Pool Division | 35 | \$840,000 |
| Commission on Mineral Resources – Division of Minerals | 1 | \$35,173 |
| Total: | | \$875,173 |

***5. VICTIMS OF CRIME PROGRAM (VOCP) APPEAL**

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.

A. Fidel Mesa

Mr. Mesa is appealing the denial of his application for VOCP assistance due to a late filed application and a confirmation of legal residency.

***6. LEASES**

| BOE # | LESSEE | LESSOR | AMOUNT |
|-------|---|--|-------------------------|
| 1. | Department of Business and Industry – Financial Institutions Division | South Carson Mini Storage | \$258,678 |
| | Lease Description: | This is an extension of an existing lease to house the Department of Business and Industry, Financial Institutions Division. | |
| | | Term of Lease: | 03/01/2010 – 02/28/2015 |

| BOE # | LESSEE | LESSOR | AMOUNT |
|-------|---|---|-------------|
| 2. | Department of Business and Industry – Division of Industrial Relations | 1301/1401 GV Pkwy, a Delaware Limited Liability Company | \$3,863,701 |
| | Lease Description: | This is an extension of an existing lease and an addition to current facilities to house the Division of Industrial Relations. Term of Lease: 01/02/2011 – 11/30/2015 | |
| 3. | Department of Employment, Training and Rehabilitation – Rehabilitation Division | 333 MSA Fremont II, L.L.C., a Delaware Limited Liability Company | \$754,082 |
| | Lease Description: | This is a new Las Vegas location to house the Bureau of Disability Adjudication. Term of Lease: 01/01/2011 – 12/31/2015 | |

***7. CONTRACTS**

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|--|-----------------------------|------------------------------------|-----------|---|
| 1. | 030 | ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE | MSB ENERGY ASSOCIATES, INC. | OTHER: REGULATORY ASSESSMENTS | \$375,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide expert witness litigation support related to utility company resource acquisition plans and cost recovery including, but not limited to utility integrated resource plans, energy supply plans and related matters before the Nevada Public Utilities Commission or any board, commission, legislature, or court with jurisdiction over Nevada's regulated utilities. Term of Contract: 11/01/2010 - 10/31/2014 Consultant: NO Contract # 11560 | | | | |
| 2. | 030 | ATTORNEY GENERAL'S OFFICE - UNFAIR TRADE PRACTICES-Non-Exec | PARKSIDE ASSOCIATES, LLC | OTHER: ATTORNEY FEES/ RECOVERIES | \$55,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides forensic accounting services for cases pertaining to mortgage lending services. This amendment adds an updated insurance schedule and increases the maximum amount of contract by \$55,000 to \$64,950 due to increased volume of cases. Term of Contract: 04/16/2010 - 03/03/2014 Consultant: NO Contract # 10750 | | | | |
| 3. | 030 | ATTORNEY GENERAL'S OFFICE - TORT CLAIM FUND | DAVID HELLERSTEIN, MD PHD | OTHER: INSURANCE PREMIUM-TORT FUND | \$20,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides consultation and assistance to counsel involving medical conditions and medical treatment while in legal confinement, reviews records and analyze medical records, offer medical opinions, prepare written reports, charts and summaries and assist counsel by offering expert opinions and testifying at depositions and trials. This amendment increases the contract amount from \$9,990 to \$29,990 due to additional needs from the Senior Deputy Attorney General. Term of Contract: 09/07/2010 - 06/30/2012 Consultant: NO Contract # 11521 | | | | |
| 4. | 030 | ATTORNEY GENERAL'S OFFICE - TORT CLAIM FUND | HDR ENGINEERING, INC. | OTHER: TORT CLAIMS FUND | \$10,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides services in litigation against the State of Nevada (Buildings & Grounds) which includes, but is not limited to project administration and meeting, review of report by plaintiff's expert, etc. This amendment increases the maximum amount from \$9,999.99 to \$19,999.98 due to Phase 2 of the Scope of Work to provide expert disclosure report and coordination. Term of Contract: 04/16/2010 - 06/30/2012 Consultant: NO Contract # 10940 | | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|--|--------------------------------------|---|---------------------|--|
| 5. | 030 | ATTORNEY GENERAL'S OFFICE - TORT CLAIM FUND | LUMOS & ASSOCIATES | OTHER: INSURANCE PREMIUM-- TORT FUND | \$9,999 | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides preliminary investigations, a report of findings and possibly trial testimony. This amendment defines the Scope of Work (Phase 2), Attachment BB-1, and increases the contract amount from \$9,999 to \$19,998 due to additional Phase 2 requirements. | | | | |
| | | Term of Contract: | 06/18/2010 - 06/30/2012 | Consultant: NO | Contract # 11294 | |
| 6. | 030 | ATTORNEY GENERAL'S OFFICE - TORT CLAIM FUND | TURNIPSEED ENGINEERING, LTD | OTHER: INSURANCE PREMIUM-- TORT FUND | \$9,999 | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides preliminary investigations, a report of findings and possibly trial testimony. This amendment increases the contract amount from \$9,999 to \$19,998 due to additional requirements handed down by the court. | | | | |
| | | Term of Contract: | 06/18/2010 - 06/30/2012 | Consultant: NO | Contract # 11293 | |
| 7. | 080 | DEPARTMENT OF ADMINISTRATION - BUDGET AND PLANNING | MGT OF AMERICA, INC. | GENERAL | \$40,000 | SOLE SOURCE |
| | Contract Description: | This is a new contract to continue services to the State of Nevada for the preparation of the FY 2012 Statewide Cost Allocation Plan (SWCAP) and Attorney General Cost Allocation Plan. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2012 | Consultant: NO | Contract # 11578 | |
| 8. | 082 | DEPARTMENT OF ADMINISTRATION - BUILDINGS AND GROUNDS | AUTOMATED TEMPERATURE CONTROLS, INC. | FEE: BUILDINGS AND GROUNDS BUILDING RENT INCOME FEES | \$40,000 | SOLE SOURCE |
| | Contract Description: | This is an amendment to the original contract, which provides maintenance, repair and parts for temperature control systems in various state owned buildings in Northern Nevada. This amendment increases the maximum from \$40,000 to \$80,000. | | | | |
| | | Term of Contract: | 04/14/2009 - 04/13/2013 | Consultant: NO | Contract # CONV6178 | |
| 9. | 082 | DEPARTMENT OF ADMINISTRATION - BUILDINGS AND GROUNDS | FASANI PAINTING, INC. | FEE: BUILDING & GROUNDS BUILDING RENT INCOME FEES | \$20,000 | |
| | Contract Description: | This is a new contract to provide general interior and exterior painting services to various State buildings, as needed, at the request and approval of a Buildings & Grounds designee. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2014 | Consultant: NO | Contract # 11553 | |

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|-------|------------------------------|--|---|--|---------------------|--|
| 10. | 082 | DEPARTMENT OF ADMINISTRATION - BUILDINGS AND GROUNDS | HEALTHY TREES | FEE: BUILDINGS & GROUNDS BUILDING RENT INCOME FEES | \$15,000 | |
| | Contract Description: | This is an amendment to the original contract, which provides professional arborist services for any state facility in Northern Nevada on an as needed basis. This amendment increases the amount of the contract from \$20,000 to \$35,000. | | | | |
| | | Term of Contract: | 07/10/2007 - 07/31/2011 | Consultant: NO | Contract # CONV4372 | |
| 11. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | TNS | OTHER: LODGING TAX | \$34,800 | |
| | Contract Description: | This is an amendment to the original contract, which provides the agency with in-depth analysis of its overall statewide advertising and marketing efforts and will at a minimum 1) measure image, 2) awareness, 3) intent to visit, 4) commitment, and 5) a return on investment (ROI) calculation per advertising dollar spent. This amendment increases the maximum amount from \$475,700 to \$510,500 to increase the sample size of the research studies and add a frequency analysis to determine the optimal frequency of exposure to the online ads. | | | | |
| | | Term of Contract: | 07/01/2007 - 06/30/2011 | Consultant: NO | Contract # CONV5768 | |
| 12. | 102 | COMMISSION ON ECONOMIC DEVELOPMENT | NEVADA INSTITUTE FOR RENEWABLE ENERGY COMMERCIALIZATION | GENERAL | \$45,950 | |
| | Contract Description: | This is a new contract to develop a competitive assessment for Nevada's commercialization infrastructure. | | | | |
| | | Term of Contract: | Upon Approval - 03/31/2011 | Consultant: NO | Contract # 11559 | |
| 13. | 185 | DEPARTMENT OF INFORMATION TECHNOLOGY - DATA COMMUNICATIONS - COMMUNICATIONS & NETWORK ENGINEERING | CURTIS & SONS CONSTRUCTION, INC. | FEE: USER FEES | \$276,910 | |
| | Contract Description: | This is a new contract to provide vault maintenance and repair services throughout the Capital Complex area as necessary to keep all data communications up and running on an ongoing basis. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Consultant: NO | Contract # 11577 | |
| 14. | 187 | DEPARTMENT OF INFORMATION TECHNOLOGY - NETWORK TRANSPORT SERVICES | NV MICROWAVE & TOWERS, LLC | FEES | \$37,346 | |
| | Contract Description: | This is an amendment to the original contract which provides maintenance and repair services for microwave towers throughout the State. This amendment extends the termination date from October 13, 2010 to June 30, 2011 and increases the maximum amount from \$52,000 to \$89,345.68 due to necessary mountain top repairs and wireless installations for the Division of Welfare and Supportive Services. | | | | |
| | | Term of Contract: | 10/14/2008 - 06/30/2011 | Consultant: NO | Contract # CONV5803 | |

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|-------|--------|---|--|---|----------------------------|--|--|
| 15. | 190 | STATE PUBLIC WORKS BOARD - UNIV 05 CIP PROJ - CCSN-Non-Exec | MCCARTHY BUILDING COMPANIES | GENERAL 29% BONDS: PROCEEDS FROM SALE OF BONDS 37% OTHER: TRANSFER FROM B/A SAME FUND/ TRANSFER FROM UNIVERSITY FUNDS 34% | (\$211,956) | PROFESSIONAL SERVICE | |
| | | Contract Description: | This is an amendment to the original contract, which provides professional architectural/engineering services for the UNLV Shadow Lane Biomedical Research Building, SPWB Project No. 07-C89; SPWB Contract No. 3719. This amendment credits one half of the contractor's contingency and decreases the agreement fee by \$57,886. The amendment also credits the remaining owner contingency by \$154,070. These credits reduce the maximum amount from \$7,507,634 to \$7,295,678. | | | | |
| | | Term of Contract: | 10/28/2008 - 07/24/2009 | Consultant: NO | Contract # CONV5801 | | |
| 16. | 190 | STATE PUBLIC WORKS BOARD - UNIV 05 CIP PROJ-CCSN NLV-Non-Exec | CLARK & SULLIVAN CONSTRUCTORS, INC. | BONDS: GENERAL OBLIGATION BONDS 93% OTHER: TRANSFER FROM UNIVERSITY RECEIPTS 7% | \$10,900,000 | | |
| | | Contract Description: | This is a new contract to provide owner construction manager at risk services to construct/remodel a 15,800 sf laboratory including replacement of existing HVAC, Fire Alarm Systems, Controls, Hydronic Piping and Lighting. SPWB Project No. 09-C23L; SPWB Contract No. 5700. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Consultant: NO | Contract # 11573 | | |
| 17. | 190 | STATE PUBLIC WORKS BOARD - CORRECTIONS CIPS Non-Exec | JBA CONSULTING ENGINEERS | BONDS: GENERAL OBLIGATION BONDS | \$145,850 | PROFESSIONAL SERVICE | |
| | | Contract Description: | This is a new contract to provide professional architectural/engineering services to replace doors, locks and control panels on Housing Units 2,3,4 at the Southern Desert Correctional Center, SPWB Project No. 09-M11; SPWB Contract No. 5572. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Consultant: NO | Contract # 11486 | | |
| 18. | 190 | STATE PUBLIC WORKS BOARD - PRISON 05 CIP PROJECTS-Non-Exec | BURKE & ASSOCIATES, INC. | BONDS: GENERAL OBLIGATION BONDS | \$19,085 | PROFESSIONAL SERVICE | |
| | | Contract Description: | This is a new contract to provide Owner-Construction Manager at Risk (CMAR) Pre-Construction services for the Southern Desert Correctional Center Expansion, Phase II (Culinary, Dining and Laundry Building), Indian Springs, NV, SPWB Project No. 07-C07 (A), SPWB Contract No. 5650. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 11549 | | |

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|-------|------------------------------|---|---|---|---------------------|--|
| 19. | 190 | STATE PUBLIC WORKS BOARD - PRISON 05 CIP PROJECTS-Non-Exec | O'CONNOR CONSTRUCTION MANAGEMENT | BONDS: GENERAL OBLIGATION BONDS | (\$229,819) | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides Extended Project Management for Indian Springs Correctional Center Boot Camp, Indian Springs, Nevada, SPWB Project No. 07-C05; SPWB Contract No. 3212. This amendment decreases the maximum amount from \$926,540 to \$696,721.20 per the final services invoice. | | | | |
| | | Term of Contract: | 05/13/2008 - 06/30/2011 | Consultant: NO | Contract # CONV5319 | |
| 20. | 190 | STATE PUBLIC WORKS BOARD - 2005 MILITARY CIP PROJECTS - LVRC-Non-Exec | PENTA BUILDING GROUP INC, THE | BONDS: GENERAL OBLIGATION BONDS 33% FEDERAL 67% | \$26,810,874 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide owner construction manager at risk services for the North Las Vegas Readiness Center, Las Vegas, NV; SPWB Contract NO. 09-C14; SPWB Contract No. 5681. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Consultant: NO | Contract # 11573 | |
| 21. | 190 | STATE PUBLIC WORKS BOARD - CULTURAL AFFAIRS CIPS Non-Exec | SHEN MILSOM WILKE | BONDS | \$2,220 | PROFESSIONAL SERVICE |
| | Contract Description: | This is an amendment to the original contract, which provides professional architectural/engineering services along with acoustical consulting services for the completion of the Nevada State Museum Exhibits Construction, SPWB Project No. 09-C04; SPWB Contract No. 5348. The amendment increases the maximum amount from \$8,500 to \$10,720 to provide additional support to respond to the prioritization of the recommendations of the original report, review of RFI's submittals and shop drawings. | | | | |
| | | Term of Contract: | 05/12/2010 - 06/30/2013 | Consultant: NO | Contract # 11131 | |
| 22. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION | PUBLIC CONSULTING GROUP, INC. | GENERAL 10% FEDERAL 90% | \$544,493 | |
| | Contract Description: | This is a new contract to provide support to the agency in developing a State Medicaid Health Information Technology Plan (SMHP) and an Advanced Planning Document to submit to the Centers for Medicare and Medicaid (CMS) for future funding to meet Federal Mandates of the American Recovery and Reinvestment Act of 2009 (ARRA) for the purpose of implementing a Provider Incentive Payment Program as well as implementing the Medicaid Strategic Vision for Health Information Technology (HIT). | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 11557 | |
| 23. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - MATERNAL CHILD HEALTH SERVICES | DEAF AND HARD OF HEARING ADVOCACY AND RESOURCE CENTER | FEDERAL | \$15,000 | |
| | Contract Description: | This is a new contract to provide interpreter/Communication Access Realtime Translation (CART) services to the deaf and hard of hearing at family support meetings, community events, training events and Individual Education Program meetings, among others. | | | | |
| | | Term of Contract: | 09/01/2010 - 08/31/2012 | Consultant: NO | Contract # 11497 | |

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|-------|------------------------------|---|---|--|---------------------|--|
| 24. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - OFFICE OF HEALTH ADMINISTRATION | NEVADA BROADCASTERS ASSOCIATION | FEDERAL | \$250,000 | SOLE SOURCE |
| | Contract Description: | This is an amendment to the original contract, which provides health related public service announcements (PSAs) throughout the State of Nevada. This amendment extends the termination date from September 30, 2011 to September 30, 2012, and increases the maximum amount from \$250,000 to \$500,000, due to the increase in health related PSAs. | | | | |
| | | Term of Contract: | 09/08/2009 - 09/30/2012 | Consultant: NO | Contract # CONV6846 | |
| 25. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - EMERGENCY MEDICAL SERVICES | UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE | FEE: EMS CERTIFICATION FEES 34% FEDERAL 66% | \$12,000 | EXEMPT |
| | Contract Description: | This is an amendment to the original contract which provides continuing education on emergency medical care and systems. This amendment increases the maximum amount from \$23,000 to \$35,000 to fund more attendees to the next two conferences. | | | | |
| | | Term of Contract: | 06/17/2009 - 02/28/2012 | Consultant: NO | Contract # CONV6446 | |
| 26. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - ADMINISTRATION | DUCKWATER SHOSHONE TRIBE | OTHER: VENDOR MATCHING FUNDS 35% FEDERAL 65% | \$100,853 | |
| | Contract Description: | This is an amendment to the original interlocal agreement to provide for the implementation of the Supplemental Nutrition Education Program (SNAP). This amendment more accurately defines the "consideration" portion of the contract to identify the federal funds portion and the vendor cost share portion which includes an administrative fee retained by the Division of Welfare and Supportive Services (DWSS). This amendment increases the total amount by \$100,853 from \$187,736 to \$288,589. | | | | |
| | | Term of Contract: | 10/01/2009 - 09/30/2010 | Consultant: NO | Contract # 10176 | |
| 27. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM | POLICY STUDIES, INC. | FEDERAL | \$1,000,000 | |
| | Contract Description: | This is a new contract to provide for an assessment of the Nevada Operations of Multi Automated Data System (NOMADS) to determine long term viability of the system and recommendations for system upgrades and enhancements. | | | | |
| | | Term of Contract: | 11/01/2010 - 12/31/2011 | Consultant: NO | Contract # 11425 | |
| 28. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | LAS VEGAS, CITY OF | FEDERAL | \$95,000 | |
| | Contract Description: | This is a new interlocal contract to provide funding for before and after school child care programs through their Parents as Learning Support (PALS) program. This program provides funding to local elementary schools that participate in PALS by supporting programs in literacy, tutoring, health and fitness, resources and educational equipment. | | | | |
| | | Term of Contract: | 07/01/2010 - 06/30/2011 | Consultant: NO | Contract # 10828 | |

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|-------|--------|---|--|------------------------------|----------------------------|--|
| 29. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES | RFI COMMUNICATIONS & SECURITY SYSTEMS | GENERAL | \$15,000 | SOLE SOURCE |
| | | Contract Description: | This is an amendment to the original contract, which provides services to maintain a reliable security system at the Dini-Townsend Hospital. This amendment increases the maximum amount by \$15,000 from \$52,361 to \$67,361 to allow for emergency or unforeseen repairs/replacements or additions of doors with security systems. | | | |
| 30. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - RURAL CLINICS | MEDICAL DOCTOR ASSOCIATES (MDA) | GENERAL 92% FEDERAL 8% | \$85,160 | SOLE SOURCE |
| | | Contract Description: | This is an amendment to the original contract, which provides psychiatric and nursing services to Rural Clinics Community Mental Health Centers. This amendment changes the mileage rate to \$.50 per mile, changes the name of the contractor from Medical Doctor Associates to the owner of the company Cross Country, Inc and Affiliates, and increases the Psychiatrist portion of the contract from \$1,000,040 to \$1,085,200. | | | |
| 31. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - RURAL CLINICS | UNR MEDSCHOOL ASSOCIATES | GENERAL 92% FEDERAL 8% | \$47,040 | |
| | | Contract Description: | This new contract is to provide psychiatric services to Rural Services Community Mental Health Centers. | | | |
| 32. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - COMMUNITY JUVENILE JUSTICE PROGRAMS | SOCIAL SERVICES ASSOCIATES | FEDERAL | \$23,000 | |
| | | Contract Description: | This is a new contract to provide a Juvenile Sexual Offender Counselor Certification Program during fiscal year 2011. | | | |
| 33. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | BOYS TOWN NEVADA, INC. | GENERAL | \$270,000 | |
| | | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and /or mental health care. | | | |
| | | Term of Contract: | 07/01/2010 - 06/30/2014 | Consultant: NO | Contract # 10996 | |
| | | Term of Contract: | 08/12/2008 - 06/30/2011 | Consultant: NO | Contract # CONV5598 | |
| | | Term of Contract: | 05/01/2010 - 06/30/2011 | Consultant: NO | Contract # 11382 | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 11513 | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11523 | |

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|-------|------------------------------|---|-------------------------------|----------------|------------------|--|
| 34. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | EVERGREEN COUNSELING, INC. | GENERAL | \$18,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11524 | |
| 35. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | KIMBERLY MOLNAR MFT, LTD | GENERAL | \$36,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11526 | |
| 36. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | MAJESTIC BEHAVIORAL HEALTH | GENERAL | \$18,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11527 | |
| 37. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | MAPLE STAR NEVADA, INC. | GENERAL | \$540,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11528 | |
| 38. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | QUEST COUNSELING & CONSULTING | GENERAL | \$18,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11529 | |

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| 39. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | RITE OF PASSAGE, INC. | GENERAL | \$540,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care in Northern Nevada. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11530 | |
| 40. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | RITE OF PASSAGE, INC. | GENERAL | \$540,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care in Southern Nevada. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11531 | |
| 41. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NEVADA | GENERAL | \$270,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11533 | |
| 42. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | STUYVESANT, ROBERT LCSW | GENERAL | \$75,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11532 | |
| 43. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | UNITY VILLAGE | GENERAL | \$270,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11525 | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|---|-------------------------------------|--|------------------|--|
| 44. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES | WESTCARE NEVADA, INC. | GENERAL | \$30,000 | |
| | Contract Description: | This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2013 | Consultant: NO | Contract # 11534 | |
| 45. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES | EXECUTIVE PEST SERVICES, LLC | GENERAL 41.8% OTHER: 4.1% FEDERAL 54.1% | \$17,640 | |
| | Contract Description: | This is a new contract to provide pest control services to the West Charleston campus located in Las Vegas. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2012 | Consultant: NO | Contract # 11477 | |
| 46. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES | JACOB TRANSPORTATION SVCS, LLC | GENERAL 44% OTHER: RENT AND INSURANCE 3% FEDERAL 53% | \$1,508,760 | |
| | Contract Description: | This is a new contract to provide transportation services for youths ages 3-6 yrs old enrolled in the day treatment program for early childhood services. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2014 | Consultant: NO | Contract # 11522 | |
| 47. | 431 | ADJUTANT GENERAL AND NATIONAL GUARD - MILITARY | JBR ENVIRONMENTAL CONSULTANTS, INC. | FEDERAL | \$22,237 | |
| | Contract Description: | This is a new contract to perform weed abatement at the Stead Training Center to include providing all necessary documentation. | | | | |
| | | Term of Contract: | Upon Approval - 09/14/2011 | Consultant: NO | Contract # 11548 | |
| 48. | 580 | PUBLIC UTILITIES COMMISSION | BT CONFERENCING VIDEO, INC. | FEE: REGULATOR Y FEES FUND 224 | \$18,365 | |
| | Contract Description: | This is a new contract to provide on-Site Installation of Polycom HDX Series Video System in Las Vegas, NV. | | | | |
| | | Term of Contract: | Upon Approval - 10/12/2011 | Consultant: NO | Contract # 11535 | |
| 49. | 650 | DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY | SPILLMAN TECHNOLOGIES, INC. | OTHER: FORFEITURE FUNDS 15% FEDERAL 85% | \$6,895,814 | |
| | Contract Description: | This is a new contract to provide implementation of a statewide multi-jurisdictional public safety information system. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Consultant: NO | Contract # 11555 | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|--|--------------------------------------|--|------------------|--|
| 50. | 702 | DEPARTMENT OF WILDLIFE - BOATING PROGRAM | NEVADA DIVISION OF STATE PARKS | FEDERAL | \$466,651 | |
| | Contract Description: | This is a new interlocal agreement for the construction of a boat launch and dock, picnic ramadas, paved parking, and amenities at South Fork Reservoir. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2012 | Consultant: NO | Contract # 11546 | |
| 51. | 702 | DEPARTMENT OF WILDLIFE - HERITAGE-Non-Exec | QUICKSILVER AIR, INC. | OTHER: HERITAGE FUND 50% FEDERAL 50% | \$192,725 | |
| | Contract Description: | This is a new contract to provide aerial wildlife capture and transport services. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2012 | Consultant: NO | Contract # 11561 | |
| 52. | 705 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - WATER RESOURCES | ASSOCIATED UNDERWATER SERVICES, INC. | GENERAL | \$100,000 | SOLE SOURCE |
| | Contract Description: | This is a new contract for work at South Fork Dam. The hydraulic system at South Fork Dam that operates the inlet gate on the south conduit is losing pressure indicating a loss of hydraulic fluid. Immediate repairs are necessary to maintain the integrity of the structure. Therefore, this contract would have divers inspect the trash racks, guard gates, outlet structure and immediate area "in the wet" and to observe the actuation of the rams while in the water to determine potential hydraulic fluid leak, and assess any and all potential issues related to the operation of the inlet works. | | | | |
| | | Term of Contract: | 07/22/2010 - 12/31/2010 | Consultant: NO | Contract # 11517 | |
| 53. | 705 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - WATER RESOURCES - L.V. BASIN WATER DISTRICT-Non-Exec | CARSON WATER SUBCONSERVANCY DISTRICT | OTHER: REVENUE GENERATING CONTRACT | \$20,000 | |
| | Contract Description: | This is a new revenue contract to provide funding for performing groundwater inventories in Carson, Eagle, Dayton and Churchill Valleys. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 11436 | |
| 54. | 707 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - STATE LANDS | POGGEMEYER DESIGN GROUP, INC. | FEDERAL | \$99,935 | |
| | Contract Description: | This is a new contract to develop a joint land use study for the Nevada National Guard's Floyd Edsall Training Center and its environs in North Las Vegas to address how the mission of the center may be affected by surrounding development pressures. | | | | |
| | | Term of Contract: | 09/09/2010 - 11/14/2011 | Consultant: NO | Contract # 11386 | |
| 55. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER POLLUTION CONTROL | NEVADA WATER ENVIRONMENT ASSOC. | FEE: CERTIFICATION FEES AND DISCHARGE PERMIT FEES | \$100,000 | |
| | Contract Description: | This is a new contract to provide Certification to Nevada Wastewater Operators. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2014 | Consultant: NO | Contract # 11539 | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|--|--------------------------------|--|---------------------|--|
| 56. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM | SOUTHERN NEVADA HEALTH | FEDERAL | \$20,000 | |
| | Contract Description: | This is an amendment to the original contract, which provides assistance to the agency in applying Nevada laws governing public water systems. This amendment increases the maximum amount from \$140,000 to \$160,000 due to the increased overall program costs and program tasks with the implementation of the Environmental Protection Agency Groundwater Rule. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 10280 | |
| 57. | 800 | DEPARTMENT OF TRANSPORTATION | GCR & ASSOCIATES, INC. | FEDERAL | \$175,000 | |
| | Contract Description: | This is a new contract to implement an Airport System Manager Program (ASM) which will allow Nevada airports to produce an action plan for consistent airport development with local, state and national goals. | | | | |
| | | Term of Contract: | Upon Approval - 09/01/2013 | Consultant: NO | Contract # 11571 | |
| 58. | 810 | DEPARTMENT OF MOTOR VEHICLES - RECORDS SEARCH | QAS SYSTEMS LTD. | FEE: RECORDS BUDGET | \$46,445 | |
| | Contract Description: | This is an amendment to the original contract, which provides for the maintenance and updates of the address verification software. This amendment extends the termination date from October 31, 2010 to October 31, 2011 and increases the maximum amount from \$198,381.25 to \$244,826. | | | | |
| | | Term of Contract: | Upon Approval - 10/31/2011 | Consultant: NO | Contract # 11589 | |
| 59. | 810 | DEPARTMENT OF MOTOR VEHICLES - MOTOR VEHICLE POLLUTION CONTROL | CLARK, COUNTY OF | OTHER: POLLUTION CONTROL FEES | \$564,270 | |
| | Contract Description: | This is a new interlocal agreement to address air quality related issues in the Las Vegas Valley non-attainment area to include but not limited to: development and maintenance of a perpetual emissions inventory for criteria and hazardous pollutants; development of a Particulate Matter (PM10) redesignation and maintenance plan; development of an Ozone Maintenance Plan; continuation of public outreach and voluntary participatory programs promoting clean air; and funding of staff participation in air quality related training seminars, conferences, and meetings. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2012 | Consultant: NO | Contract # 11551 | |
| 60. | 810 | DEPARTMENT OF MOTOR VEHICLES - MOTOR VEHICLE POLLUTION CONTROL | ENVIRONMENTAL SYSTEMS PRODUCTS | OTHER: EMISSION CONTROL FEE | \$58,546 | |
| | Contract Description: | This is an amendment to the original contract, which assists counties within Nevada with non-attainment air quality to reach compliance with the United States Environmental Protection Agency. This amendment extends the contract termination date from October 31, 2011 to October 31, 2013 and increases the maximum amount from \$134,588 to \$193,134 due to the vendor agreeing to reduce their cost by 13% as requested by the Governor. | | | | |
| | | Term of Contract: | 10/08/2007 - 10/31/2013 | Consultant: NO | Contract # CONV4842 | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|---|-------------------------------|--|-----------|--|
| 61. | 810 | DEPARTMENT OF MOTOR VEHICLES - MOTOR VEHICLE POLLUTION CONTROL | WASHOE, COUNTY OF | OTHER: POLUTION CONTROL FEES | \$140,000 | |
| | Contract Description: | This is a new interlocal agreement to fund a professional air pollution apportionment research study, purchase ambient air quality monitoring equipment, provide resources for air quality travel/training, fund public outreach activities, provide office furniture and support equipment for the air quality office, and support greenhouse gas reduction activities including a student intern position. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2012 | Consultant: NO | Contract # 11570 | | |
| 62. | 810 | DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES | MASON VALLEY JANITORIAL | HIGHWAY | \$11,200 | |
| | Contract Description: | This is an amendment to the original contract, which provides for the janitorial service at the Yerington DMV office. This amendment extends the termination date from October 31, 2010 to December 31, 2012 and increases the maximum amount from \$9,600 to \$20,800 to cover the additional months of service. | | | | |
| | Term of Contract: | 01/27/2009 - 12/31/2012 | Consultant: NO | Contract # CONV6027 | | |
| 63. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION | BOARD OF REGENTS - UNR | OTHER: ADAPTIVE RESOURCES GRANT | \$109,955 | EXEMPT |
| | Contract Description: | This is an amendment to the original interlocal agreement, which provides assistive technology consultants to provide individuals with disabilities residing in northern and rural Nevada with assistive technology assessment, testing and training in an effort to attain employment. This amendment increases the maximum amount from \$204,351.33 to \$314,306.33 for the term of the contract and clarifies grant and budget requirements. | | | | |
| | Term of Contract: | 09/08/2008 - 09/07/2012 | Consultant: NO | Contract # CONV5706 | | |
| 64. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB REHABILITATION DIVISION | J&L JANITORIAL | OTHER: ALL DETR BUDGET ACCOUNTS | \$13,500 | |
| | Contract Description: | This is an amendment to the original contract, which provides janitorial services for the Elko Job Connect office, located at 172 6th Street, Elko, NV 89891. This amendment increases the maximum amount from \$9,016 to \$22,516 to cover the monthly cost through the term of the contract. | | | | |
| | Term of Contract: | 04/30/2010 - 09/08/2011 | Consultant: NO | Contract # 10863 | | |
| 65. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - EQUAL RIGHTS COMMISSION | ADT SECURITY SERVICE, INC. | OTHER: ALL DETR BUDGET ACCOUNTS | \$33,100 | SOLE SOURCE |
| | Contract Description: | This is an amendment to the original contract, which provides maintenance and service of the alarm system and electric/low voltage passage door locking mechanisms at the department's administrative building at 2800 E. St. Louis, Las Vegas. This amendment increases the maximum amount from \$81,300 to \$114,400 for additional security equipment required at this site due to several recent acts of vandalism at the Las Vegas building and to cover the quarterly maintenance fees. | | | | |
| | Term of Contract: | 09/11/2007 - 06/30/2011 | Consultant: NO | Contract # CONV4445 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-------|------------------------------|---|--|----------------|------------------|--|
| 66. | 908 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - RESEARCH & ANALYSIS | STATE OF COLORADO, DEPARTMENT OF LABOR | FEDERAL | \$20,000 | EXEMPT |
| | Contract Description: | This is a new interlocal agreement with the Colorado Department of Labor and Employment, Office of Labor Market Information to provide project management and subject matter expertise to the Projections Managing Partnership in the development of "green" jobs labor market information. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 11410 | |
| 67. | 908 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - RESEARCH & ANALYSIS | UTAH DEPARTMENT OF WORKFORCE SERVICES | FEDERAL | \$20,000 | EXEMPT |
| | Contract Description: | This is a new interlocal agreement with the Utah Department of Workforce Services to provide project management and subject matter expertise to the Projections Managing Partnership in the development of "green" jobs labor market information. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2011 | Consultant: NO | Contract # 11411 | |

***8. MASTER SERVICE AGREEMENT**

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|--------|------------------------------|--|--------------------------|-------------------|---------------------|--|
| MSA 1. | MSA | VARIOUS STATE AGENCIES | ALSCO, INC., AL DIVISION | OTHER: VARIOUS | \$250,000 | |
| | Contract Description: | This is an amendment to the previously approved contract, which provides laundry services to various agencies. This amendment extends the termination date from December 21, 2011 to December 31, 2013 and increases the maximum amount from \$750,000 to \$1,000,000. The vendor reduced their rates 6% per the request of the Governor for the extended two years. | | | | |
| | | Term of Contract: | 12/11/2007 - 12/31/2013 | Consultant: NO | Contract # CONV5162 | |
| MSA 2. | MSA | VARIOUS STATE AGENCIES | BLIND CENTER OF NEVADA | OTHER: VARIOUS | \$500,000 | |
| | Contract Description: | This is a new contract to provide labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, poly-bagging and shrink wrapping by persons with developmental disabilities. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2012 | Consultant: NO | Contract # 11564 | |
| MSA 3. | MSA | VARIOUS STATE AGENCIES | ENPORION, INC. | OTHER: VARIOUS | \$100,000 | |
| | Contract Description: | This is a new contract to provide reverse auction services. A reverse auction is a type of auction where the role of the buyer and seller are reversed, with the primary objective to obtain the best pricing for a commodity in a competitive environment. Unlike traditional auctions in which the price goes up, reverse auctions drive down the cost during a specific time frame. | | | | |
| | | Term of Contract: | 11/01/2010 - 10/31/2014 | Consultant: NO | Contract # 11507 | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | SOLE SOURCE/ PROFESSIONAL SERVICE EXEMPTION |
|-----------|------------------------------|--|--------------------------------|-------------------|-----------|--|
| MSA 4. | MSA | VARIOUS STATE AGENCIES | OPPORTUNITY VILLAGE | OTHER: VARIOUS | \$500,000 | |
| | Contract Description: | This is a new contract to provide labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, poly-bagging and shrink wrapping by persons with developmental disabilities. | | | | |
| | Term of Contract: | 11/01/2010 - 10/31/2012 | Consultant: NO | Contract # 11562 | | |
| MSA 5. | MSA | VARIOUS STATE AGENCIES | WASHOE ABILITY RESOURCE CENTER | OTHER: VARIOUS | \$500,000 | |
| | Contract Description: | This is a new contract to provide various labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, poly-bagging and shrink wrapping services by persons with developmental disabilities. | | | | |
| | Term of Contract: | 11/01/2010 - 10/31/2012 | Consultant: NO | Contract # 11566 | | |

9. INFORMATION ITEM

A. Status of Contracts Pending Nevada State Business Licenses as of September 9, 2010 Board of Examiners meeting

| BOE MTG DATE | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | *STATUS |
|--------------------|------------------------------|--|-----------------------------------|--|-------------|------------------|
| 9/9/10 | 051 | TREASURER'S OFFICE - COLLEGE SAVINGS TRUST | PUTNAM INVESTMENT MANAGEMENT, LLC | OTHER: FEES FROM ACCOUNT REVENUES | \$5,450,000 | Compliant |
| | Contract Description: | This is a new contract and the vendor will service as program manager and investment manager for an advisor-sold 529 savings plan. | | | | |
| | Term of Contract: | Upon Approval - 09/30/2015 | Consultant: NO | Contract # 11510 | | |
| 9/9/10 | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - WIC FOOD SUPPLEMENT | OPEN DOMAIN, INC. | FEDERAL | \$242,825 | Compliant |
| | Contract Description: | This is an amendment to the original contract, which provides technological support to the Women, Infants and Children (WIC) Program. This amendment increases the maximum amount of the contract from \$677,975 to \$920,800 due to additional programming hours and an enhanced server system. | | | | |
| | Term of Contract: | 10/01/2007 - 09/30/2011 | Consultant: NO | Contract # CONV4811 | | |

| BOE MTG DATE | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | *STATUS |
|--------------------|----------------------------------|--|--|---|------------------|------------------|
| 9/9/10 | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - ADMINISTRATION | INTERACTIVE VOICE APPLICATIONS, INC. | OTHER: COST ALLOCATION PLAN REIMBURSEM ENTS | \$29,558 | Compliant |
| | Contract Description: | The contractor will provide implementation, training and yearly hosting for a random moment sample (RMS) system which will enable the automated generation, delivery, collection, and analysis of random moment samples. This includes generation of reports required by federal funding regulations. It should be noted that MHDS recently implemented a Center for Medicaid/Medicare Services (CMS) required cost allocation plan (CAP). This RMS system is part of the implementation of the CAP. | | | | |
| | | Term of Contract: | Upon Approval - 04/14/2013 | Consultant: NO | Contract # 11509 | |
| 9/9/10 | 704 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - MAINTENANCE OF STATE PARKS-Non- Exec | 4-D PLUMBING & BUILDERS' SUPPLY, INC. | OTHER: UTILITY SURCHARGE | \$74,700 | Compliant |
| | Contract Description: | This is a new contract to provide on-call services for emergency well problems at state parks in the southern region of Nevada. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2013 | Consultant: NO | Contract # 11489 | |

***Status must be – Compliant, Withdrawn, or Unresolved**

10. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

*11. ADJOURNMENT

Notice of this meeting was posted in the following locations:

Blasdel Building, 209 E. Musser St., Carson City, NV
 Capitol Building, 101 N. Carson St., Carson City, NV
 Legislative Building, 401 N. Carson St., Carson City, NV
 Nevada State Library and Archives, 100 Stewart Street, Carson City, NV

Notice of this meeting was emailed for posting to the following location:

Capitol Police, Grant Sawyer State Office Building, 555 E. Washington Ave, Las Vegas, NV
 Hadi Sadjadi: hsadjadi@dps.state.nv.us

Notice of this meeting was posted on the following website:

<http://budget.state.nv.us/>

We are pleased to make reasonable accommodations for members of the public who are disabled and would like to attend the meeting. If special arrangements for the meeting are required, please notify the Department of Administration at least one working day before the meeting at (775) 684-0222 or you can fax your request to (775) 684-0260.

DETAILED AGENDA

October 12, 2010

*1. APPROVAL OF THE SEPTEMBER 9, 2010 SPECIAL BOARD OF EXAMINERS' MEETING MINUTES

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

*2. REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE (IFC) CONTINGENCY FUND

Pursuant to NRS 353.268, an agency or officer shall submit a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Fund.

A. Office of the Governor – Ethics Commission – \$4,300.00

The Ethics Commission is requesting an allocation from the Interim Finance Committee Contingency Fund in the amount of \$4,300 to provide funding for the costs for filing a petition for *writ of certiorari* associated with an appeal to the US Supreme Court.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

*3. REQUEST TO WRITE OFF BAD DEBT

NRS 353C.220 allows agencies, with approval of the Board of Examiners, to write off bad debts deemed uncollectible.

A. Public Employee Benefits Program – \$384.41

Public Employees' Benefits Program (PEBP) is requesting authority to write off debt that totals \$384.41. The reported debt is specifically related to participant health insurance premiums. One account represents a deceased participant and three accounts represent collection fees deducted from amounts collected from the Controller's Office.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

B. Department of Public Safety – Records and Technology Division – \$3,197.50

The Division is requesting approval to write-off outstanding debts owed by past due vendors which exceed \$50.00. The total amount of this request is \$3,197.50.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***4. STATE VEHICLE PURCHASE**

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

A. Department of Administration – Motor Pool Division – \$840,000.00

The Motor Pool Division is requesting approval to purchase 35 vehicles, not to exceed \$840,000. This request replaces motor pool vehicles assigned to various agencies on a long-term basis and was approved by the 2009 Legislature.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

B. Commission on Mineral Resources – Division of Minerals – \$35,173.00

The Division of Minerals is requesting permission to purchase one ¾ ton, 4 wheel-drive pickup at approximately \$35,173. The division is legislatively approved to replace one vehicle in FY 11. The requested vehicle will replace an existing 2002 ¾ ton, 4 wheel-drive pickup with 104,000 miles.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***5. VICTIMS OF CRIME PROGRAM (VOCP) APPEAL**

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.

A. Fidel Mesa

Mr. Mesa is appealing the denial of his application for VOCP assistance due to a late filed application and a confirmation of legal residency.

Clerk's Recommendation: The report recommended denial of the appeal.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***6. LEASES**

Three statewide leases were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***7. CONTRACTS**

Sixty-seven independent contracts were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***8. MASTER SERVICE AGREEMENTS**

Five master service agreements were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

9. INFORMATION ITEM

A. Status of Contracts Pending Nevada State Business Licenses' as of September 9, 2010 Board of Examiners' meeting

| BOE MTG DATE | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | *STATUS |
|--------------|------------------------------|--|-----------------------------------|-----------------------------------|------------------|------------------|
| 9/9/10 | 051 | TREASURER'S OFFICE - COLLEGE SAVINGS TRUST | PUTNAM INVESTMENT MANAGEMENT, LLC | OTHER: FEES FROM ACCOUNT REVENUES | \$5,450,000 | Compliant |
| | Contract Description: | This is a new contract and the vendor will service as program manager and investment manager for an advisor-sold 529 savings plan. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2015 | Consultant: NO | Contract # 11510 | |

| BOE MTG DATE | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | *STATUS |
|--------------------|--------|---|--|---|---------------------|------------------|
| 9/9/10 | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - WIC FOOD SUPPLEMENT | OPEN DOMAIN, INC. | FEDERAL | \$242,825 | Compliant |
| | | Contract Description: | This is an amendment to the original contract, which provides technological support to the Women, Infants and Children (WIC) Program. This amendment increases the maximum amount of the contract from \$677,975 to \$920,800 due to additional programming hours and an enhanced server system. | | | |
| | | Term of Contract: | 10/01/2007 - 09/30/2011 | Consultant: NO | Contract # CONV4811 | |
| 9/9/10 | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - ADMINISTRATION | INTERACTIVE VOICE APPLICATIONS, INC. | OTHER: COST ALLOCATION PLAN REIMBURSEM ENTS | \$29,558 | Compliant |
| | | Contract Description: | The contractor will provide implementation, training and yearly hosting for a random moment sample (RMS) system which will enable the automated generation, delivery, collection, and analysis of random moment samples. This includes generation of reports required by federal funding regulations. It should be noted that MHDS recently implemented a Center for Medicaid/Medicare Services (CMS) required cost allocation plan (CAP). This RMS system is part of the implementation of the CAP. | | | |
| | | Term of Contract: | Upon Approval - 04/14/2013 | Consultant: NO | Contract # 11509 | |
| 9/9/10 | 704 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - MAINTENANCE OF STATE PARKS-Non- Exec | 4-D PLUMBING & BUILDERS' SUPPLY, INC. | OTHER: UTILITY SURCHARGE | \$74,700 | Compliant |
| | | Contract Description: | This is a new contract to provide on-call services for emergency well problems at state parks in the southern region of Nevada. | | | |
| | | Term of Contract: | Upon Approval - 06/30/2013 | Consultant: NO | Contract # 11489 | |

***Status must be – Compliant, Withdrawn, or Unresolved**

10. BOARD MEMBERS' COMMENTS/PUBLIC COMMENT

*11. ADJOURNMENT

Motion By: _____ **Seconded By:** _____ **Vote:** _____
Comments: _____

MINUTES

MEETING OF THE BOARD OF EXAMINERS

September 9, 2010

The Board of Examiners met on September 9, 2010, in the Annex on the second floor of the Capitol Building, 101 N. Carson St., Carson City, Nevada, at 9:00 a.m. Present were:

Members:

Governor Jim Gibbons
Attorney General Catherine Cortez Masto
Secretary of State Ross Miller
Clerk Andrew K. Clinger

Others Present:

Lori Myer, Department of Business and Industry, Industrial Relations
Jason Holm, Department of Health and Human Services, Welfare and Supportive Services
Tammy Trio, Department of Public Safety, Highway Patrol
Nancy Bowman, Office of the Attorney General
Bill Bainter, Department of Public Safety, Highway Patrol
Peter Reinschmidt, Department of Public Safety, Emergency Management
Bill Anderson, Department of Employment Training and Rehabilitation
Dawn Rosenberg, Department of Corrections
Robert, Office of the Attorney General
Tony Almaraz, Department of Public Safety, Highway Patrol
Gerald Lent, Wildlife Commissioner
Joyce Garrett, Department of Public Safety, Emergency Management
Shelley Blotter, Department of Personnel
Mike Fischer, Department of Cultural Affairs
Kathy Yonkers, Department of Employment Training and Rehabilitation
Tammy Moffitt, Department of Employment Training and Rehabilitation
Keith Rheault, Department of Education
Greg Weyland, Department of Education
Dorrie Kingsley, Department of Health and Human Services, Health Care Financing and Policy
Leah Lamborn, Department of Health and Human Services, Health Care Financing and Policy
Kimberlee Tarter, Department of Administration, Purchasing
Tamara Nash, Department of Employment Training and Rehabilitation
Brenda Ford, Department of Employment Training and Rehabilitation
Evan Dale, Department of Administration
Katie Armstrong, Office of the Attorney General
Jim Spencer, Office of the Attorney General

Press:

Sean Whaley, Nevada News Bureau
Cy Ryan, Las Vegas Sun
Geoff Dornan, Nevada Appeal
Sandra Chereb, Associated Press

***1. APPROVAL OF THE JULY 30, 2010 SPECIAL BOARD OF EXAMINERS' MEETING MINUTES**

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General Seconded By: Secretary of State Vote: 3-0

Comments:

Governor: Good morning everyone. The Board of Examiners meeting scheduled for today, September 9, 2010 at 9:00 a.m. will come to order. Mr. Clerk for the record note the presence of the Attorney General by phone and the Secretary of State of State in Las Vegas, so all members are present. We have a very brief agenda this morning; we will begin with agenda item number 1 which is approval of the July 30, 2010 special Board of Examiners' meeting minutes. Mr. Clerk; any corrections or comments for the record?

Clerk: No Governor.

Governor: Any comments or questions from any member of the Board?

Attorney General: Move for approval.

Secretary of State: Second.

Governor: The Attorney General moved for approval, seconded by the Secretary of State. Any comments or questions with regard to motion? Hearing none, all those in favor signify by saying aye. Let the record reflect that agenda item number 1 has passed the Board.

***2. APPROVAL OF THE AUGUST 11, 2010 BOARD OF EXAMINERS' MEETING MINUTES**

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General Seconded By: Secretary of State Vote: 3-0

Comments:

Governor: Agenda item number 2 is the approval of the August 11, 2010 Board of Examiners' meeting minutes.

Attorney General: Move for approval.

Secretary of State: Second.

Governor: It has been moved for approval by the Attorney General, seconded by the Secretary of State. Any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda item number 2 has passed the Board.

***3. REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE (IFC) CONTINGENCY FUND**

Pursuant to NRS 353.268, an agency or officer shall submit a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Fund.

A. Department of Administration – Budget and Planning Division - \$50,000.00

The Department is requesting an allocation from the Interim Finance Committee Contingency Fund in the amount of \$50,000 to allow for transitional costs for newly elected officials.

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State Seconded By: Attorney General Vote: 3-0

Comments:

Governor: We move to agenda item number 3 which are requests for general fund allocation from the Interim Finance Committee. Mr. Clerk we have four requests, we can take them in block or we can take them individually, what would you suggest? I do request that you go over them individually, unless the Board members want to itemize for separate votes, we will continue.

Clerk: Okay. I will go over them individually for the Board. Item 3A is a request from the Department of Administration, Budget and Planning Division in the amount of \$50,000 to allow for transitional costs for newly elected officials. The transitional funds request of \$50,000 will be split, \$30,000 for the Governor's Office, \$4,000 for the Lieutenant Governor, \$4,000 for the Secretary of State, \$4,000 for the Treasurer, \$4,000 for the Controller, and \$4,000 for the Attorney General. Those funds are placed in a budget account within the Budget Division; it will only be used in case of a turnover and constitutional cause.

Governor: One question, is that the normal distribution of the transitional costs? Historically?

Clerk: Yes Governor. These are the same amounts that were approved during the last Legislative session.

Governor: Alright. Any other questions on 3A? Hearing none, we will move to 3B.

Clerk: Governor 3B is a request from the ARRA Director's Office in the amount of \$40,730. This is to cover operative costs for fiscal year 2010. The office is funded partly with state funds, partly with assessments against the ARRA grants. The assessments against the ARRA grants came in lower than anticipated so we are asking the State to cover \$40,730 to finish out fiscal year 10'.

Governor: Is this mostly personnel costs?

Clerk: Yes, it is mostly personnel costs.

Governor: Any other questions not answered in regard to agenda item 3B? Hearing none, we will move to agenda item 3C, Department of Education.

Clerk: Thank you Governor. Agenda item 3C is a request by the Department of Education in the amount of \$610,294 to address a shortfall in funding for the Full-Day Kindergarten program for fiscal year 10'. The shortfall is due to a shortfall in interest earnings. The Department was notified in June of this year that the Remediation Trust Fund would not be receiving any future interest payments during this biennium based on the amortization methodology being used to recover the estimated investment loss caused by the Lehman Brothers bankruptcy.

Governor: Questions? Comments? Hearing none, we move on to agenda item 3D.

Clerk: Thank you Governor. Agenda item 3D is a request by the Secretary of State's Office. The Office is requesting an allocation of \$25,569 from the Interim Finance Committee Contingency Fund to provide a 5% match for Nevada's federal allocation in Title II HAVA funds.

Governor: I have one question; maybe the Secretary of State can chime in an answer. I know that in the past and often times we have used the soft match as another word to your resources found in your personnel side of things to match versus just the hard cash. Is that a possibility? Can that be utilized in this match of \$25,569?

Secretary of State: We explored that with this match but we really maximized the amount of money we are able to allocate towards a soft match. Many of our personnel are already based entirely off of the HAVA grants and for this request we were unable to do it through a soft match, which is why we are requesting it through the Contingency Fund.

Governor: But it is still a possibility that it can be done if there is a fine reason, availability you say, hourly rate worked?

Secretary of State: Yes and that's how, in fact, we fund some of the positions and utilize those matches. We have positions that are specifically funded through HAVA and a portion that were funded accordingly.

Governor: Any other questions with regard to 3D? Hearing none, is there a motion for approval of agenda items 3A, B, C, and D?

Secretary of State: So moved.

Governor: Moved by the Secretary of State. Is there a second?

Attorney General: I will second.

Governor: Seconded by the Attorney General. Any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda items 3A, B, C, and D have passed the Board.

**B. Office of the Governor – American Recovery and Reinvestment Act (ARRA)
Director’s Office - \$40,730.00**

The Director’s Office is requesting an allocation from the Interim Finance Committee Contingency Fund in the amount of \$40,730 to cover a shortfall in the ARRA Assessments for fiscal year 2010.

Clerk’s Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

C. Department of Education – School Remediation Trust Fund - \$610,294.00

The department is requesting an allocation from the Interim Finance Committee Contingency Fund in the amount of \$610,294 for fiscal year 2010 to address a shortfall in the funding for Full-Day Kindergarten.

Clerk’s Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

D. Secretary of State’s Office - \$25,569.00

The agency is requesting an allocation of \$25,569 from the Interim Finance Committee Contingency Fund to provide the 5% match for Nevada’s federal allocation in fiscal year 2010 Title II Help America Vote Act funds.

Clerk’s Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***4. VICTIMS OF CRIME 2010 4TH QUARTER REPORT AND 2011 1ST
QUARTER RECOMMENDATION**

NRS 217.260 requires the Board of Examiners to estimate available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs that claim payments must be reduced proportionately. The Victims of Crime Program Coordinator recommends paying the Priority 1 & 2 claims at 100% and Priority 3 claims at 80% of the approved amount for the 1st quarter of FY 2011.

Clerk’s Recommendation: I recommend approval.

Motion By: Attorney General _____ **Seconded By: Secretary of State** _____ **Vote: 3-0**

Comments:

Governor: We move on now to agenda item number 4, Victims of Crime 2010 4th quarter report and 2011 1st quarter recommendation, Mr. Clerk.

Clerk: Thank you Governor. NRS 217.260 requires the Board of Examiners to estimate the available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs that claim payments must be reduced proportionately. There are projected 1st quarter priority 1 and 2 payments totaling \$1,289,800 and projected priority 3 payments totaling \$614,380 for a total expense of \$1.9 million. After reserving \$820,553.59 for 30 days operating expenses, the VOCP budget shows Revenues available for 1st quarter is a little over 2 million. Since fiscal year 2010 revenues were short by \$1.2 million we are recommending priority 3 payments to be paid at 80% of their approved amount, for a total of just under \$1.8 million to be paid on victim's claims in the quarter. Based on current projections, to ensure that recommended reserves stay at 30 day operating expenses, the Victims of Crime Program recommends paying Priority 1 and 2 bills at 100% and Priority 3 bills at 80% of the approved amount for the 1st quarter of fiscal year 2011.

Governor: So this 80% recommendation is only for the 1st quarter?

Clerk: That is correct. Before we start making payments on the 2nd quarter we will bring another item back to the Board.

Governor: Any questions or comments from any member of the Board?

Attorney General: I move for approval.

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

Secretary of State: Second.

Governor: Seconded by the Secretary of State. Any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda item 4 passed the Board's approval.

***5. TORT CLAIM**

Approval of tort claim pursuant to NRS 41.037

**A. Hugh Lantz, Bret Lantz, Janice Lantz – TC15506
Amount of Claim – \$580,000.00**

Discussion: The following report of investigation and subsequent recommendation from Nancy Bowman, Claims Manager for the Attorney General, has been approved by James Spencer, Chief of Staff. Ms. Bowman's report dated August 11, 2010 states:

The Nevada Private Investigator's Licensing Board (PILB) received a citizen complaint that Able Services was performing "tenant screening" without a private investigator's license. The citation has been dismissed, however the claimant is stating that revenue was lost during a two-month period while the case was being contested. The claimant believes the defendant ruined their business.

Recommendation: The report recommended that the claim be paid in the amount of \$580,000.00.

Motion By: Secretary of State **Seconded By:** Attorney General **Vote:** 3-0

Comments:

Governor: We will move to agenda item number 5, tort claim approvals, Mr. Clerk.

Clerk: Thank you Governor. The first item under 5A involves the Private Investigator's Licensing Board. This is a case involving a citation that was originally issued has been dismissed. The claim is for lost revenue during a two month period. The recommendation is to settle this in the amount of \$580,000. Item 5B is a claim involving a training program that was being held at UNLV's Sam Fulton Building where there was some equipment that the vendor tripped and injured himself on. The recommended amount of settlement on this is \$75,000.

Governor: Any comments or questions?

Secretary of State: Move for approval.

Governor: Moved by the Secretary of State for approval.

Attorney General: Second.

Governor: Seconded by the Attorney General. Any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda item number 5 has passed the Board's approval.

**B. David Kennedy – TC15511
 Amount of Claim - \$75,000.00**

Discussion: The following report of investigation and subsequent recommendation from Nancy Bowman, Claims Manager for the Attorney General, has been approved by James Spencer, Chief of Staff. Ms. Bowman's report dated August 23, 2010 states:

Mr. Kennedy, while working for MGM Mirage, Inc., was setting up for a training program that was being held at UNLV's Sam Fulton Building. As he was moving between tables to distribute written materials for the program he tripped over an electrical cord that was leading to a self-powered loudspeaker. The loudspeaker was supported by a 5-6 foot tall tripod. When he tripped, the tripod tipped and the loudspeaker fell, hitting him on the temple. He was transported to Desert Springs Hospital.

Due to the head injury he received, Mr. Kennedy now suffers from medically documented significant and permanent cognitive and mobility deficits and a profound stutter. Medical expenses to date exceed \$33,000.

The UNLV staff member who set up the loudspeaker was aware that all the electrical cords should be taped down but he refrained from doing so when he set it up. He was waiting to see if the presenter agreed with the set up before taping down the cords.

The UNLV employee breached his duty of care by not taping down the electrical cords of which Mr. Kennedy tripped over. The State of NV bears liability for Mr. Kennedy's injuries.

Recommendation: The report recommended that the claim be paid in the amount of \$75,000.00.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***6. LEASES**

Eleven statewide leases were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General _____ **Seconded By: Secretary of State** _____ **Vote: 3-0**

Comments:

Governor: We will move on to agenda item number 6 which are leases. Mr. Clerk, I noticed that many of these leases and many of the changes in here are a lot of additions to leases. Wherein, the actual whole number didn't change but the length of the lease did, so we either added a reduction in the amount of payment and an extension in the term, which is still a savings.

Clerk: That is correct Governor. There are eleven leases under agenda item 6 on the agenda. And Governor, as you pointed out, many of these are leases where the rent has been depreciated in exchange for reduced rates we have extended the term of some of these leases. This is pursuant to a memo sent out, Governor, on February 11, by you asking state agencies to seek to reduce not only leases but contracts as well.

Governor: Any questions or comments on the leases?

Attorney General: Move for approval.

Secretary of State: Second.

Governor: Moved by the Attorney General, seconded by the Secretary of State. Any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda item 6, leases have passed the Board's approval.

***7. CONTRACTS**

Seventy-six independent contracts were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Comments:

Governor: We move on now to agenda item number 7 which are contracts, Mr. Clerk.

Clerk: Thank you Governor. There are seventy-six independent contracts submitted for the Board's review and approval. I have no changes to any of the contracts on the agenda.

Governor: Comments or questions in regard to any of the items listed under agenda item number 7 contracts?

Attorney General: I move for approval of agenda item number 7.

Governor: The Attorney General has moved for approval of agenda item number 7 is there a second?

Secretary of State: I will second it. Could I jump in and just make a comment about a couple of the contracts though Governor?

Governor: Absolutely.

Secretary of State: With respect to a few of the contracts, the agenda indicates that these are in the process of securing a Nevada Business License and coming into compliance with all of our requirements in the Secretary of State's Office, that was put in place a few months ago as you remember, and when we put it in place we had quite a backlog in our processing times. That backlog no longer exists and today we are running only a couple of days to process Nevada Business License. We tried to investigate whether or not many of these entities do in fact have a business license, it looks like a couple of them have not even applied, or are not even in our queue. So I don't have any problem approving these contracts if in fact it is still contingent after our approval, upon them in fact coming into good standing and obtaining a business license. If that assumption is correct then I will go ahead and second the motion, but what I would request moving forward and particularly in this instance is that for the contracts that have been designated as not having met those requirements, that we get a report next month that they did in fact come into compliance and for those that haven't that it be properly placed on the agenda so we can take appropriate action.

Governor: Okay. Is that just a comment for the record Mr. Secretary?

Secretary of State: Yes it is a comment, but I did have a question in there as to whether or not that assumption is correct if maybe the Clerk or the Attorney General's Office could answer, is whether or not if we approve these contracts, would we still have the legal authority to reconsider them or negate the contract if they did not in fact meet the conditional requirement coming into good standing.

Katie Armstrong: I think you can put a contingent upon satisfying those requirements.

Secretary of State: Okay, if that is the case then I will go ahead and second the motion to approve all the contracts.

Governor: Okay, are there any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda item number 7 passes the Board's approval and some of the contracts are contingent upon individuals obtaining a state business license.

***8. MASTER SERVICE AGREEMENT**

One master service agreements were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General Seconded By: Secretary of State Vote: 3-0

Comments:

Governor: Move on now to agenda item number 8 master service agreements. Mr. Clerk, we have one master service agreement.

Clerk: That is correct Governor, we have one master service agreement and I have no changes to that.

Governor: Are there any comments or questions with regard to the master service agreement?

Attorney General: Move for approval

Secretary of State: Second.

Governor: Moved for approval by the Attorney General, seconded by the Secretary of State. Any comments or questions with regard to the motion? Hearing none, those in favor signify by saying aye. Let the record reflect agenda item number 8 passed the Board's approval.

9. BOARD MEMBERS' COMMENTS/PUBLIC COMMENT

Governor: We move on now to agenda item number 9 which is Board member comments. Any member of the Board wishing to make a comment at this time? Hearing none, we will move to public comment. Any member of the public wishing to testify before the Board at this time?

***10. ADJOURNMENT**

Motion By: Attorney General Seconded By: Secretary of State Vote: 3-0

Comments:

Governor: Seeing and hearing none, we will move on to agenda item number 10 which is adjournment. Is there a motion to adjourn?

Attorney General: Move to adjourn.

Secretary of State: Second.

Governor: Attorney General has moved for adjournment, seconded by the Secretary of State.
All those in favor signify by saying aye.

Respectfully submitted,

ANDREW K. CLINGER, CLERK

APPROVED:

GOVERNOR JIM GIBBONS, CHAIRMAN

ATTORNEY GENERAL CATHERINE CORTEZ MASTO

SECRETARY OF STATE ROSS MILLER



DEPARTMENT OF ADMINISTRATION

209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>

Date: September 8, 2010

To: Stephanie Day, Deputy Director
Department of Administration

From: Katrina Nielsen, Budget Analyst
Budget and Planning Division *Katrina Nielsen*

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the October 12, 2010 agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

OFFICE OF THE GOVERNOR – ETHICS COMMISSION

REQUEST FOR ALLOCATION FROM THE CONTINGENCY FUND

Statutory Authority

Pursuant to NRS 353.268, the Ethics Commission is requesting an allocation of \$4,300 from the Interim Finance Contingency Fund to provide funding for the costs for filing a petition for *writ of certiorari* associated with an appeal to the US Supreme Court.

Nature of the Request

The Nevada Commission on Ethics wishes to appeal the recent Nevada Supreme Court opinion in Carrigan v. Commission on Ethics, 126 Nev. Adv. Op. No. 28 (July 29, 2010) to the United States Supreme Court.

The opinion imposes a strict scrutiny standard to restrictions on the exercise of the First Amendment by elected officials, and the Commission disagrees with the standard imposed. The University of Virginia Supreme Court Litigation Clinic has agreed to provide legal services *pro bono* for both the writ petition and for the briefing, if the Court grants *certiorari*; however, the Commission is responsible to pay all costs associated with printing and filing the petition.

Recommendation

Recommend approval.

NRS 353.268 Recommendation by State Board of Examiners for allocation from Contingency Fund.

1. When any state agency or officer, at a time when the Legislature is not in session, finds that circumstances for which the Legislature has made no other provision require an expenditure during the biennium of money in excess of the amount appropriated by the Legislature for the biennium for the support of that agency or officer, or for any program, including the State Distributive School Account in the State General Fund, the agency or officer shall submit a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Fund.

2. The State Board of Examiners shall consider the request, may require from the requester such additional information as they deem appropriate, and shall, if it finds that an allocation should be made, recommend the amount of the allocation to the Interim Finance Committee for its independent evaluation and action. The Interim Finance Committee is not bound to follow the recommendation of the State Board of Examiners.
(Added to NRS by 1969, 1016; A 1971, 879; 1987, 417)

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

Jim Gibbons
Governor

STATE OF NEVADA

Caren Jenkins, Esq.
Executive Director



COMMISSION ON ETHICS

704 W. Nye Lane, Suite 204
Carson City, Nevada 89703
(775) 687-5469 • FAX (775) 687-1279
<http://ethics.nv.gov>

September 3, 2010

Governor Jim Gibbons
State of Nevada
Capitol Complex
Carson City, NV 89710

RE: Request for Contingency Funds for US Supreme Court Appeal

Dear Governor Gibbons:

As you are aware, the Nevada Commission on Ethics wishes to appeal the recent Nevada Supreme Court opinion in Carrigan v. Commission on Ethics, 126 Nev. Adv. Op. No. 28 (July 29, 2010) to the United States Supreme Court. The opinion imposes a strict scrutiny standard to restrictions on the exercise of the First Amendment by elected officials, and the Commission disagrees with the standard imposed. The Court found that a portion of the Ethics statutes requiring abstention was not narrowly tailored to further the Commission's compelling interest in protecting the public trust, and therefore the language was deemed overbroad. The Commission argues that the Nevada Court applied an erroneous standard.

Nevada has an opportunity to be a true leader with this case. The United States Supreme Court is being asked to analyze constitutional limits on political speech, using this case as a platform. Various state and federal courts have imposed a diversity of standards on such restrictions, and the High Court may wish to take this opportunity to clarify the state of the law. What's more, the National Association of Attorneys General and the National Conference of State Legislators both are considering filing *amicus* briefs in support of the US Supreme Court's consideration of the Carrigan matter.

The Commission on Ethics has secured a valuable opportunity to work with the University of Virginia Supreme Court Litigation Clinic to bring this petition for *writ of certiorari*. The University has agreed to provide legal services *pro bono* for both the writ petition (and for the briefing, if the Court grants *certiorari*¹); however, the Commission must be responsible to

¹ The Commission should receive a determination from the Court by June 2011. An additional request for hard costs may be brought in FY12, should the Court grant the Commission's petition.

Contingency Funds Request
Page two

pay all "hard costs." The hard costs include printing the petition through the US Supreme Court's printer (as the Court requires) and paying the filing fees.

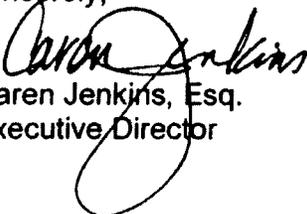
At this time, the Commission requests funding from the State's Contingency Fund for costs related to the petition for writ of certiorari alone. The University of Virginia provided an estimate of \$4,300.00 for the hard costs expected, as follows:

| | |
|--|------------|
| Supreme Court Filing fee | \$ 300.00 |
| Opening Petition & Appendix Print and Delivery Costs | \$2,500.00 |
| Reply Petition & Appendix Print and Delivery Costs | \$1,500.00 |

We respectfully ask that this request for funds be presented to the Board of Examiners and the Interim Finance Committee as soon as is possible, as we expect to file the initial petition in late October 2010.

Thank you for your attention to this request.

Sincerely,


Caren Jenkins, Esq.
Executive Director



DEPARTMENT OF ADMINISTRATION

209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
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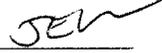
Date: September 2, 2010
To: Stephanie Day, Deputy Director
Department of Administration
From: Julie Strandberg, Budget Analyst 
Budget and Planning Division
Subject: Board of Examiners **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners meeting. An analysis of the action item and recommendation is also provided.

PUBLIC EMPLOYEES' BENEFITS PROGRAM

Nature of the Request: Write off bad debt in the amount of \$384.41

Recommendation: Public Employees' Benefits Program is requesting authority to write off debt that totals \$384.41. The reported debt is specifically related to participant health insurance premiums. One account represents a deceased participant and three accounts represent collection fees deducted from amounts collected from the Controller's Office.

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



JIM GIBBONS
Governor

JAMES R. WELLS, CPA
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001

Carson City, Nevada 89701

Telephone (775) 684-7000 · (800) 326-5496

Fax (775) 684-7028

www.pebp.state.nv.us



RANDALL J. KIRNER, EdD
Board Chairman

RECEIVED

SEP 02 2010

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

Memorandum

DATE: September 1, 2010
TO: Julie Strandberg, Budget Office
FROM: Jon Hager, Chief Financial Officer *[Signature]*
SUBJECT: Write-Off Request to Board of Examiners

Public Employees' Benefits Program (PEBP) is requesting authority from the Board of Examiners (BOE) to write-off debt that totals \$384.41. The reported debt is specifically related to participant health insurance premiums.

Of the 4 accounts identified, three accounts represents collection fees deducted from amounts collected from the Controller's Office and one account represents a deceased participant.

I would appreciate this request being placed on the October 12, 2010 BOE meeting. Please let me know if you have any questions regarding this request.



DEPARTMENT OF ADMINISTRATION

209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>

Date: September 22, 2010
To: Andrew Clinger, Director
Department of Administration
From: Julie Strandberg, Budget Analyst
Budget and Planning Division 
Subject: BOARD OF EXAMINERS **ACTION** ITEM

DEPARTMENT OF PUBLIC SAFETY – RECORDS AND TECHNOLOGY DIVISION

Statutory Authority

Pursuant to NRS 353C.220 the Records and Technology Division has taken the necessary action to collect debt pertaining to outstanding Civil Applicant Background Checks and Brady Point of Sale Accounts and have determined that the debt is impractical to collect.

Nature of the Request

The Division is requesting approval to write-off outstanding debts owed by past due vendors which exceed \$50.00. The total amount of this request is \$3,197.50..

Recommendation

The Records and Technology Division, pursuant to NRS 353C.195 requested collection assistance from the State Controller's Office and has exerted their resources to collect the outstanding debts owed. The named debts are recommended to be written off.

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |

Jim Gibbons
Governor



Jearld L. Hafen
Director

Patrick Conmay
Division Chief

Records and Technology Division
333 West Nye Lane Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 684-6265
www.nvrepository.state.nv.us

RECEIVED
AUG 27 2010
ADMINISTRATIVE SERVICES
PUBLIC SAFETY

MEMORANDUM

Date: August 30, 2010
To: Board of Examiners
From: Lisa Young, Administrative Services Officer II
Department of Public Safety – Records & Technology
Through: Jim DiBasilio, Budget Analyst III
Department of Public Safety, Administrative Services
Julie Strandberg, Budget Analyst III
Chief Assistant, Budget Administrator, Budget Division
Subject: B/A #4709 Request for Write-off of Uncollectible Balances for Civil Applicant Background Check and Brady Gun Check Accounts over \$50.00 totaling \$3,197.50.

Lisa Young

RECEIVED
SEP 02 2010
DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

The Records and Technology Division is requesting approval to write-off debt that the agency has determined to be uncollectible. The monies owed are for background check services (fingerprint-based and Brady Point of Sale) provided to the account holder by the Department of Public Safety.

We have attempted to notify these accounts of their delinquent balance via phone calls and collection letters. These letters have been sent back as undeliverable or unclaimed. These accounts went through the Controller's Office Debt Collection Program. The collection agencies were unable to collect on these accounts.

The Division has determined these accounts are uncollectable.

| Account Number | Account Name | Date Debt Incurred | Status | Amount Owed |
|----------------|-----------------------|--------------------|---------------|-------------------|
| 150125 | Our Home Adult Living | 9/1/2009 | Collections | \$102.50 |
| 881181 | Affordable Best Care | 9/1/2009 | Collections | \$768.75 |
| 881476 | Ayala Bay Corporation | 8/1/2009 | Collections | \$51.25 |
| 98801131 | Ted Hockfelder | 10/1/2009 | Collections | \$2,275.00 |
| | | | TOTAL: | \$3,197.50 |

Customer Account Information

Application: Civil Applicant
Account Number: 150125
Customer Name: OUR HOME ADULT LIVING

General Information

Contact Name: JONATHAN SAPICO OR EDELWEISE SAPICO
Doing Business as:
Email Address:
Account Status: Collections Test Account
Credit Limit: \$0.00
Federal Tax ID: 208100924
Cash Only: State Agency: Is Master: Master Account: N/A Bill to Master:
Trust Account: Trust Eligible: No User Fee: Non Profit:

Business Address

Street: 4180 SIERRA MADRE DR
Street2:
City: RENO
State: NV
Zip Code: 89502-

Mailing Address

Street: 4180 SIERRA MADRE DR
Street2:
City: RENO
State: NV
Zip Code: 89502-

Phone Information

Type:
Business (P) 1 775 8271619 Ext.

Account Invoice Information

| Account Totals | Current Totals |
|--------------------|----------------|
| Invoices: \$102.50 | Invoices: 2 |
| Payments: \$0.00 | Payments: 0 |
| Balance: \$102.50 | Balance: 0 |

Statement Note

Current Statement: 14235
Note Expires:

Modified: cschenkhuizen / 04/13/2010 - 13:39:59
Created: cschenkhuizen / 04/28/2009 - 09:41:02

Status: cschenkhuizen / 04/13/2010 - 13:39:59

Customer Account Information

Application: Civil Applicant
Account Number: 881181
Customer Name: AFFORDABLE BEST CARE

General Information

Contact Name: NELIDA CALINA OR LU CALINA
Doing Business as:
Email Address: abchomeservices@hotmail.com
Account Status: Collections Test Account
Credit Limit: \$0.00
Federal Tax ID: 26-2635910
Cash Only: State Agency: Is Master: Master Account: N/A Bill to Master:
Trust Account: Trust Eligible: No User Fee: Non Profit:

Business Address

Street: 1700 E. DESERT INN ROAD
Street2: #304-A
City: LAS VEGAS
State: NV
Zip Code: 89169-

Mailing Address

Street: P.O. BOX 301
Street2:
City: LAS VEGAS
State: NV
Zip Code: 89125-

Phone Information

Type:
Business (P) 1 702 3863983 Ext.
Fax 1 702 2863984 Ext.

Account Invoice Information

| Account Totals | Current Totals |
|----------------------|----------------|
| Invoices: \$4,305.00 | Invoices: 84 |
| Payments: \$4,166.25 | Payments: 11 |
| Balance: \$768.75 | Balance: 1 |

Statement Note

Current Statement: 14558
Note Expires:

Modified: cschenkhuiizen / 04/26/2010 - 13:36:17
Created: CAPConvert / 09/30/2007 - 05:44:28

Status: cschenkhuiizen / 04/26/2010 - 13:36:17

4

Customer Account Information

Application: Civil Applicant
Account Number: 881476
Customer Name: AYALA BAY CORPORATION

General Information

Contact Name: IMELDA GALANGA OR CEASAR GALANGA
Doing Business as: SILVERWOOD CARE HOME
Email Address: igitalanga6@yahoo.com
Account Status: Collections Test Account
Credit Limit: \$0.00
Federal Tax ID: 20-5858930
Cash Only: State Agency: Is Master: Master Account: N/A Bill to Master:
Trust Account: Trust Eligible: No User Fee: Non Profit:

Business Address

Street: 3527 BRONCO BUSTER CT.
Street2:
City: N. LAS VEGAS
State: NV
Zip Code: 89032-

Mailing Address

Street: 3527 BRONCO BUSTER CT.
Street2:
City: N. LAS VEGAS
State: NV
Zip Code: 89032-

Phone Information

Type:
Business (P) 1 702 6366214 Ext.
Cell 1 702 4182372 Ext.

Account Invoice Information

| Account Totals | Current Totals |
|--------------------|----------------|
| Invoices: \$358.75 | Invoices: 7 |
| Payments: \$307.50 | Payments: 3 |
| Balance: \$51.25 | Balance: 0 |

Statement Note

Current Statement: 13694
Note Expires:

Modified: cschenkhuizen / 06/23/2010 - 10:32:42
Created: cbrendel / 09/22/2008 - 10:54:44

Status: cschenkhuizen / 06/23/2010 - 10:32:42

5

Customer Account Information

Application: Brady Gun Check
Account Number: 98801131
Customer Name: TED HOCKFELDER

General Information

Contact Name: TED HOCKFELDER
Doing Business as:
Email Address: THOCKFELDER@COX.NET
Account Status: Collections Test Account
Credit Limit: \$2,500.00
Federal Tax ID: 26-1947729 FFL Number: 9-88-003-01-0G-011
FFL Expires: 07/01/2010
Cash Only: State Agency: Is Master: Master Account: N/A Bill to Master:

Business Address

Street: 6640 N DURANGO
Street2:
City: LAS VEGAS
State: NV
Zip Code: 89149-

Mailing Address

Street: 1489 W WARM SPRINGS RD. #110
Street2:
City: HENDERSON
State: NV
Zip Code: 89014-

Phone Information

Type:
Business (P) 1 702 6129254 Ext.
Other 1 702 6129254 Ext.

Account Invoice Information

| Account Totals | Current Totals |
|----------------------|----------------|
| Invoices: \$6,425.00 | Invoices: 257 |
| Payments: \$4,125.00 | Payments: 11 |
| Balance: \$2,275.00 | Balance: 1 |

Statement Note

Current Statement: 19876
Note Expires:

Modified: cschenkhuizen / 03/16/2010 - 14:15:08
Created: mgassaway / 03/06/2008 - 12:31:09

Status: cschenkhuizen / 03/16/2010 - 14:15:08

6

KIM R. WALLIN,
CMA, CFM, CPA
State Controller

MARK TAYLOR
Assistant Controller

STATE OF NEVADA



**OFFICE OF THE
STATE CONTROLLER**

KAREN HOPPE
Acting Chief Deputy Controller

ALEX ECHO
Data Processing Manager

MEMORANDUM

Date: September 22, 2010
To: State Budget Division
From: State Controller's Office
Subject: Confirmation of Debt Collection Activities

State agencies request assistance from the Controller's Office for debt collection services. Our office monitors the State's accounts receivable collection efforts as directed in NRS 353C. The Controller's Office, in conjunction with third party collection agents, assists State agencies in the collection of accounts receivable owed to the agencies.

Enclosed is the list of accounts the Department of Public Safety, Records & Technology referred to the Controller's Office for collection in February 2010 in the amount of \$ 3,197.50. Our current debt collection vendor has been unable to recover any of the outstanding debts listed. As requested by your office this memo serves as confirmation of collection activity for the accounts and the current status of the debts.

State Capitol
101 N. Carson Street, Suite 5
Carson City, NV 89701-4786
(775) 684-5750
Fax (775) 684-5696

www.controller.nv.gov

Grant Sawyer State Office Building
555 E. Washington Avenue, Suite 4300
Las Vegas, Nevada 89101-1071
(702) 486-3895
Fax (702) 486-3896

7

Agency submitting Write Off: DPS Records & Technology
 Date of Submittal: 9/22/2010

| Date Submitted to Controller | Date Submitted to Collection | Date Debt Incurred | Collection agency | Debtors Last Name | Debtors First Name | Business Name | Agency File #/ Invoice # | Total Write off Amount | Reason for Write Off |
|------------------------------|------------------------------|--------------------|-------------------|-------------------|-----------------------|------------------------|-----------------------------|------------------------|----------------------|
| 2/2/2010 | 2/2/2010 | 9/1/2009 | Alliance One | Hockfelder | Ted | Ted Hockfelder | 98801131 | \$ 2,275.00 | uncollectible |
| 2/2/2010 | 2/2/2010 | 9/1/2009 | Alliance One | Sapico | Jonathan or Edelweise | Our Home Adult Living | 150125 | \$ 102.50 | uncollectible |
| 2/2/2010 | 2/2/2010 | 9/1/2009 | Alliance One | Calina | Nelida | ABC Home Care Services | 881181 | \$ 768.75 | uncollectible |
| 1/27/2010 | 1/27/2010 | 8/1/2009 | Alliance One | GALANGA | IMELDA | AYALA BAY CORPORATION | 881476 | \$ 51.25 | uncollectible |
| Total Write Off | | | | | | | 4 | \$3,197.50 | |

8



DEPARTMENT OF ADMINISTRATION

209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>

Date: September 22, 2010

To: Andrew Clinger, Director
Department of Administration

From: Janet Murphy, Budget Analyst V *JEM*
Budget and Planning Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided. A copy has been submitted for placement on the agenda of the next Interim Finance Committee, if applicable.

Department of Administration, Motor Pool Division

Nature of the Request

REPLACEMENT VEHICLE REQUEST

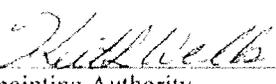
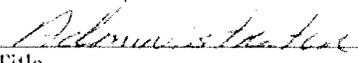
Pursuant to NRS 334.010, the Motor Pool division is requesting approval to purchase 35 vehicles, not to exceed \$840,000. This request replaces motor pool vehicles assigned to a various agencies on a long-term basis and was approved by the 2009 Legislature.

Recommendation

Recommend approval.

| |
|--------------------|
| REVIEWED: _____ |
| ACTION ITEM: _____ |

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

| | | | |
|---|--|--|--|
| Agency Name: Motor Pool Division | | Budget Account #: 1356 | |
| Contact Name: Keith Wells | | 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: 35 | | Amount of the request: \$840,000 | |
| 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.: | | | |
| Multiple vehicles will be purchased within each classification. | | | |
| Mission of the requested vehicle(s): | | | |
| This request replaces motor pool vehicles that are assigned to a variety of agencies on a long-term basis. | | | |
| Were funds legislatively approved for the request? | | If yes, please provide the decision unit number: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | E711 | |
| | | If no, please explain how the vehicles will be funded? | |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): | | | |
| <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> Replacement(s) | | | |
| Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. | | | |
| Yes | | | |
| Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) | | Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. | |
| Current Vehicle Information: | | Yes | |
| Vehicle #1 Model Year: | | | |
| Odometer Reading: | | | |
| Type of Vehicle: | | | |
| Vehicle #2 Model Year: | | If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. | |
| Odometer Reading: | | No Upgrades | |
| Type of Vehicle: | | | |
| <i>Please attach an additional sheet if necessary</i> | | | |
| APPOINTING AUTHORITY APPROVAL: | | | |
|  | |  | |
| Agency Appointing Authority | | Title | |
| | | Date | |
| | | 9-21-10 | |
| BOARD OF EXAMINERS' APPROVAL: | | | |
| <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase | | | |
| Board of Examiners | | Date | |



DEPARTMENT OF ADMINISTRATION

209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>

Date: June 30, 2010

To: Andrew Clinger, Director
Department of Administration

From: Julie Strandberg, Budget Analyst
Budget and Planning Division 

Subject: BOARD OF EXAMINERS **ACTION** ITEM

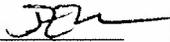
COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS

Statutory Authority

Pursuant to NRS 334.010 the Division of Minerals is requesting permission to purchase one ¾ ton, 4 wheel-drive, pickup at approximately \$35,173.

Nature of the Request

The department is legislatively approved to replace one vehicle in FY11. The requested vehicle will replace an existing 2002 ¾ ton, 4 wheel drive, pickup with 104,000 miles.

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |

RECEIVED

SEP 07 2010

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

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR FOR BUDGET AND PLANNING DIVISION

| | |
|---|---|
| Agency Name: Division of Minerals | Budget Account #: 4219 |
| Contact Name: George Bishop | Telephone Number: 7756847040 |
| Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: | |
| Number of vehicles requested: 1 Amount of the request: \$35,173 | |
| Is the requested vehicle(s) new or used: <u>New</u> | |
| Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Pickup | |
| Mission of the requested vehicle(s): Abandoned Mine Land Securing Program | |
| Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide the decision unit number: E710 If no, please explain how the vehicles will be funded? |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> Replacement(s) | |
| Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. The vehicle for the NDOM Abandoned Mine Program field work must be a 3/4 ton, 4WD pickup. | |
| 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: 2002 Odometer Reading: 104,000 Type of Vehicle: 3/4 ton 4WD pickup 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. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. |
| APPOINTING AUTHORITY APPROVAL: | |
|  Agency Appointing Authority |  Title |
| | 9/7/10 Date |
| BOARD OF EXAMINERS' APPROVAL: | |
| <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase | |
| Board of Examiners | Date |

Julie Strandberg

From: Keith Wells
Sent: Monday, September 13, 2010 10:54 AM
To: Julie Strandberg
Subject: RE: Minerals Vehicle Purchase Request

Looks fine.

From: Julie Strandberg
Sent: Monday, September 13, 2010 10:53 AM
To: Keith Wells
Subject: Minerals Vehicle Purchase Request

Hi Keith,

Attached is a vehicle purchase request from the Division of Minerals. Please review for placement on the October BOE agency..

Thank you,
Julie Strandberg
Budget Analyst
Dept. Of Administration
209 E. Musser St.
Carson City, NV 89701
775.684.0202

| | |
|------------------------------|--------------------|
| For Budget Division Use Only | |
| Reviewed by: | <i>[Signature]</i> |
| Reviewed by: | <i>[Signature]</i> |
| Reviewed by: | <i>[Signature]</i> |

STATEWIDE LEASE INFORMATION

1. Agency: Department of Business and Industry
Financial Institutions Division
contact: Wade Iverson 775-684-2990 **SUBAN INJAYAN 775-687-5522 EXT 221**
2. Name of Lessor: South Carson Mini Storage
contact: Keith Serpa 775-682-7754 x 204
3. Address of Lessor: P.O. Box 1724
Carson City, NV 89702
4. Address of Lease property: 1179 Fairview Drive, Suites 201, 202, 203 & 204
Carson City, NV 89701

| | | | | | |
|--|--------------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|
| a. Square Footage: | 3,293 | usable square feet | | | |
| b. Cost: | cost per month | # of months in time frame | Cost per Year | time frame | Approximate cost per square foot |
| | \$4,060.27 | 12 | \$48,723.24 | March 1, 2010 - February 28, 2011 | \$1,233 |
| | \$4,182.07 | 12 | \$50,184.84 | March 1, 2011 - February 29, 2012 | \$1,270 |
| | \$4,307.54 | 12 | \$51,690.48 | March 1, 2012 - February 28, 2013 | \$1,308 |
| | \$4,436.76 | 12 | \$53,241.12 | March 1, 2013 - February 28, 2014 | \$1,347 |
| | \$4,569.66 | 12 | \$54,836.32 | March 1, 2014 - February 28, 2015 | \$1,387 |
| c. Total Lease Consideration: | | | \$258,678.00 | | |
| d. Rental Adjustments: | None | | | | |
| e. Term: | Five (5) years | | | | |
| f. Option to renew: | Yes | | | | |
| g. Utilities: | Lessor | | | | |
| h. Janitorial: | Lessor | | | | |
| i. Major repairs: | Lessor | | | | |
| j. Minor repairs: | Lessor | | | | |
| k. Taxes: | Lessor | | | | |
| l. Comparable costs: | \$1.05-1.408 | | | | |
| m. Specific termination clause in lease: | Breach/Default lack of funding | | | | |
| n. Lease will be paid for by Agency Budget Account Number: | 3835 | | | | |

5. Purpose of the lease: To house Business and Industry, Financial Institutions.
6. 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 checked="" type="checkbox"/> | Other |

a. Estimated moving expenses: _____ Furnishings: _____ Data/Phones: _____

Remarks: LANDLORD VOLUNTARY LEASE RATE REDUCTION. A savings of \$1,804.58 FY 10; and \$5,467.84 FY 11.

RECEIVED
SEP 03 2010
DEPARTMENT OF BUSINESS AND FINANCIAL INSTITUTIONS

RECEIVED
SEP 16 2010
DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

[Handwritten Signature] #1

STATEWIDE LEASE INFORMATION

7. State of Nevada Business License Information:

| | | |
|----|---|--|
| a. | Nevada Business ID Number: | NV20101568255 |
| b. | The Contractor is registered with the Nevada Secretary of State's Office as | LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/> |
| c. | Is the Contractor Exempt from obtaining a Business License: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | *If yes, please explain: | |
| d. | Is the Contractors Name the same as the Legal Entity Name? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | *If no, please explain: | |
| e. | Does the Contractor have a current Nevada State Business License (SBL)? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | *If no, please explain: | |
| f. | Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

[Signature]
 Authorized Signature - Buildings and Grounds Division
 Date

[Signature] 8/9/10
 Authorized Signature - Agency
 Date

For Board of Examiner Yes
 No

LEAS #1

STATEWIDE LEASE INFORMATION

7. State of Nevada Business License Information:

| | | |
|----|---|---|
| a. | Nevada Business ID Number: | NV20071033197 |
| 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"/> LLP <input type="checkbox"/> |
| c. | Is the Contractor Exempt from obtaining a Business License: | Yes _____ No <input checked="" type="checkbox"/> |
| | *If yes, please explain: | _____ |
| d. | Is the Contractors Name the same as the Legal Entity Name? | Yes <input checked="" type="checkbox"/> No _____ |
| | *If no, please explain: | _____ |
| e. | Does the Contractor have a current Nevada State Business License (SBL)? | Yes <input checked="" type="checkbox"/> No _____ |
| | *If no, please explain: | _____ |
| f. | Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? | Yes <input checked="" type="checkbox"/> No _____ |

[Signature] 9/29/10
 Authorized Signature - Buildings and Grounds Division Date

[Signature] 9/24/10
 Authorized Signature - Agency Date
 ADMINISTRATOR DIR.

For Board of Examiners Yes
 No

607A#2

STATEWIDE LEASE INFORMATION

1. Agency: Department of Employment, Training and Rehabilitation
 Rehabilitation Division
 2527 N. Carson Street
 Carson City, Nevada 89701
 Telephone: (775) 887-5806 Sandra Kelley; (775) 684-3901, Brenda Ford, Fax: (775) 684-3848

2. Name of Lessor: 333 MSA Fremont II, L.L.C., A Delaware Limited Liability Company
 Telephone: (925) 977-1776; (925) 977-1777, Fax: (925) 977-1701
 Alan Helm, Real Estate Manager, Las Vegas office: (702) 307-1652; cell, (702) 493-1475
 Fax: (702) 307-3474

3. Address of Lessor: 1981 North Broadway, Suite 330
 Walnut Creek, California 94596

4. Address of Lease property: 3291 North Buffalo Drive, Suite 9
 Las Vegas, Nevada 89129-7441

a. Square Footage: 6,757 rentable square feet

| cost per month | # of months in time frame | Cost per Year | time frame | Approximate cost per square foot |
|----------------|---------------------------|---------------|-------------------------------------|----------------------------------|
| \$12,162.60 | 12 | \$145,951.20 | January 1, 2011 - December 31, 2011 | \$1.800 |
| \$12,162.60 | 12 | \$145,951.20 | January 1, 2012 - December 31, 2012 | \$1.800 |
| \$12,500.45 | 12 | \$150,005.40 | January 1, 2013 - December 31, 2013 | \$1.850 |
| \$12,838.30 | 12 | \$154,059.60 | January 1, 2014 - December 31, 2014 | \$1.900 |
| \$13,176.15 | 12 | \$158,113.80 | January 1, 2015 - December 31, 2015 | \$1.950 |

c. Total Lease Consideration: 60 \$754,081.20

d. Rental Adjustments: None

e. Term: Five (5) years

f. Option to renew: Yes

g. Utilities: Lessor

h. Janitorial: Lessor

i. Major repairs: Lessor

j. Minor repairs: Lessor

k. Taxes: Lessor

l. Comparable costs: \$1.75 - \$2.05

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

n. Lease will be paid for by Agency Budget Account Number: 3269

5. Purpose of the lease: To house the Bureau of Disability Adjudication.

6. 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

RECEIVED

OCT 01 2010

DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET AND PLANNING DIVISION

a. Estimated moving expenses: \$0 Furnishings: n/a Data/Phones: n/a

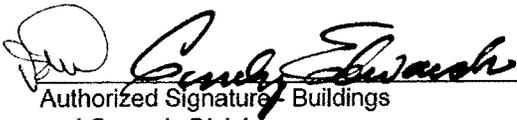
Remarks: This space rent includes tenant improvements and a back-up generator which is required by the federal government for the operation of this program.

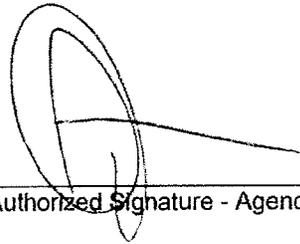
Lease #3

STATEWIDE LEASE INFORMATION

7. State of Nevada Business License Information:

| | | |
|----|---|---|
| a. | Nevada Business ID Number: | NV20051129639 |
| b. | The Contractor is registered with the Nevada Secretary of State's Office as | LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/> |
| c. | Is the Contractor Exempt from obtaining a Business License: | Yes _____ No <input checked="" type="checkbox"/> |
| | *If yes, please explain: | _____ |
| d. | Is the Contractors Name the same as the Legal Entity Name? | Yes <input checked="" type="checkbox"/> No _____ |
| | *If no, please explain: | _____ |
| e. | Does the Contractor have a current Nevada State Business License (SBL)? | Yes <input checked="" type="checkbox"/> No _____ |
| | *If no, please explain: | _____ |
| f. | Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? | Yes <input checked="" type="checkbox"/> No _____ |

 9/17/10
 Authorized Signature - Buildings and Grounds Division Date

 09/17/2010
 Authorized Signature - Agency Date

For Board of Examiner Yes
 No

Lease #3

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11560**

| | |
|---|---|
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: MSB ENERGY ASSOCIATES, INC. |
| Agency Code: 030 | Contractor Name: MSB ENERGY ASSOCIATES, INC. |
| Appropriation Unit: 1038-10 | Address: 1800 PARMENTER ST STE 204 |
| Is budget authority available?: Yes | City/State/Zip: MIDDLETON, WI 53562-3185 |
| If "No" please explain: Not Applicable | Contact/Phone: Doreen Seely 608/831-1127 |
| | Vendor No.: T27007225 |
| | NV Business ID: NV20101475151 |

To what State Fiscal Year(s) will the contract be charged? **2011-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 |

Agency Reference #: 11002

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2014**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Expert Witness Serv**

5. Purpose of contract:

This is a new contract to provide expert witness litigation support related to utility company resource acquisition plans and cost recovery including, but not limited to utility integrated resource plans, energy supply plans and related matters before the Nevada Public Utilities Commission or any board, commission, legislature, or court with jurisdiction over Nevada's regulated utilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$375,000.00**

Payment for services will be made at the rate of \$125.00 per hour maximum

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes require representation for consumers' interests in matters before the Public Utilities Commission and any legislature, board, or commission with jurisdiction over Nevada's regulated 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 interests. /

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

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 was chosen for their specialized expertise, availability and reasonable rates.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 2004, this vendor has provided services to the Bureau of Consumer Protection. All previous services have been completed satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | hrobinso | 09/07/2010 14:34:44 PM |
| Division Approval | hrobinso | 09/07/2010 14:34:48 PM |
| Department Approval | hrobinso | 09/07/2010 14:34:52 PM |
| Contract Manager Approval | hrobinso | 09/07/2010 14:34:55 PM |
| Budget Analyst Approval | csaway | 09/08/2010 16:42:46 PM |
| Team Lead Approval | jmurph1 | 09/10/2010 07:25:15 AM |
| BOE Agenda Approval | jmurph1 | 09/10/2010 07:25:21 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **10750** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **PARKSIDE ASSOCIATES, LLC**

Agency Code: **030** Contractor Name: **PARKSIDE ASSOCIATES, LLC**

Appropriation Unit: **1039-10** Address: **427 MORELAND AVE STE 250**

Is budget authority available?: **Yes** City/State/Zip: **ATLANTA, GA 30307-1586**

If "No" please explain: **Not Applicable** Contact/Phone: **Kevin Byers 404/525-4009**

Vendor No.: **T27024508**

NV Business ID: **NV20101676419**

To what State Fiscal Year(s) will the contract be charged? **2010-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % Attorney Fees/Recoveries |

Agency Reference #: **030**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/16/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/03/2014**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Forensic Accounting**

5. Purpose of contract:

This is an amendment to the original contract, which provides forensic accounting services for cases pertaining to mortgage lending services. This amendment adds an updated insurance schedule and increases the maximum amount of contract by \$55,000 to \$64,950 due to increased volume of cases.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,950.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$55,000.00 |
| 4. New maximum contract amount: | \$64,950.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Statute requires representation for consumers' interests in matters of fair mortgage lending service practices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Expertise and experience in forensic accounting services pertaining to mortgage lending service practices is not available in the Bureau of Consumer Protection to adequately represent the consumers' interests and protect the general public.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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 was chosen for their specialized expertise (provided work to the AGs offices in IL and AZ), 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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 April of 2010, this vendor has provided services to the Bureau of Consumer Protection. All services have been completed satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | hrobinso | 09/08/2010 11:45:37 AM |
| Division Approval | hrobinso | 09/08/2010 11:45:41 AM |
| Department Approval | hrobinso | 09/08/2010 11:45:44 AM |
| Contract Manager Approval | hrobinso | 09/09/2010 15:00:50 PM |
| Budget Analyst Approval | csawaya | 09/16/2010 08:08:44 AM |
| Team Lead Approval | jmurph1 | 09/20/2010 17:03:31 PM |
| BOE Agenda Approval | jmurph1 | 09/20/2010 17:03:36 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11521** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **David Hellerstein, MD PhD**

Agency Code: **030** Contractor Name: **David Hellerstein, MD PhD**

Appropriation Unit: **1348-15** Address: **1417 Tanglewood Drive**

Is budget authority available?: **Yes** City/State/Zip: **Placerville, CA 95667**

If "No" please explain: **Not Applicable** Contact/Phone: **David Hellerstein, MD PhD 530/642-8952**

Vendor No.:

NV Business ID: **NV20101570140**

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|---|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Insurance Premium-Tort Fund |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/07/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **Yes**

If "Yes", please explain

These vendors provide expert opinions for lawsuits against the State and the nature of the lawsuits puts us under some strict time frames in which we gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuits and may ultimately save us quite a bit of money.

3. Previously Approved **06/30/2012**

Termination Date:

Contract term: **1 year and 297 days**

4. Type of contract: **Contract**

Contract description: **Expert**

5. Purpose of contract:

This is an amendment to the original contract, which provides consultation and assistance to counsel involving medical conditions and medical treatment while in legal confinement, reviews records and analyze medical records, offer medical opinions, prepare written reports, charts and summaries and assist counsel by offering expert opinions and testifying at depositions and trials. This amendment increases the contract amount from \$9,990.00 to \$29,990.00 due to additional needs from the Senior Deputy Attorney General.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,990.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$20,000.00 |
| 4. New maximum contract amount: | \$29,990.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

An expert/consultant is needed to provide consultation, assistance, analysis, preparation of documents and possibly testify at trial.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees with this kind of expertise.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dcallens | 09/09/2010 14:55:57 PM |
| Division Approval | jspencer | 09/09/2010 14:58:10 PM |
| Department Approval | jspencer | 09/09/2010 14:58:15 PM |
| Contract Manager Approval | jberkich | 09/09/2010 15:43:15 PM |
| Budget Analyst Approval | csaway | 09/16/2010 08:15:48 AM |
| Team Lead Approval | jmurph1 | 09/20/2010 17:24:04 PM |
| BOE Agenda Approval | jmurph1 | 09/20/2010 17:24:08 PM |



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701-4717

CATHERINE CORTEZ MASTO
Attorney General

KEITH MUNRO
Assistant Attorney General

JIM SPENCER
Chief of Staff

August 24, 2010

Cathy Gregg, Budget Analyst
Department of Administration
Carson City, NV 89701

Re: Justification of retroactive date re *David Hellerstein, MD PhD*

Dear Ms Gregg:

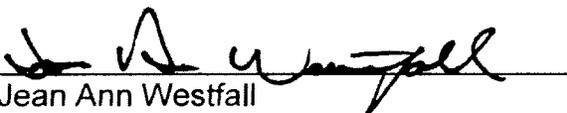
In an email I received from Julie Strandberg on Friday, July 9, 2010, I was asked that I attach a letter stating the need for a retro active contract and or amendment.

This vendor provides expert opinion for lawsuits against the State and the nature of the lawsuit puts our office under some strict time frames in which we can gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuit and may ultimately save quite an amount of money.

Thank you.

Sincere regards,

CATHERINE CORTEZ MASTO
Attorney General

By: 
Jean Ann Westfall
Program Officer I – Tort Claims
775/684-1263

:jaw
Encl.

#3

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: **10940** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **HDR ENGINEERING, INC.**

Agency Code: **030** Contractor Name: **HDR ENGINEERING, INC.**

Appropriation Unit: **1348-15** Address: **9805 DOUBLE R BLVD**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89521-5917**

If "No" please explain: **Not Applicable** Contact/Phone: **KIMBERLY TOUSLER 775.337.4700**

Vendor No.: **T80971730**

NV Business ID: **NV19851010291**

To what State Fiscal Year(s) will the contract be charged? **2010-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 CLAIMS FUND |

Agency Reference #: **030**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/16/2010**

Anticipated BOE meeting date **09/2010**

Retroactive? **Yes**

If "Yes", please explain

These vendors provide expert opinions for lawsuits against the State and the nature of the lawsuits puts us under some strict time frames in which we can gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuits and may ultimately save us quite a bit of money.

3. Previously Approved Termination Date: **06/30/2012**

Contract term: **2 years and 76 days**

4. Type of contract: **Contract**

Contract description: **Expert**

5. Purpose of contract:

This is an amendment to the original contract, which provides services in litigation against the State of Nevada (Buildings & Grounds) which includes, but is not limited to project administration and meeting, review of report by plaintiff's expert, etc. This amendment increases the maximum amount from \$9,999.99 to \$19,999.98 due to Phase 2 of the Scope of Work to provide expert disclosure report and coordination.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,999.99 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$9,999.99 |
| 4. New maximum contract amount: | \$19,999.98 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new Contract to provide expert services in a litigation against the State of Nevada (Buildings & Grounds) requiring the assistance of experts in the field of Hydrology, Hydraulic Engineering and Water Resources.

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 requisite expertise.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

They are the experts for another party who is a State Agency and were highly recommended. They already have knowledge of the case in question. There is no conflict of interest with the other agency.

The agency verified the vendor has a Nevada business license and is in good standing in all areas of the Secretary of State business requirements.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dcallens | 08/10/2010 08:21:45 AM |
| Division Approval | chowle | 08/10/2010 09:11:02 AM |
| Department Approval | jspencer | 08/10/2010 09:23:25 AM |
| Contract Manager Approval | shanshew | 08/20/2010 12:19:20 PM |
| Budget Analyst Approval | csawaya | 09/16/2010 08:20:45 AM |
| Team Lead Approval | jmurph1 | 09/20/2010 17:27:24 PM |



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701-4717

CATHERINE CORTEZ MASTO
Attorney General

KEITH MUNRO
Assistant Attorney General

JIM SPENCER
Chief of Staff

September 9, 2010

RETROACTIVE

Cathy Gregg, Budget Analyst
Department of Administration
Carson City, NV 89701

BOE
NON BOE
ANALYST INITIALS

Re: Justification of retroactive date re *HDR Engineering, INC (10940)*

Dear Ms Gregg:

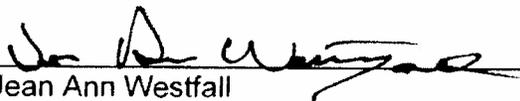
In an email I received from Julie Strandberg on Friday, July 9, 2010, I was asked that I attach a letter stating the need for a retro active contract and or amendment.

This vendor provides expert opinion for lawsuits against the State and the nature of the lawsuit puts our office under some strict time frames in which we can gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuit and may ultimately save quite an amount of money.

Thank you.

Sincere regards,

CATHERINE CORTEZ MASTO
Attorney General

By: 
Jean Ann Westfall
Program Officer I – Tort Claims
775/684-1263

:jaw
Encl.

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: **11294** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **Lumos & Associates**

Agency Code: **030** Contractor Name: **Lumos & Associates**

Appropriation Unit: **1348-15** Address: **800 E College Pkwy**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89706**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/883-7077**

Vendor No.: **T80912843**

NV Business ID: **NV19791006982**

To what State Fiscal Year(s) will the contract be charged? **2010-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|---|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Insurance Premium--Tort Fund |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/18/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **Yes**

If "Yes", please explain

These vendors provide expert opinions for lawsuits against the State and the nature of the lawsuits puts us under some strict time frames in which we gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuits and may ultimately save us quite a bit of money.

3. Previously Approved Termination Date: **06/30/2012**

Contract term: **2 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Expert**

5. Purpose of contract:

This is an amendment to the original contract, which provides preliminary investigations, a report of findings and possibly trial testimony. This amendment defines the Scope of Work (Phase 2), Attachment BB-1, and increases the contract amount from \$9,999.00 to \$19,998.00 due to additional Phase 2 requirements.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,999.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$9,999.00 |
| 4. New maximum contract amount: | \$19,998.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

An expert/consultant is needed to provide consultation, assistance, analysis, preparation of documents and possibly testify at trial.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees with this type of expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Has provided assistance in previous actions against the State of Nevada and the quality of service has been of good standing.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dcallens | 08/06/2010 16:44:40 PM |
| Division Approval | chowle | 08/06/2010 16:55:55 PM |
| Department Approval | jspencer | 08/06/2010 17:05:37 PM |
| Contract Manager Approval | jberkich | 09/08/2010 16:52:35 PM |
| Budget Analyst Approval | csaway | 09/16/2010 09:14:42 AM |
| Team Lead Approval | jmurph1 | 09/20/2010 17:30:31 PM |
| BOE Agenda Approval | jmurph1 | 09/20/2010 17:30:35 PM |



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701-4717

CATHERINE CORTEZ MASTO
Attorney General

KEITH MUNRO
Assistant Attorney General

JIM SPENCER
Chief of Staff

September 9, 2010

RETROACTIVE

BOE
NON BOE
ANALYST INITIALS

Cathy Gregg, Budget Analyst
Department of Administration
Carson City, NV 89701

Re: Justification of retroactive date re *Lumos & Associates* (11294)

Dear Ms Gregg:

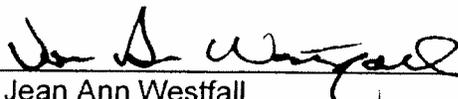
In an email I received from Julie Strandberg on Friday, July 9, 2010, I was asked that I attach a letter stating the need for a retro active contract and or amendment.

This vendor provides expert opinion for lawsuits against the State and the nature of the lawsuit puts our office under some strict time frames in which we can gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuit and may ultimately save quite an amount of money.

Thank you.

Sincere regards,

CATHERINE CORTEZ MASTO
Attorney General

By: 
Jean Ann Westfall
Program Officer I – Tort Claims
775/684-1263

:jaw
Encl.

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: **11293** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **Turnipseed Engineering, LTD**

Agency Code: **030** Contractor Name: **Turnipseed Engineering, LTD**

Appropriation Unit: **1348-15** Address: **204 N Minnesota St**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89703**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/885-2101**

To what State Fiscal Year(s) will the contract be charged? **2010-2012** Vendor No.: **T29020390**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20041556542**

| | | | |
|---------------|--------|---|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Insurance Premium--Tort Fund |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/18/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **Yes**

If "Yes", please explain

This vendor provides expert opinions for lawsuits against the State and the nature of the lawsuits puts us under some strict time frames in which we can gather information. The vendor's expert opinions become vital pieces in our defense of the lawsuits and may ultimately save us quite a bit of money.

3. Previously Approved Termination Date: **06/30/2012**

Contract term: **2 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Expert/Consultant**

5. Purpose of contract:

This is an amendment to the original contract, which provides preliminary investigations, a report of findings and possibly trial testimony. This amendment increases the contract amount from \$9,999.00 to \$19,998.00 due to additional requirements handed down by the court.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,999.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$9,999.00 |
| 4. New maximum contract amount: | \$19,998.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

An expert/consultant is needed to provide consultation, assistance, analysis, preparation of documents and possibly testify at trial.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees with this type of hydraulic expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dcallens | 08/06/2010 16:45:09 PM |
| Division Approval | chowle | 08/06/2010 16:56:37 PM |
| Department Approval | jspencer | 08/06/2010 17:06:12 PM |
| Contract Manager Approval | jberkich | 09/09/2010 13:32:58 PM |
| Budget Analyst Approval | csawaya | 09/17/2010 11:11:51 AM |
| Team Lead Approval | jmurph1 | 09/17/2010 11:56:34 AM |
| BOE Agenda Approval | jmurph1 | 09/17/2010 11:56:39 AM |



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701-4717

CATHERINE CORTEZ MASTO
Attorney General

KEITH MUNRO
Assistant Attorney General

JIM SPENCER
Chief of Staff

September 9, 2010) **RETROACTIVE**
BOE
NON BOE
ANALYST INITIALS

Cathy Gregg, Budget Analyst
Department of Administration
Carson City, NV 89701

Re: Justification of retroactive date re *Turnipseed Engineering, LTD (11293)*

Dear Ms Gregg:

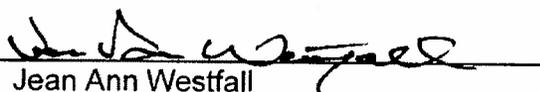
In an email I received from Julie Strandberg on Friday, July 9, 2010, I was asked that I attach a letter stating the need for a retro active contract and or amendment.

This vendor provides expert opinion for lawsuits against the State and the nature of the lawsuit puts our office under some strict time frames in which we can gather information. The vendors' expert opinions become vital pieces in our defense of the lawsuit and may ultimately save quite an amount of money.

Thank you.

Sincere regards,

CATHERINE CORTEZ MASTO
Attorney General

By: 
Jean Ann Westfall
Program Officer I – Tort Claims
775/684-1263

:jaw
Encl.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11578**

| | | | |
|---------------------------------|-------------------------------------|--------------------|-----------------------------|
| Agency Name: | DEPARTMENT OF ADMINISTRATION | Legal Entity Name: | MGT of America, Inc. |
| Agency Code: | 080 | Contractor Name: | MGT of America, Inc. |
| Appropriation Unit: | 1340-10 | Address: | 502 East 11th Street |
| Is budget authority available?: | Yes | City/State/Zip: | Austin, TX 78701 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Mark Epstein 512-476-4697 |
| | | Vendor No.: | T81201791 |
| | | NV Business ID: | NV20031499791 |

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2012**Contract term: **1 year and 273 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to continue services to the State of Nevada for the preparation of the FY 2012 Statewide Cost Allocation Plan (SWCAP) and Attorney General Cost Allocation Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: 75% of the compensation shall be due upon completion and acceptance by the state of a draft cost allocation plan and Office of the Attorney General plan. 15% upon submittal to the Division of Cost Allocation (DCA) of the United State Department of Health and Human Services of the final cost allocation plan, Office of the Attorney General plan and section II billed services document. The remaining 10% of the compensation shall be due upon receipt of the executed Negotiation Agreement from the DCA.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353.331

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Time constraint and lack of specialization in this discipline9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 100910
Approval Date: 09/15/2010

c. Why was this contractor chosen in preference to other?

Prior experience with the State of Nevada

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Several prior years, including FY 2008, 2009, 2010 and 2011 for the Budget Division. Quality of service was satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | jburry | 09/29/2010 11:50:06 AM |
| Division Approval | jburry | 09/29/2010 11:50:09 AM |
| Department Approval | jburry | 09/29/2010 11:50:12 AM |
| Contract Manager Approval | jburry | 09/29/2010 11:50:16 AM |
| Budget Analyst Approval | leaston | 10/01/2010 10:00:38 AM |
| Team Lead Approval | sday | 10/05/2010 09:15:28 AM |
| BOE Agenda Approval | sday | 10/05/2010 09:15:34 AM |
| BOE Final Approval | Pending | |



JIM GIBBONS
Governor

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

Purchasing Use Only:
100910

ANDREW K. CLINGER
Director

GREG SMITH
Purchasing Administrator

SOLICITATION WAIVER REQUEST FORM

1.
 - a. Identify State agency and the contact person's name, title, telephone number and email address for this request: Department of Administration, Budget Division
 - b. Vendor contact information: Mr. Mark Epstein, MGT of America, Inc. 502 East 11th Street, Austin, Texas, 78701 512 476-4697
 - c. Type of waiver requested: X Sole or single source Professional Service Exemption
2. Description of work/services to be performed or commodity/good to be purchased:
Preparation of the 2012 statewide cost allocation plan per NRS 353.331
3. Describe the unique qualification required for the service or good to be purchased:
Knowledge and experience preparing cost allocation plans in compliance with the standards issued by the Federal Division of Cost Allocation.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
Experience with Nevada's cost allocation plan is available at only one firm.
5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:
Severe disruption to the process of preparing the cost allocation.
6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation.
None
7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?
Pricing is consistent with prior contracts.
8. What is the estimated value and length of the contract, amendment or request?
\$40,000 over two years
 - a. New contract Y N
 - b. Amendment Y N Amendment No. _____
{provide copy of previous waiver(s)}

Department of Administration, Budget hereby requests approval for MGT of America, Inc.
 Division _____
Requesting agency Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | |
|--|---------|
| X <i>Evan Dule</i> | 8/25/10 |
| Agency Representative Initiating Request | Date |
| X <i>AKC</i> | 9/9/10 |
| Agency Head Authorizing Request | Date |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

Signed:

| | |
|-----------------------------------|------|
| X | |
| Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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.

Approving Authority:

| | |
|------------------------------------|---------|
| X <i>Rumbold Carter</i> | 9/15/10 |
| Administrator, Purchasing Division | Date |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV6178** Amendment Number: **2**

Agency Name: **BUILDINGS AND GROUNDS DIVISION** Legal Entity Name: **Automated Temperature Controls, Inc.**

Agency Code: **082** Contractor Name: **Automated Temperature Controls, Inc.**

Appropriation Unit: **1349-12** Address: **8535 Double R Blvd**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **null7758267700**

Vendor No.: **T80934610**

NV Business ID: **NV19871039226**

To what State Fiscal Year(s) will the contract be charged? **2009-2013**

What is the source of funds that will be used to 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 % | Buildings and Grounds building rent income 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 **04/14/2009**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/13/2013**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Industrial Equipment Maintenance and Repair Servic**

5. Purpose of contract:

This is an amendment to the original contract, which provides maintenance, repair and parts for temperature control systems in various state owned buildings in Northern Nevada. This amendment increases the maximum amount by \$40,000.00 from \$40,000.00 to \$80,000.00.

6. CONTRACT AMENDMENT

- 1. The maximum amount of the original contract: \$20,000.00
- 2. Total amount of any previous contract amendments: \$20,000.00
- 3. Amount of current contract amendment: \$40,000.00
- 4. New maximum contract amount: \$80,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to keep the automated temperature control equipment in proper working order.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower and expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 090111 B
Approval Date: 08/19/2010

c. Why was this contractor chosen in preference to other?

This is a sole source contractor.

d. Last bid date: 04/14/2009 Anticipated re-bid date: 04/14/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

2009-2010, Buildings and Grounds, service satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kaplin | 09/08/2010 10:28:31 AM |
| Division Approval | cedward2 | 09/08/2010 11:05:08 AM |
| Department Approval | cedward2 | 09/08/2010 11:05:15 AM |
| Contract Manager Approval | rday0 | 09/08/2010 11:26:13 AM |
| Budget Analyst Approval | jborrowm | 09/09/2010 07:33:18 AM |
| Team Lead Approval | jteska | 09/18/2010 12:49:12 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:49:16 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

JIM GIBBONS
Governor

| |
|--|
| Purchasing Use Only: # 090111 B <i>Amendment Two</i> ANDREW K. CLINGER Director GREG SMITH Purchasing Administrator |
|--|

SOLICITATION WAIVER REQUEST FORM
Amendment Two

1.
 - a. Identify State agency and the contact person's name, title, telephone number and email address for this request: Division of Buildings and Grounds
Karen Aplin, Contracts and Leasing Services
775-684-1823
 - b. Vendor contact information: Automated Temperature Controls, Inc.
8535 Double R Blvd.
Reno, NV 89511
775-826-7700
 - c. Type of waiver requested: Sole or single source Professional Service Exemption
2. Description of work/services to be performed or commodity/good to be purchased:
Maintenance, repair and parts supply for temperature control systems in various State owned buildings in Northern Nevada.
3. Describe the unique qualification required for the service or good to be purchased:
Automated Temperature Controls (ATC) is the factory authorized dealer and installer for Delta controls and related equipment. ATC installed all of the Delta controls in Northern Nevada and wrote the program sequences for the computerized control components.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
ATC is the only authorized Delta installer and supplier in the Northern Nevada area. Other controls companies do not have access to proprietary parts and software/firmware for the Delta controls.
5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:
Other companies bidding would have to go through ATC for parts and tools necessary for repair which would increase the price. Other companies would not have the experienced staff that did the initial installation and programming to install the systems and the State would end up paying them to learn the systems.
6. What market research was conducted to substantiate that there is no competition for the service or good?
ATC is THE dealer for Delta in Northern Nevada.

7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?

Rates are comparable and competitive with other controls contractors in the area.

8. What is the estimated value and length of the contract, amendment or request.

The original Solicitation Waiver was for \$20,000.00 over four years. Amendment One to the solicitation added \$20,000.00 to the amount of the Solicitation Waiver Request Form to total \$40,000.00.

Amendment Two will add \$40,000.00 for a contract total of \$80,000.00.

a. New contract Y N

b. Amendment Y N Amendment No. TWO

{provide copy of previous waiver(s)}

The Division of Buildings and Grounds hereby requests approval for Automated Temperature Controls, Inc.
Requesting agency Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | | |
|---|--|--------------|
| X | <i>Karen P. Aplin</i> | |
| | Agency Representative Initiating Request | Date 8-18-10 |
| X | <i>Emily E. Swann</i> | 8-18-10 |
| | Agency Head/Division Chief/Authorized Designee | Date |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

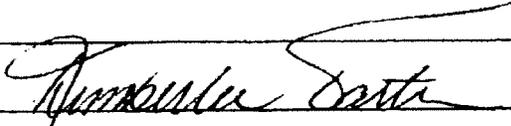
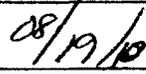
Signed:

| | | |
|---|-----------------------------------|------|
| X | <i>N/A</i> | |
| | Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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:

| | |
|---|---|
| X  | |
|  |  |
| Administrator, Purchasing Division | Date |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11553**

| | | | |
|---|---------------------------------------|--------------------|--|
| Agency Name: | BUILDINGS AND GROUNDS DIVISION | Legal Entity Name: | FASANI PAINTING, INC. |
| Agency Code: | 082 | Contractor Name: | FASANI PAINTING, INC. |
| Appropriation Unit: | 1349-12 | Address: | 1020 LITCH CT |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89509 |
| If "No" please explain: | Not Applicable | | |
| To what State Fiscal Year(s) will the contract be charged? | 2011-2015 | | |
| What is the source of funds that will be used to 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 % Building & Grounds building rent income fees |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2014**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Painting services**

5. Purpose of contract:

This is a new contract to provide general interior and exterior painting services to various State buildings, as needed, at the request and approval of a Buildings & Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Journeyman painter: Monday through Friday \$58.50 per hour; Saturday \$76.75 per hour; Sunday and Holidays \$90.00 per hour; materials at cost plus 10%.

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings require painting and wall patching periodically that can't be done by State personnel.

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? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple painting contractors on file with Buildings and Grounds. Per SAM 0338.0 each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 08/01/2010 Anticipated re-bid date: 08/01/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

2006-2010, Buildings & Grounds, service satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kaplin | 09/08/2010 10:29:23 AM |
| Division Approval | cedward2 | 09/08/2010 11:10:42 AM |
| Department Approval | cedward2 | 09/08/2010 11:10:47 AM |
| Contract Manager Approval | rday0 | 09/08/2010 11:27:00 AM |
| Budget Analyst Approval | jborrowm | 09/09/2010 07:38:59 AM |
| Team Lead Approval | jteska | 09/18/2010 12:50:33 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:50:37 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV4372** Amendment Number: **2**
 Agency Name: **BUILDINGS AND GROUNDS DIVISION** Legal Entity Name: **Healthy Trees**
 Agency Code: **082** Contractor Name: **Healthy Trees**
 Appropriation Unit: **1349-12** Address: **PO Box 2885**
 Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89702**
 If "No" please explain: **Not Applicable** Contact/Phone: **Thomas Henderson 7752243827**
 Vendor No.: **T27013019**
 NV Business ID: **NV20031522725**
 To what State Fiscal Year(s) will the contract be charged? **2008-2012**
 What is the source of funds that will be used to 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 % Buildings & Grounds building rent income 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 **07/10/2007**
 Anticipated BOE meeting date: **10/2010**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2011**
 Contract term: **4 years and 22 days**

4. Type of contract: **Contract**
 Contract description: **Speciality Services**

5. Purpose of contract:
This is an amendment to the original contract, which provides professional arborist services for any state facility in Northern Nevada on an as needed basis. This amendment increases the amount of the contract by \$15,000 from \$20,000 to \$35,000.00.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$20,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$15,000.00 |
| 4. New maximum contract amount: | \$35,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?
Keeping the maintenance of trees on State property in a safe condition.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Lack of experience, equipment and manpower.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple professional arborist contractors on file with Buildings and Grounds. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 05/01/2007 Anticipated re-bid date: 05/01/2011

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

2007-2010, Buildings and Grounds, service satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kaplin | 09/03/2010 09:36:47 AM |
| Division Approval | cedward2 | 09/03/2010 13:54:21 PM |
| Department Approval | cedward2 | 09/03/2010 13:54:26 PM |
| Contract Manager Approval | rday0 | 09/03/2010 15:16:03 PM |
| Budget Analyst Approval | jborrowm | 09/07/2010 08:18:23 AM |
| Team Lead Approval | jteska | 09/18/2010 12:37:25 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:37:30 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV5768** Amendment Number: **1**

Agency Name: **COMMISSION ON TOURISM** Legal Entity Name: **TNS**

Agency Code: **101** Contractor Name: **TNS**

Appropriation Unit: **1522-31** Address: **9221 CORBIN AVENUE #220**

Is budget authority available?: **Yes** City/State/Zip: **NORTHRIDGE, CA 91324**

If "No" please explain: **Not Applicable** Contact/Phone: **JOHN PACKER 513-345-2066**

To what State Fiscal Year(s) will the contract be charged? **2008-2011** Vendor No.: **T27009943B**

NV Business ID: **NV20101361190**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 #: **RCH07**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2007**

Anticipated BOE meeting date **10/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2011**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Speciality Services**

5. Purpose of contract:

This is an amendment to the original contract, which provides the agency with in-depth analysis of its overall statewide advertising and marketing efforts and will at a minimum 1) measure image, 2) awareness, 3) intent to visit, 4) commitment, and 5) a return on investment (ROI) calculation per advertising dollar spent. This amendment increases the maximum amount from \$475,700 to \$510,500 to increase the sample size of the research studies and add a frequency analysis to determine the optimal frequency of exposure to the online ads.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$475,700.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$34,800.00 |
| 4. New maximum contract amount: | \$510,500.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.260 (Section 8) requires the agency to compile (or obtain by contract), 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 computer systems and objective expertise of a reputable research firm to collect and analyze data, as well as develop and implement a credit methodology that is applied to the collection and objective analysis of the data. It is not feasible for state employees to conduct this due to the unique qualifications and highly specialized/technical nature of the task.

- 9. Were quotes or proposals solicited? Yes
- Was the solicitation (RFP) done by the Purchasing Division? Yes

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
The evaluation committee scored this vendor on the technical and cost proposal of RFP 1550 and their overall score was the highest.

d. Last bid date: Anticipated re-bid date: 03/01/2011

- 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

- 11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")
No

b. Is the contractor a current employee of the State of Nevada?
No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)
Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?
No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain
Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?
No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

15. a. Is the Contractor Name the same as the legal Entity Name?
Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | bvale1 | 08/26/2010 10:50:31 AM |
| Division Approval | bvale1 | 08/26/2010 10:50:38 AM |
| Department Approval | bvale1 | 08/26/2010 10:50:41 AM |
| Contract Manager Approval | bvale1 | 08/26/2010 10:52:59 AM |
| Budget Analyst Approval | jrodrig9 | 08/27/2010 12:52:30 PM |

Team Lead Approval
BOE Agenda Approval

cwatson
cwatson

09/15/2010 13:33:05 PM
09/15/2010 13:33:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11559**

| | | | |
|---------------------------------|-------------------------------------|--------------------|--|
| Agency Name: | COMM ON ECONOMIC DEVELOPMENT | Legal Entity Name: | Nevada Institute for Renewable Energy Commercialization |
| Agency Code: | 102 | Contractor Name: | Nevada Institute for Renewable Energy Commercialization |
| Appropriation Unit: | 1526-11 | Address: | 999 Tahoe Blvd, TCES 216 |
| Is budget authority available?: | Yes | City/State/Zip: | Incline Village, NV 89451 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775-881-7516 |
| | | Vendor No.: | |
| | | NV Business ID: | NV20071478035 |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that 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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2011**

Contract term: **181 days**

4. Type of contract: **Contract**

Contract description: **Assessment**

5. Purpose of contract:

This is a new contract to develop a competitive assessment for Nevada's commercialization infrastructure.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,950.00**

Payment for services will be made at the rate of \$45,950.00 per Upon Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Chapter 231 of NRS...promotion of industrial development and diversification in the State of 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 expertise for the services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Upon thorough review and evaluation of proposals, contractor most clearly indicated and understanding of the deliverables as evaluated by NCED.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mstenger | 09/07/2010 11:10:50 AM |
| Division Approval | mstenger | 09/07/2010 11:10:53 AM |
| Department Approval | mstenger | 09/07/2010 11:10:56 AM |
| Contract Manager Approval | mstenger | 09/07/2010 11:10:59 AM |
| Budget Analyst Approval | jrodrig9 | 09/07/2010 19:09:07 PM |
| Team Lead Approval | cwatson | 09/15/2010 11:22:45 AM |
| BOE Agenda Approval | cwatson | 09/15/2010 11:22:51 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11577**

| | |
|--|--|
| Agency Name: DATA COMMUNICATIONS DIVISION | Legal Entity Name: CURTIS & SONS CONSTRUCTION, INC. |
| Agency Code: 185 | Contractor Name: CURTIS & SONS CONSTRUCTION, INC. |
| Appropriation Unit: 1386-16 | Address: PO BOX 2911 |
| Is budget authority available?: Yes | City/State/Zip: MINDEN, NV 89423 |
| If "No" please explain: Not Applicable | Contact/Phone: David Curtis 775/782-2728 |
| | Vendor No.: T27012921 |
| | NV Business ID: NV19931037528 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to 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 Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: **5451**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2014**

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Vault Maintenance**

5. Purpose of contract:

This is a new contract to provide vault maintenance and repair services throughout the Capital Complex area as necessary to keep all data communications up and running on an ongoing basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$276,910.00**

Other basis for payment: Invoiced amount by material costs plus labor per individual vault and facility repair (68 vaults + 30 facility entrances).

II. JUSTIFICATION

7. What conditions require that this work be done?

The 68 Vault Systems and 30 Building Entrance Facilities throughout the Capital Complex require annual inspections and identify any existing and/or potential problems to ensure continued uninterrupted services to all user agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to provide these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per the RFP process (DoIT RFP 10-01) utilized by DoIT, our evaluation committee concluded this vendor exceeded all other vendor performance ratings.

d. Last bid date: 08/17/2010 Anticipated re-bid date: 10/01/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Curtis & Sons is on the approved contractor's list through the State Public Works Board. They provided contracted services for SPWB last year for fiber optic installs in the Winnemucca area with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | jmccuin | 09/14/2010 14:24:00 PM |
| Division Approval | capple | 09/14/2010 14:37:50 PM |
| Department Approval | capple | 09/14/2010 14:37:56 PM |
| Contract Manager Approval | bbohm | 09/15/2010 08:33:14 AM |
| Budget Analyst Approval | jmurph1 | 09/17/2010 09:18:54 AM |
| Team Lead Approval | jmurph1 | 09/17/2010 09:18:58 AM |
| BOE Agenda Approval | jmurph1 | 09/17/2010 09:20:07 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 CONTRACT

1. Contract Number: **CONV5803** Amendment Number: **2**

Agency Name: **NETWORK TRANSPORT SERVICES** Legal Entity Name: **NV Microwave & Towers, LLC**

Agency Code: **187** Contractor Name: **NV Microwave & Towers, LLC**

Appropriation Unit: **1388-08** Address: **PO Box 805**

Is budget authority available?: **No** City/State/Zip: **Minden, NV 89423**

If "No" please explain: Funding for contract is contingency upon IFC approving WP C19683. Contact/Phone: **Curtis Haack 7757825231**

Vendor No.: **T29018398**

NV Business ID: **NV20021060865**

To what State Fiscal Year(s) will the contract be charged? **2009-2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|-----------------|
| General Funds | 0.00 % | X | Fees | 100.00 % |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2008**

Anticipated BOE meeting date: **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/13/2010**

Contract term: **2 years and 259 days**

4. Type of contract: **Contract**

Contract description: **Radio & Microwave Communication Equipment**

5. Purpose of contract:

This is an amendment to the original contract which provides maintenance and repair services for microwave towers throughout the State. This amendment extends the termination date from October 13, 2010 to June 30, 2011 and increases the maximum amount from \$52,000.00 to \$89,345.68 due to necessary mountain top repairs and wireless installations for the Division of Welfare and Supportive Services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$40,000.00 |
| 2. Total amount of any previous contract amendments: | \$12,000.00 |
| 3. Amount of current contract amendment: | \$37,345.68 |
| 4. New maximum contract amount: | \$89,345.68 |
| and/or the termination date of the original contract has changed to: | 06/30/2011 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance of microwave antennas and towers is necessary for continued stability of the State's Network Transport System and to also provide for wireless installations throughout the State for the Division of Welfare and Supportive Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the skill set or expertise to perform such work.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? No
 a. If yes, list the names of vendors that submitted proposals:

 b. Solicitation Waiver: **Not Applicable**
 c. Why was this contractor chosen in preference to other?
 Lowest responsible bidder
 d. Last bid date: 09/01/2010 Anticipated re-bid date: 04/15/2011
10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")
No
- b. Is the contractor a current employee of the State of Nevada?
No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)
 Not Applicable
- c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?
No If "Yes", please provide employment termination date.
- d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain
 Not Applicable
12. 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 DoIT for tower maintenance and repair with satisfactory results.
13. Is the contractor currently involved in litigation with the State of Nevada?
 No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable
14. The contractor is registered with the Nevada Secretary of State's Office as a:
 LLC
15. a. Is the Contractor Name the same as the legal Entity Name?
 Yes
16. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes
17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes
18. Agency Field Contract Monitor:
19. Contract Status:
 Contract Approvals:
- | Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | jmccuin | 09/09/2010 15:43:24 PM |
| Division Approval | capple | 09/09/2010 15:52:24 PM |
| Department Approval | capple | 09/09/2010 15:52:29 PM |
| Contract Manager Approval | bbohm | 09/09/2010 16:12:03 PM |
| Budget Analyst Approval | jmurph1 | 09/21/2010 08:15:39 AM |
| Team Lead Approval | jmurph1 | 09/21/2010 08:15:43 AM |
| BOE Agenda Approval | jmurph1 | 09/21/2010 08:15:47 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: **CONV5801**Amendment Number: **1**Legal Entity Name: **McCarthy Building Companies**Agency Name: **PUBLIC WORKS BOARD**Contractor Name: **McCarthy Building Companies**Agency Code: **190**Address: **2340 Corporate Circle #125**Appropriation Unit: **1510-20**Is budget authority available?: **Yes**City/State/Zip: **Henderson, NV 89074**If "No" please explain: **Not Applicable**Contact/Phone: **null7029906707**Vendor No.: **T29016037**NV Business ID: **NV19731000534**To what State Fiscal Year(s) will the contract be charged? **2009-2010**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|---------|---|---|
| <input checked="" type="checkbox"/> | General Funds | 29.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | <input checked="" type="checkbox"/> Bonds | 37.00 % Proceeds from Sale of Bonds |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 34.00 % Transfer from B/A Same Fund/Transfer from University Funds |

Agency Reference #: **3719**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2008**Anticipated BOE meeting date **10/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **07/24/2009**

Termination Date:

Contract term: **269 days**4. Type of contract: **Contract**Contract description: **Contractors-Licensed by Nevada Contractors Board**

5. Purpose of contract:

This is an amendment to the original contract, which provides professional architectural/engineering services for the UNLV Shadow Lane Biomedical Research Building, SPWB Project No. 07-C89; SPWB Contract No. 3719. This amendment credits one half of the contractor's contingency and decreases the agreement fee by \$57,886. The amendment also credits the remaining owner contingency by \$154,070. These credits reduce the maximum amount from \$7,507,634 to \$7,295,678.

6. CONTRACT AMENDMENT

| | | |
|----|---|----------------|
| 1. | The maximum amount of the original contract: | \$7,507,634.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | -\$211,956.00 |
| 4. | New maximum contract amount: | \$7,295,678.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

2007 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 SPWB 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. If yes, list the names of vendors that submitted proposals:

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. Currently under contract for this work.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

SPWB, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 09/01/2010 15:23:59 PM |
| Division Approval | dgrimm | 09/01/2010 15:24:03 PM |
| Department Approval | dgrimm | 09/01/2010 15:24:08 PM |
| Contract Manager Approval | dgrimm | 09/10/2010 16:09:22 PM |
| Budget Analyst Approval | jrodrig9 | 09/10/2010 16:20:15 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:21:18 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:21:22 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: **11573**

| | |
|---|---|
| Agency Name: PUBLIC WORKS BOARD | Legal Entity Name: CLARK & SULLIVAN CONSTRUCTORS |
| Agency Code: 190 | Contractor Name: CLARK & SULLIVAN CONSTRUCTORS |
| Appropriation Unit: 1515-09 | Address: INC |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/798-5400 |
| To what State Fiscal Year(s) will the contract be charged? 2011-2014 | Vendor No.: T80904739A |
| | NV Business ID: NV19751002010 |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 | 93.00 % General Obligation Bonds |
| Highway Funds | 0.00 % | X Other funding | 7.00 % Transfer from University Receipts |

Agency Reference #: **5700**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **10/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **3 years and 273 days**4. Type of contract: **Contract**Contract description: **OWNER CMAR CONST AGR**

5. Purpose of contract:

This is a new contract to provide owner construction manager at risk services to construct/remodel a 15,800 sf laboratory including replacement of existing HVAC, Fire Alarm Systems, Controls, Hydronic Piping and Lighting. SPWB Project No. 09-C23L; SPWB Contract No. 5700.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,900,000.00**Other basis for payment: **Monthly progress payments on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

2009 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 SPWB 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 Legislature9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: 09/08/2010 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

SPWB, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 09/16/2010 11:27:08 AM |
| Division Approval | dgrimm | 09/16/2010 11:27:11 AM |
| Department Approval | dgrimm | 09/16/2010 11:27:15 AM |
| Contract Manager Approval | dgrimm | 09/22/2010 15:09:37 PM |
| Budget Analyst Approval | jrodrig9 | 09/23/2010 17:14:04 PM |
| Team Lead Approval | cwatson | 10/05/2010 09:29:23 AM |
| BOE Agenda Approval | cwatson | 10/05/2010 09:29:27 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: **11486**

| | |
|---|--|
| Agency Name: PUBLIC WORKS BOARD | Legal Entity Name: JBA CONSULTING ENGINEERS |
| Agency Code: 190 | Contractor Name: JBA CONSULTING ENGINEERS |
| Appropriation Unit: 1550-18 | Address: 5155 W PATRICK LN STE 100 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118-2828 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/362-9200 |
| | Vendor No.: T80928382 |
| | NV Business ID: NV20091413391 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % General Obligation Bonds |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **5572**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **3 years and 303 days**4. Type of contract: **Contract**Contract description: **Prof Services Agr**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to replace doors, locks and control panels on Housing Units 2,3,4 at the Southern Desert Correctional Center, SPWB Project No. 09-M11; SPWB Contract No. 5572.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$145,850.00**Other basis for payment: **Monthly progress payments on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

2009 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 SPWB 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. If yes, list the names of vendors that submitted proposals:

Not Applicableb. 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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 09/09/2010 13:21:41 PM |
| Division Approval | dgrimm | 09/09/2010 13:21:44 PM |
| Department Approval | dgrimm | 09/09/2010 13:21:48 PM |
| Contract Manager Approval | dgrimm | 09/10/2010 12:28:42 PM |
| Budget Analyst Approval | jrodrig9 | 09/15/2010 18:47:34 PM |
| Team Lead Approval | cwatson | 09/16/2010 09:58:02 AM |
| BOE Agenda Approval | cwatson | 09/16/2010 09:58:06 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11549**

| | |
|---|--|
| Agency Name: PUBLIC WORKS BOARD | Legal Entity Name: BURKE & ASSOCIATES, INC. |
| Agency Code: 190 | Contractor Name: BURKE & ASSOCIATES, INC. |
| Appropriation Unit: 1565-43 | Address: 3365 WYNN RD A |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89102 |
| If "No" please explain: Not Applicable | Contact/Phone: null702-367-1040 |
| | Vendor No.: T81091350 |
| | NV Business ID: NV19731000534 |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % General Obligation Bonds |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **5650**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2011**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **Owner CMAR Pre-Con**

5. Purpose of contract:

This is a new contract to provide Owner-Construction Manager at Risk (CMAR) Pre-Construction services for the Southern Desert Correctional Center Expansion, Phase II (Culinary, Dining and Laundry Building), Indian Springs, NV, SPWB Project No. 07-C07 (A), SPWB Contract No. 5650.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,085.00**

Other basis for payment: **Monthly progress payments on services provided.**

II. JUSTIFICATION

7. What conditions require that this work be done?

2007 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 SPWB 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. If yes, list the names of vendors that submitted proposals:

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. Sole source approval by SPWB on July 29, 2010.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

SPWB, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 09/09/2010 09:19:50 AM |
| Division Approval | dgrimm | 09/09/2010 09:19:54 AM |
| Department Approval | dgrimm | 09/09/2010 09:19:58 AM |
| Contract Manager Approval | dgrimm | 09/09/2010 16:17:14 PM |
| Budget Analyst Approval | jrodrig9 | 09/10/2010 15:40:51 PM |
| Team Lead Approval | cwatson | 09/15/2010 11:28:40 AM |
| BOE Agenda Approval | cwatson | 09/15/2010 11:28:44 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 CONTRACT

1. Contract Number: **CONV5319** Amendment Number: **1**

Agency Name: **PUBLIC WORKS BOARD** Legal Entity Name: **O'Connor Construction Management**

Agency Code: **190** Contractor Name: **O'Connor Construction Management**

Appropriation Unit: **1565-41** Address: **821 West Horizon Ridge Parkway**

Is budget authority available?: **Yes** City/State/Zip: **Henderson, NV 89052**

If "No" please explain: **Not Applicable** Contact/Phone: **null7028966926**

Vendor No.: **T29009786**

NV Business ID: **NV19961073455**

To what State Fiscal Year(s) will the contract be charged? **2008-2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % General Obligation Bonds |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 3212

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2008**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2011**Contract term: **3 years and 48 days**4. Type of contract: **Contract**Contract description: **Professional Services**

5. Purpose of contract:

This is an amendment to the original contract, which provides Extended Project Management for Indian Springs Correctional Center Boot Camp, Indian Springs, Nevada, SPWB Project No. 07-C05; SPWB Contract No. 3212. This amendment decreases the maximum amount from \$926,540 to \$696,721.20 per the final services invoice.

6. CONTRACT AMENDMENT

| | |
|--|---------------|
| 1. The maximum amount of the original contract: | \$926,540.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | -\$229,818.80 |
| 4. New maximum contract amount: | \$696,721.20 |

II. JUSTIFICATION

7. What conditions require that this work be done?

2007 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 SPWB 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. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Currently under contract for this work.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

SPWB, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 09/09/2010 14:09:11 PM |
| Division Approval | dgrimm | 09/09/2010 14:09:15 PM |
| Department Approval | dgrimm | 09/09/2010 14:09:19 PM |
| Contract Manager Approval | dgrimm | 09/10/2010 16:12:37 PM |
| Budget Analyst Approval | jrodrig9 | 09/15/2010 18:48:00 PM |
| Team Lead Approval | cwatson | 09/16/2010 09:56:47 AM |
| BOE Agenda Approval | cwatson | 09/16/2010 09:56:52 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: **11610**

| | |
|---|---|
| Agency Name: PUBLIC WORKS BOARD | Legal Entity Name: PENTA BUILDING GROUP INC, THE |
| Agency Code: 190 | Contractor Name: PENTA BUILDING GROUP INC, THE |
| Appropriation Unit: 1566-19 | Address: 181 E. Warm Springs Rd. |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/614-1678 |
| | Vendor No.: T29016344 |
| | NV Business ID: NV20081225302 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? 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 | 67.00 % | X Bonds | 33.00 % General Obligation Bonds |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 5681

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2014**

Contract term: **3 years and 273 days**

4. Type of contract: **Contract**

Contract description: **Owner CMAR Const Agr**

5. Purpose of contract:

This is a new contract to provide owner construction manager at risk services for the North Las Vegas Readiness Center, Las Vegas, NV; SPWB Contract NO. 09-C14; SPWB Contract No. 5681.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,810,874.00**

Other basis for payment: Monthly progress payments on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2009 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 SPWB 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. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

SPWB, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 09/21/2010 14:06:25 PM |
| Division Approval | dgrimm | 09/21/2010 14:06:29 PM |
| Department Approval | dgrimm | 09/21/2010 14:06:32 PM |
| Contract Manager Approval | dgrimm | 09/28/2010 10:06:11 AM |
| Budget Analyst Approval | jrodrig9 | 10/01/2010 12:48:18 PM |
| Team Lead Approval | cwatson | 10/05/2010 09:30:28 AM |
| BOE Agenda Approval | cwatson | 10/05/2010 09:30:32 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11131** Amendment Number: **1**

Agency Name: **PUBLIC WORKS BOARD** Legal Entity Name: **Shen Milsom Wilke**

Agency Code: **190** Contractor Name: **Shen Milsom Wilke**

Appropriation Unit: **1592-17** Address: **33 New Montgomery Street**

Is budget authority available?: **Yes** City/State/Zip: **San Francisco, CA 94105**

If "No" please explain: **Not Applicable** Contact/Phone: **null415-391-7610**

Vendor No.:

NV Business ID: **NV20021478732**

To what State Fiscal Year(s) will the contract be charged? **2010-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 #: **5348**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**

Contract term: **3 years and 50 days**

4. Type of contract: **Contract**

Contract description: **Misc Serv Agr**

5. Purpose of contract:

This is an amendment to the original contract, which provides professional architectural/engineering services along with acoustical consulting services for the completion of the Nevada State Museum Exhibits Construction, SPWB Project No. 09-C04; SPWB Contract No. 5348. The amendment increases the maximum amount from \$8,500 to \$10,720 to provide additional support to respond to the prioritization of the recommendations of the original report, review of RFI's submittals and shop drawings.

6. CONTRACT AMENDMENT

- 1. The maximum amount of the original contract: **\$8,500.00**
- 2. Total amount of any previous contract amendments: **\$0.00**
- 3. Amount of current contract amendment: **\$2,220.00**
- 4. New maximum contract amount: **\$10,720.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

2009 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 SPWB 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. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

SPWB, Currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 08/10/2010 14:49:43 PM |
| Division Approval | dgrimm | 08/10/2010 14:49:47 PM |
| Department Approval | dgrimm | 08/10/2010 14:49:51 PM |
| Contract Manager Approval | dgrimm | 09/09/2010 16:18:53 PM |
| Budget Analyst Approval | jrodrig9 | 09/10/2010 16:20:47 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:25:30 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:25:34 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: **11557**

| | |
|--|---|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: Public Consulting Group, Inc. |
| Agency Code: 403 | Contractor Name: Public Consulting Group, Inc. |
| Appropriation Unit: 3158-04 | Address: 2150 River Plaza Dr. Suite 380 |
| Is budget authority available?: Yes | City/State/Zip: Sacramento, CA 95833 |
| If "No" please explain: Not Applicable | Contact/Phone: null916-565-8090 |
| | Vendor No.: |
| | NV Business ID: NV20021466314 |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that 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 | 10.00 % | Fees | 0.00 % |
| X Federal Funds | 90.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **Health and Human Services**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2011**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **HIT-Health Info Tech**

5. Purpose of contract:

This is a new contract to provide support to the agency in developing a State Medicaid Health Information Technology Plan (SMHP) and an Advanced Planning Document to submit to the Centers for Medicare and Medicaid (CMS) for future funding to meet Federal Mandates of the American Recovery and Reinvestment Act of 2009 (ARRA) for the purpose of implementing a Provider Incentive Payment Program as well as implementing the Medicaid Strategic Vision for Health Information Technology (HIT).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$544,492.50**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal mandate pursuant to Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA) to implement a Provider Incentive Payment Program and the Medicaid Strategic Vision for HIT.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of resources and expertise.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

[Empty box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Technical proposal and scored highest when ranked against other vendors.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Existing contract with DHC FP with satisfactory performance.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | greves | 09/02/2010 13:30:42 PM |
| Division Approval | greves | 09/02/2010 13:31:40 PM |
| Department Approval | sderouss | 09/03/2010 13:19:53 PM |
| Contract Manager Approval | dkingsle | 09/07/2010 14:20:02 PM |
| Budget Analyst Approval | nhovden | 09/08/2010 11:50:35 AM |
| Team Lead Approval | jteska | 09/18/2010 11:45:37 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:45:41 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11497**

| | |
|--|---|
| Agency Name: HEALTH DIVISION | Legal Entity Name: Deaf and Hard of Hearing Advocacy and Resource Center |
| Agency Code: 406 | Contractor Name: Deaf and Hard of Hearing Advocacy and Resource Center |
| Appropriation Unit: 3222-14 | Address: 999 Pyramid Way |
| Is budget authority available?: Yes | City/State/Zip: Sparks, NV 89431 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-355-8994 |
| | Vendor No.: T81093720 |
| | NV Business ID: NV20081252896 |

To what State Fiscal Year(s) will the contract be charged? **2011-2013**

What is the source of funds that will be used to pay the contractor? 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 #: HD 11054

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **Yes**

If "Yes", please explain

The Notice of Grant Award was not received in time to meet the August or September BOE dates.

3. Termination Date: **08/31/2012**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Interpreter Services**

5. Purpose of contract:

This is a new contract to provide interpreter/Communication Access Realtime Translation (CART) services to the deaf and hard of hearing at family support meetings, community events, training events and Individual Education Program meetings, among others.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$60.00 per hour

Other basis for payment: Invoiced monthly for provided services.

II. JUSTIFICATION

7. What conditions require that this work be done?

It is part of the grant requirement that deaf and hard of hearing children, and their families, be given the opportunity to understand what services, and assistance, is available to them. These intrepretive services have been shown to increase family participation and follow-up assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The ability to perform these services does not exist within the State.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Availability of interpreters, and cost of service.

d. Last bid date: 07/28/2010 Anticipated re-bid date: 08/01/2011

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Domestic Non-Profit Corporation**

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | pweyrick | 08/24/2010 16:14:24 PM |
| Division Approval | pweyrick | 08/24/2010 16:14:29 PM |
| Department Approval | sderouss | 08/27/2010 09:05:39 AM |
| Contract Manager Approval | cschmid2 | 08/27/2010 09:18:49 AM |
| Budget Analyst Approval | jborrowm | 09/07/2010 07:51:58 AM |
| Team Lead Approval | jteska | 09/18/2010 12:45:33 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:45:37 PM |
| BOE Final Approval | Pending | |

STATE OF NEVADA

JIM GIBBONS
Governor

MICHAEL J. WILLEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

Bureau of Child, Family & Community Wellness
4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone (775) 684-4285 · Fax (775) 684-4211

AUG 5 2010

HEALTH DIVISION
ADMINISTRATIVE SERVICES

July 29, 2010

MEMORANDUM

To: Richard Whitley, MS
Administrator
Health Division

Through: Phil Weyrick *OK Phil 8/10/10*
Administrative Services Officer IV
Health Division Administration

Deborah A. Harris, MA, CPM *DH*
Bureau Chief
Bureau of Child Family and Community Wellness

From: Melissa Fellman, RDH *MF*
Early Hearing Detection and Intervention (EHDI) Program

Subject: Request for a Retroactive Start Date for Contract # HD 11053

This memorandum requests that Health Division Contract # HD11053 be approved for a retroactive start date effective September 1, 2010. This contract needs a retroactive start date because the Health Division's relationship with the Deaf and Hard of Hearing Resource Center (DHHARC) changed from a subgrant to a contract. In addition, the new NOGA was not been received prior to the August BOE to ensure funding to support this contract request. This contract was not able to be submitted to the Board of Examiners in a timely fashion because the EHDI program did not have the current NOGA and transition from a subgrant to a contract was an involved process requiring recruitment of bids. The following actions have been taken to prevent the need for future retroactive requests: The contract period has been changed to follow the grant budget period. This will allow the program to have the relevant NOGA when renewing future contracts.

JM JM/MF

Cc: Colman Schmidt, Management Analyst II
Health Division

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: CONV6846 | Amendment Number: 1 |
| Agency Name: HEALTH DIVISION | Legal Entity Name: Nevada Broadcasters Association |
| Agency Code: 406 | Contractor Name: Nevada Broadcasters Association |
| Appropriation Unit: 3223-04 | Address: 1050 East Flamingo Road |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: Bob Fisher 7027944994 |
| | Vendor No.: T80990324 |
| | NV Business ID: NV19941133658 |

To what State Fiscal Year(s) will the contract be charged? **2010-2013**

What is the source of funds that will be used to pay the contractor? 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 #: **HD 10031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2009**

Anticipated BOE meeting date **11/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2011**

Contract term: **3 years and 23 days**

4. Type of contract: **Contract**

Contract description: **Health Related Services**

5. Purpose of contract:

This is an amendment to the original contract, which provides health related public service announcements (PSAs) throughout the State of Nevada. This amendment extends the termination date from September 30, 2011 to September 30, 2012, and increases the maximum amount from \$250,000 to \$500,000, due to the increase in health related PSAs.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$250,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$250,000.00 |
| 4. New maximum contract amount: | \$500,000.00 |
| and/or the termination date of the original contract has changed to: | 09/30/2012 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Health Division must be able to promulgate health related information throughout the state in a timely and expeditious manner.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no ability within the state to perform this function.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 090801A
Approval Date: 08/04/2009

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?
 Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mwillia9 | 09/03/2010 10:22:52 AM |
| Division Approval | mwillia9 | 09/03/2010 10:22:56 AM |
| Department Approval | sderouss | 09/03/2010 13:14:52 PM |
| Contract Manager Approval | cschmid2 | 09/07/2010 08:18:43 AM |
| Budget Analyst Approval | jborrowm | 09/07/2010 16:17:35 PM |
| Team Lead Approval | jteska | 09/18/2010 12:42:18 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:42:22 PM |

*****AMENDMENT*****



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
616 East Musser Street, Suite 300
Carson City, Nevada 89701
Phone (775) 684-0170 • Fax (775) 684-0188

Purchasing Use Only:
090801A
Amendment 1

ANDREW K. GLINGER
Director

GREG SMITH
Purchasing Administrator

SOLICITATION WAIVER REQUEST FORM

1.
 - a. Identify State agency and the contact person's name, title, telephone number and email address for this request: Colman Schmidt, Contracts Manager, 775-684-4039, cschmidt@health.nv.gov
 - b. Vendor contact information: Nevada Broadcasters Association, Attn: Mr. Robert Fisher
1050 East Flamingo Road Las Vegas, NV 89119
rdfnba@aol.com (702) 794-4994

Type of waiver requested: Sole or single source Professional Service Exemption
2. Description of work/services to be performed or commodity/good to be purchased:
Radio and/or television public service announcements to promulgate health related messages to the people of Nevada.
3. Describe the unique qualification required for the service or good to be purchased: The Nevada Broadcasters Association has been providing public service announcements for the State Health Division, (at a \$4 worth of airtime per \$1 charged) for over 15 years.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify: Nevada Broadcasters Association must be considered a "Sole Source" provider per Federal Communications Commission (FCC) rules regarding Non-Commercial Sustaining Announcements (NCSA).
5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid: The State Health Division must be able to communicate health related information to the citizens of Nevada in a timely manner. If this request were to be disapproved the Division would not be able to meet that obligation.
6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation. Past experience with FCC guidelines with regard to NCSA's.
7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?
Through the experience of the last 15 years, and the guaranteed 4-to-1 ratio of value per dollar.
8. What is the estimated value and length of the contract, amendment or request. Adds \$250,000 and one year, for a new total of \$500,000 for 3 years.

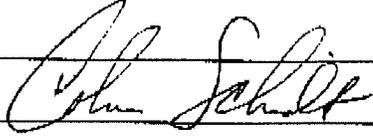
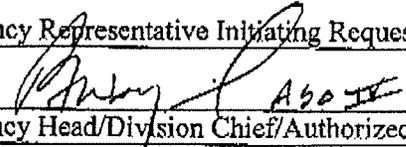
 - a. New contract Y N
 - b. Amendment Y N Amendment No. 1
{provide copy of previous waiver(s)}

The Nevada State Health Division hereby requests approval for The Nevada Broadcasters Association
Requesting agency Proposed vendor

to provide the service/good for the amount and term as described above.

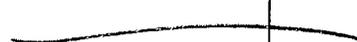
By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | | |
|---|---|-----------------|
| X |  | August 25, 2010 |
| | Agency Representative Initiating Request | Date |
| X |  | 8/25/10 |
| | Agency Head/Division Chief/Authorized Designee | Date |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

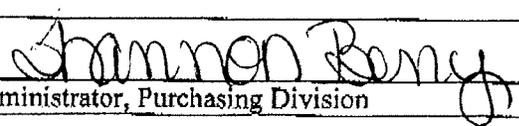
Signed:

| | | |
|---|--|------|
| X |  N/A  | |
| | Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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:

| | | |
|---|---|--------|
| X |  ORO | 9/2/10 |
| | Administrator, Purchasing Division | Date |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV6446** Amendment Number: **2**

Agency Name: **HEALTH DIVISION** Legal Entity Name: **University of Nevada, Reno School of Medicine**

Agency Code: **406** Contractor Name: **University of Nevada, Reno School of Medicine**

Appropriation Unit: **3235-16** Address: **1664 N Virginia St. - MS 325**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **null7757844040**

Vendor No.: **D305000816**

NV Business ID: **governmental entity**

To what State Fiscal Year(s) will the contract be charged? **2009-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---|----------------|--|---------------------------------------|
| General Funds | 0.00 % | <input checked="" type="checkbox"/> Fees | 34.00 % EMS Certification Fees |
| <input checked="" type="checkbox"/> Federal Funds | 66.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **HD 09200**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/17/2009**Anticipated BOE meeting date **09/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **02/28/2012**Contract term: **2 years and 256 days**4. Type of contract: **Interlocal Agreement**Contract description: **Health Related Services**

5. Purpose of contract:

This is an amendment to the original contract which provides continuing education on emergency medical care and systems. This amendment increases the maximum amount from \$23,000 to \$35,000 to fund more attendees to the next two conferences.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$15,000.00 |
| 2. Total amount of any previous contract amendments: | \$8,000.00 |
| 3. Amount of current contract amendment: | \$12,000.00 |
| 4. New maximum contract amount: | \$35,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The annual rural EMS conferences are a major source of quality continuing education for rural volunteer Emergency Medical Technicians (EMTs).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the personnel to plan and host events of this type.9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | pweyrick | 08/24/2010 16:12:34 PM |
| Division Approval | pweyrick | 08/24/2010 16:12:39 PM |
| Department Approval | sderouss | 08/27/2010 06:53:56 AM |
| Contract Manager Approval | cschmid2 | 08/27/2010 07:29:46 AM |
| Budget Analyst Approval | jborrowm | 09/09/2010 07:43:40 AM |
| Team Lead Approval | jteska | 09/23/2010 09:58:10 AM |
| BOE Agenda Approval | jteska | 09/23/2010 09:58:14 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: **10176** Amendment Number: **1**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **DUCKWATER SHOSHONE TRIBE**

Agency Code: **407** Contractor Name: **DUCKWATER SHOSHONE TRIBE**

Appropriation Unit: **3228-42** Address: **PO BOX 140068**

Is budget authority available?: **Yes** City/State/Zip: **DUCKWATER, NV 89314-0068**

If "No" please explain: Not Applicable Contact/Phone: **null775/863-0180**

Vendor No.: **T81070857A**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2010-2011**

What is the source of funds that will be used to pay the contractor? 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 % Vendor Matching Funds |

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2009**Anticipated BOE meeting date **07/2010**Retroactive? **Yes**

If "Yes", please explain

This amendment is to modify the consideration portion of the contract for audit purposes, therefore, is retroactive to the original contract effective date.

3. Previously Approved Termination Date: **09/30/2010**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **SNAP Education**

5. Purpose of contract:

This is an amendment to the the original interlocal agreement to provide for the implementation of the Supplemental Nutrition Education Program (SNAP). This amendment more accurately defines the "consideration" portion of the contract to identify the federal funds portion and the vendor cost share portion which includes an administrative fee retained by the Division of Welfare and Supportive Services (DWSS). This amendment increases the total amount by \$100,853 from \$187,736 to \$288,589.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$187,736.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$100,853.00 |
| 4. New maximum contract amount: | \$288,589.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Welfare and Supportive Services receives a cost share program from the U.S. Department of Agriculture to implement the Supplemental Nutrition Assistance Program which provides nutrition education and assistance to low income families in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Welfare and Supportive Services partners with various public and non profit agencies to extend the outreach of the Supplemental Nutrition Assistance Program therefore extending state resources and personnel.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Federal funding is provided from the USDA. All agencies that develop a plan that meets the requirements of the Supplemental Nutrition Assistance Program and is approved by the USDA are incorporated into the State of Nevada plan. A RFP is not a requirement of an interlocal contract.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

- b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

- c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

- d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 contract with DWSS and providing satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | tdufresn | 08/13/2010 15:34:17 PM |
| Division Approval | msmit5 | 08/16/2010 07:41:35 AM |
| Department Approval | sderouss | 08/27/2010 06:48:59 AM |
| Contract Manager Approval | jholm | 09/03/2010 11:44:00 AM |
| Budget Analyst Approval | cglover | 09/09/2010 09:29:46 AM |
| Team Lead Approval | jteska | 09/18/2010 12:02:00 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:02:07 PM |



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

1470 College Parkway
Carson City, Nevada 89706-7924
(775) 684-0500 • Fax (775) 684-0656

MICHAEL J. WILLDEN
Director

ROMAINE GILLILAND
Administrator

August 13, 2010

TO: JULIA TESKA, BUDGET ANALYST V
BUDGET AND PLANNING DIVISION

THROUGH: MIKE WILLDEN, DIRECTOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

FROM: ROMAINE GILLILAND, ADMINISTRATOR

Re: Retroactive approval of the contract between the Division of Welfare and Supportive Services and Duckwater Tribe.

The Division of Welfare and Supportive Services is requesting a retroactive approval of the above referenced contract to October 1, 2009.

This retroactive approval is to correct consideration language in the contract. It was discovered that the previous language did not address the administrative fee clearly and this amendment will correct this.

Thank you for your assistance in this matter.

Jason Holm
Division of Welfare and Supportive Services

Working for the Welfare of ALL Nevadans

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11425**

| | | | |
|---------------------------------|-------------------------------------|--------------------|------------------------------------|
| Agency Name: | WELFARE AND SUPPORT SERVICES | Legal Entity Name: | Policy Studies, Inc. |
| Agency Code: | 407 | Contractor Name: | Policy Studies, Inc. |
| Appropriation Unit: | 3238-18 | Address: | 1515 Wynkoop St Ste 400 |
| Is budget authority available?: | Yes | City/State/Zip | Denver, CO 80202 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Brian Shea 303-863-0900 |
| | | Vendor No.: | T29025068 |
| | | NV Business ID: | NV20051241036 |

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2011**Contract term: **1 year and 60 days**4. Type of contract: **Contract**Contract description: **NOMADS Assesement**

5. Purpose of contract:

This is a new contract to provide for an assessment of the Nevada Operations of Multi Automated Data System (NOMADS) to determine long term viability of the system and recommendations for system upgrades and enhancements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: Actual per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Legislature commissioned an audit to determine how the NOMADS system could be enhanced to improve performance of the Child Support Enforcement Program. The Division of Welfare opened a Request for Proposal for a study of the NOMADS system. This study was to determine the long term viability of the NOMADS system and to provide recommendations for system enhancements and upgrades.

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 the expertise to perform these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Policy Studies Inc. received the highest score from the evaluation committee during the competitive selection process.

d. Last bid date: 03/01/2010 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | tdufresn | 08/23/2010 18:45:46 PM |
| Division Approval | msmit5 | 09/02/2010 08:17:05 AM |
| Department Approval | sderouss | 09/03/2010 08:58:59 AM |
| Contract Manager Approval | jholm | 09/03/2010 11:43:24 AM |
| Budget Analyst Approval | cglover | 09/13/2010 08:03:06 AM |
| Team Lead Approval | jteska | 09/18/2010 12:03:44 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:03:47 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: **10828**

| | | | |
|---------------------------------|-------------------------------------|--------------------|--|
| Agency Name: | WELFARE AND SUPPORT SERVICES | Legal Entity Name: | LAS VEGAS, CITY OF |
| Agency Code: | 407 | Contractor Name: | LAS VEGAS, CITY OF |
| Appropriation Unit: | 3267-23 | Address: | NEIGHBORHOOD SVC/INITIATIVES 400 STEWART AVE FL 2 |
| Is budget authority available?: | Yes | City/State/Zip | LAS VEGAS, NV 89101 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/229-5450 |
| | | Vendor No.: | T40277602B |
| | | NV Business ID: | Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? 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 **07/01/2010**

Anticipated BOE meeting date 06/2010

Retroactive? **Yes**

If "Yes", please explain

This contract was prepared and routed to the City of Las Vegas for signatures in preparation for the June 8, 2010, BOE meeting. The City experienced delays in obtaining the necessary approval signatures from the Las Vegas City Council and as a result was not timely in returning the signed contract to DWSS.

3. Termination Date: **06/30/2011**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Child Care Programs**

5. Purpose of contract:

This is a new interlocal contract to provide funding for before and after school child care programs through their Parents as Learning Support (PALS) program. This program provides funding to local elementary schools that participate in PALS by supporting programs in literacy, tutoring, health and fitness, resources and educational equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00**

Other basis for payment: Actual per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is mandated by the Nevada Child Care and Development fund.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DWSS contracts with public and private non-profit entities to meet community demands for child care services. DWSS does not possess the expertise or resources to address this demand.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

DWSS does not restrict participation and approves all public and private child care providers who are able to meet the participation requirements set forth in the Child Care State Plan and Policy Manual.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | tdufresn | 08/13/2010 15:42:14 PM |
| Division Approval | msmit5 | 08/24/2010 07:45:35 AM |
| Department Approval | sderouss | 08/24/2010 17:51:54 PM |
| Contract Manager Approval | jholm | 08/25/2010 10:32:10 AM |
| Budget Analyst Approval | jteska | 09/18/2010 12:00:00 PM |
| Team Lead Approval | jteska | 09/18/2010 12:00:05 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:00:08 PM |
| BOE Final Approval | Pending | |



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

1470 College Parkway
Carson City, Nevada 89706-7924
(775) 684-0500 • Fax (775) 684-0656

MICHAEL J. WILLDEN
Director

ROMAINE GILLILAND
Administrator

August 12, 2010

TO: JULIA TESKA, BUDGET ANALYST V
BUDGET AND PLANNING DIVISION

THROUGH: MIKE WILLDEN, DIRECTOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

FROM: JASON HOLM, ASO II

The Division of Welfare and Supportive Services is requesting a retroactive approval of the above referenced contract to July 1, 2010.

This contract was prepared and routed to the City of Las Vegas for signatures in preparation for the June 8, 2010, BOE meeting. The City experienced delays in obtaining the necessary approval signatures from the Las Vegas City Council and as a result was not timely in returning the signed contract to DWSS.

Thank you for your assistance in this matter.

Working for the Welfare of ALL Nevadans

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **10996** Amendment Number: **1**

Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES** Legal Entity Name: **RFI Communications & Security Systems**

Agency Code: **408** Contractor Name: **RFI Communications & Security Systems**

Appropriation Unit: **3162-07** Address: **5475 Louie Lane - Suite A**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Hyong Cho 7758523555**

Vendor No.: **PUR0002572**

NV Business ID: **NV20021334287**

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2014**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Security system**

5. Purpose of contract:

This is an amendment to the original contract, which provides services to maintain a reliable security system at the Dini-Townsend Hospital. This amendment increases the maximum amount by \$15,000 from \$52,361 to \$67,361 to allow for emergency or unforeseen repairs/replacements or additions of doors with security systems.

6. CONTRACT AMENDMENT

| | | |
|----|---|-------------|
| 1. | The maximum amount of the original contract: | \$52,361.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$15,000.00 |
| 4. | New maximum contract amount: | \$67,361.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This Service Agreement guarantees that the security door system will operate properly, insuring safety and well-being of consumers, staff and visitors as required by Joint Commission

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Staff does not have the equipment, training or expertise to do this work

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 100407
Approval Date: 04/08/2010

c. Why was this contractor chosen in preference to other?

Not chosen in preference to others, RFI has been designated as a Sole Source vendor by the Administrator of the Purchasing Division

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

2006 to present - NNAMHS - Satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mhefne1 | 09/01/2010 14:39:25 PM |
| Division Approval | mhefne1 | 09/01/2010 14:39:30 PM |
| Department Approval | sderouss | 09/03/2010 13:16:11 PM |
| Contract Manager Approval | cweil | 09/07/2010 07:44:47 AM |
| Budget Analyst Approval | rhage1 | 09/09/2010 18:03:08 PM |
| Team Lead Approval | jteska | 09/18/2010 11:52:40 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:52:44 AM |



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

Purchasing Use Only:
100407A
Amendment 1

ANDREW K. CLINGER
Director

GREG SMITH
Purchasing Administrator

JIM
GIBBONS
Governor

SOLICITATION WAIVER REQUEST FORM

1. a. Identify State agency and the contact person's name, title, telephone number and email address for this request:
Northern Nevada Adult Mental Health Services (NNAMHS)
Claire Weil – Program Officer
(775)688-2031
cweil@nnamhs.state.nv.us
- b. Vendor contact information:
RFI Communications & Security Systems
Hyong Cho – Account Manager
(775)852-3555
hcho@rfi.com
- c. Type of waiver requested: Sole or single source Professional Service Exemption
2. Description of work/services to be performed or commodity/good to be purchased:
To provide Service Plan 4 as outlined in contract and detailed in Service Agreement attachment and upgrades (to include furnishing, installation and computer reconfiguration for acceptance of upgrades) for security doors at Dini-Townsend Hospital. This amendment will add \$15,000.00 to contract for unforeseen/emergency repairs/replacements or additions of doors with security systems, which would be added to the existing system which was installed and is maintained by the contractor
3. Describe the unique qualification required for the service or good to be purchased:
The ability to supply, install adjust software and repair proprietary GE security system
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
RFI is the only local area authorized dealer for this particular GE Security system
5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:
Joint Commission requires facilities, such as Dini-Townsend Hospital be secure for the safety and well-being of patients, staff and visitors
6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation.
A review of the GE dealer network listing and yellow pages were used

7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?
 RFI is the only local area authorized dealer/service company for the system that was installed when the building was constructed.
8. What is the estimated value and length of the contract, amendment or request?
 \$15,000.00 - 4 Years - with the possibility of amendments during the term of contract
- a. New contract Y N X
 b. Amendment Y X N Amendment No. 1
 {provide copy of previous waiver(s)}

Northern Nevada Adult Mental Health Services (NNAMHS) hereby requests RFI Communications & Security Systems
 Requesting agency approval for Proposed vendor

to provide the service/good for the amount and term as described above.
 By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | |
|--|-----------|
| X <i>Chaise Weil</i> | 8-25-2010 |
| Agency Representative Initiating Request | Date |
| X <i>Elizabeth O'Brien</i> | 8/25/2010 |
| Agency Head Authorizing Request | Date |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

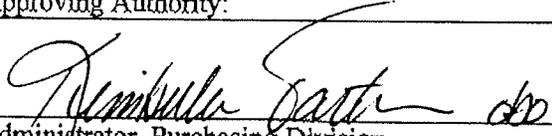
Signed:

| | |
|-----------------------------------|------|
| X | |
| Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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.

Approving Authority:

| | |
|--|--------|
| X  do | |
| Administrator, Purchasing Division | Date |
| | 9/2/10 |

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: **CONV5598**

Amendment Number: **3**

Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES**

Legal Entity Name: **Cross Country, Inc and Affiliates**

Agency Code: **408**

Contractor Name: **Medical Doctor Associates (MDA)**

Appropriation Unit: **3648-08**

Address: **145 Technology Parkway, NW**

Is budget authority available?: **Yes**

City/State/Zip: **Norcross, GA 30092**

If "No" please explain: **Not Applicable**

Contact/Phone: **Barbara Lachover 7707972146**

Vendor No.: **T80960656**

NV Business ID: **NV20081672330**

To what State Fiscal Year(s) will the contract be charged? **2009-2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 92.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 8.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **080089**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2008**

Anticipated BOE meeting date **06/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2011**

Contract term: **2 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Professional Services**

5. Purpose of contract:

This is an amendment to the original contract, which provides psychiatric and nursing services to Rural Clinics Community Mental Health Centers. This amendment changes the mileage rate to \$.50 per mile, changes the name of the contractor from Medical Doctor Associates to the owner of the company Cross Country, Inc and Affiliates, and increases the Psychiatrist portion of the contract by an additional \$85,160.00 from \$1,000,040 to \$1,085,200.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$230,000.00 |
| 2. Total amount of any previous contract amendments: | \$770,040.00 |
| 3. Amount of current contract amendment: | \$85,160.00 |
| 4. New maximum contract amount: | \$1,085,200.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Psychiatric services including medication management are needed by the clients in rural Nevada. Psychiartric services are not readily available in rural areas.

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 provide these services in these areas.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. If yes, list the names of vendors that submitted proposals:

[Empty text box]

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 091020C
Approval Date: 08/09/2010

c. Why was this contractor chosen in preference to other?

This contractor is a qualified candidate who is willing to work in rural Nevada under the terms we are able to offer.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Cross Country, Inc and Affiliates are the owners of Medical Doctor Associate.

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | wkirby | 06/28/2010 13:26:23 PM |
| Division Approval | wkirby | 06/28/2010 13:26:34 PM |
| Department Approval | sderouss | 08/27/2010 06:44:28 AM |
| Contract Manager Approval | cgoetz | 08/30/2010 11:09:14 AM |
| Budget Analyst Approval | rhage1 | 09/06/2010 09:09:37 AM |
| Team Lead Approval | jteska | 09/07/2010 07:11:34 AM |
| BOE Agenda Approval | jteska | 09/07/2010 07:11:38 AM |



JIM GIBBONS
Governor

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

Purchasing Use Only:
#091020C

ANDREW K. CLINGER
Director

GREG SMITH
Purchasing Administrator

SOLICITATION WAIVER REQUEST FORM

1. a. Identify State agency and the contact person's name, title, telephone number and email address for this request:

Department of Health and Human Services, Division of Mental Health and Developmental Services, Rural Clinics Community Health Centers 4126 Technology Way, Suite 102, Carson City, Nevada 89706. Christine Goetz, Accounting Assistant III, 775-687-7579, cgoetz@ruralclinics.nv.gov

- b. Vendor contact information:

Cross Country, Inc and Affiliates 145 Technology Parkway, NW Norcross, Georgia 30092, Marlene Russell, Contracts Manager, 770-797-2159, RussellMB@mdainc.com

- c. Type of waiver requested: Sole or single source Professional Service Exemption

2. Description of work/services to be performed or commodity/good to be purchased:

Medical Doctor Associates, LLC and MedStaff Healthcare Solutions are an affiliate of Cross Country, Inc and Affiliates that provides Professional Medical Services. They provide psychiatrists and nurses for short term, temporary assignments in vacant positions at Rural Services.

3. Describe the unique qualification required for the service or good to be purchased:

Ability and resources to provide qualified Nevada licensed and registered psychiatrists and nurse's for temporary assignments at Rural Clinics in response to short notice.

4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:

There is a nationwide shortage of psychiatrists and nurses which adversely impact the recruiting process at Rural Services trying to fill vacant positions. To maintain Joint Commissions accreditation and maintain Community Standards of Care, locum tenens psychiatrists and nurses are necessary to fill vacant psychiatrist and nurses positions and treat the growing patient loads at Rural Services.

Due to Budget cutbacks, Rural Service is trying to reduce the expense of professional mental health professionals by using Licensed Practical Nurses, Advanced Practice Nurses, Nurse Practitioners, Physician's Assistants and Registered Nurses to help with the needs of the clients at Rural Services. These APN's who can be supervised by a licensed psychiatrist can perform the same functions as a psychiatrist and will not cost as much as a psychiatrist. Rural Services can cut back on the amount of psychiatrists contracted, by having the nurses take their places at half the cost of a psychiatrist. This strategy enables quality mental health services to be provided at lower cost.

5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:

We may lose the contract we have currently with them for the psychiatrist. We may also not be able to get the nurses that we need for the clinics that are in dire need of nurses and psychiatric support, and Rural Services would have to pay a higher price for psychiatrists instead of using APN's.

6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation.

We emailed and talked on the phone to eight (8) different locum tenen companies requesting pricing and what they could offer us by way of psychiatrists and nurses. Four (4) companies were just for psychiatrists only and they were asking us to pay more then we could possibly afford to pay. Two (2) companies were for nurses only and the nurses they could get us were Nurse Practitioners and Physician Assistants only, they were also priced higher then we could afford. The other two (2) companies were for both psychiatrists and nurses and one company was way out of our price range for nurses, and the other is MDA who is willing to work with us on pricing because of the budget cuts we are experiencing.

See Attachment for these companies.

7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?

Please refer to the attached communication with the 8 locum tenen companies. The criteria for evaluating the companies was based on willingness to negotiate on pricing, and if they could provide us with the professionals needed in the rural areas of Nevada.

8. What is the estimated value and length of the contract, amendment or request?

The original contract was for only psychiatrists. The last amended contract added the various types of nurses and extend the contract another 1 year. This amended contract is to change the name to the mother company Cross County, Inc. and Affiliates. The estimated value of this amended contract is \$1,085,200.00 with the Psychiatrist at \$528,960.00, Registered Nurse at \$188,960.00, Licensed Practical Nurse at \$131,200.00, and Advanced Practical Nurse, Nurse Practitioner, and Physicians Assistant at \$236,080.00. The contract is for 19 months, to end on June 30, 2011.

a. New contract Y N

b. Amendment Y N Amendment No. 3
{provide copy of previous waiver(s)}

08/04/10 - Per Christine Goetz,
name change + adding
\$85,160.00 to the contract. ©

Department of Health and Human
 Services, Division of Mental Health and
 Developmental Services, Rural Clinics
 Community Health Centers

hereby requests approval for Cross Country, Inc and Affiliates

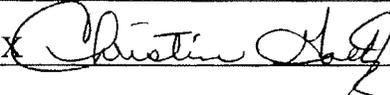
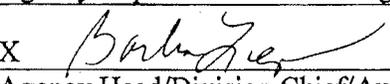
Requesting agency

Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | |
|--|---------|
| X  CHRISTINE GOETZ, ACCT. ASSISTANT III | 7-26-10 |
| Agency Representative Initiating Request | Date |
| X  | 7-26-10 |
| Agency Head/Division Chief/Authorized Designee | Date |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

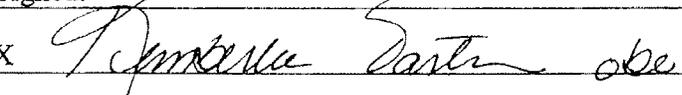
Signed:

| | |
|-----------------------------------|------|
| X N/A | |
| Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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:

| | |
|---|--------|
| X  obo | |
| Administrator, Purchasing Division | 8/9/10 |
| | Date |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 11382

| | |
|--|--|
| Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: UNR Medschool Associates |
| Agency Code: 408 | Contractor Name: UNR Medschool Associates |
| Appropriation Unit: 3648-08 | Address: 401 West 2nd Street, Ste 228 |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89503-0353 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-784-1233 |
| | Vendor No.: T80991321 B |
| | NV Business ID: NV19981273600 |

To what State Fiscal Year(s) will the contract be charged? **2010-2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 92.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 8.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2010**

Anticipated BOE meeting date 08/2010

Retroactive? **Yes**

If "Yes", please explain

The contract was to start on May 1, 2010; however, UNR Medical School had some staff changes which held up the signing of the contract. Since UNR Medical School Associates provides clinical services at the Yerington and Hawthorne Mental Health Centers, it was necessary to provide continuity of care for the clients by providing these needed mental health services to the community. As a result, services were provided prior to approval of the contract.

3. Termination Date: **06/30/2011**

Contract term: **1 year and 60 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Psychiatric service**

5. Purpose of contract:

This new contract is to provide psychiatric services to Rural Services Community Mental Health Centers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,040.00**

Payment for services will be made at the rate of \$135.00 per clinical hour

Other basis for payment: travel is at the State Approved rate currently at \$.50 per mile.

II. JUSTIFICATION

7. What conditions require that this work be done?

Psychiatric services including medication management are needed by the clients of rural Nevada. Psychiatric services are not readily available in the rural areas.

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 provide these services in these areas.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor is a qualified candidate who is willing to work in this area of rural Nevada under the terms we were able to offer.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | wkirby | 07/22/2010 15:05:23 PM |
| Division Approval | wkirby | 07/22/2010 15:05:26 PM |
| Department Approval | sderouss | 08/24/2010 17:54:29 PM |
| Contract Manager Approval | cgoetz | 09/02/2010 08:07:16 AM |
| Budget Analyst Approval | rhage1 | 09/06/2010 09:02:34 AM |
| Team Lead Approval | jteska | 09/07/2010 07:15:04 AM |
| BOE Agenda Approval | jteska | 09/07/2010 07:15:08 AM |
| BOE Final Approval | Pending | |

STATE OF NEVADA



Jim Gibbons
Governor

MICHAEL J. WILLDEN
Director
Department of Health and Human Services

Division of
Mental Health and Development Services

RURAL CLINICS
COMMUNITY MENTAL HEALTH CENTERS

ADMINISTRATION OFFICE
4126 Technology Way Suite 102
Carson City, Nevada 89706-2013
Telephone No: (775) 687-7500
Fax No. (775) 687-7544

- Carson Mental Health Center
- Douglas Mental Health Center
- Elko Mental Health Center
Wendover
- Ely Mental Health Center
- Fallon Mental Health Center
Hawthorne
Lovelock
- Lyon Mental Health Center
Dayton
Fernley
Silver Springs
Yerington
- Mesquite Mental Health Center
Caliente
- Pahump Mental Health Center
Tonopah
- Winnemucca Mental Health Center
Battle Mountain

RECEIVED

AUG 23 2010

SUBSTANCE ABUSE PREVENTION
& TREATMENT AGENCY - CARSON CITY

June 30, 2010

To: Robin Hagar, Budget Analyst
Budget Division

Thru: *Kendal Howard*
Kendal Howard, ASO III
Rural Services

From: Christine Goetz, Accounting Assistant III
Rural Services *CG*

RE: Retroactive Contract --
UNR Medical School Associates

Please consider this request for retroactive approval of the UNR Medical School Associates contract.

The contract was to start on May 1, 2010; however, UNR Medical School had some staff changes which held up the signing of the contract.

Since UNR Medical School Associates provides clinical services at the Yerington and Hawthorne Health Centers, it was necessary to provide continuity of care for the clients by providing these needed mental health services to the community. As a result, services were provided prior to approval of the contract.

Should you have any questions, please contact me at 687-5162 ext 355.

Thank you for your consideration.

/cg

RECEIVED

AUG 25 2010

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

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: **11513**

| | |
|--|--|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: Social Services Associates |
| Agency Code: 409 | Contractor Name: Social Services Associates |
| Appropriation Unit: 1383-17 | Address: 18224 Lauderdale Raod |
| Is budget authority available?: Yes | City/State/Zip: Louisville, KY 40205 |
| If "No" please explain: Not Applicable | Contact/Phone: null502-558-7666 |
| | Vendor No.: |
| | NV Business ID: NV20101603021 |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2011**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **Training**

5. Purpose of contract:

This is a new contract to provide a Juvenile Sexual Offender Counselor Certification Program during fiscal year 2011.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

Payment for services will be made at the rate of \$23,000.00 per 6 day course

II. JUSTIFICATION

7. What conditions require that this work be done?

The state of Nevada is in need of enhanced services to properly identify and treat needs of juvenile sex offenders who have been committed to the state by a local juvenile court judge.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The juvenile sexual offender presents a host of mental health issues which are more difficult to treat than youth who present mental health issues. Social Services Associates, LLC offers training to help equip our staff with more specialized skill sets which will enable them to better meet the needs of this specific population.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

After conducting some research we found this vendor to have the curriculum that best fit with the State of Nevada Juvenile Justice System

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. 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

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 08/18/2010 12:34:09 PM |
| Division Approval | dkluever | 08/18/2010 12:34:13 PM |
| Department Approval | sderouss | 09/13/2010 08:58:12 AM |
| Contract Manager Approval | rjacob3 | 09/13/2010 14:55:41 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 15:25:43 PM |
| Team Lead Approval | jteska | 09/18/2010 12:13:48 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:13:53 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 CONTRACT

1. Contract Number: **11523**

| | |
|--|--|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: BOYS TOWN NEVADA, INC. |
| Agency Code: 409 | Contractor Name: BOYS TOWN NEVADA, INC. |
| Appropriation Unit: 3263-36 | Address: 821 N MOJAVE RD |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89101 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/642-7070 |
| | Vendor No.: T27019745 |
| | NV Business ID: NV20031565317 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$270,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's youth parole program is authorized by NRS 333.440 to place a youth in a facility as needed to provide for care while in the custody of the Division of Child and Family Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of facilities and/or staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts were awarded from this RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name? Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:17:36 PM |
| Division Approval | dkluever | 09/08/2010 14:17:38 PM |
| Department Approval | mtorvine | 09/09/2010 15:46:21 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:10:31 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 16:59:46 PM |
| Team Lead Approval | jteska | 09/18/2010 11:22:50 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:22:56 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11524**

| | |
|--|--|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: EVERGREEN COUNSELING, INC. |
| Agency Code: 409 | Contractor Name: EVERGREEN COUNSELING, INC. |
| Appropriation Unit: 3263-36 | Address: 5300 W SAHARA AVE STE 104 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89146 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/248-6290 |
| | Vendor No.: T27001890 |
| | NV Business ID: NV20021252244 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment of youth with sexual behavior problems is a highly specialized service. Risk to others/community is a part of the determination. Recommendations are needed to guide treatment planning, placement decisions and reunification with the family if out-of-home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This skill requires specialized training and expert supervision. There is no state employees in this region qualified to provide this type of assessment.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts are being awarded to those qualified in the assessment of treatment and placement needs, along with level of risk to re-offend in the area of sexual misbehavior and/or assault.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:18:19 PM |
| Division Approval | dkluever | 09/08/2010 14:18:22 PM |
| Department Approval | mtorvine | 09/09/2010 14:30:39 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:10:50 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 17:13:09 PM |
| Team Lead Approval | jteska | 09/18/2010 11:25:05 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:25:09 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11526**

| | | | |
|---------------------------------|---|--------------------|---------------------------------|
| Agency Name: | CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: | KIMBERLY MOLNAR MFT, LTD |
| Agency Code: | 409 | Contractor Name: | KIMBERLY MOLNAR MFT, LTD |
| Appropriation Unit: | 3263-36 | Address: | 7495 W Azure Dr #218 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89123 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/617-3390 |
| | | Vendor No.: | T29009061 |
| | | NV Business ID: | NV20051125327 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2013**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment of youth with sexual behavior problems is a highly specialized service. Risk to others/community is a part of the determination. Recommendations are needed to guide treatment planning, placement decisions and reunification with the family if out-of-home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This skill requires specialized training and expert supervision. There is no state employees in this region qualified to provide this type of assessment9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts are being awarded to those qualified in the assessment of treatment and placement needs, along with level of risk to re-offend in the area of sexual misbehavior and/or assault.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:18:52 PM |
| Division Approval | dkluever | 09/08/2010 14:18:55 PM |
| Department Approval | mtorvine | 09/09/2010 14:41:36 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:09:54 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 17:26:36 PM |
| Team Lead Approval | jteska | 09/18/2010 11:27:45 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:27:53 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11527**

| | |
|--|--|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: MAJESTIC BEHAVIORAL HEALTH |
| Agency Code: 409 | Contractor Name: MAJESTIC BEHAVIORAL HEALTH |
| Appropriation Unit: 3263-36 | Address: 3670 N RANCHO DR STE 105 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89130-3192 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/869-4300 |
| | Vendor No.: T27017201 |
| | NV Business ID: NV20061828990 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment of youth with sexual behavior problems is a highly specialized service. Risk to others/community is a part of the determination. Recommendations are needed to guide treatment planning, placement decisions and reunification with the family if out-of-home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This skill requires specialized training and expert supervision. There is no state employees in this region qualified to provide this type of assessment.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts are being awarded to those qualified in the assessment of treatment and placement needs, along with level of risk to re-offend in the area of sexual misbehavior and/or assault.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:19:08 PM |
| Division Approval | dkluever | 09/08/2010 14:19:12 PM |
| Department Approval | mtorvine | 09/09/2010 14:22:55 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:11:28 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 16:23:41 PM |
| Team Lead Approval | jteska | 09/18/2010 11:11:27 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:11:32 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11528**

| | |
|--|--|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: MAPLE STAR NEVADA, INC. |
| Agency Code: 409 | Contractor Name: MAPLE STAR NEVADA, INC. |
| Appropriation Unit: 3263-36 | Address: C/O PROVIDENCE SERVICE CORP 620 N CRAYCROFT RD |
| Is budget authority available?: Yes | City/State/Zip: TUCSON, AZ 85711-1448 |
| If "No" please explain: Not Applicable | Contact/Phone: null520/747-6694 |
| | Vendor No.: T80990386 |
| | NV Business ID: NV19941085161 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$540,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's youth parole program is authorized by NRS 333.440 to place a youth in a facility as needed to provide for care while in the custody of the Division of Child and Family Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of facilities and/or staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts were awarded from this RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:19:25 PM |
| Division Approval | dkluever | 09/08/2010 14:19:27 PM |
| Department Approval | mtorvine | 09/09/2010 14:45:40 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:09:10 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 16:50:43 PM |
| Team Lead Approval | jteska | 09/18/2010 11:20:32 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:20:37 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11529**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: | QUEST COUNSELING & CONSULTING |
| Agency Code: | 409 | Contractor Name: | QUEST COUNSELING & CONSULTING |
| Appropriation Unit: | 3263-36 | Address: | 3500 LAKESIDE CT STE 101 |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89509 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775/786-6880 |
| | | Vendor No.: | T27013906 |
| | | NV Business ID: | NV20031336657 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2013**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Juvenil Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment of youth with sexual behavior problems is a highly specialized service. Risk to others/community is a part of the determination. Recommendations are needed to guide treatment planning, placement decisions and reunification with the family if out-of-home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This skill requires specialized training and expert supervision. There is no state employees in this region qualified to provide this type of assessment.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts are being awarded to those qualified in the assessment of treatment and placement needs, along with level of risk to re-offend in the area of sexual misbehavior and/or assault.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:19:40 PM |
| Division Approval | dkluever | 09/08/2010 14:19:43 PM |
| Department Approval | mtorvine | 09/09/2010 14:26:59 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:09:29 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 15:53:40 PM |
| Team Lead Approval | jteska | 09/18/2010 11:09:23 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:09:27 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 CONTRACT

1. Contract Number: **11531**

| | |
|--|---|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: RITE OF PASSAGE, INC. |
| Agency Code: 409 | Contractor Name: RITE OF PASSAGE, INC. |
| Appropriation Unit: 3263-36 | Address: 2560 BUSINESS PKWY STE A |
| Is budget authority available?: Yes | City/State/Zip: MINDEN, NV 89423 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/267-9411 |
| | Vendor No.: T81091683 |
| | NV Business ID: NV19861019226 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$540,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's youth parole program is authorized by NRS 333.440 to place a youth in a facility as needed to provide for care while in the custody of the Division of Child and Family Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of facilities and/or staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts were awarded from this RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name? Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:20:12 PM |
| Division Approval | dkluever | 09/08/2010 14:20:15 PM |
| Department Approval | mtorvine | 09/09/2010 16:25:39 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:11:47 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 17:30:27 PM |
| Team Lead Approval | jteska | 09/21/2010 15:48:37 PM |
| BOE Agenda Approval | jteska | 09/21/2010 15:48:42 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 CONTRACT

1. Contract Number: **11530**

| | |
|--|---|
| Agency Name: CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: RITE OF PASSAGE, Inc. |
| Agency Code: 409 | Contractor Name: RITE OF PASSAGE, Inc. |
| Appropriation Unit: 3263-36 | Address: ATCS |
| Is budget authority available?: Yes | City/State/Zip: MINDEN, NV 89423 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/267-9411 |
| | Vendor No.: T80991487 |
| | NV Business ID: NV19861015378 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$540,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's youth parole program is authorized by NRS 333.440 to place a youth in a facility as needed to provide for care while in the custody of the Division of Child and Family Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of facilities and/or staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts were awarded from this RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:19:58 PM |
| Division Approval | dkluever | 09/08/2010 14:20:00 PM |
| Department Approval | mtorvine | 09/09/2010 16:13:48 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:10:15 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 16:41:33 PM |
| Team Lead Approval | jteska | 09/18/2010 11:18:12 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:18:15 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11533**

Agency Name: **CHILD AND FAMILY SERVICES DIVISION**

Agency Code: **409**

Appropriation Unit: **3263-36**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NEVADA**

Contractor Name: **SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NEVADA**

Address: **4495 W HACIENDA AVE STE 7**

City/State/Zip: **LAS VEGAS, NV 89118**

Contact/Phone: **null702/385-5331**

Vendor No.: **T81020773A**

NV Business ID: **NV19931097485**

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$270,000.00**

Other basis for payment: **Payments will be made based on the current medicaid rates at the time of service.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's youth parole program is authorized by NRS 333.440 to place a youth in a facility as needed to provide for care while in the custody of the Division of Child and Family Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of facilities and/or staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts were awarded from this RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:20:45 PM |
| Division Approval | dkluever | 09/08/2010 14:20:47 PM |
| Department Approval | mtorvine | 09/09/2010 14:39:02 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:08:51 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 15:35:17 PM |
| Team Lead Approval | jteska | 09/18/2010 10:54:42 AM |
| BOE Agenda Approval | jteska | 09/18/2010 10:55:03 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11532**

| | | | |
|---------------------------------|---|--------------------|--------------------------------|
| Agency Name: | CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: | STUYVESANT, ROBERT LCSW |
| Agency Code: | 409 | Contractor Name: | STUYVESANT, ROBERT LCSW |
| Appropriation Unit: | 3263-36 | Address: | 177 CADILLAC PL |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89509 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775/827-7500 |
| | | Vendor No.: | T80948309 |
| | | NV Business ID: | NV20101487796 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2013**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment of youth with sexual behavior problems is a highly specialized service. Risk to others/community is a part of the determination. Recommendations are needed to guide treatment planning, placement decisions and reunification with the family if out-of-home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This skill requires specialized training and expert supervision. There is no state employees in this region qualified to provide this type of assessment.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts are being awarded to those qualified in the assessment of treatment and placement needs, along with level of risk to re-offend in the area of sexual misbehavior and/or assault.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:20:29 PM |
| Division Approval | dkluever | 09/08/2010 14:20:32 PM |
| Department Approval | mtorvine | 09/09/2010 14:36:49 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:12:07 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 17:35:14 PM |
| Team Lead Approval | jteska | 09/18/2010 11:38:07 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:38:12 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: **11525**

| | | | |
|---------------------------------|---|--------------------|---------------------------------------|
| Agency Name: | CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: | UNITY VILLAGE |
| Agency Code: | 409 | Contractor Name: | UNITY VILLAGE |
| Appropriation Unit: | 3263-36 | Address: | UNITY VILLAGE 21 MARION DR |
| Is budget authority available?: | Yes | City/State/Zip | LAS VEGAS, NV 89110-4666 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/445-6594 |
| | | Vendor No.: | T27017156 |
| | | NV Business ID: | NV20101579026 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2013**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$270,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's youth parole program is authorized by NRS 333.440 to place a youth in a facility as needed to provide for care while in the custody of the Division of Child and Family Services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of facilities and/or staff.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts were awarded from this RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:18:35 PM |
| Division Approval | dkluever | 09/08/2010 14:18:38 PM |
| Department Approval | mtorvine | 09/09/2010 14:43:36 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:11:08 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 15:43:12 PM |
| Team Lead Approval | jteska | 09/18/2010 11:08:04 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:08:08 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11534**

| | | | |
|---------------------------------|---|--------------------|---------------------------------|
| Agency Name: | CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: | WESTCARE NEVADA, INC. |
| Agency Code: | 409 | Contractor Name: | WESTCARE NEVADA, INC. |
| Appropriation Unit: | 3263-36 | Address: | PO BOX 94738 |
| Is budget authority available?: | Yes | City/State/Zip | LAS VEGAS, NV 89193-4738 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/385-2090 |
| | | Vendor No.: | T80928668A |
| | | NV Business ID: | NV19811004704 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2013**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide supervision and case management services for youth committed to Division of Child and Family Services for correctional and/or mental health care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Payments will be made based on the current medicaid rates at the time of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment of youth with sexual behavior problems is a highly specialized service. Risk to others/community is a part of the determination. Recommendations are needed to guide treatment planning, placement decisions and reunification with the family if out-of-home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This skill requires specialized training and expert supervision. There is no state employees in this region qualified to provide this type of assessment.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts are being awarded to those qualified in the assessment of treatment and placement needs, along with level of risk to re-offend in the area of sexual misbehavior and/or assault.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Child and Family Services. Service is Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:21:00 PM |
| Division Approval | dkluever | 09/08/2010 14:21:03 PM |
| Department Approval | mtorvine | 09/09/2010 15:32:02 PM |
| Contract Manager Approval | rjacob3 | 09/13/2010 15:08:30 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 16:28:29 PM |
| Team Lead Approval | jteska | 09/18/2010 11:14:34 AM |
| BOE Agenda Approval | jteska | 09/18/2010 11:14:38 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11477**Agency Name: **CHILD AND FAMILY SERVICES
DIVISION**Agency Code: **409**Appropriation Unit: **3646-07**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **EXECUTIVE PEST SERVICES, LLC**Contractor Name: **EXECUTIVE PEST SERVICES, LLC**Address: **2120 JARDINE AVE**City/State/Zip **NORTH LAS VEGAS, NV 89032-0640**Contact/Phone: **null702/321-9547**Vendor No.: **T27020890**NV Business ID: **NV20061525544**To what State Fiscal Year(s) will the contract be charged? **2011-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|----------------|---|---------------|
| <input checked="" type="checkbox"/> | General Funds | 41.80 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 54.10 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 4.10 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2012**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Pest Control**

5. Purpose of contract:

This is a new contract to provide pest control services to the West Charleston campus located in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,640.00**

Payment for services will be made at the rate of \$735.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The health and safety of staff, residence & families.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No licensed personnel.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Consistency of price with Executive Pest, one flat fee for any amount of call backs; Preventive wanted \$99 for bed bug and german roach call backs per room. this would not be cost effective for this location.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

With the Department of Health and Human Services, Division of Child and Family Services, from October 8, 2008 to present. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 08/11/2010 15:19:05 PM |
| Division Approval | dkluever | 08/11/2010 15:19:08 PM |
| Department Approval | sderouss | 08/21/2010 14:02:39 PM |
| Contract Manager Approval | rjacob3 | 08/23/2010 10:06:22 AM |
| Budget Analyst Approval | nhovden | 08/24/2010 18:59:10 PM |
| Team Lead Approval | jteska | 09/18/2010 12:16:28 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:16:41 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11522**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | CHILD AND FAMILY SERVICES DIVISION | Legal Entity Name: | JACOB TRANSPORTATION SVCS, LLC |
| Agency Code: | 409 | Contractor Name: | JACOB TRANSPORTATION SVCS, LLC |
| Appropriation Unit: | 3646-04 | Address: | DBA EXECUTIVE LAS VEGAS 3950 W TOMPKINS AVE |
| Is budget authority available?: | Yes | City/State/Zip | LAS VEGAS, NV 89103-5524 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/646-4661 |
| | | Vendor No.: | T27020204 |
| | | NV Business ID: | NV20041053028 |

To what State Fiscal Year(s) will the contract be charged? **2011-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|----------------|---|----------------------------------|
| <input checked="" type="checkbox"/> | General Funds | 44.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 53.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 3.00 % Rent and Insurance |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2014**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Transportation Svcs**

5. Purpose of contract:

This is a new contract to provide transportation services for youths ages 3-6 yrs old enrolled in the day treatment program for early childhood services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,508,760.00**

Other basis for payment: We average 18 days per month for transporting the youth. (18 X 12=216 days per year) YR1-\$1,591.00 per day X 216= \$343,656.00 YR2-\$1,690.00 per day X 216= \$365,040.00 YR3-\$1,796.00 per day X 216= \$387,936.00 YR4-\$1,908.00 per day X 216= \$412,128.00 For a total of \$1,508.760.00

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide transportation services for approximately 36 children (ages 3-6).

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? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

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: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

For the Division of Child and Family Services. From October, 2008 to present. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dkluever | 09/08/2010 14:18:03 PM |
| Division Approval | dkluever | 09/08/2010 14:18:06 PM |
| Department Approval | mtorvine | 09/09/2010 15:58:40 PM |
| Contract Manager Approval | rjacob3 | 09/09/2010 16:05:23 PM |
| Budget Analyst Approval | nhovden | 09/13/2010 18:37:49 PM |
| Team Lead Approval | jteska | 09/18/2010 12:09:59 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:10:03 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11548**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | ADJUTANT GENERAL & NATL GUARD | Legal Entity Name: | JBR ENVIRONMENTAL CONSULTANTS, INC. |
| Agency Code: | 431 | Contractor Name: | JBR ENVIRONMENTAL CONSULTANTS, INC. |
| Appropriation Unit: | 3650-10 | Address: | 595 Double Eagle Court Suite 2000 |
| Is budget authority available?: | Yes | City/State/Zip | Reno, NV 89521 |
| If "No" please explain: | Not Applicable | | |
| | | Contact/Phone: | Brian Boyd 775/747-5777 |
| | | Vendor No.: | T27006724 |
| | | NV Business ID: | NV20101171742 |

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? 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 #: **NVMD 19-2010**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/14/2011**

Contract term: **348 days**

4. Type of contract: **Contract**

Contract description: **Weed Abatement**

5. Purpose of contract:

This is a new contract to perform weed abatement at the Stead Training Center to include providing all necessary documentation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,237.00**

Payment for services will be made at the rate of \$22,237.00 per invoice

Other basis for payment: as invoiced montly

II. JUSTIFICATION

7. What conditions require that this work be done?

The outbreak of an invasive weed needs to be mitigated to prevent the complete takeover of the area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have adequate certifications for this type of chemical for weed abatement.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per the evaluation committee, this vendor had the highest overall score.

d. Last bid date: 07/01/2010 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 under contract with the Wildlife Department and the services have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | criley | 08/26/2010 16:15:19 PM |
| Division Approval | criley | 08/26/2010 16:15:23 PM |
| Department Approval | criley | 08/26/2010 16:15:26 PM |
| Contract Manager Approval | criley | 08/26/2010 16:15:30 PM |
| Budget Analyst Approval | jborrowm | 09/07/2010 07:58:53 AM |
| Team Lead Approval | jteska | 09/18/2010 12:30:34 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:30:41 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11535**

Agency Name: **PUBLIC UTILITIES COMMISSION**
Agency Code: **580**
Appropriation Unit: **3920-04**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **BT CONFERENCING VIDEO, INC.**
Contractor Name: **BT CONFERENCING VIDEO, INC.**
Address: **11400 WESTMOOR CIR STE 225**
City/State/Zip: **WESTMINSTER, CO 80021**
Contact/Phone: **null303/448-7811**
Vendor No.: **PUR0003642**
NV Business ID: **NV20051092867**

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to 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 % REGULATORY FEES FUND 224 |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date: **10/2010**

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Termination Date: **10/12/2011**
Contract term: **1 year and 11 days**

4. Type of contract: **Contract**
Contract description: **BT Conferencing**

5. Purpose of contract:
This is a new contract to provide on-Site Installation of Polycom HDX Series Video System in Las Vegas, NV.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$18,364.52**

II. JUSTIFICATION

7. What conditions require that this work be done?
Install new video system in new office building. Video system essential for Hearings and other types of meetings between the Las Vegas office and Carson City office.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Computer hardware contract for video system per Purchasing Division memo dated June 22, 2006 re: Fixed Asset Changes. State employees do not have the technical expertise for the installation.

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:
Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
The equipment to be installed will be purchased from this vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Computer hardware contract for video system per Purchasing Division memo dated June 22, 2006 re: Fixed Asset changes.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldunn | 08/24/2010 13:46:55 PM |
| Division Approval | ldunn | 08/24/2010 13:47:00 PM |
| Department Approval | dskau | 08/24/2010 14:41:03 PM |
| Contract Manager Approval | ceaton | 08/24/2010 15:02:27 PM |
| DoIT Approval | csweeney | 08/25/2010 15:17:31 PM |
| Budget Analyst Approval | rhage1 | 08/30/2010 13:04:31 PM |
| Team Lead Approval | jteska | 09/18/2010 12:22:14 PM |
| BOE Agenda Approval | jteska | 09/18/2010 12:22:48 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 CONTRACT

1. Contract Number: **11555**

| | |
|---|---|
| Agency Name: DEPARTMENT OF PUBLIC SAFETY | Legal Entity Name: Spillman Technologies, Inc. |
| Agency Code: 650 | Contractor Name: Spillman Technologies, Inc. |
| Appropriation Unit: 4709-20 | Address: 4625 West Lake Blvd. |
| Is budget authority available?: Yes | City/State/Zip: Salt Lake City, UT 84120 |
| If "No" please explain: Not Applicable | Contact/Phone: Craig Inglish 800-860-8026 |
| | Vendor No.: |
| | NV Business ID: NV20101073893 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? 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 | 85.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 15.00 % Forfeiture funds |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2014**

Contract term: **3 years and 273 days**

4. Type of contract: **Contract**

Contract description: **Technology Contract**

5. Purpose of contract:

This is a new contract to provide implementation of a statewide multi-jurisdictional public safety information system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,895,814.00**

Other basis for payment: Invoice at project acceptance

II. JUSTIFICATION

7. What conditions require that this work be done?

Lack of ability for the law enforcement community statewide to share information critical to public and officer safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Using state programmers to build a custom system would be more costly, take longer and be less effective than purchasing a proven product.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor most closely met the requirements of the solicitation.

d. Last bid date: 02/02/2010 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name? Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | rgilbert | 09/08/2010 12:37:14 PM |
| Division Approval | mteska | 09/09/2010 16:02:41 PM |
| Department Approval | mteska | 09/09/2010 16:02:45 PM |
| Contract Manager Approval | mteska | 09/09/2010 16:02:49 PM |
| DoIT Approval | lsmolya1 | 09/09/2010 16:27:20 PM |
| Budget Analyst Approval | jstrandb | 09/10/2010 13:02:38 PM |
| Team Lead Approval | jmurph1 | 09/13/2010 07:43:12 AM |
| BOE Agenda Approval | jmurph1 | 09/13/2010 07:43:23 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11546**

| | |
|--|--|
| Agency Name: WILDLIFE | Legal Entity Name: Nevada Division of State Parks |
| Agency Code: 702 | Contractor Name: Nevada Division of State Parks |
| Appropriation Unit: 4456-08 | Address: 901 S. Stewart Street |
| Is budget authority available?: Yes | Suite 5005 |
| If "No" please explain: Not Applicable | City/State/Zip: Carson City, NV 89701 |
| | Contact/Phone: null775-684-2773 |
| | Vendor No.: |
| | NV Business ID: N/A |

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? 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 #: 11-11

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2012**

Contract term: **1 year and 273 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Boat dock & ramadas**

5. Purpose of contract:

This is a new interlocal agreement for the construction of a boat launch and dock, picnic ramadas, paved parking, and amenities at South Fork Reservoir.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$466,650.94**

Other basis for payment: Payments based on percentage of completion and receipt of itemized statements and valid invoices detailing the work, subject to the project manager's approval.

II. JUSTIFICATION

7. What conditions require that this work be done?

The public would have access to a safe launching facility that will be accessible to all park visitors. The federal grants fund construction of an additional single lane boat ramp with sliding dock at the existing South West Shore that are of sufficient size and in orientation to allow launch and retrieval of larger boats and under low water conditions. Approximately 20 shade ramadas will be constructed next to the existing waterfront facilities. In addition, a paved access road and 25-space parking lot will be constructed, including a van accessible parking space with a connecting 4 foot wide concrete sidewalk to the existing comfort station, and a 2 foot wide by 2 foot deep infiltration trench along the drainage/lake side of the parking lot. Installation of day-use amenities will be constructed including ADA parking space and shade ramada concrete slabs, windscreens, picnic tables, BBQ, fire rings, signage, and site markers. Approval of the contract awards the federal grant for \$466,650.94 to NDSP to construct the boat launch, dock, ramadas, paved road and parking lot, infiltration ditch, day-use amenities, and ADA compliance. Approval of this contract would prevent the \$466,650.94 federal funding from reverting to the USFWS Sport Fish Restoration Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

N/A; the Nevada Division of State Parks is a government agency.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Nevada Division of State Parks is a government agency.

d. Last bid date: Anticipated re-bid date:

- 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

- 11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

Yes If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

The Nevada Division of State Parks is a government agency.

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

The Nevada Division of State Parks is a government agency.

- 12. 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:

Other governmental units, including the Nevada Dept. of Wildlife.

- 13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mkrumena | 08/30/2010 16:08:46 PM |
| Division Approval | mkrumena | 08/30/2010 16:08:49 PM |
| Department Approval | mkrumena | 08/30/2010 16:08:52 PM |
| Contract Manager Approval | mkrumena | 08/30/2010 16:08:55 PM |
| Budget Analyst Approval | kkolbe | 09/07/2010 17:06:34 PM |
| Team Lead Approval | jmurph1 | 09/08/2010 09:05:52 AM |
| BOE Agenda Approval | jmurph1 | 09/08/2010 09:05:58 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11561**

| | |
|---|---|
| Agency Name: WILDLIFE | Legal Entity Name: QUICKSILVER AIR, INC. |
| Agency Code: 702 | Contractor Name: QUICKSILVER AIR, INC. |
| Appropriation Unit: 4457-28 | Address: 2721 CORMORANT ST |
| Is budget authority available?: Yes | City/State/Zip: FAIRBANKS, AK 99709 |
| If "No" please explain: Not Applicable | Contact/Phone: null907/457-1941 |
| | Vendor No.: T27015472 |
| | NV Business ID: NV20101670006 |

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? 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 | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 50.00 % Heritage Fund |

Agency Reference #: 11-12

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2012**

Contract term: **1 year and 273 days**

4. Type of contract: **Contract**

Contract description: **Aerial game capture**

5. Purpose of contract:

This is a new contract to provide aerial wildlife capture and transport services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$192,725.00**

Other basis for payment: Based on approved invoice of work completed and project manager approval.

II. JUSTIFICATION

7. What conditions require that this work be done?

Execute wildlife capture and release strategies as outlined in the Nevada Department of Wildlife Big Game Release Plan and to continue to monitor big game animals to describe critical habitat areas as the agency responsible for conservation of wildlife in state of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is Department policy to use private vendors due to extreme safety issues related to big game netgun captures from a helicopter.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Quicksilver has two highly experienced pilots and multiple helicopters in case of mechanical issues; best references, proven track record with NDOW in reliability in scheduling and completing requested work.

d. Last bid date: 08/01/2010 Anticipated re-bid date: 08/01/2012

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

October 2006 - June 2010 for Nevada Department of Wildlife and their service in aerial capturing of big game animals was exemplary.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mkrumena | 09/08/2010 07:48:38 AM |
| Division Approval | mkrumena | 09/08/2010 07:48:43 AM |
| Department Approval | mkrumena | 09/08/2010 07:48:46 AM |
| Contract Manager Approval | mkrumena | 09/08/2010 07:48:49 AM |
| Budget Analyst Approval | kkolbe | 09/09/2010 09:19:04 AM |
| Team Lead Approval | jmurph1 | 09/10/2010 07:27:34 AM |
| BOE Agenda Approval | jmurph1 | 09/10/2010 07:27:38 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11517**

| | | | |
|---------------------------------|------------------------------------|--------------------|---|
| Agency Name: | DIVISION OF WATER RESOURCES | Legal Entity Name: | Associated Underwater Services, Inc. |
| Agency Code: | 705 | Contractor Name: | Associated Underwater Services, Inc. |
| Appropriation Unit: | 4171-15 | Address: | 3901 E. Ferry Avenue |
| Is budget authority available?: | Yes | City/State/Zip: | Spokane, WA 99202 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Mae Graybeal 509-533-6500 |
| | | Vendor No.: | T27025747 |
| | | NV Business ID: | NV20031493576 |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/22/2010**

Anticipated BOE meeting date 10/2011

Retroactive? **Yes**

If "Yes", please explain

THIS IS AN EMERGENCY SITUATION AND THE WORK NEEDS TO BE COMPLETED AS SOON AS POSSIBLE IN ORDER TO PROTECT LIFE AND PROPERTY.

Please note that there is one other contract for Rodney Hunt Company that will be retroactive and is also for this emergency situation at South Fork Dam.

3. Termination Date: **12/31/2010**Contract term: **162 days**4. Type of contract: **Contract**Contract description: **South Fork Divers**

5. Purpose of contract:

This is a new contract for work at South Fork Dam. The hydraulic system at South Fork Dam that operates the inlet gate on the south conduit is losing pressure indicating a loss of hydraulic fluid. Immediate repairs are necessary to maintain the integrity of the structure. Therefore, this contract would have divers inspect the trash racks, guard gates, outlet structure and immediate area "in the wet" and to observe the actuation of the rams while in the water to determine potential hydraulic fluid leak, and assess any and all potential issues related to the operation of the inlet works.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: a minimum of \$40,000 to a maximum of \$100,000 payable in one lump sum at the conclusion of the work.

II. JUSTIFICATION

7. What conditions require that this work be done?

An emergency situation where the hydraulic system that operates the inlet gate on the south conduit is losing pressure indicating a loss of hydraulic fluid. By not having the conduits fully operational could potentially lead to the dam being overtopped in an extreme precipitation event. Immediate repairs are necessary to maintain the integrity of the structure and public 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 specialized training and equipment required to do this kind of work.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:
Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 100706
Approval Date: 07/16/2010

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

- b. Is the contractor a current employee of the State of Nevada?
No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

- c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?
No If "Yes", please provide employment termination date.

- d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain

Not Applicable

- 12. Has the contractor ever been engaged under contract by any State agency?
Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

June 2010, work was satisfactory.

- 13. Is the contractor currently involved in litigation with the State of Nevada?
No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

- 15. a. Is the Contractor Name the same as the legal Entity Name?
Yes

- 16. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | bkordono | 08/19/2010 09:15:07 AM |
| Division Approval | bkordono | 08/19/2010 09:15:10 AM |
| Department Approval | bkordono | 08/19/2010 09:15:13 AM |
| Contract Manager Approval | bkordono | 09/01/2010 15:50:54 PM |
| Budget Analyst Approval | jrodrig9 | 09/05/2010 16:58:42 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:37:39 PM |

BOE Agenda Approval
BOE Final Approval

cwatson
Pending

09/15/2010 13:37:43 PM

Purchasing Use Only:
100706



JIM GIBBONS
Governor

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

ANDREW K. CLINGER
Director

GREG SMITH
Purchasing Administrator

SOLICITATION WAIVER REQUEST FORM

1. a. Identify State agency and the contact person's name, title, telephone number and email address for this request: Division of Water Resources, Robert Martinez, Manager II, Registered P.E., 684-2844, robertm@water.nv.gov.
 b. Vendor contact information: Associated Underwater Services, 3901 E. Ferry Avenue, Spokane, Washington 99202, (509) 533-6500
 c. Type of waiver requested: Sole or single source Professional Service Exemption
2. Description of work/services to be performed or commodity/good to be purchased: Divers need to inspect South Fork Dam to determine where a hydraulic leak is occurring as well as identify any other issues, make the necessary repairs.
3. Describe the unique qualification required for the service or good to be purchased: Time is of the essence in this situation due to public safety concerns and we need a diving company that is intimately familiar with the dam and its structures.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:

We feel it is necessary to immediately schedule the same diving crew, now intimately familiar with the dam and its structures and who performed the work last month, to mobilize to the site and begin the investigation and repair the hydraulic leak.
5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid: We are unable to release any unforeseen high flows through the outlets which could potentially cause overtopping of the spillway causing downstream flooding.
6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation. Previously we did an RFP and this company was selected through the competitive bidding process, therefore, we feel this company is best equipped to provide this emergency service at this time.
7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation? See No. 6.
8. What is the estimated value and length of the contract, amendment or request? \$100,000, as needed to complete the project.
 a. New contract Y N *6 mos. contract term*

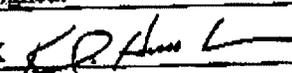
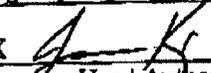
b. Amendment Y N Amendment No. _____
 {provide copy of previous waiver(s)}

Division of Water Resources hereby requests approval for Associated Underwater Services
Requesting agency Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | |
|---|---------|
| X  | 7/16/10 |
| Agency Representative Initiating Request | Date |
| X  | 7/16/10 |
| Agency Head Authorizing Request | Date |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

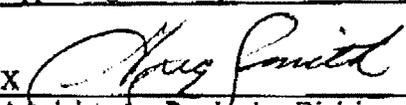
Signed:

| | |
|-----------------------------------|------|
| X N/A | |
| Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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.

Approving Authority:

| | |
|---|---------|
| X  | 7-16-10 |
| Administrator, Purchasing Division | Date |

JIM GIBBONS
Governor

STATE OF NEVADA



LEO DROZDOFF
Acting Director

JASON KING, P.E.
State Engineer

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES

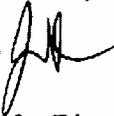
901 South Stewart Street, Suite 2002
Carson City, Nevada 89701-5250
(775) 684-2800 • Fax (775) 684-2811
<http://water.nv.gov>

August 19, 2010

MEMORANDUM

TO: Jim Rodriguez, Budget Analyst

FROM: Bonnie Kordonowy, Management Analyst

THROUGH: Jason King, P.E., State Engineer 

SUBJECT: Emergency Retroactive Contract for Divers
at South Fork Dam

Enclosed is the contract for diving services at South Fork Dam with Associated Underwater Services, Inc. This is a retroactive contract due to an emergency situation at South Fork Dam where a hydraulic leak is occurring and divers are needed to do an inspection to determine where the leak is coming from. Please note that this emergency contract was approved by Andrew Clinger on July 22, 2010 (see attached e-mail).

Should you have any questions or comments regarding this matter, please contact myself at (775) 684-2863, or Robert Martinez at (775) 684-2844.

/bk

Bonnie Kordonowy

From: Audrey Brooks-Scott
Sent: Thursday, July 22, 2010 2:27 PM
To: Bonnie Kordonowy
Subject: FW: Emergency Account funds for South Fork Dam - WP C18652

Importance: High

Please see below. You have approval for all emergency repairs to South Fork Dam.

From: Carla L. Watson
Sent: Thursday, July 22, 2010 2:23 PM
To: Audrey Brooks-Scott
Cc: Andrew Clinger; Jim Rodriguez; Jessica Trulin
Subject: Emergency Account funds for South Fork Dam - WP C18652
Importance: High

Hi Audrey, per our t/c, Andrew will be approving the WP for the 140,000 today. Please have the divers begin the work that is necessary. If any of this work is tied to a contract that is pending, please make it a retro due to the emergency and state this in the retro memo. Please consider this e-mail as Andrew's approval.

Thank you

Carla Watson, Budget Analyst V
Department of Administration
Budget and Planning Division
Office - 775-684-0214
Fax - 775-684-0260

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: **11436**

| | |
|---|--|
| Agency Name: DIVISION OF WATER RESOURCES | Legal Entity Name: Carson Water Subconservancy District |
| Agency Code: 705 | Contractor Name: Carson Water Subconservancy District |
| Appropriation Unit: 4211-01 | Address: 777 E. William St., Ste. 110A |
| Is budget authority available?: Yes | City/State/Zip: Carson City, NV 89701 |
| If "No" please explain: Not Applicable | Contact/Phone: Edwin James 775-887-7450 |
| | Vendor No.: T80116922 |
| | NV Business ID: N/A |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Revenue Generating Contract |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2011**

Contract term: **272 days**

4. Type of contract: **Revenue Contract**

Contract description: **CWSD Revenue**

5. Purpose of contract:

This is a new revenue contract to provide funding for performing groundwater inventories in Carson, Eagle, Dayton and Churchill Valleys.

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 \$20,000.00 per term of contract

Other basis for payment: Division of Water Resources will bill Carson Water Subconservancy District based upon amount of work performed. Total billing not to exceed \$20,000 for state fiscal year 2011.

II. JUSTIFICATION

7. What conditions require that this work be done?

Groundwater inventories provide information useful to the State Engineer in the administration of the public waters of the State and to Carson Water Subconservancy District for planning purposes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing the work. Funding is being provided by Carson Water Subconservancy District.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

N/A

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Carson Water Subconservancy District contracted with the Division of Environmental Protection in the past - performance was satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | bkordono | 08/02/2010 10:04:51 AM |
| Division Approval | bkordono | 08/02/2010 10:04:56 AM |
| Department Approval | bkordono | 08/02/2010 10:05:00 AM |
| Contract Manager Approval | bkordono | 08/26/2010 09:35:10 AM |
| Budget Analyst Approval | jrodrig9 | 08/27/2010 12:20:37 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:28:09 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:28:13 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: **11386**Agency Name: **STATE LANDS**Agency Code: **707**Appropriation Unit: **4173-22**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 STE 110**City/State/Zip: **LAS VEGAS, NV 89128**Contact/Phone: **null702/255-8100**Vendor No.: **T27006325A**NV Business ID: **NV19811011150**To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? 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 **09/09/2010**Anticipated BOE meeting date **09/2010**Retroactive? **Yes**

If "Yes", please explain

Administrative oversight created a situation where, while the contract was submitted on time, this contract was inadvertently left off the September BOE agenda. The Budget Office is requesting retroactive approval of this agreement.

3. Termination Date: **11/14/2011**Contract term: **1 year and 66 days**4. Type of contract: **Contract**Contract description: **Land Use Planning**

5. Purpose of contract:

This is a new contract to develop a joint land use study for the Nevada National Guard's Floyd Edsall Training Center and its environs in North Las Vegas to address how the mission of the center may be affected by surrounding development pressures.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,935.00**

Other basis for payment: Invoices will be reimbursed on a monthly basis for completed work associated with the approved tasks. Amounts will vary and will remain within the maximum amount of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 321.710 grants authority to the Division of State Lands - State Land Use Planning Agency to provide professional planning services and technical assistance where such assistance has been requested. The Nevada National Guard requested such assistance through the development of a joint land use study.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State Land Use Planning Agency typically has staff to conduct this task. However, the Agency has lost one FTE due to budget cuts and is therefore unable to conduct the study in-house. The Agency is able to facilitate the process and pursued and received a federal planning grant to seek a consultant to carry out the deliverables of the joint land use study.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

An unbiased proposal review committee reviewed the proposals using the standard purchasing criteria. Poggemeyer was ranked highest and negotiated a fee that was acceptable to the Agency.

d. Last bid date: 05/07/2010 Anticipated re-bid date: 09/07/2011

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 worked with Public Works related to the National Guard. Service was satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cmoriart | 07/21/2010 11:54:35 AM |
| Division Approval | cmoriart | 07/27/2010 15:12:39 PM |
| Department Approval | abrook1 | 07/30/2010 07:41:38 AM |
| Contract Manager Approval | cmoriart | 07/30/2010 08:35:14 AM |
| Budget Analyst Approval | jrodrig9 | 09/10/2010 15:29:36 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:52:03 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:52:07 PM |
| BOE Final Approval | Pending | |

Jim Rodriguez

From: Jim Rodriguez
Sent: Friday, September 10, 2010 10:37 AM
To: Jim Lawrence
Cc: Charlie Donohue
Subject: Contract # 11386 - Joint Land Use Study - Floyd Edsall Training Center

Jim

Due to an oversight on my part your Joint Land Use Agreement for the Floyd Edsall Training Center was not placed on the Board of Examiner's agenda for its September 9, 2010 meeting. I have reviewed the contract and see no issues that would prevent its approval by the board. I have also discuss this situation with my team lead and she has concurred with my request to submit the agreement contract to the October Board meeting as a retroactive action. Please continue with your project as planned and note this agreement will be placed on the October BOE agenda for its official consideration and approval retroactively.

I hope this arrangement meets with your approval and that the project is not held-up or inhibited due to this delay.

Jim Rodriguez, Budget Analyst IV
Department of Administration
Budget Division
775-684-0211
rodriguez@budget.state.nv.us

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: 11539

| | |
|---|--|
| Agency Name: ENVIRONMENTAL PROTECTION | Legal Entity Name: NEVADA WATER ENVIRONMENT ASSOC. |
| Agency Code: 709 | Contractor Name: NEVADA WATER ENVIRONMENT ASSOC. |
| Appropriation Unit: 3186-34 | Address: CERTIFICATION BOARD 8500 CLEAN WATER WAY |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/861-4100 |
| | Vendor No.: T81092793 |
| | NV Business ID: NV19881013851 |

To what State Fiscal Year(s) will the contract be charged? **2011-2015**

What is the source of funds that will be used to 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 % Certification Fees and Discharge Permit Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: DEP 11-005

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2014**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Wastewater Operators**

5. Purpose of contract:

This is a new contract to provide Certification to Nevada Wastewater Operators.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Monthly, based upon work completed. Not to exceed \$25,000.00 per year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.425 requires the State Environmental Commission to determine and prescribe the qualifications and duties of the supervisors and technicians responsible for the operation and maintenance of plants for sewage treatment and must certify them through NDEP.

NAC 445.A288 states if NDEP chooses not to operated the program for the certification of operators of plants for sewage treatment, NDEP shall enter into an agreement with an approved designee pursuant to which the designee agrees to operate the program.

The Wastewater Operator Certification Program requires the following services to be performed pursuant to NAC 445A.288.2:

Distribute application forms

Evaluate applications

Conduct examinations

Evaluate the training, education and experience of the applicants

Inform an applicant that NDEP has denied his application for certification or recommend that NDEP certify the applicant

Perform additional duties as related to the Certification process

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State would have to hire a full time employee and purchase necessary materials to effectively manage this program at an expense far greater than the proposed contract cost.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. If yes, list the names of vendors that submitted proposals:

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Vendor was chosen by the evaluation committee.

d. Last bid date: 04/01/2010 Anticipated re-bid date: 04/01/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

- b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

- c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

- d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

1991 to present, Nevada Division of Environmental Protection, Bureau of Water Pollution Control. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | sneudaue | 08/25/2010 14:00:34 PM |
| Division Approval | sneudaue | 08/25/2010 14:00:37 PM |
| Department Approval | sneudaue | 08/25/2010 14:00:40 PM |
| Contract Manager Approval | sneudaue | 08/25/2010 14:00:43 PM |
| Budget Analyst Approval | jrodrig9 | 08/27/2010 13:09:54 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:34:29 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:34:33 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 CONTRACT

1. Contract Number: **10280** Amendment Number: **1**

Agency Name: **ENVIRONMENTAL PROTECTION** Legal Entity Name: **SOUTHERN NEVADA HEALTH**

Agency Code: **709** Contractor Name: **SOUTHERN NEVADA HEALTH**

Appropriation Unit: **3197-10** Address: **DISTRICT**

Is budget authority available?: **No** City/State/Zip: **LAS VEGAS, NV 89127**

If "No" please explain: Contingent upon work program #19471 Contact/Phone: **null702/759-1249**

Vendor No.: **T27001231B**

NV Business ID: **T27001231B**

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? 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 #: **NDEP10-017**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **10/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2011**Contract term: **272 days**4. Type of contract: **Interlocal Agreement**Contract description: **Assist NDEP**

5. Purpose of contract:

This is an amendment to the original contract, which provides assistance to the agency in applying Nevada laws governing public water systems. This amendment increases the maximum amount from \$140,000 to \$160,000 due to the increased overall program costs and program tasks with the implementation of the Environmental Protection Agency Groundwater Rule.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$140,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$20,000.00 |
| 4. New maximum contract amount: | \$160,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires and NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 445A.925 requires district boards of health to implement Nevada's public water system laws within their jurisdiction. Implementation at the local level allows the agency to be more responsive to public health issues and emergencies.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 performed these same services for the Health Division / Bureau of Health Protection Services until July of 2005, and then for NDEP from July 2005 until the present time. Most recent contract services have been performed satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | pglass | 08/31/2010 10:33:12 AM |
| Division Approval | pglass | 08/31/2010 10:34:02 AM |
| Department Approval | pglass | 08/31/2010 10:34:08 AM |
| Contract Manager Approval | pglass | 08/31/2010 10:34:20 AM |
| Budget Analyst Approval | jrodrig9 | 09/08/2010 19:13:16 PM |
| Team Lead Approval | cwatson | 09/15/2010 11:20:40 AM |
| BOE Agenda Approval | cwatson | 09/15/2010 11:20:45 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11571**

| | |
|--|--|
| Agency Name: DEPARTMENT OF TRANSPORTATION | Legal Entity Name: GCR & Associates, Inc. |
| Agency Code: 800 | Contractor Name: GCR & Associates, Inc. |
| Appropriation Unit: 4660-16 | Address: 2021 Lakeshore Drive, # 500 |
| Is budget authority available?: Yes | City/State/Zip: New Orleans, LA 70122 |
| If "No" please explain: Not Applicable | Contact/Phone: null504-304-2500 |
| | Vendor No.: |
| | NV Business ID: nv20101676636 |

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/01/2013**

Contract term: **2 years and 336 days**

4. Type of contract: **Provider Agreement**

Contract description: **Airport System Mnger**

5. Purpose of contract:

This is a new contract to implement an Airport System Manager Program (ASM) which will allow Nevada airports to produce an action plan for consistent airport development with local, state and national goals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$175,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Aviation Administration Act of 1958; Order 150/5050, 5010, 5090, 5200; Title 49 USC (VII) Airport Planning, Plan the Sttae Airport System Plan. The Plan involves aeronautical inventory, annual capital improvement program, forecasts of aeronautical need and capacity, airspace, and land use issues around airports, and recommendations for future airport systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Due to FAA requirements and the lack of specilized expertise in developing the ASM program.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Most Qualified

d. Last bid date: 11/27/2009 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name? Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | eisenhar | 09/13/2010 09:13:42 AM |
| Division Approval | eisenhar | 09/13/2010 09:13:45 AM |
| Department Approval | eisenhar | 09/13/2010 09:13:47 AM |
| Contract Manager Approval | eisenhar | 09/13/2010 09:13:50 AM |
| Budget Analyst Approval | cwatson | 09/21/2010 10:42:58 AM |
| Team Lead Approval | cwatson | 09/21/2010 10:43:03 AM |
| BOE Agenda Approval | cwatson | 09/21/2010 10:43:06 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11589** Amendment Number: **1**

Agency Name: **DEPT OF MOTOR VEHICLES** Legal Entity Name: **QAS SYSTEMS LTD.**

Agency Code: **810** Contractor Name: **QAS SYSTEMS LTD.**

Appropriation Unit: **4711-26** Address: **QAS**

Is budget authority available?: **Yes** City/State/Zip: **1 MEMORIAL DR STE 800**

If "No" please explain: **Not Applicable** Contact/Phone: **null617/218-3299**

Vendor No.: **T27013907**

NV Business ID: **NV19961668442**

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to 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 % | Records Budget |
| Federal Funds | 0.00 % | | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | | Other funding | 0.00 % | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **10/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **10/31/2010**Contract term: **1 year and 30 days**4. Type of contract: **Contract**Contract description: **Address Verification**

5. Purpose of contract:

This is an amendment to the original contract, which provides for the maintenance and updates of the address verification software. This amendment extends the termination date from October 31, 2010 to October 31, 2011 and increases the maximum amount from \$198,381.25 to \$244,826.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$198,381.25 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$46,444.75 |
| 4. New maximum contract amount: | \$244,826.00 |
| and/or the termination date of the original contract has changed to: | 10/31/2011 |

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary for the DMV to record accurate addresses in its data system to perform regular business functions effectively and effectively. This product will provide the DMV a solution to data entry errors and extra costs associated with corrections and additional mailings.

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 expertise or the resources to dedicate to programming an application such as this to function in the manner that this product is designed to. Additionally, the state lacks the staff to provide necessary updates and technical support to keep the data current.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. If yes, list the names of vendors that submitted proposals:

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the highest overall score by the evaluation committee, following a comprehensive review of all submitted proposals.

d. Last bid date: 08/01/2006 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

- b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

- c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

- d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Other **Foreign Corporation**

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | akeillor | 09/16/2010 14:53:39 PM |
| Division Approval | akeillor | 09/16/2010 14:53:42 PM |
| Department Approval | dcook | 09/16/2010 15:19:57 PM |
| Contract Manager Approval | hazevedo | 09/16/2010 15:27:06 PM |
| Budget Analyst Approval | cwatson | 09/21/2010 10:50:40 AM |
| Team Lead Approval | cwatson | 09/21/2010 10:50:44 AM |
| BOE Agenda Approval | cwatson | 09/21/2010 10:50:48 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11551**

Agency Name: **DEPT OF MOTOR VEHICLES**
Agency Code: **810**
Appropriation Unit: **4722-25**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **CLARK, COUNTY OF**
Contractor Name: **CLARK, COUNTY OF**
Address: **CLARK CO DEPT OF AIR QUALITY
500 S GRAND CENTRAL PKWY
LAS VEGAS, NV 89155-5010**
City/State/Zip: **LAS VEGAS, NV 89155-5010**
Contact/Phone: **null702/455-1649**
Vendor No.: **T81026920AF**
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|---|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Pollution Control Fees |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2012**

Contract term: **1 year and 273 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Professional Service**

5. Purpose of contract:

This is a new interlocal agreement to address air quality related issues in the Las Vegas Valley non-attainment area to include but not limited to: development and maintenance of a perpetual emissions inventory for criteria and hazardous pollutants; development of a Particulate Matter (PM10) redesignation and maintenance plan; development of an Ozone Maintenance Plan; continuation of public outreach and voluntary participatory programs promoting clean air; and funding of staff participation in air quality related training seminars, conferences, and meetings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$564,270.00**

Payment for services will be made at the rate of \$564,270.00 per Biennium

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445B.830, Authorizes the State to award grants to agencies for programs related to the improvement of the quality of air.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State Employees available.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

[Empty box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Clark County is a governmental entity.

12. 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:

Grant awarded in previous fiscal years.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cmunoz | 09/01/2010 15:24:27 PM |
| Division Approval | cmunoz | 09/01/2010 15:24:29 PM |
| Department Approval | dcook | 09/08/2010 14:14:17 PM |
| Contract Manager Approval | hazevedo | 09/09/2010 13:44:35 PM |
| Budget Analyst Approval | cwatson | 09/15/2010 14:06:11 PM |
| Team Lead Approval | cwatson | 09/15/2010 14:06:15 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 14:06:19 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: CONV4842 | Amendment Number: 2 |
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: Environmental Systems Products |
| Agency Code: 810 | Contractor Name: Environmental Systems Products |
| Appropriation Unit: 4722-04 | Address: Holdings Inc |
| Is budget authority available?: Yes | 11 Kripes Road |
| If "No" please explain: Not Applicable | City/State/Zip: East Granby, CT 06026 |
| | Contact/Phone: drew.rau@esph.com 8603922174 |
| | Vendor No.: T27011704 |
| | NV Business ID: NV20101497148 |

To what State Fiscal Year(s) will the contract be charged? **2008-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % Emission Control Fee |

Agency Reference #: **ZA0383**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2007**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **10/31/2011**

Termination Date:

Contract term: **6 years and 25 days**

4. Type of contract: **Contract**

Contract description: **Vehicle Maintenance and Repair Services**

5. Purpose of contract:

This is an amendment to the original contract, which assists counties within Nevada with non-attainment air quality to reach compliance with the United States Environmental Protection Agency. This amendment extends the contract termination date from October 31, 2011 to October 31, 2013 and increases the maximum amount from \$134,588 to \$193,134 due to the vendor agreeing to reduce their cost by 13% as requested by the Governor.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$67,294.00 |
| 2. Total amount of any previous contract amendments: | \$67,294.00 |
| 3. Amount of current contract amendment: | \$58,546.00 |
| 4. New maximum contract amount: | \$193,134.00 |
| and/or the termination date of the original contract has changed to: | 10/31/2013 |

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445B.798 and NRS 482.461

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources available to offer this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 an amendment to an existing contract. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | akeillor | 09/09/2010 15:45:05 PM |
| Division Approval | akeillor | 09/09/2010 15:45:09 PM |
| Department Approval | dcook | 09/09/2010 16:23:50 PM |
| Contract Manager Approval | hazevedo | 09/09/2010 16:27:31 PM |
| Budget Analyst Approval | cwatson | 09/15/2010 14:02:47 PM |
| Team Lead Approval | cwatson | 09/15/2010 14:02:51 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 14:02:55 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 11570

| | |
|---|--|
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: WASHOE, COUNTY OF |
| Agency Code: 810 | Contractor Name: WASHOE, COUNTY OF |
| Appropriation Unit: 4722-25 | Address: WASHOE CO DISTRICT HEALTH DEPT |
| Is budget authority available?: Yes | 401 RYLAND ST STE 331 |
| If "No" please explain: Not Applicable | City/State/Zip: RENO, NV 89502-1643 |
| | Contact/Phone: null775/784-7225 |
| | Vendor No.: T40283400F |
| | NV Business ID: Govenmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2011-2012**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % Polution Control Fees |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2012**

Contract term: **1 year and 273 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Air Quality Programs**

5. Purpose of contract:

This is a new interlocal agreement to fund a professional air pollution apportionment research study, purchase ambient air quality monitoring equipment, provide resources for air quality travel/training, fund public outreach activities, provide office furniture and support equipment for the air quality office, and support greenhouse gas reduction activities including a student intern position.

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 \$140,000.00 per Biennium

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445B.830, Authorizes the State to award grants to agencies for programs related to the improvement of the quality of air.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employees available.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

12. 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:

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cmunoz | 09/09/2010 13:08:02 PM |
| Division Approval | cmunoz | 09/09/2010 13:08:05 PM |
| Department Approval | dcook | 09/09/2010 14:03:32 PM |
| Contract Manager Approval | hazevedo | 09/09/2010 14:58:14 PM |
| Budget Analyst Approval | cwatson | 09/15/2010 14:04:00 PM |
| Team Lead Approval | cwatson | 09/15/2010 14:04:04 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 14:04:07 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV6027** Amendment Number: **1**

Agency Name: **DEPT OF MOTOR VEHICLES** Legal Entity Name: **Mason Valley Janitorial**

Agency Code: **810** Contractor Name: **Mason Valley Janitorial**

Appropriation Unit: **4735-04** Address: **595 HWY 339**

Is budget authority available?: **Yes** City/State/Zip: **Yerington, NV 89447**

If "No" please explain: **Not Applicable** Contact/Phone: **Scott Edwards 7754632052**

Vendor No.: **T32000585**

NV Business ID: **NV20101023107**

To what State Fiscal Year(s) will the contract be charged? **2009-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % |
| <input checked="" type="checkbox"/> Highway Funds | 100.00 % | Other funding | 0.00 % |

Agency Reference #: **ZA0416**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/27/2009**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **10/31/2010**

Termination Date:

Contract term: **3 years and 339 days**

4. Type of contract: **Contract**

Contract description: **Janitorial, Building Maintenance and Repair Servic**

5. Purpose of contract:

This is an amendment to the original contract, which provides for the janitorial service at the Yerington DMV office. This amendment extends the termination date from October 31, 2010 to December 31, 2012 and increases the maximum amount from \$9,600 to \$20,800 to cover the additional months of service.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,600.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$11,200.00 |
| 4. New maximum contract amount: | \$20,800.00 |
| and/or the termination date of the original contract has changed to: | 12/31/2012 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department is required to maintain a clean facility and the lessor does not provide these services.

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. If yes, list the names of vendors that submitted proposals:

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. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 an amendment to an existing contract. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | akeillor | 09/09/2010 15:43:20 PM |
| Division Approval | akeillor | 09/09/2010 15:43:27 PM |
| Department Approval | dcook | 09/09/2010 16:22:49 PM |
| Contract Manager Approval | hazevedo | 09/09/2010 16:25:53 PM |
| Budget Analyst Approval | cwatson | 09/15/2010 14:08:13 PM |
| Team Lead Approval | cwatson | 09/15/2010 14:08:18 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 14:08:23 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: **CONV5706**

Amendment Number: **5**

Agency Name: **REHABILITATION DIVISION**

Legal Entity Name: **BOARD OF REGENTS - UNR**

Agency Code: **901**

Contractor Name: **BOARD OF REGENTS - UNR**

Appropriation Unit: **3265-75**

Address: **REPC MAILSTOP 285**

Is budget authority available?: **Yes**

City/State/Zip: **RENO, NV 89557**

If "No" please explain: **Not Applicable**

Contact/Phone: **TAMI BRANCAMP 7756829070**

Vendor No.: **D35000816**

NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2009-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 % Adaptive Resources Grant |

Agency Reference #: **1281-09-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2008**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/07/2012**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Educational Services**

5. Purpose of contract:

This is an amendment to the original interlocal agreement, which provides assistive technology consultants to provide individuals with disabilities residing in northern and rural Nevada with assistive technology assessment, testing and training in an effort to attain employment. This amendment increases the maximum amount from \$204,351.33 to \$314,306.33 for the term of the contract and clarifies grant and budget requirements.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$87,705.33 |
| 2. Total amount of any previous contract amendments: | \$116,646.00 |
| 3. Amount of current contract amendment: | \$109,955.00 |
| 4. New maximum contract amount: | \$314,306.33 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Assistive technology consultants are to provide individuals with disabilities residing in Northern and Rural Nevada with assistive technology assessment, testing and training, in an effort to attain employment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an interlocal agreement with the University of Nevada, Reno, Research and Educational Planning Center, University Center for Excellence in Disabilities.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

This is an amendment to an existing intrastate interlocal contract.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 University of Nevada, Reno has provided and is currently providing satisfactory services under various contracts for the Department of Employment, Training and Rehabilitation since 2004.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mmason | 08/09/2010 14:57:26 PM |
| Division Approval | mcol1 | 09/03/2010 14:06:46 PM |
| Department Approval | tnash | 09/09/2010 10:02:25 AM |
| Contract Manager Approval | tnash | 09/13/2010 11:08:26 AM |
| Budget Analyst Approval | knielsen | 09/13/2010 11:50:01 AM |
| Team Lead Approval | cwatson | 09/15/2010 13:40:31 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:40:35 PM |

a. If yes, list the names of vendors that submitted proposals:

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The agency verified the vendor has a Nevada business license and is in good standing in all areas of the Secretary of State's business requirements.

Lowest qualified bidder.

d. Last bid date: 03/08/2010 Anticipated re-bid date: 09/01/2011

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Presently providing service for DETR at Carson City facility.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jmacnab | 09/09/2010 14:11:24 PM |
| Division Approval | tnash | 09/09/2010 16:08:50 PM |
| Department Approval | tnash | 09/09/2010 16:08:52 PM |
| Contract Manager Approval | tnash | 09/09/2010 16:08:55 PM |
| Budget Analyst Approval | knielsen | 09/10/2010 11:41:13 AM |
| Team Lead Approval | cwatson | 09/15/2010 13:39:13 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:39:17 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV4445** Amendment Number: **1**
 Agency Name: **EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **ADT Security Service, Inc.**
 Agency Code: **902** Contractor Name: **ADT Security Service, Inc.**
 Appropriation Unit: **2580-04** Address: **2588 Fire Mesa Street, Ste 140**
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89128**
 If "No" please explain: **Not Applicable** Contact/Phone: **Darrell Johnson 7029333134**
 Vendor No.: **T27000872**
 NV Business ID: **NV19951070353**

To what State Fiscal Year(s) will the contract be charged? **2008-2011**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|---|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % All DETR Budget Accounts |

Agency Reference #: **1159-11-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/11/2007**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2011**

Contract term: **3 years and 293 days**

4. Type of contract: **Contract**

Contract description: **General Equipment Maintenance and Repair Services**

5. Purpose of contract:

This is an amendment to the original contract, which provides maintenance and service of the alarm system and electric/low voltage passage door locking mechanisms at the department's administrative building at 2800 E. St. Louis, Las Vegas. This amendment increases the maximum amount from \$81,300 to \$114,400 for additional security equipment required at this site due to several recent acts of vandalism at the Las Vegas building and to cover the quarterly maintenance fees.

6. CONTRACT AMENDMENT

- 1. The maximum amount of the original contract: **\$81,300.00**
- 2. Total amount of any previous contract amendments: **\$0.00**
- 3. Amount of current contract amendment: **\$33,100.00**
- 4. New maximum contract amount: **\$114,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

There has been six separate incidents in the past month of damage done to the building. Additional cameras are needed to monitor the building and grounds.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the expertise or experience to do this type of work.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 070606 B
Approval Date: 09/17/2010

c. Why was this contractor chosen in preference to other?

Sole Sourced, State Purchasing approval #070606

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jmacnab | 09/08/2010 11:37:32 AM |
| Division Approval | tnash | 09/09/2010 16:09:46 PM |
| Department Approval | tnash | 09/09/2010 16:09:48 PM |
| Contract Manager Approval | tnash | 09/17/2010 13:29:53 PM |
| Budget Analyst Approval | knielsen | 09/17/2010 17:42:47 PM |
| Team Lead Approval | cwatson | 09/21/2010 10:24:07 AM |
| BOE Agenda Approval | cwatson | 09/21/2010 10:24:12 AM |



JIM GIBBONS
Gov ernor

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

Purchasing Use Only:
#. 070606 B
Amendment 1

ANDREW K. CLINGER
Director

GREG SMITH
Purchasing Administrat

SOLICITATION WAIVER REQUEST FORM

1.
 - a. Identify State agency and the contact person's name, title, telephone number and email address for this request: The Department of Employment, Training and Rehabilitation
Tami Nash 775-684-3891
 - b. Vendor contact information: ADT Security Services Inc.
2588 Fire Mesa Suite 140
Las Vegas, Nevada 89128
Phone: 702-933-3134
Fax: 702-933-3181
 - c. Type of waiver requested: Sole or single source Professional Service Exemption
2. Description of work/services to be performed or commodity/good to be purchased:
Maintenance, repair and service of security alarms, cameras, DVR equipment, software and water sensors.
3. Describe the unique qualification required for the service or good to be purchased:
They are the only authorized distributor for ADT software and equipment.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
ADT Security Services is the only authorized distributor and the only authorized servicing agent for ADT software and equipment in Southern Nevada.
Operations Management section of the Employment, Training and Rehabilitation division has no trained equipment or software repair technicians.
5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:
Other vendors can service and repair related equipment, they cannot service ADT equipment.
6. What market research was conducted to substantiate that there is no competition for the service or good?
Please include an evaluation of other items considered, and provide documentation.
ADT Security Services is the only authorized distributor and the only authorized servicing agent for ADT software and equipment in Southern Nevada.
7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?
Bids were not solicited because ADT Security Services is the only distributor of their own software and equipment. They offer trained service technicians. While other companies can service and repair related equipment, they cannot service ADT equipment.
8. What is the estimated value and length of the contract, amendment or request? \$114,400.00
 - a. New contract Y N
 - b. Amendment Y N Amendment No. 1
{provide copy of previous waiver(s)}

DETR
Requesting agency

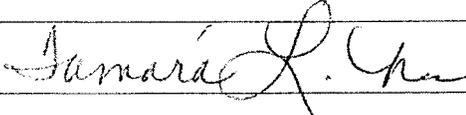
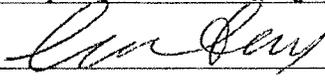
hereby requests approval for

ADT
Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

| | | |
|---|---|---------|
| X |  | 9/15/10 |
| | Tamara Nash – Operations Manager | Date |
| | Agency Representative Initiating Request | |
| X |  | 9/15/10 |
| | Larry J. Mosley - Director | Date |
| | Agency Head Authorizing Request | |

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

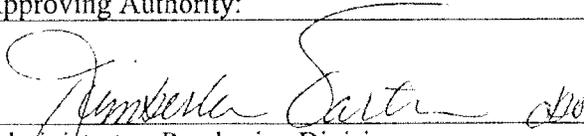
Signed:

| | | |
|---|-----------------------------------|------|
| X | - N/A - | |
| | Reviewing Agency/Entity Signature | Date |

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2) (a) (b) and 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.

Approving Authority:

| | | |
|---|---|---------|
| X |  | 9/17/10 |
| | Administrator, Purchasing Division | Date |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11410**

| | |
|--|--|
| Agency Name: DETR ADMINISTRATIVE SERVICES | Legal Entity Name: State of Colorado, Department of Labor |
| Agency Code: 908 | Contractor Name: State of Colorado, Department of Labor |
| Appropriation Unit: 3273-20 | Address: 633 17th Street, Suite 600 |
| Is budget authority available?: Yes | City/State/Zip: Denver, CO 80202-3660 |
| If "No" please explain: Not Applicable | Contact/Phone: null303-318-8865 |
| | Vendor No.: T80959248M |
| | NV Business ID: Government Entity |

To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? 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 #: 1573-11-R&A

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2011**

Contract term: **272 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Labor Market Informa**

5. Purpose of contract:

This is a new interlocal agreement with the Colorado Department of Labor and Employment, Office of Labor Market Information to provide project management and subject matter expertise to the Projections Managing Partnership in the development of "green" jobs labor market information.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: The maximum amount of this contract is \$20,000 for the term of the contract. \$10,000 will be paid upon Board of Examiners approval and the submission of an approved invoice. \$10,000 will be paid upon approval of deliverables with the submission of an approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is directed by the U.S. Bureau of Labor Statistics. Nevada serves as the fiscal agent for the Projections Managing Partnership.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada is serving solely as the fiscal agent for this multi-state partnership.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal Agreement - Government Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract with the Department of Employment, Training and Rehabilitation since July 2010 and the service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jmacnab | 07/27/2010 14:09:09 PM |
| Division Approval | tnash | 08/17/2010 09:57:14 AM |
| Department Approval | tnash | 08/17/2010 09:57:16 AM |
| Contract Manager Approval | tnash | 09/02/2010 09:06:52 AM |
| Budget Analyst Approval | knielsen | 09/02/2010 11:03:57 AM |
| Team Lead Approval | cwatson | 09/15/2010 13:42:47 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:42:51 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11411**Agency Name: **DETR ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3273-20**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Utah Department of Workforce Services**Contractor Name: **Utah Department of Workforce Services**Address: **P.O. Box 45249**City/State/Zip: **Salt Lake City, UT 84145-0249**Contact/Phone: **null801-526-9987**Vendor No.: **T27000866G**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2011**

What is the source of funds that will be used to pay the contractor? 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 #: **1575-11-R&A**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **10/2010**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2011**Contract term: **272 days**4. Type of contract: **Interlocal Agreement**Contract description: **Labor Market Informa**

5. Purpose of contract:

This is a new interlocal agreement with the Utah Department of Workforce Services to provide project management and subject matter expertise to the Projections Managing Partnership in the development of "green" jobs labor market information.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: The maximum amount of this contract is \$20,000 for the term of the contract. \$10,000 will be paid upon Board of Examiners approval and the submission of an approved invoice. \$10,000 will be paid upon approval of deliverables with the submission of an approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is directed by the U.S. Bureau of Labor Statistics. Nevada serves as the fiscal agent for the Projections Managing Partnership.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada is serving solely as the fiscal agent for this multi-state partnership.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal Agreement - Government Entity.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 entity has been under contract with the Department of Employment, Training and Rehabilitation since June 2010 and has been performing satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jmacnab | 07/27/2010 14:09:35 PM |
| Division Approval | tnash | 08/25/2010 09:16:51 AM |
| Department Approval | trash | 08/25/2010 09:16:53 AM |
| Contract Manager Approval | tnash | 09/02/2010 09:06:30 AM |
| Budget Analyst Approval | knielsen | 09/02/2010 14:43:18 PM |
| Team Lead Approval | cwatson | 09/15/2010 13:41:41 PM |
| BOE Agenda Approval | cwatson | 09/15/2010 13:41:44 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 CONTRACT

1. Contract Number: **CONV5162** Amendment Number: **3**

Agency Name: **MASTER SERVICE AGREEMENTS** Legal Entity Name: **Alsco, Inc., AL Division**

Agency Code: **MSA** Contractor Name: **Alsco, Inc., AL Division**

Appropriation Unit: **9999 - All Categories** Address: **2535 E 5th Street**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89510**

If "No" please explain: **Not Applicable** Contact/Phone: **Mark Kotsios 7753234111**

Vendor No.: **T60153013**

NV Business ID: **NV19591000546**

To what State Fiscal Year(s) will the contract be charged? **2008-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2007**

Anticipated BOE meeting date **09/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2011**

Contract term: **6 years and 22 days**

4. Type of contract: **MSA**

Contract description: **Speciality Services**

5. Purpose of contract:

This is an amendment to the previously approved contract, which provides laundry services to various agencies. This amendment extends the termination date from December 21, 2011 to December 31, 2013 and increases the maximum amount from \$750,000.00 to \$1,000,000.00. The vendor reduced their rates 6% per the request of the Governor for the extended two years.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$750,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$250,000.00 |
| 4. New maximum contract amount: | \$1,000,000.00 |
| and/or the termination date of the original contract has changed to: | 12/31/2013 |

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:

There is not a facility to handle this type of service

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. If yes, list the names of vendors that submitted proposals:

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only proposal received

d. Last bid date: 07/11/2007 Anticipated re-bid date: 04/01/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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 purchasing for six years. Service is satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ktarter | 08/10/2010 16:25:30 PM |
| Division Approval | ktarter | 08/10/2010 16:25:33 PM |
| Department Approval | ktarter | 08/10/2010 16:25:38 PM |
| Contract Manager Approval | lcalliso | 09/09/2010 15:29:51 PM |
| Budget Analyst Approval | csawaya | 09/16/2010 07:46:05 AM |
| Team Lead Approval | jmurph1 | 09/17/2010 12:15:52 PM |
| BOE Agenda Approval | jmurph1 | 09/17/2010 12:15:57 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11564**

| | |
|--|--|
| Agency Name: MASTER SERVICE AGREEMENTS | Legal Entity Name: Blind Center of Nevada |
| Agency Code: MSA | Contractor Name: Blind Center of Nevada |
| Appropriation Unit: 9999 - All Categories | Address: 1001 N. Bruce Street |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89101 |
| If "No" please explain: Not Applicable | Contact/Phone: Veronica Wilson 702-642-6000 |
| | Vendor No.: |
| | NV Business ID: NV19551000488 |
| To what State Fiscal Year(s) will the contract be charged? | 2011-2013 |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 #: 1405

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2012**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Labor Services**

5. Purpose of contract:

This is a new contract to provide labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, poly-bagging and shrink wrapping by persons with developmental disabilities.

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?

This contract provides an option for state agencies to employ disabled persons for many of the services they currently seek at a competitive/discounted rate.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have staff available to perform these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kperondi | 09/08/2010 12:40:44 PM |
| Division Approval | kperondi | 09/08/2010 12:40:46 PM |
| Department Approval | ktarter | 09/08/2010 14:55:20 PM |
| Contract Manager Approval | hmoon | 09/16/2010 08:08:07 AM |
| Budget Analyst Approval | csawaya | 09/16/2010 08:10:56 AM |
| Team Lead Approval | jmurph1 | 09/17/2010 12:03:51 PM |
| BOE Agenda Approval | jmurph1 | 09/17/2010 12:03:55 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11507**

Agency Name: **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: **Enporion, Inc.**
Contractor Name: **Enporion, Inc.**
Address: **302 Knights Run Ave, Suite 105**
City/State/Zip: **Tampa, FL 33544**
Contact/Phone: **Lisa Ankrom 813-864-8148**
Vendor No.:
NV Business ID: **NV20101615943**

To what State Fiscal Year(s) will the contract be charged? **2011-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|---|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Various |

Agency Reference #: **RFP #1864**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date **10/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2014**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Reverse Auction Serv**

5. Purpose of contract:

This is a new contract to provide reverse auction services. A reverse auction is a type of auction where the role of the buyer and seller are reversed, with the primary objective to obtain the best pricing for a commodity in a competitive environment. Unlike traditional auctions in which the price goes up, reverse auctions drive down the cost during a specific time frame.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To obtain the best pricing for commodities in a competitive environment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and/or employees do not 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? **Yes**

a. If yes, list the names of vendors that submitted proposals:

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: 05/25/2010 Anticipated re-bid date: 05/01/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kperondi | 08/12/2010 13:58:01 PM |
| Division Approval | kperondi | 08/12/2010 13:58:03 PM |
| Department Approval | ktarter | 08/12/2010 17:17:00 PM |
| Contract Manager Approval | rmille8 | 09/03/2010 08:07:42 AM |
| Budget Analyst Approval | csaway | 09/07/2010 11:53:12 AM |
| Team Lead Approval | jmurph1 | 09/07/2010 17:32:28 PM |
| BOE Agenda Approval | jmurph1 | 09/07/2010 17:33:31 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11562**

Agency Name: **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: **Opportunity Village**
Contractor Name: **Opportunity Village**
Address: **6300 W. Oakey Blvd**
City/State/Zip: **Las Vegas, NV 89146**
Contact/Phone: **Laura D'Amore 702-880-4022**
Vendor No.: **T80831410**
NV Business ID: **NV19541000506**

To what State Fiscal Year(s) will the contract be charged? **2011-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 #: 1405

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2012**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Labor Services**

5. Purpose of contract:

This is a new contract to provide labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, poly-bagging and shrink wrapping by persons with developmental disabilities.

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?

This contract provides an option for state agencies to employ disabled persons for many of the services they currently seek at a competitive/discounted rate.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have staff available to perform these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. 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:

Opportunity Village is currently under contract with the State of Nevada. Agencies are very pleased with their services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kperondi | 09/08/2010 12:38:36 PM |
| Division Approval | kperondi | 09/08/2010 12:39:15 PM |
| Department Approval | ktarter | 09/08/2010 14:54:03 PM |
| Contract Manager Approval | hmoon | 09/16/2010 08:08:24 AM |
| Budget Analyst Approval | csawaya | 09/16/2010 08:10:31 AM |
| Team Lead Approval | jmurph1 | 09/17/2010 12:06:38 PM |
| BOE Agenda Approval | jmurph1 | 09/17/2010 12:06:43 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **11566**

Agency Name: **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: **Washoe Ability Resource Center**
 Contractor Name: **Washoe Ability Resource Center**
 Address: **790 Sutro Street**
 City/State/Zip: **Reno, NV 89512**
 Contact/Phone: **Leon Merchant 775-331-9272**
 Vendor No.: **T80026980**
 NV Business ID: **NV19531000343**

To what State Fiscal Year(s) will the contract be charged? **2011-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|---|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Various |

Agency Reference #: 1405

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2010**

Anticipated BOE meeting date 10/2010

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2012**Contract term: **2 years**4. Type of contract: **MSA**Contract description: **Labor Services**

5. Purpose of contract:

This is a new contract to provide various labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, poly-bagging and shrink wrapping services by persons with developmental disabilities.

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?

This contract provides an option for state agencies to employ disabled persons for many of the services they currently seek at a competitive/discounted rate.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have staff available to perform these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. If yes, list the names of vendors that submitted proposals:

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion, or advice for a fee")

No

b. Is the contractor a current employee of the State of Nevada?

No If "Yes", is contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (Please explain)

Not Applicable

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

No If "Yes", please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Washoe Ability Resource Center is currently under contract with the State of Nevada. Agencies are very pleased with their services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kperondi | 09/08/2010 12:40:00 PM |
| Division Approval | kperondi | 09/08/2010 12:40:03 PM |
| Department Approval | ktarter | 09/08/2010 14:54:46 PM |
| Contract Manager Approval | hmoon | 09/16/2010 08:07:47 AM |
| Budget Analyst Approval | csawaya | 09/16/2010 08:11:22 AM |
| Team Lead Approval | jmurph1 | 09/17/2010 12:00:32 PM |
| BOE Agenda Approval | jmurph1 | 09/17/2010 12:00:36 PM |
| BOE Final Approval | Pending | |

| BOE MTG DATE | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | *STATUS |
|--------------------|--------|---|--|---|-------------------------------|-----------|
| 9/9/10 | 051 | TREASURER'S OFFICE - COLLEGE SAVINGS TRUST | PUTNAM INVESTMENT MANAGEMENT, LLC | OTHER: FEES FROM ACCOUNT REVENUES | \$5,450,000 | Compliant |
| | | Contract Description: | This is a new contract and the vendor will service as program manager and investment manager for an advisor-sold 529 savings plan. | | | |
| 9/9/10 | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - WIC FOOD SUPPLEMENT | UPON APPROVAL - 09/30/2015 OPEN DOMAIN, INC. | CONSULTANT: NO FEDERAL | CONTRACT # 11510 \$242,825 | Compliant |
| | | Contract Description: | This is an amendment to the original contract, which provides technological support to the Women, Infants and Children (WIC) Program. This amendment increases the maximum amount of the contract from \$677,975 to \$920,800 due to additional programming hours and an enhanced server system. | | | |
| 9/9/10 | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - ADMINISTRATION | INTERACTIVE VOICE APPLICATIONS, INC. | OTHER: COST ALLOCATION PLAN REIMBURSEM ENTS | \$29,558 | Compliant |
| | | Contract Description: | The contractor will provide implementation, training and yearly hosting for a random moment sample (RMS) system which will enable the automated generation, delivery, collection, and analysis of random moment samples. This includes generation of reports required by federal funding regulations. It should be noted that MHDS recently implemented a Center for Medicaid/Medicare Services (CMS) required cost allocation plan (CAP). This RMS system is part of the implementation of the CAP. | | | |
| 9/9/10 | 704 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - MAINTENANCE OF STATE PARKS-Non- Exec | UPON APPROVAL - 04/14/2013 4-D PLUMBING & BUILDERS' SUPPLY, INC. | CONSULTANT: NO UTILITY SURCHARGE | CONTRACT # 11509 \$74,700 | Compliant |
| | | Contract Description: | This is a new contract to provide on-call services for emergency well problems at state parks in the southern region of Nevada. | | | |
| | | Term of Contract: | UPON APPROVAL - 06/30/2013 | CONSULTANT: NO | CONTRACT # 11489 | |

*Status must be – Compliant, Withdrawn, or Unresolved

1

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

PUTNAM INVESTOR SERVICES, INC.
Nevada Business Identification # NV20101673763

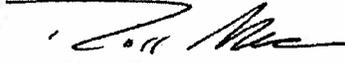
Expiration Date: September 30, 2011

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto
set my hand and affixed the Great Seal of State,
at my office on September 9, 2010




ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

**You may verify this Nevada State Business License
online at www.nvsos.gov under the Nevada Business Search.**

(PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

Putnam Investor Services, Inc.
NAME OF CORPORATION

E0433502010-9

FOR THE FILING PERIOD OF 9/2010 TO 9/2011

Filed in the office of

Document Number
20100678435-36

Ross Miller
Ross Miller
Secretary of State
State of Nevada

Filing Date and Time
09/09/2010 10:45 AM

Entity Number
E0433502010-9

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

The Corporation Trust Company of Nevada
311 South Division Street
Carson City, NV 89703

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form/ **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Initial list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the last day of the first month following the incorporation/initial registration with this office.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.50 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5700.
- Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include initial list and business license fees will result in rejection of filing.

INITIAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

| CHECK ONLY IF APPLICABLE | | Section 7(2) Exemption Codes | |
|--------------------------|--|---|---|
| <input type="checkbox"/> | Pursuant to NRS, this entity is exempt from the business license fee. | Exemption code: | |
| <input type="checkbox"/> | Month and year your State Business License expires: 20 | | |
| <input type="checkbox"/> | This corporation is a publicly traded corporation. The Central Index Key number is: | | |
| <input type="checkbox"/> | This publicly traded corporation is not required to have a Central Index Key number. | | |
| | | 001 - Governmental Entity | |
| | | 002 - 501(c) Nonprofit Entity | |
| | | 003 - Home-based Business | |
| | | 006 - Motion Picture Company | |
| | | 008 - NRS 680B.020 Insurance Co. | |
| NAME | | | |
| Steven D. Krichmar | | TITLE(S) PRESIDENT (OR EQUIVALENT OF) | |
| ADDRESS | | | |
| One Post Office Square | | CITY Boston | STATE MA ZIP CODE 02109 |
| NAME | | | |
| Francis J. McNamara, III | | TITLE(S) SECRETARY (OR EQUIVALENT OF) | |
| ADDRESS | | | |
| One Post Office Square | | CITY Boston | STATE MA ZIP CODE 02109 |
| NAME | | | |
| Joseph P. Petitti | | TITLE(S) TREASURER (OR EQUIVALENT OF) | |
| ADDRESS | | | |
| One Post Office Square | | CITY Boston | STATE MA ZIP CODE 02109 |
| NAME | | | |
| Robert L. Reynolds | | TITLE(S) DIRECTOR | |
| ADDRESS | | | |
| One Post Office Square | | CITY Boston | STATE MA ZIP CODE 02109 |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 148 of the 2008 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.339, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X *[Signature]*
Signature of Officer

Title **Date**
Assistant Secretary September 9, 2010

Nevada Secretary of State Initial List Profit
Revised: 11-6-09

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OPEN DOMAIN INC.

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| Business Entity Information | | | |
|-----------------------------|---------------------|-----------------------|---------------|
| Status: | Active | File Date: | 9/10/2010 |
| Type: | Foreign Corporation | Entity Number: | E0437992010-0 |
| Qualifying State: | CA | List of Officers Due: | 10/31/2010 |
| Managed By: | | Expiration Date: | |
| NV Business ID: | NV20101680203 | Business License Exp: | |

| Registered Agent Information | | | |
|------------------------------|-------------------------------------|--------------------|-------------------------------|
| Name: | INCORP SERVICES, INC. | Address 1: | 2360 CORPORATE CIRCLE STE 400 |
| Address 2: | | City: | HENDERSON |
| State: | NV | Zip Code: | 89074-7722 |
| Phone: | | Fax: | |
| Mailing Address 1: | | Mailing Address 2: | |
| Mailing City: | | Mailing State: | NV |
| Mailing Zip Code: | | | |
| Agent Type: | Commercial Registered Agent - Other | | |
| Jurisdiction: | NEVADA | Status: | Active |

[View all business entities under this registered agent](#)

| Financial Information | | | |
|-----------------------|---------------|-----------------|------|
| No Par Share Count: | 10,000,000.00 | Capital Amount: | \$ 0 |

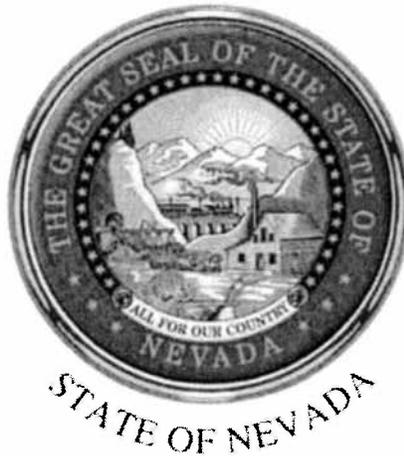
No stock records found for this company

| Officers | <input type="checkbox"/> Include Inactive Officers |
|---|--|
| No active officers found for this company | |

| Actions\Amendments |
|--|
| Click here to view 2 actions\amendments associated with this company |

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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

INTERACTIVE VOICE APPLICATIONS, INC.

Nevada Business Identification # NV20101688706

Expiration Date: September 30, 2011

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 16, 2010

ROSS MILLER
Secretary of State



This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

***You may verify this Nevada State Business License
online at www.nvsos.gov under the Nevada Business Search.***

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LEO M. DROZDOFF, P.E.
Acting Director

Department of Conservation and
Natural Resources

DAVID K. MORROW
Administrator

Northern Region Office
16799 Lahontan Dam
Fallon, NV 89406
Phone: (775) 867-3001
Fax: (775) 867-4559

Southern Region Office
4747 Vegas Drive
Las Vegas, NV 89108
Phone: (702) 486-5126
Fax: (702) 486-5186

JIM GIBBONS
Governor

STATE OF NEVADA



DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS

September 28, 2010

MEMORANDUM

TO: Board of Examiners

FROM: Linda Mulkey ^{DM} for David Morrow, Administrator, Division of State Parks

SUBJECT: Contract with 4-D Plumbing & Builders' Supply, Inc.

A contract between the Division of State Parks and 4-D Plumbing & Builders' Supply, Inc. was approved at the September 9, 2010 BOE contingent upon the vendor securing a Nevada State Business License.

4-D Plumbing & Builders' Supply, Inc. applied for a NV State Business License in a timely manner. It was rejected twice due to errors in filing, which slowed down final approval by the Secretary of State's Office. A Nevada State Business license is now in place for 4-D Plumbing (NV Business ID: NV20101713987) as of September 27, 2010 (attached).

DM/llm

Address Reply to:
901 S. Stewart Street,
Suite 5005
Carson City, NV 89701-5248

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



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Search...

4-D PLUMBING AND BUILDERS SUPPLY, INC.

| Business Entity Information | | | |
|-----------------------------|---------------------|-----------------------|---------------|
| Status: | Active | File Date: | 9/27/2010 |
| Type: | Foreign Corporation | Entity Number: | E0466512010-9 |
| Qualifying State: | UT | List of Officers Due: | 10/31/2010 |
| Managed By: | | Expiration Date: | |
| NV Business ID: | NV20101713987 | Business License Exp: | |

| Registered Agent Information | | | |
|------------------------------|--------------------------------|--------------------|----------------|
| Name: | JIM BIFFLEWELSCO | Address 1: | 1011 RICE ROAD |
| Address 2: | | City: | FALLON |
| State: | NV | Zip Code: | 89406 |
| Phone: | | Fax: | |
| Mailing Address 1: | PO BOX 888 | Mailing Address 2: | |
| Mailing City: | FALLON | Mailing State: | NV |
| Mailing Zip Code: | 89406 | | |
| Agent Type: | Noncommercial Registered Agent | | |

[View all business entities under this registered agent](#)

| Financial Information | | | |
|-----------------------|-----------|------------------|--------------|
| No Par Share Count: | 0 | Capital Amount: | \$ 50,000.00 |
| Par Share Count: | 50,000.00 | Par Share Value: | \$ 1.00 |

| Officers | <input type="checkbox"/> Include Inactive Officers |
|---|--|
| No active officers found for this company | |

| Actions\Amendments |
|---|
| Click here to view the 1 action or amendment associated with this company |

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