

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **10877**Amendment
Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity
Name: **MELISSA PIASECKI MD PC**Agency Code: **030**Contractor Name: **MELISSA PIASECKI MD PC**Appropriation Unit: **1031-10**Address: **561 KEYSTONE AVE STE 104**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89503-4304**

If "No" please explain: Not Applicable

Contact/Phone: **MELISSA PIASECKI 775/722/1077**Vendor No.: **T27018059**NV Business ID: **NV20051422118**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.

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

Agency Reference #: **030**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **03/26/2010**Anticipated BOE meeting date **01/2012**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2012**Contract term: **3 years and 97 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is the first amendment to the original contract, which provides expert testimony and evaluation in connection with pending litigations, including, but not limited to, reviewing documents, records, hearing transcripts, letters, memorandums, electronically recorded and collected data, and all other material or media relevant to arriving at opinions and conclusions in connection with pending litigations. This amendment increases the maximum amount from \$9,900 to \$19,900; extends the termination date from June 30, 2012 to June 30, 2013 and changes the scope of work from evaluating a particular federal habeas case to providing expert services for cases that require a licensed psychiatrist to review records and testify.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,900.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$10,000.00
4. New maximum contract amount:	\$19,900.00
and/or the termination date of the original contract has changed to:	06/30/2013

II. JUSTIFICATION

7. What conditions require that this work be done?

This is the first amendment to the contract to provide expert testimony and evaluation of documents, records, hearing transcripts, letters, etc. in order to determine the competency of petitioners in pending litigations with the State of Nevada.

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 required expertise to provide the expert evaluation that this contracted licensed psychiatrist can provide.

9. Were quotes or proposals solicited? No

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

The contractor was a referral from another deputy attorney general, in addition to being under contract with the Attorney General's Office for the past 1 1/2 years and the contractor has received high recommendations from both deputy attorney generals.

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	11/23/2011 15:08:33 PM
Division Approval	clesli1	11/29/2011 08:27:11 AM
Department Approval	chowle	11/29/2011 12:55:51 PM
Contract Manager Approval	shanshew	11/29/2011 13:05:58 PM
Budget Analyst Approval	csawaya	12/01/2011 15:12:37 PM
Team Lead Approval	jmurph1	12/14/2011 10:06:49 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:06:53 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: **11521**Amendment
Number: **3**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? **2011-2013**

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 % Insurance Premium Trust 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 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2013**Contract term: **2 years and 297 days**4. Type of contract: **Contract**Contract description: **Expert**

5. Purpose of contract:

This is the third amendment to the original contract, which provides assistance to counsel involving medical conditions and medical treatment for individuals in legal confinement by reviewing and analyzing medical records, offering medical opinions, preparing written reports, charts and summaries. The vendor will assist the counsel by offering expert opinions and testifying at depositions and trial. This amendment increases the maximum amount from \$69,990.00 to \$89,990.00 due to a continued need for their services on a particular case.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,990.00
2. Total amount of any previous contract amendments:	\$60,000.00
3. Amount of current contract amendment:	\$20,000.00
4. New maximum contract amount:	\$89,990.00

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. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

This vendor was chosen in preference to others due to his expertise in this type of potential claims/lawsuits against the State of Nevada. Expert witnesses are specifically excluded in NAC 333.150.

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	12/07/2011 10:01:33 AM
Division Approval	clesli1	12/07/2011 10:28:32 AM
Department Approval	chowle	12/07/2011 10:50:23 AM
Contract Manager Approval	dgrass	12/13/2011 08:52:25 AM
Budget Analyst Approval	csawaya	12/13/2011 17:03:24 PM
Team Lead Approval	jmurph1	12/14/2011 10:13:08 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:13:11 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12904**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Trial Science

Contractor Name: **Trial Science**Address: **730 Sandhill Road, Ste. 105**City/State/Zip: **Reno, NV 89521**

Contact/Phone: null775/786-1894

Vendor No.: T81083055

NV Business ID: NV19831016684

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 % Insurance Premium Trust Fund

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **2 years and 171 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide focus groups and mock trials, develop openings and themes, create and analyze supplemental questionnaires, and services related to jury selection and case consultation for a potential and/or for future lawsuits against the State.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Other basis for payment: not to exceed \$24,000 per fiscal year; invoiced when services are rendered and per Fee Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

Trial Science has provided previous professional services to the Attorney General's Office and they have the skill sets that are needed for potential and/or future lawsuits against the State of Nevada.

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

The office doesn't have the staffing or the expertise that this vendor has that is needed.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

They were one of the three vendors that were solicited who would be able to provide us the services and the fees that were solicited.

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 Attorney General's Office did have a contract with Trial Science in the past and they have provided the agency with satisfactory work.

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	12/07/2011 10:01:12 AM
Division Approval	clesli1	12/07/2011 10:29:10 AM
Department Approval	chowle	12/07/2011 10:51:38 AM
Contract Manager Approval	dgrass	12/13/2011 09:22:26 AM
Budget Analyst Approval	csawaya	12/13/2011 16:42:49 PM
Team Lead Approval	jmurph1	12/14/2011 10:10:56 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:11:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12910**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1050-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Michael Neil O'Callaghan, CHTD

Contractor Name: **Michael Neil O'Callaghan, CHTD**Address: **2011 Park Way North**City/State/Zip: **Las Vegas, NV 89106**

Contact/Phone: null702-383-1140

Vendor No.:

NV Business ID: NV21000639203

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2014**Contract term: **2 years and 356 days**4. Type of contract: **Contract**Contract description: **Michael O'Callaghan**

5. Purpose of contract:

This is a new contract to provide for the enforcement of the provisions of the Nevada Uniform Securities Act (NRS 90.211 et seq.) and regulations which govern the offer, sale, purchase, and registration of securities, as well as the licensing of securities industry professionals and provisions of the Nevada Commodities Code (NRS 91.010 et seq.) which governs the offer, sale and purchase of commodities. This contractor will plan, organize, manage and coordinate civil and administrative enforcement activities; prepare and review subpoenas and administrative orders; represent the Division at enforcement hearings; maintain appropriate records and reports; initiate investigations; conduct legal research and prepare legal documents for case submission; and assist with the drafting of statutes, regulations, and internal policies and procedures. Fulfillment of duties may require in state and out of state travel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$287,875.00**

Payment for services will be made at the rate of \$7,930.00 per month

Other basis for payment: upon receipt of monthly invoices detailing hours worked @ rate of \$45.00 per hour not to exceed \$287,875 as follows \$50,000 in FY 12; \$95,150 in FY 13; \$95,150 in FY 14; \$47,575 in FY 15.

II. JUSTIFICATION

7. What conditions require that this work be done?

Vacancy of the Securities Chief of Enforcement Position (PCN 0167) and the lack of qualified candidates requires contracting these duties to an independent contractor with legal expertise in order to comply with the enforcement of the provisions of the Nevada Uniform Securities Act (NRS 90.2011 et seq.) and the Nevada Commodities Code (NRS 91.010 et seq.)

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

State employees lack the time, resources and dedicated legal expertise to conduct these type of enforcement activities, investigations, and research necessary to enforce the provisions of the Nevada Uniform Securities Act (NRS 90.2011 et seq.) and the Nevada Commodities Code (NRS 91.010 et seq.)

9. Were quotes or proposals solicited? No

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

This Contractor has appropriate industry expertise and experience with State of Nevada's enforcement of the provisions of the Nevada Uniform Securities Act (NRS 90.2011 et seq.) and the Nevada Commodities Code (NRS 91.010 et seq.) This necessary background and expertise allows Contractor to respond to State's needs quickly without any lengthy and costly startup period or learning curve

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	pdover	12/07/2011 15:30:05 PM
Division Approval	pdover	12/07/2011 15:30:15 PM
Department Approval	pdover	12/07/2011 15:30:19 PM
Contract Manager Approval	vmccormi	12/07/2011 15:32:52 PM
Budget Analyst Approval	jstrandb	12/15/2011 09:48:14 AM
Team Lead Approval	jmurph1	12/21/2011 14:33:06 PM
BOE Agenda Approval	jmurph1	12/21/2011 14:33:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **11830**Amendment
Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity
Name: **Advanced Data Systems Inc**Agency Code: **040**Contractor Name: **Advanced Data Systems Inc**Appropriation Unit: **1051-15**Address: **1789 E COLLEGE PKWY 128**Is budget authority
available?: **Yes**City/State/Zip: **Carson City, NV 89706-7976**

If "No" please explain: Not Applicable

Contact/Phone: **Sharon McCloskey 775-883-4007 775-883-4007**Vendor No.: **T80911277**NV Business ID: **NV19821012593**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 %

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **01/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2012**

Termination Date:

Contract term: **2 years**4. Type of contract: **Provider Agreement**Contract description: **ADS**

5. Purpose of contract:

This is the first amendment to the original contract, which provides offsite computer maintenance and technical support service of voter data provided to the Secretary of State for Help America Vote Act (HAVA) for thirteen (13) Nevada Counties: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. This amendment increases the maximum amount from \$25,000 to \$95,150 due to a change in the scope of work to include a project for the development and implementation of web services for the thirteen Nevada counties to expand the Nevada On-line Voter Access registration.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$25,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$70,150.00
4. New maximum contract amount:	\$95,150.00

II. JUSTIFICATION

7. What conditions require that this work be done?

This work needs to be done in order to maintain compliance with the Help America Vote Act (HAVA) mandated grant requirements.

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

State employees do not have the necessary background, expertise with the Nevada Voting system, time or equipment necessary to perform the required support as dictated by the available funding over the bienium.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

Prior service with this vendor was born out of the failed multi-million dollar contract with Covansys in 2006. Secretary of State services with this vendor have not exceeded \$25,000 in any one year during prior services from January 1, 2007 to December 31, 2010. As a result there is a definite cost savings compared to the Covansys 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

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

Yes If "Yes", please explain

Ageement with Secretary of State Jan 1, 2007- December 31, 2009 and Jan 1, 2009 to December 31,2010 for same service
Current Contract with Secretary of State effective 2/8/2011 to 12/31/2012.

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:

January 1, 2007 to December 31, 2009 and January 1, 2009 to December 31, 2010 for Secretary of State. Service was satisfactory

Current Contract with Secretary of State effective 2/8/2011 to 12/31/2012. 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	pdover	12/06/2011 16:21:30 PM
Division Approval	pdover	12/06/2011 16:21:34 PM
Department Approval	pdover	12/06/2011 16:21:37 PM
Contract Manager Approval	vmccormi	12/06/2011 16:23:06 PM
Budget Analyst Approval	jstrandb	12/07/2011 11:20:16 AM
Team Lead Approval	jmurph1	12/14/2011 10:15:40 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:15:44 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12888**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Active Plumbing Inc**Contractor Name: **Active Plumbing Inc**Address: **3261 South Highland Dr Ste 609**City/State/Zip: **Las Vegas, NV 89109-1027**Contact/Phone: **Eddie Schmitt 702-438-3357**Vendor No.: **T27029235**NV Business ID: **NV19971331437**To what State Fiscal Year(s) will the contract be charged? **2012-2016**

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

Anticipated BOE meeting date: 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/09/2016**Contract term: **4 years and 9 days**4. Type of contract: **Contract**Contract description: **Plumbing**

5. Purpose of contract:

This is a new contract to provide ongoing plumbing services for various State owned buildings in the Las Vegas area, on an as needed bases and at the request and approval of a Buildings and 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: straight time \$114.00 per hour, per plumber in Las Vegas, North Las Vegas, Henderson and Boulder City, an additional \$150.00 one time service charge per call to the cities of Pahrump, Laughlin, Mesquite, Searchlight, Primm, Indian Springs and Blue Diamond; Plumbers helper \$65.00 per hour; Normal business hours are 6:00 a.m. through 5:00 p.m., an additional \$20.00 per hour, per plumber for after hours calls; Service charge of \$29.00 for each job; material is billed out at retail prices

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary for plumbing in State buildings to be in working condition for the safety of employees and visitors.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for plumbing services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 10/15/2011 Anticipated re-bid date: 10/14/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	kaplin	12/12/2011 11:58:15 AM
Division Approval	kaplin	12/12/2011 11:58:20 AM
Department Approval	kaplin	12/12/2011 11:58:23 AM
Contract Manager Approval	kaplin	12/12/2011 11:58:27 AM
Budget Analyst Approval	jrodrig9	12/14/2011 11:59:42 AM
Team Lead Approval	cwatson	12/15/2011 13:05:18 PM
BOE Agenda Approval	cwatson	12/15/2011 13:05:22 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: **10837**Amendment Number: **2**Agency Name: **BUILDINGS AND GROUNDS DIVISION**Legal Entity Name: **BUILDING CONTROL SERVICES INC**Agency Code: **082**Contractor Name: **BUILDING CONTROL SERVICES INC**Appropriation Unit: **1349-12**Address: **8521 WHITE FIR ST STE C1A**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89523**

If "No" please explain: Not Applicable

Contact/Phone: null775/826-8998

Vendor No.: T27001755

NV Business ID: NV20021383335

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 %	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 **04/13/2010**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/31/2014**

Termination Date:

Contract term: **3 years and 353 days**4. Type of contract: **Contract**Contract description: **Control Systems**

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing maintenance and service for Allerton temperature control systems. This amendment increases the maximum amount from \$105,000 to \$185,000 for repairs and upgrades on the heating and air conditioning systems for various State buildings, as needed, and upon the request and approval of a Buildings and Grounds designee.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$30,000.00
2. Total amount of any previous contract amendments:	\$75,000.00
3. Amount of current contract amendment:	\$80,000.00
4. New maximum contract amount:	\$185,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to keep building temperatures in proper working condition.

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

Lack of manpower and expertise.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 100210

Approval Date: 02/16/2010

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

Sole Source

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.

d. Last bid date: 02/01/2010 Anticipated re-bid date: 02/01/2014

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

2010-2011, 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	12/02/2011 15:27:32 PM
Division Approval	kaplin	12/02/2011 15:27:35 PM
Department Approval	kaplin	12/02/2011 15:27:39 PM
Contract Manager Approval	kaplin	12/02/2011 15:27:42 PM
Budget Analyst Approval	jrodrig9	12/08/2011 16:10:29 PM
Team Lead Approval	cwatson	12/19/2011 10:05:32 AM
BOE Agenda Approval	cwatson	12/19/2011 10:05:36 AM



BRIAN SANDOVAL
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:
100210B

Amendment 2

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:

James R. Moore, HVAC 3
Division of State Public Works, Buildings and Grounds Section
515 E. Musser St., Suite 102
Carson City, NV 89701
775 684-1810 (P)
jrmoore@admin.nv.gov

- b. Vendor contact information:

Tom Hulbert
Building Control Services, Inc.
8521 White Fir St., Suite C-1a
Reno, NV 89523
775 826-8998 (Ofc. P)
775 826-3524 (F)
tom@bcsnv.com
NV LIC. #54993
CA LIC. #826860

RECEIVED

DEC 02 2011

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

- 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 Allerton control systems in various state owned buildings in northern Nevada.

3. Describe the unique qualification required for the service or good to be purchased:

Building Control Services, Inc. (BCS) is the only dealer in Northern Nevada who can service Allerton control systems and the only dealer found in northern Nevada to supply said parts.

4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:

BCS is the only northern Nevada representative for Allerton control systems.

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 BCS for parts necessary for repair which would increase the price. Other companies would not have the experienced staff to work on these controls which would cost the state money for them to learn, not to mention down time of our 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.

BCS is the only dealer in northern Nevada to carry the parts needed for Allerton control systems.

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 control contractors in the area.

8. What is the estimated value and length of the contract, amendment or request?
\$80,000 added to contract, no change in length of contract

a. New contract Y ☐ N ☒

b. Amendment Y ☒ N ☐ Amendment No. Two
{provide copy of previous waiver(s)}

SPWD-Buildings and Grounds
Requesting agency

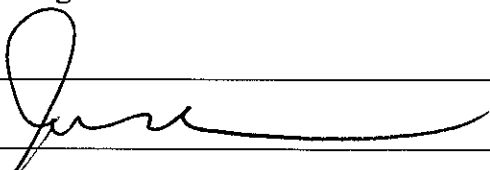
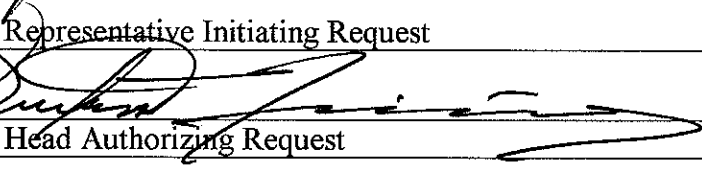
hereby requests approval for

Building Control Services, Inc.
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	 P.B.E.	11/16/11
Agency Representative Initiating Request		Date
X		11-16-11
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 <u>Shannon Beny</u> BO	11/29/11
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: **CONV5792** Amendment Number: **2**

Legal Entity Name: **Johnson Controls, Inc**

Agency Name: **BUILDINGS AND GROUNDS DIVISION** Contractor Name: **Johnson Controls, Inc**

Agency Code: **082** Address: **3645 W Oquendo Ave, Suite 100**

Appropriation Unit: **1349-12** City/State/Zip: **Las Vegas, NV 89118**

Is budget authority available?: **Yes** Contact/Phone: **null7758732200**

If "No" please explain: **Not Applicable** Vendor No.: **T10346500**

NV Business ID: **NV19571000769**

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 & 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 **11/01/2008**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **10/31/2012**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

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

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing back-up heating and air conditioning maintenance/service and repair on the HVAC sytems at the Grant Sawyer Building located at 555 East Washington Avenue, Las Vegas, NV. In addition, the contractor will also provide service to various buildings located in the Las Vegas and Reno/Carson City areas upon the request and approval of a Buildings and Grounds designee. This amendment increases the maximum amount from \$390,648.84 to \$458,148.84 due to unanticipated HVAC system expenditures for repairs and upgrades.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$349,183.84
2. Total amount of any previous contract amendments:	\$41,465.00
3. Amount of current contract amendment:	\$67,500.00
4. New maximum contract amount:	\$458,148.84

II. JUSTIFICATION

7. What conditions require that this work be done?

Heating and air conditioning equipment must be serviced, maintained and repaired on a regular basis for employee and visitor safety.

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. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

1) The Evaluation Committee chose Carrier Corporation based on the overall highest scoring and Johnson Controls had the second highest scoring on RFP No. 1055. Therefore, Johnson Controls is BACK-UP for the RFP No. 1055 services.

2) Contractor will provide extra services to various buildings in the Las Vegas and Reno/Carson City areas per Amendment One to this contract.

d. Last bid date: 05/01/2008 Anticipated re-bid date: 05/01/2012

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

2008-2011, 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:

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	kaplin	12/16/2011 11:30:22 AM
Division Approval	kaplin	12/16/2011 11:30:26 AM
Department Approval	kaplin	12/16/2011 11:30:30 AM
Contract Manager Approval	kaplin	12/16/2011 11:30:33 AM
Budget Analyst Approval	jrodrig9	12/16/2011 16:10:38 PM
Team Lead Approval	cwatson	12/19/2011 10:16:11 AM
BOE Agenda Approval	cwatson	12/19/2011 10:16:16 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: **CONV6100**Amendment Number: **2**Agency Name: **BUILDINGS AND GROUNDS DIVISION**Legal Entity Name: **Precision Pump, Inc**Agency Code: **082**Contractor Name: **Precision Pump, Inc**Appropriation Unit: **1349-12**Address: **4214 Bertsos**Is budget authority available?: **Yes**City/State/Zip **Las Vegas, NV 89103**

If "No" please explain: Not Applicable

Contact/Phone: null7028731178

Vendor No.: PUR0003928

NV Business ID: NV19931024002

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 & 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 **04/01/2009**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/31/2013**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Industrial Equipment Maintenance and Repair Servic**

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing repairs and service to pumps and motors for various State building sites in the Las Vegas area, on an as needed basis and at the request and approval of Buildings and Grounds. This amendment increases the maximum amount from \$14,999 to \$29,999 for required maintenance and repair projects and updates the insurance.

6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$9,999.00
2.	Total amount of any previous contract amendments:	\$5,000.00
3.	Amount of current contract amendment:	\$15,000.00
4.	New maximum contract amount:	\$29,999.00

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings require motor and pump services for safety issues.

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

Lack of manpower and expertise.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 04/01/2009 Anticipated re-bid date: 03/31/2013

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

2009-2011, Buildings & Grounds

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	12/12/2011 11:52:29 AM
Division Approval	kaplin	12/12/2011 11:52:34 AM
Department Approval	kaplin	12/12/2011 11:52:37 AM
Contract Manager Approval	kaplin	12/12/2011 11:52:43 AM
Budget Analyst Approval	jrodrig9	12/14/2011 12:19:44 PM
Team Lead Approval	cwatson	12/15/2011 13:06:30 PM
BOE Agenda Approval	cwatson	12/15/2011 13:06:36 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **10760**Amendment
Number: **1**Legal Entity
Name: **UNIFIRST CORP**Agency Name: **BUILDINGS AND GROUNDS
DIVISION**Contractor Name: **UNIFIRST CORP**Agency Code: **082**Address: **568 PARKSON RD**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**City/State/Zip **HENDERSON, NV 89011-4022**

If "No" please explain: Not Applicable

Contact/Phone: null702/565-8791

Vendor No.: T81041809

NV Business ID: NV19951059577

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 %	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 **03/01/2010**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **02/28/2012**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Floor Mats**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing standard and scraper floor mat services to various State buildings in the Las Vegas area on a bi-weekly basis and may vary upon the written request and approval of a Buildings and Grounds designee. This amendment extends the termination date from February 28, 2012 to February 28, 2014 and increases the maximum amount from \$7,708 to \$14,416 due to the extension.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$7,708.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$6,708.00
4. New maximum contract amount:	\$14,416.00
and/or the termination date of the original contract has changed to:	02/28/2014

II. JUSTIFICATION

7. What conditions require that this work be done?

The mats are used for safety reasons.

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

Lack of manpower, equipment and product.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

Unifirst Corp was the lowest bidder. Only two companies responded.

d. Last bid date: 01/02/2010 Anticipated re-bid date: 01/02/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

2010-2011, Buildings and Grounds, services are 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	kaplin	12/02/2011 15:24:58 PM
Division Approval	kaplin	12/02/2011 15:25:03 PM
Department Approval	kaplin	12/02/2011 15:25:09 PM
Contract Manager Approval	kaplin	12/02/2011 15:25:16 PM
Budget Analyst Approval	jrodrig9	12/08/2011 15:56:07 PM
Team Lead Approval	cwatson	12/15/2011 13:36:34 PM
BOE Agenda Approval	cwatson	12/15/2011 13:36:39 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12879**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VORTEX INDUSTRIES INC**Contractor Name: **VORTEX INDUSTRIES INC**Address: **4175 S CAMERON ST STE 6**City/State/Zip: **LAS VEGAS, NV 89103**Contact/Phone: **null702/222-9135**Vendor No.: **T27009348A**NV Business ID: **NV19941094581**To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to 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? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **01/2012**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/09/2016**Contract term: **4 years and 9 days**4. Type of contract: **Contract**Contract description: **Door Installations**

5. Purpose of contract:

This is a new contract to provide ongoing door installation services such as overhead roll up doors, hollow metal and wood doors, personnel and glass doors, overhead doors, roof hatches, access and floor doors, and bullet resistant doors and windows for various State buildings in the Las Vegas area. Services will be on an as needed bases and at the request and approval of a Buildings and 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: Straight time \$54.00 per half hour, OT \$81.00 per half hour and double time \$108.00 per half hour for a single man; straight time \$30.00 per half hour, OT \$45.00 per half hour and double time \$60.00 per half hour per helper; normal working hours Monday through Friday 7:30 a.m. to 4:30 p.m.; OT starts Monday through Friday at 4:31 p.m. through 8:30 p.m. and Saturday 7:30 a.m. through 4:30 p.m.; double time is all other times and holidays; materials are 20% off list price (material invoice requested with bill)

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary for doors and entry ways to State buildings to be in working condition for the safety of employees and visitors.

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

Lack of manpower and equipment.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for overhead door services on file. Per SAM 0338.0, each contractor will be contracted to submit bids for available jobs.

d. Last bid date: 10/15/2011 Anticipated re-bid date: 10/14/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

2008-2011, Department of Employment Training and Rehabilitation, 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:
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	kaplin	12/15/2011 14:55:28 PM
Division Approval	kaplin	12/15/2011 14:55:31 PM
Department Approval	kaplin	12/15/2011 14:55:34 PM
Contract Manager Approval	kaplin	12/15/2011 14:55:37 PM
Budget Analyst Approval	jrodrig9	12/15/2011 16:27:09 PM
Team Lead Approval	cwatson	12/19/2011 10:17:08 AM
BOE Agenda Approval	cwatson	12/19/2011 10:17:12 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: **12892**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1566-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TERRACON CONSULTANTS INC**Contractor Name: **TERRACON CONSULTANTS INC**Address: **750 PILOT RD STE F**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **null702/597-9393**Vendor No.: **T81038978A**NV Business ID: **NV20041426032**To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 **91.00 %** **X** Bonds **4.00 % proceeds from sale of bonds**Highway Funds 0.00 % **X** Other funding **5.00 % transfer from capital projects fund**

Agency Reference #: 15935

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2013**Contract term: **1 year and 180 days**4. Type of contract: **Contract**Contract description: **Misc Serv Agr**

5. Purpose of contract:

This is a new contract to provide professional miscellaneous services for the Nevada Army National Guard Field Maintenance shop and CCST/WMD Readiness Center Civil site improvements; Project no. 09-C13; Contract No. 15935.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,485.00**

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 SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 07:56:29 AM
Division Approval	dgrimm	12/06/2011 07:56:32 AM
Department Approval	dgrimm	12/06/2011 07:56:35 AM
Contract Manager Approval	dgrimm	12/06/2011 16:07:58 PM
Budget Analyst Approval	jrodrig9	12/08/2011 20:56:41 PM
Team Lead Approval	cwatson	12/15/2011 13:43:46 PM
BOE Agenda Approval	cwatson	12/15/2011 13:43:51 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: **CONV4910**Amendment Number: **5**Agency Name: **STATE PUBLIC WORKS DIVISION**Legal Entity Name: **JVC Architects**Agency Code: **082**Contractor Name: **JVC Architects**
Address: **5385 S Cameron #15**Appropriation Unit: **1567-13**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89118**

If "No" please explain: Not Applicable

Contact/Phone: null7028713416

Vendor No.: T27007825

NV Business ID: NV19931066659

To what State Fiscal Year(s) will the contract be charged? **2008-2013**

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	67.00 % sale of bonds
Highway Funds	0.00 %	X Other funding	33.00 % 30% University system receipts 3% transfer from capital project funds

Agency Reference #: 2559

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2007**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **5 years and 230 days**4. Type of contract: **Contract**Contract description: **Architectural Professional Design Services**

5. Purpose of contract:

This is the fifth amendment to the original contract, which provides ongoing architectural/engineering services for the Veterans Cemetery Expansion Planning; Boulder City, Nevada; Project No. 07-P05 and 09-C18; Contract No. 2559. This amendment increases the maximum amount from \$455,957 to \$479,447 and provides additional services to implement the agency's Primavera Project Management software during the construction of the project.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$262,760.00
2. Total amount of any previous contract amendments:	\$193,197.00
3. Amount of current contract amendment:	\$23,520.00
4. New maximum contract amount:	\$479,477.00

II. JUSTIFICATION

7. What conditions require that this work be done?

2007 and 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. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

Demonstrated the required expertise for 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 09:10:25 AM
Division Approval	dgrimm	12/06/2011 09:10:29 AM
Department Approval	dgrimm	12/06/2011 16:08:56 PM
Contract Manager Approval	dgrimm	12/06/2011 16:09:00 PM
Budget Analyst Approval	jrodrig9	12/14/2011 12:42:35 PM
Team Lead Approval	cwatson	12/15/2011 12:58:53 PM
BOE Agenda Approval	cwatson	12/15/2011 12:58:58 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: **12837**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1579-29**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JBA CONSULTING ENGINEERS INC**Contractor Name: **JBA CONSULTING ENGINEERS INC**Address: **5155 W PATRICK LN STE 100**City/State/Zip: **LAS VEGAS, NV 89118-2828**Contact/Phone: **null702/362-9200**Vendor No.: **T80928382**NV Business ID: **NV20091413391**To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 %

X Federal Funds **84.00 %****X** Bonds **16.00 % proceeds from sale of bonds**

Highway Funds 0.00 %

Other funding 0.00 %

Agency Reference #: 8311

2. Contract start date:

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

Anticipated BOE meeting date 12/2011

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Svcs**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to replace vehicle exhaust systems - Northern Nevada Army National Guard Field Maintenance Shop/CSMS Buildings; Project No. 11-M05; Contract No. 8311.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,200.00**

Other basis for payment: Monthly progress payments on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2011 CIP

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 14:15:02 PM
Division Approval	dgrimm	12/06/2011 14:15:05 PM
Department Approval	dgrimm	12/06/2011 14:15:07 PM
Contract Manager Approval	dgrimm	12/06/2011 16:10:58 PM
Budget Analyst Approval	cwatson	12/15/2011 13:41:34 PM
Team Lead Approval	cwatson	12/15/2011 13:41:37 PM
BOE Agenda Approval	cwatson	12/15/2011 13:41:41 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 CONTRACT1. Contract Number: **12835**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1579-30**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MELROY ENGINEERING INC DBA**Contractor Name: **MELROY ENGINEERING INC DBA**Address: **MSA ENGINEERING CONSULTANTS****7115 AMIGO ST STE 110**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **null702/896-1133**Vendor No.: **T27003716**NV Business ID: **NV19971093631**To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 %

X Federal Funds **90.00 %** **X** Bonds **10.00 % proceeds from sale of bonds**

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 10854

2. Contract start date:

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

Anticipated BOE meeting date 12/2011

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch/engr Servs**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to install an emergency generator at the Army Aviation Support Facility, Project No. 11-M06; Contract No. 10854.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,700.00**

Other basis for payment: monthly progress payments on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2011 CIP

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 14:59:38 PM
Division Approval	dgrimm	12/06/2011 14:59:41 PM
Department Approval	dgrimm	12/06/2011 14:59:44 PM
Contract Manager Approval	dgrimm	12/06/2011 16:07:21 PM
Budget Analyst Approval	jrodrig9	12/08/2011 16:15:55 PM
Team Lead Approval	cwatson	12/15/2011 13:40:44 PM
BOE Agenda Approval	cwatson	12/15/2011 13:40:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12898**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FARR WEST ENGINEERING**Contractor Name: **FARR WEST ENGINEERING**Address: **5442 LONGLEY LN STE B**City/State/Zip: **RENO, NV 89511-3297**Contact/Phone: **null775/851-4788**Vendor No.: **T81102795**NV Business ID: **NV20011242988**To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 %	X Bonds	99.80 % proceeds from sale of bonds
Highway Funds	0.00 %	X Other funding	0.20 % transfer from capital project fund

Agency Reference #: **15518**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **01/2012**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **3 years and 180 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract provide professional architectural/engineering services for the Stewart Indian Colony Fire Protection Water Source Planning Project; Project No. 11-S03(5); Contract No. 15518.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: monthly progress payments on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2011 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. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 10:45:00 AM
Division Approval	dgrimm	12/06/2011 10:45:05 AM
Department Approval	dgrimm	12/06/2011 16:18:11 PM
Contract Manager Approval	dgrimm	12/06/2011 16:18:13 PM
Budget Analyst Approval	jrodrig9	12/08/2011 20:49:02 PM
Team Lead Approval	cwatson	12/15/2011 13:42:28 PM
BOE Agenda Approval	cwatson	12/15/2011 13:42:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12899**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HARRIS CONSULTING ENGINEERS**Contractor Name: **HARRIS CONSULTING ENGINEERS**Address: **LLC****6630 SURREY ST STE 100**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **null702/269-1575**Vendor No.: **T27003439**NV Business ID: **NV20011085889**To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 % transfer from capital projects fund**

Agency Reference #: 16618

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **3 years and 180 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to separate the fire/smoke system and upgrade the HVAC system - Grant Sawyer Office Building; Project no. 11-M08A; Contract 16616.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,860.00**

Other basis for payment: monthly progress payments on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2011 CIP

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 08:36:36 AM
Division Approval	dgrimm	12/06/2011 08:36:38 AM
Department Approval	dgrimm	12/06/2011 09:01:40 AM
Contract Manager Approval	dgrimm	12/06/2011 16:06:51 PM
Budget Analyst Approval	jrodrig9	12/08/2011 20:55:39 PM
Team Lead Approval	cwatson	12/15/2011 13:43:07 PM
BOE Agenda Approval	cwatson	12/15/2011 13:43:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12894**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1593-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HERSHENOW & KLIPPENSTEIN**Contractor Name: **HERSHENOW & KLIPPENSTEIN**Address: **ARCHITECTS INC****5485 RENO CORPORATE DR STE 100**City/State/Zip: **RENO, NV 89511-2262**

Contact/Phone: null775/332-6640

Vendor No.: T80984709

NV Business ID: NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 %

X Highway Funds 90.00 % X Other funding 10.00 % transfer from Dept. of Motor Vehicles

Agency Reference #: 15284

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **3 years and 180 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural services for the Department of Motor Vehicles - South Reno Facility - Advance Planning through schematic design; Project No. 11-E02; Contract No. 15284.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$255,000.00**

Other basis for payment: monthly progress payments on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2011 CIP

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 13:13:32 PM
Division Approval	dgrimm	12/06/2011 13:13:35 PM
Department Approval	dgrimm	12/06/2011 13:13:37 PM
Contract Manager Approval	dgrimm	12/06/2011 16:17:46 PM
Budget Analyst Approval	jrodrig9	12/08/2011 20:54:09 PM
Team Lead Approval	cwatson	12/19/2011 10:14:29 AM
BOE Agenda Approval	cwatson	12/19/2011 10:14:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12897**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1593-17**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS**Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS**Address: **LTD****709 VALLE VERDE CT**City/State/Zip: **HENDERSON, NV 89014**Contact/Phone: **null702/456-3000**Vendor No.: **T80883470**NV Business ID: **NV19821003232**To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 %

X Highway Funds 90.00 % X Other funding 10.00 % transfer from Dept. of Motor Vehicles

Agency Reference #: 15280

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **3 years and 180 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Servs**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles Las Vegas Advanced Planning & Site Acquisition; Project No. 11-E04; Contract No. 15280.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$199,080.00**

Other basis for payment: monthly progress payments on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2011 CIP

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

SPWD, 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	12/06/2011 09:25:24 AM
Division Approval	dgrimm	12/06/2011 09:25:27 AM
Department Approval	dgrimm	12/06/2011 09:25:30 AM
Contract Manager Approval	dgrimm	12/06/2011 16:19:22 PM
Budget Analyst Approval	jrodrig9	12/08/2011 20:57:46 PM
Team Lead Approval	cwatson	12/19/2011 10:15:20 AM
BOE Agenda Approval	cwatson	12/19/2011 10:15:23 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 CONTRACT1. Contract Number: **12903**Agency Name: **COMMISSION ON TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HCC CORPORATION DBA**Contractor Name: **HCC CORPORATION DBA**Address: **HYATT REGENCY LAKE TAHOE
111 COUNTRY CLUB DRIVE**City/State/Zip: **INCLINE VILLAGE, NV 89451**Contact/Phone: **DEBBIE CHRISTIE 775/886-6688**Vendor No.: **T27014055A**NV Business ID: **NV19891010619**To what State Fiscal Year(s) will the contract be charged? **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 % Lodging Tax

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2012**Contract term: **29 days**4. Type of contract: **Contract**Contract description: **2012 Rural Roundup**

5. Purpose of contract:

This is a new contract to provide the site for the 2012 Rural Roundup Conference to be held in Incline Village, Nevada April 18-20, 2012. The conference location was predetermined by the Rural Roundup Committee and requires over 200 hotel rooms and at least 5 meeting rooms with a large seating capacity.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Other basis for payment: The full contract amount is payable upon submission of a final itemized billing after the conference.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Commission on Tourism is the host for the yearly Rural Roundup Conference.

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

N/A - this contract will provide a location to hold the 2012 Rural Roundup Conference, so it is not a service that can be done by State employees.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 110809

Approval Date: 08/23/2011

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

Per email correspondence with Terry Jones, Office & Finance Manager at the Incline Village and Crystal Bay Visitor's Bureau, the Hyatt Regency Lake Tahoe is the only location in Incline Village that can accomodate the large Rural Roundup Conference.

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	kwilliam	12/05/2011 15:43:37 PM
Division Approval	kwilliam	12/05/2011 15:43:40 PM
Department Approval	kwilliam	12/05/2011 15:43:43 PM
Contract Manager Approval	kwilliam	12/09/2011 08:21:00 AM
Budget Analyst Approval	knielsen	12/09/2011 08:52:59 AM
Team Lead Approval	knielsen	12/09/2011 08:53:03 AM
BOE Agenda Approval	cwatson	12/15/2011 13:04:29 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
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:

110809

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:

Nevada Commission on Tourism
Kari Frilot, Rural Grants Manager, 775-687-0620, kfrilot@travelnevada.com

- b. Vendor contact information:

Hyatt Regency Lake Tahoe Resort, Spa and Casino
Debbie Christie, Director Group Sales
111 Country Club Drive
Incline Village, NV 89451
775-886-6688
Debbie.christie@hyatt.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:

The required service is to provide a location for the 2012 Rural Roundup Conference to be held in Incline Village Nevada, April 18-20, 2012.

3. Describe the unique qualification required for the service or good to be purchased:

The Rural Roundup conference requires over 200 hotel rooms and at least 5 meeting rooms with high seating capacity. Additionally, the location must be in Incline Village Nevada as predetermined by the Rural Roundup committee.

4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:

The Hyatt Regency Lake Tahoe Resort is the only resort in Incline Village that can accommodate a large conference (see #6 below and attached email as backup).

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:

If this waiver request is denied, the Nevada Commission on Tourism would not have a proper location to host the 2012 Rural Roundup Conference, a conference that is vital to the mission of the agency.

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.

Per an email from Terry Jones, Office & Finance Manager at the Incline Village and Crystal Bay Visitor's Bureau, Hyatt is the only location that can support the large quantity of Rural Roundup guests (see email attached).

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

The Hyatt Regency Lake Tahoe Resort has a set rate for conference packages, which is actually higher than the amount of this proposed contract. However, since the Hyatt is the only location available to meet our needs, they have agreed to provide their services, meeting rooms, hotel rooms, etc. within our allotted budget. Since this is an annual conference that is held at different locations within Nevada, the Nevada Commission on Tourism has paid the same amount for the same event at other Nevada properties for previous Rural Roundup conferences.

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

\$32,000

Length: 1 month, April 1, 2012 - April 30, 2012 (actual date of event: April 18-20, 2012)

a. New contract Y ☒ N ☐

b. Amendment Y ☐ N ☒ Amendment No. _____
{provide copy of previous waiver(s)}

Nevada Commission on Tourism
Requesting agency

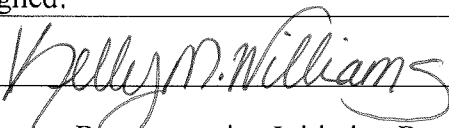
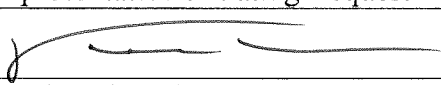
hereby requests approval for

Hyatt Regency Lake Tahoe
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 	8/17/11
Agency Representative Initiating Request	Date
X 	8/18/11
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 	8-23-11
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 CONTRACT1. Contract Number: **12691**Amendment Number: **1**Legal Entity Name: **BOARD OF REGENTS-NVIE**Agency Name: **COMM ON ECONOMIC DEVELOPMENT**Contractor Name: **BOARD OF REGENTS-NVIE**Agency Code: **102**Address: **800 Haskell Street, Ste 217**Appropriation Unit: **1526-19**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89509**

If "No" please explain: Not Applicable

Contact/Phone: **null775/784-1935**Vendor No.: **D35000809**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **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 % Dept of Employment, Training & Rehab (State Career Enhancement Prg Funds)

Agency Reference #: **102**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2011**Anticipated BOE meeting date **01/2012**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2012**Contract term: **234 days**4. Type of contract: **Interlocal Agreement**Contract description: **Train NV Businesses**

5. Purpose of contract:

This is the first amendment to the original contract, which provides training for employees of Nevada businesses. This amendment increases the maximum amount from \$500,000 to \$750,000 due to an increase of available funds from the State Career Enhancement Program with the Department of Employment, Training and Rehabilitation.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$500,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$250,000.00
4. New maximum contract amount:	\$750,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes (NRS) 231.068 grants for programs for occupational education; accounting of money appropriated for awarding grants.

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

GOED does not employ staff whose responsibilities are to provide training, only to connect workers to training opportunities.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

Interlocal 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

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

Yes If "Yes", please explain

Interlocal Agreement

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	mstenger	12/07/2011 16:50:17 PM
Division Approval	mstenger	12/07/2011 16:50:19 PM
Department Approval	mstenger	12/07/2011 16:50:22 PM
Contract Manager Approval	mstenger	12/12/2011 11:36:13 AM
Budget Analyst Approval	jmurph1	12/14/2011 10:04:17 AM
Team Lead Approval	jmurph1	12/14/2011 10:04:20 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:04:24 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12877**Agency Name: **OFFICE OF VETERAN'S SERVICES**Agency Code: **240**Appropriation Unit: **2561-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Progressive Industries

Contractor Name: **Progressive Industries**Address: **2733 N. Pulaski Rd.**City/State/Zip: **Chicago, IL 60639**

Contact/Phone: Neil O'Donnell 773-763-9566

Vendor No.: T29017362

NV Business ID: NV2919283070

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Patient Collections; Federal Funds = Medicaid Charges

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2014**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Oxygen Tanks**

5. Purpose of contract:

This is a new contract to provide ongoing small oxygen tank delivery to the Nevada State Veterans Home. The contractor will provide weekly delivery of small (E-tank) oxygen tanks to the Home for use by individual residents as they move about the Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: Charge will be \$3.30 for each oxygen tank delivered and \$4.95 per month rental for all tanks held at the end of the month.

II. JUSTIFICATION

7. What conditions require that this work be done?

Respiratory therapy services are required by Federal and State laws pertaining to Long Term Care Facilities.

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

There are no State Agencies that can provide portable oxygen tanks.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

Better price; new tank configuration.

d. Last bid date: 11/01/2011 Anticipated re-bid date: 11/01/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

Progressive has been providing bulk oxygen to NSVH for several years. 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	jpalmes	12/05/2011 12:43:40 PM
Division Approval	jpalmes	12/05/2011 12:43:44 PM
Department Approval	jpalmes	12/05/2011 12:43:47 PM
Contract Manager Approval	mnobles	12/05/2011 16:23:08 PM
Budget Analyst Approval	jrodrig9	12/08/2011 20:45:32 PM
Team Lead Approval	cwatson	12/19/2011 10:03:23 AM
BOE Agenda Approval	cwatson	12/19/2011 10:03:27 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: **12901**

Agency Name:	HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	Legal Entity Name:	BOARD OF REGENTS, NSHE
Agency Code:	400	Contractor Name:	BOARD OF REGENTS, NSHE
Appropriation Unit:	3200-19	Address:	4505 S. MARYLAND PARKWAY
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89154-1055
If "No" please explain:	Not Applicable	Contact/Phone:	MARCIE JACKSON 702-895-1357
		Vendor No.:	D35000813
		NV Business ID:	GOVERNMENTAL ENTITY

To what State Fiscal Year(s) will the contract be charged? **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 % Slot Tax

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

Although the BOE will not be reviewing the agreement until 1/10/12, DHHS requests that it takes effect 1/1/12. During the first half of FY12, UNLV-IGI provided services under the auspices of a grant. DHHS fiscal staff deemed that an interlocal agreement was a more appropriate funding method. DHHS was unable to get the documents in place for the December BOE as the principal investigator was unavailable and his participation in development of the budget and SOW was essential.

3. Termination Date: **06/30/2012**Contract term: **180 days**4. Type of contract: **Interlocal Agreement**Contract description: **Data Collection**

5. Purpose of contract:

This is a new interlocal agreement that will allow the Department of Health and Human Services (DHHS) to continue its relationship with the UNLV International Gaming Institute (UNLV-IGI). Since 2007, UNLV-IGI has collected data and done research associated with state-funded problem gambling treatment programs under the auspices of a grant. As of July 1, 2011, UNLV-IGI's work included the collection of encounter data that is used by DHHS to pay treatment providers. The arrangement is an essential element of the Problem Gambling Treatment Strategic Plan, which includes not only treatment standards but also a fee-for-service rate reimbursement schedule. The evolution of the relationship between DHHS and UNLV-IGI now requires an interlocal agreement rather than a grant.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,086.00**

Other basis for payment: Invoices payable within thirty (30) days of receipt and upon approval by DHHS grants management staff.

II. JUSTIFICATION

7. What conditions require that this work be done?

The arrangement between DHHS and UNLV-IGI is essential to the payment system set forth in the Problem Gambling Treatment Strategic Plan. UNLV-IGI collects encounter data from state-funded problem gambling treatment providers and generates payment reports from its database.

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

The database was created by UNLV-IGI for the express purpose of collecting problem gambling data and has been in use for at least four years. System maintenance and upgrades are done by UNLV-IGI staff and contractors who are familiar with the database, and the graduate students who manage the information stored in the database have knowledge and expertise in problem gambling. No one in the DHHS Grants Management Unit has similar experience.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

UNLV-IGI was the only vendor to submit a proposal.

d. Last bid date: 12/01/2011 Anticipated re-bid date: 01/13/2012

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

UNLV-IGI has worked on a grant-funded basis for DHHS steadily since 2007. Their performance is outstanding.

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	bvale1	12/05/2011 13:47:59 PM
Division Approval	bvale1	12/05/2011 13:48:02 PM
Department Approval	mtorvine	12/06/2011 16:07:32 PM
Contract Manager Approval	asilv1	12/06/2011 16:13:23 PM
Budget Analyst Approval	rhage1	12/07/2011 12:55:45 PM
Team Lead Approval	jteska	12/19/2011 14:46:16 PM
BOE Agenda Approval	jteska	12/19/2011 14:46:20 PM
BOE Final Approval	Pending	

TO: Bonnie Callahan, Administrative Services Officer
Department of Health and Human Services

FROM: Laurie Olson, Chief
DHHS Grants Management Unit

DATE: December 5, 2011

SUBJECT: RETROACTIVE CONTRACT FOR UNLV-IGI

The DHHS Grants Management Unit (GMU) is requesting that the contract for services to be rendered by the International Gaming Institute at the University of Nevada Las Vegas (UNLV-IGI) take effect January 1, 2012, even though the Board of Examiners will not be reviewing the contract until its meeting on January 10, 2012.

During the first two quarters of FY12, UNLV-IGI provided services under the auspices of a grant. Since the services directly support the payment process for problem gambling treatment grantees, DHHS fiscal staff deemed that an interlocal contract was a more appropriate funding method.

Unfortunately, the GMU was unable to get all of the contract documents in place in time for the December BOE meeting. The principal investigator at UNLV-IGI, Dr. Bo Bernhard, was out of the country presenting at a conference in November and, when he returned, he needed to attend to a family emergency. His participation in development of the budget and scope of work for this contract was essential.

I would greatly appreciate approval of a retroactive interlocal contract for UNLV-IGI, and I would be happy to provide any other information you need.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12867**

Agency Name:	HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County
Agency Code:	403	Contractor Name:	Clark County
Appropriation Unit:	3157-00	Address:	500 S. Grand Central Parkway
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89155
If "No" please explain:	Not Applicable	Contact/Phone:	null775-455-3530
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **IP & OP Hospital Svc**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Clark County to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state government owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount for inpatient and outpatient services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$217,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 contracts 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 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	llamborn	11/28/2011 12:40:58 PM
Division Approval	llamborn	11/28/2011 12:41:02 PM
Department Approval	mtorvine	12/06/2011 13:22:26 PM
Contract Manager Approval	dkingsle	12/06/2011 15:27:03 PM
Budget Analyst Approval	nhovden	12/12/2011 09:11:18 AM
Team Lead Approval	jteska	12/19/2011 13:50:54 PM
BOE Agenda Approval	jteska	12/19/2011 13:50:57 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor


STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 18, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator 
Division of Health Care Financing and Policy

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Clark County Interlocal Contract

DHCFP is seeking approval to enter a retroactive Interlocal contract with Clark County. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12868**

Agency Name:	HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County
Agency Code:	403	Contractor Name:	Clark County
Appropriation Unit:	3157-00	Address:	500 S. Grand Central Parkway
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89155
If "No" please explain:	Not Applicable	Contact/Phone:	null702-455-3530
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **GME Graduate Med Ed**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Clark County to support and fund the non-federal share of the supplemental Graduate Medical Education (GME) program for non-state government owned and operated teaching hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 contracts 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 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	llamborn	11/30/2011 09:07:54 AM
Division Approval	llamborn	11/30/2011 09:07:58 AM
Department Approval	mtorvine	12/06/2011 13:22:45 PM
Contract Manager Approval	dkingsle	12/06/2011 15:26:45 PM
Budget Analyst Approval	nhovden	12/12/2011 10:52:09 AM
Team Lead Approval	jteska	12/19/2011 11:10:02 AM
BOE Agenda Approval	jteska	12/19/2011 11:10:06 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 18, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

A handwritten signature in black ink, appearing to read "Charles Duarte", written over the typed name and title.

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Clark County Interlocal Contract

DHCFP is seeking approval to enter a retroactive Interlocal contract with Clark County. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12882**

Agency Name:	HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Humboldt County Hospital District
Agency Code:	403	Contractor Name:	Humboldt County Hospital District
Appropriation Unit:	3157-00	Address:	118 East Haskell Street
Is budget authority available?:	Yes	City/State/Zip	Winnemucca, NV 89445
If "No" please explain:	Not Applicable	Contact/Phone:	null775-623-5222
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Humboldt County Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$650,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from Humboldt County Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 UPL contract with 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	llamborn	11/30/2011 09:09:37 AM
Division Approval	llamborn	11/30/2011 09:09:40 AM
Department Approval	mtorvine	12/02/2011 17:17:03 PM
Contract Manager Approval	dkingsle	12/06/2011 15:28:40 PM
Budget Analyst Approval	nhovden	12/12/2011 10:03:34 AM
Team Lead Approval	jteska	12/19/2011 13:05:15 PM
BOE Agenda Approval	jteska	12/19/2011 13:05:18 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

*Elizabeth Quielle
for Charles Duarte*

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Humboldt County Hospital District Interlocal

DHCFP is seeking approval to enter a retroactive Interlocal contract with Humboldt County Hospital District. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12129** Amendment Number: **1**

Legal Entity Name: **Humboldt County Hospital District**

Agency Name: **HEALTH CARE FINANCING & POLICY** Contractor Name: **Humboldt County Hospital District**

Agency Code: **403** Address: **118 East Haskell Street**

Appropriation Unit: **3157-00** City/State/Zip: **Winnemucca, NV 89445**

Is budget authority available?: **Yes** Contact/Phone: **null775-623-5222**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Intergovernmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date **12/2011**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **5 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Humboldt County Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state governmentally owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$600,000.00 to \$3,550,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$600,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$2,950,000.00
4. New maximum contract amount:	\$3,550,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 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 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	llamborn	11/28/2011 12:43:14 PM
Division Approval	llamborn	11/28/2011 12:43:18 PM
Department Approval	mtorvine	12/06/2011 13:25:09 PM
Contract Manager Approval	dkingsle	12/06/2011 15:24:41 PM
Budget Analyst Approval	nhovden	12/09/2011 09:37:26 AM
Team Lead Approval	nhovden	12/09/2011 16:18:19 PM
BOE Agenda Approval	jteska	12/19/2011 14:04:38 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: **12885**

Agency Name: HEALTH CARE FINANCING & POLICY	Legal Entity Name: Lander County Hospital District
Agency Code: 403	Contractor Name: Lander County Hospital District
Appropriation Unit: 3157-00	Address: 535 South Humboldt
Is budget authority available?: Yes	City/State/Zip: Battle Mountain, NV 89820
If "No" please explain: Not Applicable	Contact/Phone: null775-735-2550
	Vendor No.:
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Lander County Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from Lander County Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

10. Does the contract contain any IT components? No

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 UPL contract with 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	llamborn	11/30/2011 09:08:32 AM
Division Approval	llamborn	11/30/2011 09:08:34 AM
Department Approval	mtorvine	12/02/2011 17:18:38 PM
Contract Manager Approval	dkingsle	12/06/2011 15:29:12 PM
Budget Analyst Approval	nhovden	12/12/2011 10:17:50 AM
Team Lead Approval	jteska	12/19/2011 11:17:00 AM
BOE Agenda Approval	jteska	12/19/2011 11:17:02 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Lander County Hospital District Interlocal Contract

DHCFP is seeking approval to enter a retroactive Interlocal contract with Lander County Hospital District. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

Elizabeth A. Wells
for Charles Duarte

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12194** Amendment Number: **1**

Legal Entity Name: **Lander County Hospital District**

Agency Name: **HEALTH CARE FINANCING & POLICY** Contractor Name: **Lander County Hospital District**

Agency Code: **403** Address: **535 South Humboldt Street**

Appropriation Unit: **3157-00** City/State/Zip: **Battle Mountain, NV 89520**

Is budget authority available?: **Yes** Contact/Phone: **null775-735-2550**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Intergovernmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **5 years and 1 day**

4. Type of contract: **Interlocal Agreement**

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Lander County Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state government owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$5,000.00 to \$415,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$5,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$410,000.00
4. New maximum contract amount:	\$415,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 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 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	llamborn	11/28/2011 12:43:42 PM
Division Approval	llamborn	11/28/2011 12:43:45 PM
Department Approval	mtorvine	12/06/2011 13:26:01 PM
Contract Manager Approval	dkingsle	12/06/2011 15:24:23 PM
Budget Analyst Approval	nhovden	12/12/2011 09:33:45 AM
Team Lead Approval	jteska	12/19/2011 13:20:45 PM
BOE Agenda Approval	jteska	12/19/2011 13:20:51 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: **12883**Agency Name: **HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3157-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lincoln County Hospital District

Contractor Name: **Lincoln County Hospital District**Address: **PO Box 1010**City/State/Zip: **Caliente, NV 89008**

Contact/Phone: null775-726-3171

Vendor No.:

NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Lincoln County Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from Lincoln County Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 UPL contract with 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	llamborn	11/30/2011 09:07:22 AM
Division Approval	llamborn	11/30/2011 09:07:25 AM
Department Approval	mtorvine	12/02/2011 17:17:29 PM
Contract Manager Approval	dkingsle	12/06/2011 15:28:58 PM
Budget Analyst Approval	nhovden	12/12/2011 10:05:45 AM
Team Lead Approval	jteska	12/19/2011 12:56:30 PM
BOE Agenda Approval	jteska	12/19/2011 12:56:33 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Lincoln County Hospital District Interlocal Contract

DHCFP is seeking approval to enter a retroactive Interlocal contract with Lincoln County Hospital District. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12238** Amendment Number: **1**

Legal Entity Name: **Lincoln County Hospital District**

Agency Name: **HEALTH CARE FINANCING & POLICY** Contractor Name: **Lincoln County Hospital District**

Agency Code: **403** Address: **PO Box 1010**

Appropriation Unit: **3157-00** City/State/Zip: **Caliente, NV 89008**

Is budget authority available?: **Yes** Contact/Phone: **null775-726-3171**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **5 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **UPL Supplement**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental Transfer funds from Lincoln County Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state government owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$25,000.00 to \$193,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$25,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$168,000.00
4. New maximum contract amount:	\$193,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 DHCFP and 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 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	llamborn	12/06/2011 13:31:00 PM
Division Approval	llamborn	12/06/2011 13:31:05 PM
Department Approval	mtorvine	12/06/2011 13:32:35 PM
Contract Manager Approval	dkingsle	12/06/2011 15:23:50 PM
Budget Analyst Approval	nhovden	12/09/2011 16:47:02 PM
Team Lead Approval	jteska	12/19/2011 14:35:57 PM
BOE Agenda Approval	jteska	12/19/2011 14:36:01 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: **12859**

Agency Name:	HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Lyon County School District
Agency Code:	403	Contractor Name:	Lyon County School District
Appropriation Unit:	3157-00	Address:	25 E. Goldfield Avenue
Is budget authority available?:	Yes	City/State/Zip	Yerington, NV 89447-2315
If "No" please explain:	Not Applicable	Contact/Phone:	null775-463-6800
		Vendor No.:	
		NV Business ID:	Government Entity
To what State Fiscal Year(s) will the contract be charged?	2012-2014		

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 % County provides non-federal share

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive due to the delay in the Medicaid Management Information System (MMIS) provider enrollment process. This aligns the contract period with the MMIS provider account through our fiscal agent, Magellan Medicaid Administration (MMA).

3. Termination Date: **06/30/2014**Contract term: **3 years**4. Type of contract: **Revenue Contract**Contract description: **School Based Service**

5. Purpose of contract:

This is a new interlocal agreement to continue to receive Inter-Governmental Transfer (IGT) funds from the school district to fund the State's share to establish school-based Medicaid services and to provide medical screening and diagnostic services for children who are Nevada Medicaid/Checkup eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$710,242.50**

Payment for services will be made at the rate of \$236,747.50 per State Fiscal Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Medicaid eligible children have need for medical treatment services, medical screening and diagnostic services.

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

The work is being performed at the county level through the school districts.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

Prior contract with DHCFP 1998-2010 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 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	llamborn	11/30/2011 09:06:55 AM
Division Approval	llamborn	11/30/2011 09:06:58 AM
Department Approval	mtorvine	11/30/2011 15:32:03 PM
Contract Manager Approval	dkingsle	12/06/2011 15:29:33 PM
Budget Analyst Approval	nhovden	12/12/2011 10:57:05 AM
Team Lead Approval	jteska	12/19/2011 11:00:52 AM
BOE Agenda Approval	jteska	12/19/2011 11:00:56 AM
BOE Final Approval	Pending	



Brian Sandoval
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

1100 E. William Street, Suite 116
Carson City, Nevada 89701

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

From: Dorrie A Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Lyon County School District

*Elizabeth A. Duarte for
Charles Duarte*

DHCFP is seeking approval to enter a retroactive contract with the Lyon County School District. This contract was prepared as quickly as possible and if approved, becomes effective July 1, 2011.

This contract is retroactive due to the delay in the Medicaid Management Information System (MMIS) provider enrollment process. This aligns the contract period with the MMIS provider account through our fiscal agent, Magellan Medicaid Administration (MMA).

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12866**Agency Name: **HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3157-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Mineral County Hospital District

Contractor Name: **Mineral County Hospital District**Address: **PO Box 1510**City/State/Zip: **Hawthorne, NV 89415**

Contact/Phone: null775-945-2461

Vendor No.:

NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from the Mineral County Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Mineral County Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 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 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	llamborn	11/30/2011 09:08:59 AM
Division Approval	llamborn	11/30/2011 09:09:02 AM
Department Approval	mtorvine	12/02/2011 17:16:32 PM
Contract Manager Approval	dkingsle	12/06/2011 15:28:24 PM
Budget Analyst Approval	nhovden	12/12/2011 10:30:18 AM
Team Lead Approval	jteska	12/19/2011 11:11:45 AM
BOE Agenda Approval	jteska	12/19/2011 11:11:49 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 18, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

A handwritten signature in cursive script that reads "Charles Duarte" with a flourish at the end.

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Mineral County Interlocal Contract

DHCFP is seeking approval to enter a retroactive Interlocal contract with Mineral County. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12126** Amendment Number: **1**

Legal Entity Name: Mineral County Hospital District

Agency Name: **HEALTH CARE FINANCING & POLICY** Contractor Name: **Mineral County Hospital District**

Agency Code: **403** Address: **PO Box 1510**

Appropriation Unit: **3157-00** City/State/Zip: **Hawthorne, NV 89415**

Is budget authority available?: **Yes** Contact/Phone: null775-945-2461

If "No" please explain: Not Applicable Vendor No.: NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Intergovernmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 12/2011

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **5 years and 1 day**

4. Type of contract: **Revenue Contract**
Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental transfer (IGT) funds from Mineral County Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state governmentally owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$300,000.00 to \$605,000.00

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$300,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$305,000.00
4. New maximum contract amount:	\$605,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 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 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	llamborn	11/28/2011 12:42:30 PM
Division Approval	llamborn	11/28/2011 12:42:32 PM
Department Approval	mtorvine	12/06/2011 13:24:22 PM
Contract Manager Approval	dkingsle	12/06/2011 15:24:59 PM
Budget Analyst Approval	nhovden	12/09/2011 16:04:59 PM
Team Lead Approval	jteska	12/19/2011 14:12:48 PM
BOE Agenda Approval	jteska	12/19/2011 14:12:53 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12881**

Agency Name: HEALTH CARE FINANCING & POLICY	Legal Entity Name: Pershing County Hospital District
Agency Code: 403	Contractor Name: Pershing County Hospital District
Appropriation Unit: 3157-00	Address: PO Box 661
Is budget authority available?: Yes	City/State/Zip: Lovelock, NV 89419
If "No" please explain: Not Applicable	Contact/Phone: null775-273-2621
	Vendor No.:
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Pershing County Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$240,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from Pershing County Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 UPL Contract with 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	llamborn	11/30/2011 09:10:07 AM
Division Approval	llamborn	11/30/2011 09:10:10 AM
Department Approval	mtorvine	12/02/2011 17:16:07 PM
Contract Manager Approval	dkingsle	12/06/2011 15:28:08 PM
Budget Analyst Approval	nhovden	12/12/2011 09:47:51 AM
Team Lead Approval	jteska	12/19/2011 13:13:46 PM
BOE Agenda Approval	jteska	12/19/2011 13:13:49 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Pershing County Hospital District Interlocal Contract

DHCFP is seeking approval to enter a retroactive Interlocal contract with Pershing County Hospital District. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

Charles M. Duarte
For Charles Duarte

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12192** Amendment Number: **1**

Legal Entity Name: **Pershing County Hospital District**

Agency Name: **HEALTH CARE FINANCING & POLICY** Contractor Name: **Pershing County Hospital District**

Agency Code: **403** Address: **PO Box 661**

Appropriation Unit: **3157-00** City/State/Zip: **Lovelock, NV 89419**

Is budget authority available?: **Yes** Contact/Phone: **null775-273-2621**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Intergovernmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date **12/2011**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **5 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from Pershing County Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state governmentally owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$150,000.00 to \$695,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$150,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$545,000.00
4. New maximum contract amount:	\$695,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 DHCFP 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 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	llamborn	11/28/2011 12:41:32 PM
Division Approval	llamborn	11/28/2011 12:41:35 PM
Department Approval	mtorvine	12/06/2011 13:24:01 PM
Contract Manager Approval	dkingsle	12/06/2011 15:25:59 PM
Budget Analyst Approval	nhovden	12/12/2011 09:01:54 AM
Team Lead Approval	jteska	12/19/2011 13:47:13 PM
BOE Agenda Approval	jteska	12/19/2011 13:47:17 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12884**

Agency Name:	HEALTH CARE FINANCING & POLICY	Legal Entity Name:	South Lyon Hospital District
Agency Code:	403	Contractor Name:	South Lyon Hospital District
Appropriation Unit:	3157-00	Address:	31 South Main Street
Is budget authority available?:	Yes	City/State/Zip	Yerington, NV 89447
If "No" please explain:	Not Applicable	Contact/Phone:	null775-463-6531
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from South Lyon Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from South Lyon Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 UPL contract with 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	llamborn	11/30/2011 09:10:34 AM
Division Approval	llamborn	11/30/2011 09:10:37 AM
Department Approval	mtorvine	12/02/2011 17:15:37 PM
Contract Manager Approval	dkingsle	12/06/2011 15:27:49 PM
Budget Analyst Approval	nhovden	12/12/2011 09:42:57 AM
Team Lead Approval	jteska	12/19/2011 13:17:22 PM
BOE Agenda Approval	jteska	12/19/2011 13:17:27 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for South Lyon County Hospital District Interlocal

DHCFP is seeking approval to enter a retroactive Interlocal contract with South Lyon County Hospital District. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

Elizabeth Cialle
Charles Duarte

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12223**Amendment
Number: **1**Agency Name: **HEALTH CARE FINANCING &
POLICY**Legal Entity
Name: **South Lyon Hospital District**Agency Code: **403**Contractor Name: **South Lyon Hospital District**Appropriation Unit: **3157-00**Address: **31 South Main Street**Is budget authority
available?: **Yes**City/State/Zip **Yerington, NV 89447**

If "No" please explain: Not Applicable

Contact/Phone: **null775-463-6531**

Vendor No.:

NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2011**
Examiner's approval?

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2016**

Termination Date:

Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **UPL Supplement**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from South Lyon Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state governmentally owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$55,000.00 to \$420,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$55,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$365,000.00
4. New maximum contract amount:	\$420,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 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 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	llamborn	11/28/2011 12:44:14 PM
Division Approval	llamborn	11/28/2011 12:44:17 PM
Department Approval	mtorvine	12/06/2011 13:23:35 PM
Contract Manager Approval	dkingsle	12/06/2011 15:25:24 PM
Budget Analyst Approval	nhovden	12/09/2011 16:50:22 PM
Team Lead Approval	jteska	12/19/2011 14:03:02 PM
BOE Agenda Approval	jteska	12/19/2011 14:03:05 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12880**

Agency Name:	HEALTH CARE FINANCING & POLICY	Legal Entity Name:	White Pine County Hospital District
Agency Code:	403	Contractor Name:	White Pine County Hospital District
Appropriation Unit:	3157-00	Address:	1500 Avenue H
Is budget authority available?:	Yes	City/State/Zip	Ely, NV 89301
If "No" please explain:	Not Applicable	Contact/Phone:	null775-289-3001
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Inter-Governmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive because negotiations could not be finalized until the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services.

3. Termination Date: **06/30/2016**Contract term: **5 years and 1 day**4. Type of contract: **Revenue Contract**Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is a new interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from White Pine County Hospital District for the voluntary contributions which is calculated based on the inpatient and outpatient services for the non-state governmentally owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$900,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from White Pine County Hospital District to pay the nonfederal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 UPL Contract with 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	llamborn	11/30/2011 09:11:03 AM
Division Approval	llamborn	11/30/2011 09:11:06 AM
Department Approval	mtorvine	12/02/2011 17:14:05 PM
Contract Manager Approval	dkingsle	12/06/2011 15:27:28 PM
Budget Analyst Approval	nhovden	12/12/2011 10:23:14 AM
Team Lead Approval	jteska	12/19/2011 11:13:36 AM
BOE Agenda Approval	jteska	12/19/2011 11:13:39 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

November 28, 2011

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

Through: Charles Duarte, Administrator
Division of Health Care Financing and Policy

Elizabeth Cuiello
For Charles Duarte

From: Dorrie Kingsley, Management Analyst III
Division of Health Care Financing and Policy

Subject: Retroactive Memo for White Pine County Hospital District Interlocal

DHCFP is seeking approval to enter a retroactive Interlocal contract with White Pine County Hospital District. This contract was processed as quickly as possible and if approved, becomes effective July 1, 2011.

The contract could not be negotiated until after the State Plan Amendment was approved by the Centers for Medicare and Medicaid Services resulting in a delay in finalizing the contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12202** Amendment Number: **1**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **White Pine County Hospital District**

Agency Code: **403** Contractor Name: **White Pine County Hospital District**

Appropriation Unit: **3157-00** Address: **1500 Avenue H**

Is budget authority available?: **Yes** City/State/Zip: **Ely, NV 89301**

If "No" please explain: **Not Applicable** Contact/Phone: **null775-289-3001**

Vendor No.:

NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Intergovernmental Transfer (IGT)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date **12/2011**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **5 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to receive Inter-Governmental Transfer (IGT) funds from White Pine County Hospital District to support and fund the non-federal share of the supplemental Upper Payment Limit (UPL) program for non-state governmentally owned and operated hospitals, paying the difference between Medicaid payments and the Medicare amount. This amendment adds outpatient hospital services that qualify for supplemental payments, revises calculation methodology for inpatient services, specifies additional payment terms, and increases contract authority from \$275,000.00 to \$2,750,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$275,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$2,475,000.00
4. New maximum contract amount:	\$2,750,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing the work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 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 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	llamborn	11/28/2011 12:41:58 PM
Division Approval	llamborn	11/28/2011 12:42:01 PM
Department Approval	mtorvine	12/06/2011 13:23:07 PM
Contract Manager Approval	dkingsle	12/06/2011 15:25:42 PM
Budget Analyst Approval	nhovden	12/09/2011 14:56:45 PM
Team Lead Approval	jteska	12/19/2011 14:32:27 PM
BOE Agenda Approval	jteska	12/19/2011 14:32:32 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12900**Agency Name: **HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Health Management Systems, Inc.

Contractor Name: **Health Management Systems, Inc.**Address: **5615 High Point Drive**City/State/Zip **Irving, TX 75038**

Contact/Phone: null214-453-3140

Vendor No.:

NV Business ID: NV20091229345

To what State Fiscal Year(s) will the contract be charged? **2012-2017**

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

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2016**Contract term: **5 years and 1 day**4. Type of contract: **Contract**Contract description: **RAC Audit/Recovery**

5. Purpose of contract:

This is a new contract to provide audit and recovery of inappropriate Medicaid payments in compliance with the Centers for Medicare and Medicaid Services Final Rule.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,400,000.00**

Other basis for payment: 8.75% contingency fee on actual overpayment recoveries and \$100 flat fee on identifications of underpayment over \$500

II. JUSTIFICATION

7. What conditions require that this work be done?

Mandated by 42 CFR 455.500 Subpart F

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

State employees are performing this work but Federal regulations require that each state contract with a Recovery Audit Contractor to perform these functions that will supplement the effort of State employees.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

After thorough evaluation of all submitted proposals, this vendor was determined to be the most qualified and financially able to perform the work.

d. Last bid date: 08/01/2011 Anticipated re-bid date: 08/31/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

HMS has been a subcontractor to the DHCFF fiscal agent, Magellan Medicaid Administration from 1-1-03 through 12-4-11 and their work 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	llamborn	12/07/2011 10:48:34 AM
Division Approval	llamborn	12/07/2011 10:48:38 AM
Department Approval	mtorvine	12/07/2011 14:07:24 PM
Contract Manager Approval	dkingsle	12/07/2011 16:04:45 PM
Budget Analyst Approval	nhovden	12/12/2011 11:34:18 AM
Team Lead Approval	jteska	12/19/2011 10:11:36 AM
BOE Agenda Approval	jteska	12/19/2011 10:11:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **10160**Amendment Number: **8**Agency Name: **HEALTH CARE FINANCING & POLICY**Legal Entity Name: **Amerigroup Nevada, Inc.**Agency Code: **403**Contractor Name: **Amerigroup Nevada, Inc.**Appropriation Unit: **3243-12**Address: **4425 Corporation Lane**Is budget authority available?: **Yes**City/State/Zip: **Virginia Beach, VA 23462**

If "No" please explain: Not Applicable

Contact/Phone: **null757-202-7143**

Vendor No.:

NV Business ID: **NV20051537996**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.

X	General Funds	44.00 %	Fees	0.00 %
X	Federal Funds	56.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2009**

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2012**

Termination Date:

Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **Provide Managed Care**

5. Purpose of contract:

This is the eighth amendment to the original contract that provides managed health services to qualified Medicaid and Children's Health Insurance Program (CHIPRA) recipients. This amendment extends the contract term from June 30, 2012 to June 30, 2013 and increases contract authority from \$495,554,329.59 to \$761,765,047.54.

6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$361,844,301.00
2.	Total amount of any previous contract amendments:	\$133,710,028.59
3.	Amount of current contract amendment:	\$266,210,717.95
4.	New maximum contract amount:	\$761,765,047.54
	and/or the termination date of the original contract has changed to:	06/30/2013

II. JUSTIFICATION

7. What conditions require that this work be done?

Managed care services are an effective cost containment strategy to provide health care services approved by CMS

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

The State does not have resources available to provide these services

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

It is required by Statute to maintain two vendor contracts for these services. Due to the termination of one vendor contract, it was determined to be in the State's best interest to enter into negotiations with the next highest scoring vendor from the original solicitation.

d. Last bid date: 06/01/2006 Anticipated re-bid date: 01/16/2012

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 the eighth amendment to an existing contract between DHCFP and Amerigroup.

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	llamborn	12/20/2011 11:22:56 AM
Division Approval	llamborn	12/20/2011 11:22:59 AM
Department Approval	mtorvine	12/21/2011 17:10:27 PM
Contract Manager Approval	dkingsle	12/22/2011 14:59:54 PM
Budget Analyst Approval	nhovden	12/28/2011 11:32:08 AM
Team Lead Approval	jteska	12/28/2011 15:30:16 PM
BOE Agenda Approval	jteska	12/28/2011 15:30:20 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12856**Agency Name: **HEALTH DIVISION**Agency Code: **406**Appropriation Unit: **3194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHURCHILL, COUNTY OF**Contractor Name: **CHURCHILL, COUNTY OF**Address: **CHURCHILL COUNTY MANAGER****155 N TAYLOR ST STE 153**City/State/Zip: **FALLON, NV 89406**

Contact/Phone: null775/423-5136

Vendor No.: T81032440

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 % Revenue

Agency Reference #: HD 12076

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This revenue contract is a result of action by the Legislature. Notification, and negotiations with the county, was not able to be completed until the end of June, 2011, and the county did not approve the contract until November 3, 2011.

3. Termination Date: **06/30/2013**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Health Assessment**

5. Purpose of contract:

This is a new revenue contract to receive the county assessment, in accordance with Senate Bill 471 of the 2011 legislative session, for services provided by the Health Division pursuant to chapters 439 (Administration of Public Health), 444 (Sanitation), 446 (Food Establishments) and 583 (Meat, Fish, Poultry and Eggs) of the Nevada Revised Statutes (NRS).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,872.00**

Payment for services will be made at the rate of \$9,234.00 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Legislative action, changes to chapter 439 of the Nevada Revised Statutes (NRS) approved as Senate Bill 471, requires that each county pay an assessment to the Health Division for the costs of services provided in that county by the Health Division.

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

This is an assessment for work performed by State employees.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	11/16/2011 16:19:27 PM
Division Approval	pweyrick	11/16/2011 16:19:31 PM
Department Approval	mtorvine	11/23/2011 14:30:52 PM
Contract Manager Approval	cschmid2	11/28/2011 08:29:51 AM
Budget Analyst Approval	jborrowm	11/28/2011 15:08:28 PM
Team Lead Approval	jborrowm	12/07/2011 11:42:51 AM
BOE Agenda Approval	jteska	12/19/2011 10:22:54 AM
BOE Final Approval	Pending	

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
HEALTH DIVISION

Frontier and Rural (FaR) Public Health Program

3427 Goni Road #108

Carson City, Nevada 89706

Telephone: (775) 687-7550 Fax: (775) 684-3492

November 15, 2011

MEMORANDUM

To: John Borrowman
Budget Analyst
Budget Division

Through: Phil Weyrick
Administrative Services Officer IV
Health Division Administration

From: Mary Wherry, Clinical Services Manager

Subject: **Request for a Retroactive Start Date for Contract # HD 12076 (CETS 12856)**

This memorandum requests that the above referenced Health Division Contract be approved for a retroactive start date effective July 1, 2011. The contract requires a retroactive start date because the revenues cover a two-year period (July 1, 2011 through June 30, 2013). The contract was not able to be submitted to the Board of Examiners in a timely fashion due to the pending passage of Senate Bill 471, requiring counties to pay an assessment for services provided by the Health Division pursuant to chapters 439 (Administration of Public Health), 444 (Sanitation), 446 (Food Establishments) and 583 (Meat, Fish, Poultry and Eggs) of the Nevada Revised Statutes (NRS).

IC

cc: Colman Schmidt, Management Analyst II
Health Division

Public Health: Working for a Safer and Healthier Nevada

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12855**Agency Name: **HEALTH DIVISION**Agency Code: **406**Appropriation Unit: **3219-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: BOR-UNLV School of Comm Health Sciences

Contractor Name: **BOR-UNLV School of Comm Health Sciences**Address: **UNLV School of Health Sciences
4505 MARYLAND PKWY Box 45'055**City/State/Zip: **LAS VEGAS, NV 89154- 203**

Contact/Phone: null702-895-1357

Vendor No.: D35000813

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 12140

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

The BRFSS survey work is being divided in the state between UNR and UNLV. Contract negotiations with the universities took an inordinate amount of time. Each university's survey operation must mirror the other, and there were additional negotiations between the universities to achieve concurrence.

3. Termination Date: **02/28/2013**Contract term: **1 year and 59 days**4. Type of contract: **Interlocal Agreement**Contract description: **Surveys**

5. Purpose of contract:

This is a new interlocal agreement to conduct state-based telephone surveys for the Behavioral Risk Factor Surveillance System (BRFSS). These Nevada specific surveys collect data on individual risk behaviors and preventable health practices related to the leading causes of mortality and morbidity in the United States.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$316,950.00**

Payment for services will be made at the rate of \$154,725.00 per biannually

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada is one of 50 states conducting the Behavioral Risk Factor Surveillance System (BRFSS) survey. This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of mortality and morbidity in the United States. BRFSS respondents must specifically represent Nevada's population. Information from the survey will be used for health planning, program evaluation, and monitoring health objectives. Information provided by the BRFSS is not available from other sources in the state. In addition, because it is part of a nationwide surveillance system, the BRFSS provides the Centers for Disease Control with comparisons to other states.

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

The State does not have the resources to conduct these surveys.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	11/16/2011 16:24:58 PM
Division Approval	pweyrick	11/16/2011 16:25:01 PM
Department Approval	mtorvine	12/02/2011 15:36:39 PM
Contract Manager Approval	cschmid2	12/02/2011 15:47:05 PM
Budget Analyst Approval	jborrowm	12/07/2011 10:08:32 AM
Team Lead Approval	jborrowm	12/07/2011 10:08:38 AM
BOE Agenda Approval	jteska	12/19/2011 14:57:18 PM
BOE Final Approval	Pending	

STATE OF NEVADA

BRIAN SANDOVAL
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RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
HEALTH STATISTICS, PLANNING,
EPIDEMIOLOGY AND RESPONSE

4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4243 Fax: (775) 684-4156

November 16, 2011

MEMORANDUM

To: John Borrowman
Budget Analyst
Budget Division

Through: Phil Weyrick
Administrative Services Officer IV
Health Division Administration

From: Brad Towel, BRFSS Program Manager

Subject: **Request for a Retroactive Start Date for Contract # HD 12140 (CETS 12855)**

This memorandum requests that the above referenced Health Division Contract be approved for a retroactive start date, effective January 1, 2012. The contract requires a retroactive start date because the period of performance is one year. The surveys for this contract are being divided between UNR in the North, and UNLV in the South, and the surveys must be mirror images of each other. This contract was not able to be submitted to the Board of Examiners in a timely fashion due to negotiations between the State and the Universities, as well as negotiations between the Universities to arrive at concurrence for procedures, taking far longer than expected.

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: **CONV6379** Amendment Number: **3**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **RTC Las Vegas**

Agency Code: **407** Contractor Name: **RTC Las Vegas**

Appropriation Unit: **3230-15** Address: **600 S Grand Central Pkwy Ste 3**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89106**

If "No" please explain: Not Applicable Contact/Phone: null7026761500

Vendor No.: T81026820

NV Business ID: Gov't Entity

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2009**

Anticipated BOE meeting date 10/2011

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Health And Human Services**

5. Purpose of contract:

This is the third amendment to the original interlocal agreement, for Division of Welfare and Supportive Services (DWSS), Employment and Support Services, which provides bus transportation for Temporary Assistance for Needy Families (TANF) clients so that they can fulfill their work activity responsibilities. This amendment increases the maximum amount from \$1,970,000 to \$2,210,000 to allow the Division to purchase approximately 1700 additional bus passes in each of FY12 and FY13.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,600,000.00
2. Total amount of any previous contract amendments:	\$370,000.00
3. Amount of current contract amendment:	\$240,000.00
4. New maximum contract amount:	\$2,210,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

TANF clients are required to fulfill job seeking activities and by providing transportation, this assists them in this requirement.

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

RTC is a public agency that provides public transit services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

No

If "Yes", specify 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	08/08/2011 16:06:14 PM
Division Approval	msmit5	11/29/2011 13:45:36 PM
Department Approval	mtorvine	11/30/2011 08:31:46 AM
Contract Manager Approval	afrancis	11/30/2011 16:32:22 PM
Budget Analyst Approval	cglover	12/07/2011 14:07:50 PM
Team Lead Approval	jteska	12/19/2011 14:48:24 PM
BOE Agenda Approval	jteska	12/19/2011 14:48:34 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12707**Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES**Agency Code: **408**Appropriation Unit: **3162-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Jackson & Coker Locum Tenens, LLC

Contractor Name: **Jackson & Coker Locum Tenens, LLC**Address: **3000 Old Alabama Rd - Ste 119-**City/State/Zip **Alpharetta, GA 30022**

Contact/Phone: Randy Weikle, 800-272-2707

Vendor No.: T27018312

NV Business ID: NV20101531718

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This contract was submitted on time with a January 1, 2012 start date; however, due to unexpected contract corrections and the gathering of documentation, the contract process was delayed. Since this vendor provides necessary locum tenens services to the Northern Nevada Adult Mental Health Services (NNAMHS) facility and its' consumers, services will have to be provided prior to approval of the contract to ensure continuity of operation.

3. Termination Date: **12/31/2012**Contract term: **1 year**4. Type of contract: **Contract**Contract description: **Locum Tenens**

5. Purpose of contract:

This is a new contract which will provide ongoing psychiatrist/physician locum tenens services to Northern Nevada Adult Mental Health Services (NNAMHS), pursuant to NRS 433.344, NRS 436.123 and Joint Commission requirements

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,361,520.00**

Other basis for payment: Calculation of \$1,361,520.00 based on 4 doctors. \$160.00 per hour x 8320 hours + Officer of the Day (OD) rate of \$100.00 per day (Friday night through Sunday) up to 1 weekend (3 days) per month (12 days per month x 12 months) AND Monday through Thursday holidays x up to 44 days + OD rate of \$60.00 for nighttime on call (Monday through Thursday - non holidays) up to 16 weeknights per month x 12 months

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency operates inpatient/outpatient programs requiring the services of psychiatrists/physicians. Pursuant to NRS 433.344, NRS 436.123 and Joint Commission requirements, when vacancies occur in the medical staff, contract psychiatrists and physicians are needed for adequate coverage.

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

Staff psychiatrists/physicians typically perform these services, however when vacancies occur, adequate coverage is required by NRS 433.334, NRS 436.123 and Joint Commission.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

Not chosen in preference to others. Several locum tenens companies have and will continue to be contracted with, pursuant to NAC 333.150(2)(a) (attached in Additional Information tab) in order to assure continuous services to our consumers.

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:

2003 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	eobrien	11/15/2011 15:46:59 PM
Division Approval	dprather	11/23/2011 14:53:37 PM
Department Approval	mtorvine	11/29/2011 15:07:18 PM
Contract Manager Approval	cweil	11/30/2011 07:33:48 AM
Budget Analyst Approval	rhage1	12/01/2011 10:58:26 AM
BOE Agenda Approval	jteska	12/29/2011 09:25:11 AM
BOE Final Approval	Pending	



NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
480 Galletti Way
Sparks, Nevada 89431-5574
(775) 688-2031 • FAX (775) 688-2004

Memorandum

To: Robin Hager, Budget Analyst, Budget Division
Through: Elizabeth O'Brien, ASO III, NNAMHS *EO*
From: Claire Weil – Program Officer, NNAMHS
Date: November 10, 2011
Re: Jackson & Coker Locum Tenens, LLC – CETS#
Retroactive status for contract

Please consider this request for retroactive approval for the contract referenced above.

The contract was submitted on time with a January 1, 2012 start date; however, due to unexpected contract corrections and the gathering of documentation, the contract process was delayed. Since this vendor provides necessary locum tenens services to the Northern Nevada Adult Mental Health Services facility and its' consumers, services will have to be provided prior to approval of the contract to ensure continuity of operation. We anticipate that in the future, with new procedures in place to ensure timely review and submission, the need for retroactive contracts will be eliminated.

Thank you for your consideration in this matter.



Brian Sandoval
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:
111106
See Notes
JEFF MOHLENKAMP
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:

Northern Nevada Adult Mental Health Services (NNAMHS)
Claire Weil - Program Officer
(775) 688-2031
cweil@nuamhs.state.nv.us
- b. Vendor contact information:
Jackson & Coker Locum Tenens, LLC
Randy Weikle
1-800-272-2707
rweikle@jacksoncoker.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:
Professional Medical Services company to provide psychiatrists/physicians to work temporary assignments in vacant positions at Northern Nevada Adult Mental Health Services pursuant to NRS433.344, NRS436.123 and Joint Commission requirements.
3. Describe the unique qualification required for the service or good to be purchased:
The company provides psychiatrists/physicians that are fully licensed, insured and credentialed to work in the State of Nevada.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
Locum Tenens companies are similar to employment agencies in that they have a pool of licensed and credentialed professionals to temporarily meet our needs. We are only requesting this exemption until such time as the new RFP for these services is completed.
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:
There is a nationwide shortage of psychiatrists/physicians. Psychiatrists/physicians are critical to the care of the seriously mentally ill, without the contracts our agency will not be able to meet its mandated requirements and the agency relies on locum tenens companies to provide psychiatrists/physicians on a temporary basis when there are vacant positions.
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.
RFP1159 was done in 2000 and was extended to 2004. In 2005 we requested a Professional Services exception allowing us to bypass the RFP process and continue to maintain staffing levels critical to patient care. It is critical that we have the ability to continue contracting with these companies until that RFP is in place.

7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation? The agency has always solicited quotes from several locum tenens companies (some under contract and others we find through advertising) as well as the current rate of pay for same state positions. We seek input from the locums as to rates in other areas as well as colas, etc.
8. What is the estimated value and length of the contract, amendment or request?
- * NOTE: 11/03/11 - Approved for 1 year, not to exceed \$1,361,520.00 @ **
- a. New contract Y ☒ X ☐ N ☐ *\$2,723,040.00 (full time positions with OD payments for on call time and holidays for 4 doctors) 2 years with an option to renew for 2 additional years*
- b. Amendment Y ☐ X ☐ N ☐ Amendment No. _____
(provide copy of previous waiver(s))

Northern Nevada Adult Mental Health Services (NNAMHS) hereby requests approval for Jackson & Coker Locum Tenens, LLC
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>Claire Weil</i>	11-2-2011
Agency Representative Initiating Request	Date
X <i>Elizabeth O'Brien</i>	11/2/2011
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:

<i>x [Signature]</i>	<i>11/3/11</i>
Administrator, Purchasing Division	Date

*NOTE:

*This provides a 1 year continuation of service to allow for the completion of the procurement process. **

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12708**Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES**Agency Code: **408**Appropriation Unit: **3162-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: MDA (Medical Doctor Associates, LLC)

Contractor Name: **MDA (Medical Doctor Associates, LLC)**Address: **145 Technology Pkwy**City/State/Zip: **Norcross, GA 30092**

Contact/Phone: Jim Edmondson 800-780-3500

Vendor No.: T80960656

NV Business ID: NV20081672330

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2012**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

This contract was submitted on time with a January 1, 2012 start date; however, due to unexpected contract corrections and the gathering of documentation, the contract process was delayed. Since this vendor provides necessary locum tenens services to Northern Nevada Adult Mental Health Services (NNAMHS) facility and its' consumers, services will have to be provided prior to approval of the contract to ensure continuity of operation.

3. Termination Date: **12/31/2012**Contract term: **1 year**4. Type of contract: **Contract**Contract description: **Locum Tenens**

5. Purpose of contract:

This is a new contract which will provide ongoing psychiatrist/physician locum tenens services to Northern Nevada Adult Mental Health Services (NNAMHS), pursuant to NRS 433.344, NRS 436.123 and Joint Commission requirements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$680,760.00**

Other basis for payment: Calculations based on 2 doctors. Calculation of \$680,760.00: \$160.00 per hour x 4160 hours + Officer of the Day (OD) rate of \$100.00 per day (Friday night through Sunday) up to 1 weekend per month (6 days per month x 12 months) AND Monday through Thursday holidays x up to 22 days + OD rate of \$60.00 for nighttime on call (Monday through Thursday - non holidays) up to 8 weeknights per month x 12 months (96 nights).

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency operates inpatient/outpatient programs requiring the services of psychiatrists/physicians. Pursuant to NRS 433.344, NRS 436.123 and Joint Commission requirements, when vacancies occur in the medical staff, contract psychiatrists and physicians are needed for adequate coverage.

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

Staff psychiatrists/physicians typically perform these services however, when vacancies occur, adequate coverage is required by NRS.433.344, NRS 436.123 and Joint Commission

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

Not chosen in preference to others. Several locum tenens companies have and will continue to be contracted with, pursuant to NAC333.150(2)(a) (attached in Additional Information tab), in order to assure continuous service to our consumers

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:

2003 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	eobrien	11/15/2011 15:47:15 PM
Division Approval	dprather	11/23/2011 13:57:10 PM
Department Approval	mtorvine	11/29/2011 15:02:46 PM
Contract Manager Approval	cweil	11/30/2011 07:34:10 AM
Budget Analyst Approval	rhage1	12/01/2011 11:00:07 AM
BOE Agenda Approval	jteska	12/29/2011 09:26:40 AM
BOE Final Approval	Pending	



NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
480 Galletti Way
Sparks, Nevada 89431-5574
(775) 688-2031 • FAX (775) 688-2004

Memorandum

To: Robin Hager, Budget Analyst, Budget Division
Through: Elizabeth O'Brien, ASO III, NNAMHS *EO*
From: Claire Weil – Program Officer, NNAMHS
Date: November 10, 2011
Re: MDA (Medical Doctor Associates Locum Tenens, LLC) – CETS#12708
Retroactive status for contract

Please consider this request for retroactive approval for the contract referenced above.

The contract was submitted on time with a January 1, 2012 start date; however, due to unexpected contract corrections and the gathering of documentation, the contract process was delayed. Since this vendor provides necessary locum tenens services to the Northern Nevada Adult Mental Health Services facility and its' consumers, services will have to be provided prior to approval of the contract to ensure continuity of operation. We anticipate that in the future, with new procedures in place to ensure timely review and submission, the need for retroactive contracts will be eliminated.

Thank you for your consideration in this matter.





Brian Sandtval
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:

111105

See Note

JEFF MOHLENKAMP
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:
Northern Nevada Adult Mental Health Services (NNAMHS)
Claire Weil - Program Officer
(775)688-2031
cweil@nnamhs.state.nv.us
- b. Vendor contact information:
MDA (Medical Doctors Associates, LLC)
Rence Spivy
1-800-780-3500 ext. 7068
spivyrel@mdaine.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:
Professional Medical Services company to provide psychiatrists/physicians to work temporary assignments in vacant positions at Northern Nevada Adult Mental Health Services pursuant to NRS433.344, NRS436.123 and Joint Commission requirements.
3. Describe the unique qualification required for the service or good to be purchased:
The company provides psychiatrists/physicians that are licensed, insured and credentialed to work in the State of Nevada.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
Locum Tenens companies are similar to employment agencies in that they have a pool of licensed and credentialed professionals to temporarily meet our needs. We are only requesting this exemption until such time as the new RFP for these services is completed.
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:
There is a nationwide shortage of psychiatrists/physicians. Psychiatrists/physicians are critical to the care of the seriously mentally ill, without the contracts our agency would not be able to meet its mandated requirements and the agency relies on locum tenens companies to provide psychiatrists/physicians on a temporary basis when there are vacant positions.
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.
RFP1159 was done in 2000 and was extended to 2004. In 2005 we requested a Professional Services exception allowing us to bypass the RFP process and continue to maintain staffing levels critical to patient care. It is critical that we have the ability to continue contracting with these companies until that RFP is in place.

7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?
The agency has always solicited quotes from several locum tenens companies (some under contract and others we find through advertising) as well as the current rate of pay for same state positions. We seek input from the locums as to rates in other areas as well as colas, etc.
8. What is the estimated value and length of the contract, amendment or request?

NOTE: 11/03/11 - 1 year only; not to exceed \$1,361,520.00 @

a. New contract ☒ Y ☐ N ☐
~~\$2,723,040.00 (full time positions with OD payments for on call time and holidays for 4 doctors)~~
~~2 years with an option to renew for 2 additional years~~

b. Amendment ☐ Y ☐ N ☐ Amendment No. _____
 (provide copy of previous waiver(s))

Northern Nevada Adult Mental Health Services (NNAMHS) hereby requests approval for MDA (Medical Doctor Associates, LLC)
 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>Claire Weil</i>	11-2-2011
Agency Representative Initiating Request	Date
X <i>Elizabeth O'Brien</i>	11/2/2011
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 <i>[Signature]</i>	11/3/11
Administrator, Purchasing Division	Date

*NOTE:

This provides a 1 year continuation of service to allow for completion of the procurement process. *

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12875**Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES**Agency Code: **408**Appropriation Unit: **3167-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: County of Lyon

Contractor Name: **County of Lyon**Address: **27 S Main St**City/State/Zip **Yerington , NV 89447**

Contact/Phone: null775-463-6531

Vendor No.:

NV Business ID: Not Applicable

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 % Revenue from County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 12/2011

Retroactive? **Yes**

If "Yes", please explain

The contract was to start on July 1, 2011; however, due to unexpected, lengthy negotiations the contract submission was regrettably delayed. This agreement authorizes the Division to contract with the County to continue to provide services to children with developmental disabilities and to reimburse the Division the non-federal share of funding as payment for services. NRS 435.020 obligated the State to continue to provide these services to ensure continuity of patients' care.

3. Termination Date: **06/30/2013**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **County of Lyon**

5. Purpose of contract:

This is a new revenue contract to provide services to children with developmental disabilities and the County to reimburse Division of Mental Health and Developmental Services the non-federal share of funding as payment for services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$212,039.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020 Mental Health and Developmental Services is obligated to provide services to children with developmental disabilities and the County to reimburse MHDS the non-federal share of funding as payment for services.

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

Not Applicable. State employees are providing the services for the County.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Not Applicable. Division of Mental Health and Developmental Services is currently providing the services.

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	khoward	11/28/2011 07:36:07 AM
Division Approval	dprather	11/28/2011 07:38:37 AM
Department Approval	mtorvine	12/06/2011 16:05:12 PM
Contract Manager Approval	khawkin1	12/13/2011 09:12:12 AM
Budget Analyst Approval	rhage1	12/16/2011 11:23:54 AM
Team Lead Approval	jteska	12/19/2011 14:37:36 PM
BOE Agenda Approval	jteska	12/19/2011 14:37:49 PM
BOE Final Approval	Pending	



State of Nevada
Department of Health & Human
Services
Division of Mental Health &
Developmental Services

Memo

To: Robin Hager, Budget Analyst, Budget Division
From: Rachel Richards, Management Analyst I
CC: Dave Prather, ASO IV
Subject: Retroactive status for The County of Lyon
Date: November 3, 2011

Request for Retroactive Approval

Please consider this request for retroactive approval for the contract referenced here.

The contract was to start on July 1, 2011; however, due to unexpected, lengthy negotiations the contract negotiation and submission were regrettably delayed. This Interlocal Agreement authorizes Mental Health and Developmental Services (MHDS) to contract with the County to continue to provide services to children with developmental disabilities and the County to reimburse MHDS the non-federal share of funding as payment for services per NRS 435.010. The critical nature of these services and NRS 435.020 obligated the State to continue to provide these services in the absence of a formal contract to ensure continuity of patients' care. We anticipate that in the future, with new procedures put in place to ensure timely review and submission, MHDS will greatly reduce or eliminate the need for these retroactive contracts.

Should you have any questions, please contact me at (775) 684-5932.

Thank you for your consideration.

Division of Mental Health & Developmental Services
4126 Technology Way, Suite 201
Carson City, NV 89706
(775) 684-4291
Fax: (775) 684-5966

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12852**Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES**Agency Code: **408**Appropriation Unit: **3170-24**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Bach Harrison**Contractor Name: **Bach Harrison**Address: **116 South 500 East**City/State/Zip: **Salt Lake City, UT 84102-1907**Contact/Phone: **R. Steven Harrison, Ph.D. 801-359-2064**Vendor No.: **T27029127**NV Business ID: **NV20111704996**To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 #: **SEOW 11-01**

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/09/2013**Contract term: **1 year and 9 days**4. Type of contract: **Contract**Contract description: **Data System**

5. Purpose of contract:

This is a new contract for the construction of a State Epidemiologic Outcomes Web-based Data Dissemination System related to substance abuse. This data will be used by coalitions, schools, state agencies, law enforcement, juvenile justice, behavioral health agencies, and the public.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,485.00**

Other basis for payment: \$49,000 for construction of the State Epidemiologic Outcomes Web-based Data-Dissemination System, and \$485 for travel. Travel expenses, per diem and other expenses must conform to the procedures and rates allowed for State officers and employees. Total contract is not to exceed \$49,485.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is necessary to fulfill a deliverable requirement of a grant awarded to the Substance Abuse Prevention and Treatment Agency (SAPTA) in 2010 by the Substance Abuse and Mental Health Services Administration. The purpose of the Nevada State Epidemiologic Data Dissemination tool is to make current substance abuse-related information available to prevention coalitions throughout the State, legislators and policy makers who required data to make decisions regarding substance abuse prevention efforts.

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

SAPTA employees do not have the expertise in interactive data base design and web site design and programming required to develop this type of data base. The Mental Health and Developmental Services Division Information Technology group do not have the resources to develop and host the system within the timeframe required by the federal grant. Employees in other state agencies may have the expertise required to develop this type of interactive data base but their services are not available to SAPTA.

9. Were quotes or proposals solicited? Yes

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

This vendor achieved the highest scores from the reviewers. This vendor was chosen because:

1. The contractor has successfully completed projects very similar to the SAPTA project for the states of Arizona, Utah and Louisiana. The contractor has demonstrated through these projects that they are capable of developing the type of interactive web based data base required to meet this deliverable.

2. The contractor has considerable expertise in the epidemiology of substance abuse and a longitudinal nationwide community prevention based prevention intervention known as the Strategic Prevention Framework (SPF). Nevada has received federal funding for the SPF project since 2004 and this project is directly related to that effort. Having a contractor that has expertise in the content area required and expertise in web and data base design is rare.

d. Last bid date: 08/15/2011 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	gleiss	11/22/2011 10:07:21 AM
Division Approval	dprather	11/22/2011 10:24:01 AM
Department Approval	mtorvine	11/28/2011 11:10:51 AM

Contract Manager Approval	rvernon	11/29/2011 07:07:53 AM
DoIT Approval	lmuelle1	11/29/2011 09:36:08 AM
Budget Analyst Approval	rhage1	12/01/2011 11:02:26 AM
Team Lead Approval	jteska	12/19/2011 10:25:45 AM
BOE Agenda Approval	jteska	12/19/2011 10:25:50 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: **12863**Agency Name: **DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3179-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LINCOLN COUNTY HOSPITAL DIST**Contractor Name: **LINCOLN COUNTY HOSPITAL DIST**Address: **GROVER C DILS MEDICAL CENTER
PO BOX 1010**City/State/Zip: **CALIENTE, NV 89008-1010**Contact/Phone: **null775/726-3171**Vendor No.: **T80588110**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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.

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 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2012**Contract term: **1 year**4. Type of contract: **Interlocal Agreement**Contract description: **Medical Services**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing medical services, including diagnosis and treatment to youth in residence at the Caliente Youth center. These services will include weekly visits to Caliente Youth Center and provide; physicals, pharmaceutical requirements, infection control, in house pharmacy needs and health education programs. The attending physician agrees to include services for emergency cases due to illness or injury at the same monthly rate as established.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,461.60**

Payment for services will be made at the rate of \$2,121.80 per Month

Other basis for payment: Payable upon completion of service with confirmation by a facility designee and upon approval of the vendor invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 432A.530 requires medical care to be provided to youth in our care.

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

A medically qualified and licensed physician is required to provide diagnosis and treatment of the youth in residence, as well as prescribe medications. There is no licensed physician on staff at Caliente Youth Center.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Lincoln County Hospital District, Grover C Dils Medical Center, is the only licensed medical facility located within the Caliente Youth Center area that will deliver services to the Caliente Youth Center.

d. Last bid date: 11/01/2011 Anticipated re-bid date: 11/01/2012

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 with the Department of Health and Human Services, Division of Child and Family Services. 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	pcolegro	11/23/2011 10:39:14 AM
Division Approval	dkluever	11/28/2011 15:23:39 PM
Department Approval	mtorvine	11/30/2011 17:10:00 PM
Contract Manager Approval	rjacob3	12/02/2011 07:45:33 AM
Budget Analyst Approval	nhovden	12/05/2011 16:29:55 PM
Team Lead Approval	jteska	12/12/2011 16:28:35 PM
BOE Agenda Approval	jteska	12/12/2011 16:28:40 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12864**

Agency Name:	DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	CHURCHILL COUNTY
Agency Code:	409	Contractor Name:	CHURCHILL COUNTY
Appropriation Unit:	3229-00	Address:	155 N TAYLOR ST
Is budget authority available?:	Yes	City/State/Zip	FALLON, NV 89406
If "No" please explain:	Not Applicable	Contact/Phone:	null775-423-4092
		Vendor No.:	T81018856
		NV Business ID:	Governmental Agency

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

Waiting approval of a service agreement approval for Churchill County. This is a revenue contract.3. Termination Date: **06/30/2012**Contract term: **1 year**4. Type of contract: **Revenue Contract**Contract description: **CPS Assessment**

5. Purpose of contract:

This is a new revenue interlocal agreement to recognize the benefit of collaborating partnerships with rural counties to ensure the safety and well-being of children and support the provision of Child Protective Services to meet the needs of the children in the community pursuant to Senate Bill 480.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$214,156.00**

Payment for services will be made at the rate of \$53,539.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue contract.

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

This is a revenue contract.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

This is a revenue contract.

d. Last bid date: 06/01/2011 Anticipated re-bid date: 06/01/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	pcolegro	11/23/2011 10:33:54 AM
Division Approval	dkluever	11/28/2011 15:29:20 PM
Department Approval	mtorvine	11/30/2011 16:36:16 PM
Contract Manager Approval	rjacob3	12/05/2011 09:10:15 AM
Budget Analyst Approval	nhovden	12/05/2011 16:09:42 PM
Team Lead Approval	jteska	12/12/2011 16:05:31 PM
BOE Agenda Approval	jteska	12/12/2011 16:05:35 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Michael J. Willden
Director
Department of Health and
Human Services

Diane Comeaux,
Administrator, Division of Child
and Family Services

STATE OF NEVADA

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**

**4126 Technology Way, 3rd floor
Carson City, Nevada 89706
(775) 684-4400 – FAX (775) 684-4455**

MEMORANDUM

TO: Jeff Mohlenkamp, Director
Budget Division

THROUGH: Diane Comeaux, Administrator
Division of Child and Family Services

FROM: Danette Kluever, Deputy Administrator, DCFS

DATE: December 1, 2011

SUBJECT: Retroactive Contract date

A retroactive effective date of July 1, 2011 is requested for this Intrastate Interlocal Contract with Churchill County. This revenue contract provides for the benefit of collaborating partnerships with rural counties to ensure the safety and well-being of children and supports the provision of Child Protective Services to meet the needs of the children in the community.

The BOE date for this revenue contract will be January 10, 2012 therefore we are requesting a retroactive extension. This revenue contract was delayed in part due to the passage of S.B. 476 and S.B. 480. Neither of these Senate bills became effective until July 1, 2011. Each of these bills requires the counties to pay an assessment in an amount equal to the cost to the state for providing certain services for the counties. Following the passage of the bills the Division sent a letter to each County Manager informing them of the Statute regarding the assessments. Many rural counties had concerns and representatives from DCFS attended individual County Commission Meetings to address any questions or concerns that arose.

Although the assessments for Rural CPS were outlined in Statute, the Division agreed to provide an interlocal contract to any county which requested one. DCFS has complied with this request from Churchill County. These contracts, as all contracts, had to go through the normal approval process along with the added step of a County Commission approval. In our anticipation of making these revenue contracts accurate we are requesting approval of this retroactivity request for this revenue contract that was effective per Statute July 1, 2011.

Thank you for your consideration of this request. If you have any questions, contact me at 775-684-4414.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12872**Agency Name: **DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3229-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LYON, COUNTY OF**Contractor Name: **LYON, COUNTY OF**Address: **LYON COUNTY HUMAN SERVICES
27 S MAIN ST**City/State/Zip: **YERINGTON, NV 89447**Contact/Phone: **null775/577-5009**Vendor No.: **T40156600AH**NV Business ID: **Governmental Agency**To what State Fiscal Year(s) will the contract be charged? **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 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

Waiting approval of a service agreement approval for Lyon County. This is a revenue contract.3. Termination Date: **06/30/2012**Contract term: **1 year**4. Type of contract: **Revenue Contract**Contract description: **CPS Assessment**

5. Purpose of contract:

This is a new revenue interlocal agreement to recognize the benefit of collaborating partnerships with rural counties to ensure the safety and well-being of children and support the provision of Child Protective Services to meet the needs of the children in the community pursuant to Senate Bill 480.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$387,138.00**

Payment for services will be made at the rate of \$96,784.50 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue contract.

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

This is a revenue contract.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

This is a revenue contract.

d. Last bid date: 06/01/2011 Anticipated re-bid date: 06/01/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	pcolegro	11/23/2011 10:28:22 AM
Division Approval	dkluever	11/28/2011 15:31:31 PM
Department Approval	mtorvine	12/02/2011 08:22:55 AM
Contract Manager Approval	rjacob3	12/05/2011 09:10:35 AM
Budget Analyst Approval	nhovden	12/05/2011 15:46:00 PM
Team Lead Approval	jteska	12/12/2011 15:54:55 PM
BOE Agenda Approval	jteska	12/12/2011 15:55:07 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Michael J. Willden
Director
Department of Health and
Human Services

Diane Comeaux,
Administrator, Division of Child
and Family Services

STATE OF NEVADA

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**

**4126 Technology Way, 3rd floor
Carson City, Nevada 89706
(775) 684-4400 – FAX (775) 684-4455**

MEMORANDUM

TO: Jeff Mohlenkamp, Director
Budget Division

THROUGH: Diane Comeaux, Administrator
Division of Child and Family Services

FROM: Danette Kluever, Deputy Administrator, DCFS

DATE: December 1, 2011

SUBJECT: Retroactive Contract date

A retroactive effective date of July 1, 2011 is requested for this Intrastate Interlocal Contract with Lyon County. This revenue contract provides for the benefit of collaborating partnerships with rural counties to ensure the safety and well-being of children and supports the provision of Child Protective Services to meet the needs of the children in the community.

The BOE date for this revenue contract will be January 10, 2012 therefore we are requesting a retroactive extension. This revenue contract was delayed in part due to the passage of S.B. 476 and S.B. 480. Neither of these Senate bills became effective until July 1, 2011. Each of these bills requires the counties to pay an assessment in an amount equal to the cost to the state for providing certain services for the counties. Following the passage of the bills the Division sent a letter to each County Manager informing them of the Statute regarding the assessments. Many rural counties had concerns and representatives from DCFS attended individual County Commission Meetings to address any questions or concerns that arose.

Although the assessments for Rural CPS were outlined in Statute, the Division agreed to provide an interlocal contract to any county which requested one. DCFS has complied with this request from Lyon County. These contracts, as all contracts, had to go through the normal approval process along with the added step of a County Commission approval. In our anticipation of making these revenue contracts accurate we are requesting approval of this retroactivity request for this revenue contract that was effective per Statute July 1, 2011.

Thank you for your consideration of this request. If you have any questions, contact me at 775-684-4414.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12860**

Agency Name:	DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Cornerstone Programs
Agency Code:	409	Contractor Name:	Cornerstone Programs
Appropriation Unit:	3263-36	Address:	800 N. Avenue F
Is budget authority available?:	Yes	City/State/Zip	Post, TX 79356
If "No" please explain:	Not Applicable	Contact/Phone:	null806-495-0266
		Vendor No.:	T29029126
		NV Business ID:	Out of State

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	50.00 % County Assessments

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **2 years and 180 days**4. Type of contract: **Contract**Contract description: **Juvenile Justice**

5. Purpose of contract:

This is a new contract to provide the necessary facilities, equipment, personnel and staff training that will satisfy the delivery of required services and programs conducive to the rehabilitation needs of either male or female juveniles while maintaining sight and sound separation from adult offender populations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$177,390.00**

Payment for services will be made at the rate of \$243.00 per day

Other basis for payment: \$243 per day inclusive of all costs for up to three youth at a time.

II. JUSTIFICATION

7. What conditions require that this work be done?

Since the closure of Summit View there has been a need for a secure facility to house our higher level juvenile in need of a secure correctional facility. These placements are court ordered and these youth continue to show an extraordinary threat to the safety and security of staff as well as other youth.

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

The state does not offer a high level of care for youth, Since the Closure of Summit View, who present an extraordinary threat to the safety of staff as well as other youth.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 110916

Approval Date: 09/30/2011

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

This is the only vendor found who provided secure care to out of state youth.

d. Last bid date: 09/01/2011 Anticipated re-bid date: 01/01/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 **Out of State Facility**

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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Was told by the Secretary of State office that a business license will not be necessary due to the fact that this facility is located in Texas.

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

No b. If "NO", please explain.

No state business license.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	11/23/2011 10:37:09 AM
Division Approval	dkluever	11/28/2011 15:25:30 PM
Department Approval	mtorvine	11/30/2011 17:18:42 PM
Contract Manager Approval	rjacob3	12/02/2011 07:39:27 AM
Budget Analyst Approval	nhovden	12/05/2011 16:42:20 PM
Team Lead Approval	jteska	12/19/2011 10:20:19 AM
BOE Agenda Approval	jteska	12/19/2011 10:20:24 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
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:

110916

GREG SMITH
Purchasing Administrator

2011 OCT 4 AM 11 30

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 Child and Family Services/Fernando Serrano/Deputy Division Administrator/775-684-4429/fserrano@dfcs.nv.gov
 - b. Vendor contact information: Cornerstone Programs/800 N. Avenue F/Post, TX 79356/806-495-0266/trg@cornerstoneprograms.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:
Secure juvenile correctional facility will provide room and board, twenty-four (24) hours per day, seven (7) days per week, supervision, routine medical examination and treatment within the facility, an approved educational program, recreation facilities, and counseling to each child placed within the facility.
3. Describe the unique qualification required for the service or good to be purchased:
Contractor must provide a physically/mechanically secure facility for a higher level juvenile in need of secure correctional care. The higher level of care refers to risk of escape or physical assault to staff or other youth.
4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:
This is the only vendor found who provided secure care to out of state youth. All other secure vendors contacted were not able to contract with any other state or municipality other than the current contracting entity.
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:
Services for youth currently in need would be delayed. The youth would continue to present an extraordinary threat to the safety and security of staff at facility as well as other youth.
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.
7. We have conducted an internet search and reviewed the American Correctional Association (ACA) website for facilities that provide secure correctional programming for youth on an individual referral basis. Other than Cornerstone, facilities contacted receive youth only for a state, county or a specific judicial district in which they are located and have a sole source service contract with the home state or county of location.

Through the budget process in the 2011 Legislative session we received funding to place three youth per day at a rate of up to \$250.00 or \$273,750.00 per year. *DNK*

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

a. New contract Y ☒ N ☐

b. Amendment Y ☐ N ☐ Amendment No. _____
{provide copy of previous waiver(s)}

Contract will be in place for the remainder of this biennium at a rate of up to \$273,750.00 per year.

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

hereby requests approval for

Cornerstone Programs

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>Fernando Serrano</i>	9-15-11
Agency Representative Initiating Request	Date
X <i>Deanne for Diana Comaux</i>	9/16/11
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:

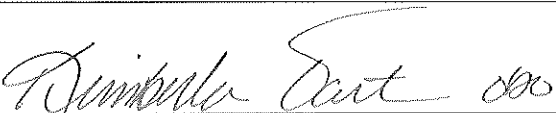
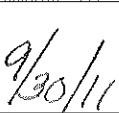
X <i>— N/A —</i>	
Reviewing Agency/Entity Signature	Date

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

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 	
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 CONTRACT1. Contract Number: **12798**Agency Name: **ADJUTANT GENERAL & NATL
GUARD**Agency Code: **431**Appropriation Unit: **3650-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DAVID W BRADLEY SR**Contractor Name: **Bradley Electrical, Plumbing & Heating**Address: **250 Village Blvd Ste B
P.O. Box 4162**City/State/Zip: **Incline Village, NV 89450**Contact/Phone: **Dave Bradley 775-831-2252**

Vendor No.:

NV Business ID: **NV20101330870**To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that 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	40.00 %	Fees	0.00 %
X	Federal Funds	40.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	20.00 % Rental Income

Agency Reference #: **NVMD # 004-2012**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2011**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/30/2015**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Plumbing Services**

5. Purpose of contract:

This is a new contract to perform plumbing services on an "as needed" basis. The scope of work for plumbing services could range from replacing/installing sink faucets to repairing major sewer lines, as well as drain, waste, and venting issues. Contract may also require confined space entry.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Other basis for payment: as invoiced, not to exceed \$24,990.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a service contract that will allow vendors to be under contract so we can comply with NRS & NAC.

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

Some plumbing services are beyond the scope and abilities of our maintenance employees and require a licensed plumber to perform.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

Vendor was chosen by the Evaluation Committee that was held on October 25, 2011. Only two vendors submitted a proposal. Butter Plumbing's proposal was incomplete.

d. Last bid date: 10/21/2011 Anticipated re-bid date: 09/30/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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?

No b. If "No", please explain:

THE VENDOR IS A SOLE PROPRIETOR.

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	criley	12/04/2011 20:12:54 PM
Division Approval	criley	12/04/2011 20:12:57 PM
Department Approval	jmcentee	12/07/2011 11:48:45 AM
Contract Manager Approval	jmcentee	12/07/2011 11:48:48 AM
Budget Analyst Approval	jborrowm	12/07/2011 13:09:40 PM
Team Lead Approval	jborrowm	12/07/2011 13:09:45 PM
BOE Agenda Approval	jteska	12/19/2011 14:52:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12815**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3717-95**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Jeffry Trulin

Contractor Name: **Trulin Electrical**Address: **2512 Henning Lane**City/State/Zip: **Minden, NV 89423**

Contact/Phone: Jeff Trulin 775.721.2654

Vendor No.:

NV Business ID: NV20101058987

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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.

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 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2013**Contract term: **1 year and 180 days**4. Type of contract: **Contract**Contract description: **Deferred Maintenance**

5. Purpose of contract:

This is a new contract to provide minor upgrades to the electrical system in the laundry room and boiler building at Northern Nevada Correctional Center (NNCC).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,800.00**

Other basis for payment: Upon satisfactory completion and submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of staff and inmates.

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

Department of Corrections does not have the expertise and/or equipment required. No other State agency provides these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

Jeffry Trulin dba Trulin Electrical Services was the only vendor to respond to Solicitation 201214. They have previously provided satisfactory services to the department.

d. Last bid date: 10/10/2011 Anticipated re-bid date: 10/10/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

FY08; Department of Corrections. Service 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:

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?

No b. If "No", please explain:

Jeffry Trulin dba Trulin Electrical Services.

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	katkinso	11/09/2011 10:38:03 AM
Division Approval	bfarris	11/10/2011 08:39:08 AM
Department Approval	dreed	12/02/2011 13:36:14 PM
Contract Manager Approval	cphenix	12/05/2011 14:06:54 PM
Budget Analyst Approval	knielsen	12/14/2011 11:24:37 AM
Team Lead Approval	knielsen	12/14/2011 11:24:41 AM
BOE Agenda Approval	cwatson	12/15/2011 13:02:08 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12775**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3760-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Manpower Inc. of Southern Nevada

Contractor Name: **Manpower Inc. of Southern Nevada**Address: **2535 West Cheyenne, Suite 105**City/State/Zip: **North Las Vegas, NV 89032**

Contact/Phone: Dan Ward 702.242.2675

Vendor No.: T81026942

NV Business ID: NV19651001276

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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	33.00 %	Fees	0.00 %
X	Federal Funds	34.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	33.00 % Career Enhancement Funds - DETR

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **2 years and 180 days**4. Type of contract: **Contract**Contract description: **Vocational Training**

5. Purpose of contract:

This is a new contract to provide ongoing vocational training and job readiness courses to inmates incarcerated within the department.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Upon completion of course and submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to meet performance indicators as mandated in Federal grants received by NDOC, as well as preparing inmates for gainful employment upon release.

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

The Department of Corrections does not have the staff and/or expertise necessary. No other State agency offers these services.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

Multiple contract awards are being made from Solicitation 201208. Manpower Inc. of Southern Nevada is one of the vendors that can provide NDOC with vocational training classes.

d. Last bid date: 09/14/2011 Anticipated re-bid date: 09/14/2015

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:

FY12; DETR. Services have 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:

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	dmartine	11/02/2011 08:22:46 AM
Division Approval	bfarris	11/08/2011 11:16:30 AM
Department Approval	dreed	11/18/2011 17:20:12 PM
Contract Manager Approval	cphenix	12/15/2011 15:45:24 PM
Budget Analyst Approval	knielsen	12/19/2011 09:01:20 AM
Team Lead Approval	knielsen	12/19/2011 09:07:56 AM
BOE Agenda Approval	cwatson	12/19/2011 10:02:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12778**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **All Budget Accounts - Category 50**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: California Prison Industries

Contractor Name: **California Prison Industries**Address: **560 East Natoma Street**City/State/Zip: **Folsom, CA 95630**

Contact/Phone: null916-358-1597

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that 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 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2015**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Inmate Shoes**

5. Purpose of contract:

This is a new interlocal agreement to provide the department with a low cost, good quality shoe for the inmate population.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Per NRS 209.131, the Department of Corrections is required to provide inmates that are housed within its institutions necessary clothing.

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

The Nevada Department of Corrections does not manufacture shoes and no other state agency offers these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

The Department of Corrections worked with the Purchasing Division and issued a RFP. However, a suitable vendor was not found that could provide a durable shoe at a reasonable price. The agency contacted California Prison Industries to find out what vendor they were using and discovered California Prison Industries were producing them. Therefore, California Prison Industries was chosen because they can provide a low cost, good quality shoe within the required time frames that are needed.

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	carnol1	11/15/2011 09:05:30 AM
Division Approval	bfarris	11/15/2011 15:23:05 PM
Department Approval	dreed	11/18/2011 17:18:34 PM
Contract Manager Approval	mvarne1	11/28/2011 09:02:40 AM
Budget Analyst Approval	knielsen	12/15/2011 13:37:43 PM
Team Lead Approval	knielsen	12/15/2011 13:37:47 PM
BOE Agenda Approval	jburry	12/23/2011 13:43:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12911**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4713-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CLARK, COUNTY OF**Contractor Name: **CLARK, COUNTY OF**Address: **LAS VEGAS METROPOLITAN POLICE
PO BOX 749509**City/State/Zip: **LOS ANGELES, CA 90074-9509**Contact/Phone: **null702-828-3932**Vendor No.: **T81026920AN**NV Business ID: **N/A**To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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.

X General Funds **14.00 %** Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

X Highway Funds **86.00 %** Other funding 0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 01/2012

Retroactive? **Yes**

If "Yes", please explain

Due to staff turnover in the Department of Public Safety and the Las Vegas Metro Police Department Forensic Laboratory, the duration of attorney reviews, and the final board approval in Clark County, the signature approvals by all parties were not obtained until after the June BOE deadline. Based on the knowledge gained in the process of drafting this contract, a delay in future contract review and approval is not anticipated.

3. Termination Date: **06/30/2013**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Forensic Analysis**

5. Purpose of contract:

This is a new interlocal agreement to provide forensic laboratory analysis for various divisions of the Department of Public Safety. Analysis includes but is not limited to testing of evidence for crime scene investigations, firearms examinations, shoeprint and tiretrack comparisons, and DNA analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,000.00**

Other basis for payment: quarterly upon receipt of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 484C.110 - 484C.190 requires evidentiary forensic analysis of certain samples.

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

The State does not have a laboratory or expertise to perform testing and analysis of evidentiary samples.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 LVMPD Forensic Laboratory currently performs service for DPS and the services are 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	jbauer	12/07/2011 11:51:56 AM
Division Approval	jbauer	12/07/2011 11:52:00 AM
Department Approval	jbauer	12/07/2011 11:52:03 AM
Contract Manager Approval	jbauer	12/07/2011 11:52:09 AM
Budget Analyst Approval	jstrandb	12/08/2011 09:40:16 AM
Team Lead Approval	jmurph1	12/14/2011 10:00:59 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:01:03 AM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Chris Perry
Director

James M. Wright
Deputy Director

Director's Office


555 Wright Way
Carson City, Nevada 89711-0525
Telephone (775) 684-4698 • Fax (775) 684-4809

Memorandum

DATE: December 6, 2011

TO: Jeff Mohlenkamp, Director, Department of Administration

THRU: Julie Strandberg, Budget Analyst, Department of Administration

FROM: Jennifer Bauer, Contracts Manager 

SUBJECT: Retroactive Interlocal Contract

Attached is a retroactive interlocal contract between the Department of Public Safety and the Las Vegas Metropolitan Police Department (LVMPD) Forensic Laboratory.

Pursuant to the requirements set forth in NRS 484C.110 through 484C.190, the Department of Public Safety contracts with the LVMPD Forensic Laboratory to provide in pertinent part: forensic analysis of trace evidence, controlled substances, shoeprint and tire track comparison, firearms, crime scene investigation, fingerprints, and DNA analysis in various counties in southern Nevada.

Due to staff turnover in the Department of Public Safety and the LVMPD Forensic Laboratory, the duration of attorney reviews, and the final board approval in Clark County, the signature approvals by all parties were not obtained until after the June BOE deadline.

Based on the knowledge gained in the process of drafting this contract, a delay in future contract review and approval is not anticipated.

Your consideration in approval of this contract is greatly appreciated. If you have questions or if I can be of assistance in any way, please contact me.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12853**Agency Name: **WILDLIFE**Agency Code: **702**Appropriation Unit: **4457-28**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNR**Contractor Name: **BOARD OF REGENTS-UNR**Address: **UNR CONTROLLERS OFFICE
MAIL STOP 0124**City/State/Zip: **RENO, NV 89557-0025**Contact/Phone: **Kelly Stewart 775/784-4583**Vendor No.: **D35000816**NV Business ID: **SM00220683**To what State Fiscal Year(s) will the contract be charged? **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 % Heritage Funding

Agency Reference #: **12-20**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **01/2012**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2012**Contract term: **180 days**4. Type of contract: **Interlocal Agreement**Contract description: **Mule Deer Habitat**

5. Purpose of contract:

This is an interlocal contract for the investigation of habitat use by Mule Deer on agricultural lands in Nevada. Management of Nevada's mule deer population will be enhanced by identifying how current land use practices and policies impact mule deer populations. This project was selected competitively by the Nevada Board of Wildlife Commissioners under Nevada's Heritage Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,285.00**

Other basis for payment: Receipt of a valid contractor invoice and project manager's approval.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an approved Wildlife Heritage Trust Account project. The Wildlife Heritage program was set up in 1995. This statutory program provides funds each year for approved wildlife projects. If a submitted project proposal fits within the guidelines of the program, that project may be selected for funding through the Heritage account. This contract was awarded pursuant to NRS 501.3575 and NAC 501.320 by the Board of Wildlife Commissioners and complies with the statutory requirements.

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

Projects are submitted to the Wildlife Heritage Committee. Any organization or individual can submit a proposal for project funding. Funds are awarded upon Board of Wildlife Commission approval.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Any individual or organization may submit a proposal for project funding. Once all proposals are received they are reviewed and ranked by the Wildlife Heritage Committee, and then final approvals are given by the Nevada Board of Wildlife Commissioners. This contract was awarded pursuant to NRS 501.3575 and NAC 501.320 by the Board of Wildlife Commissioners and complies with the statutory 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

Numerous projects with NDOW. Work 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:

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	bmcdani	11/10/2011 15:29:09 PM
Division Approval	bmcdani	11/10/2011 15:29:12 PM
Department Approval	bmcdani	11/10/2011 15:29:15 PM
Contract Manager Approval	mkrumena	11/17/2011 14:02:05 PM
Budget Analyst Approval	kkolbe	11/30/2011 13:06:24 PM
Team Lead Approval	jmurph1	12/14/2011 10:22:35 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:22:38 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: **12878**Agency Name: **WILDLIFE**Agency Code: **702**Appropriation Unit: **4457-28**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FRATERNITY OF THE DESERT**Contractor Name: **FRATERNITY OF THE DESERT**Address: **BIGHORN****PO BOX 27494**City/State/Zip: **LAS VEGAS, NV 89126-1494**

Contact/Phone: null702-879-6737

Vendor No.: T81028362

NV Business ID: NV19841008115

To what State Fiscal Year(s) will the contract be charged? **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 % Heritage Trust Account**

Agency Reference #: 12-16

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2012**Contract term: **180 days**4. Type of contract: **Contract**Contract description: **Big game water**

5. Purpose of contract:

This is a new contract for survey, maintenance, repair, and replacement of big game water guzzlers. Guzzlers provide critical water sources for some wildlife. Activities will include replacement of an old guzzler (with follow up maintenance), repairs to other guzzlers, and helicopter flights for guzzler surveys.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Upon receipt of a valid invoice with documentation of all charges and project manager approval

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Wildlife Heritage Trust Account project, awarded pursuant to NRS 501.3575 and NAC 501.300 by the Nevada Board of Wildlife (NBWC) as part of the Heritage program. The Wildlife Heritage program was created in 1995. This statutory program provides funds each year for approved wildlife projects. Projects are submitted to the Wildlife Heritage Committee. If a submitted project fits the guidelines of the program it may be selected for funding from the Wildlife Heritage Trust Account. This project complies with the statutory requirements and was selected by the NBWC as part of the Heritage program.

The work performed under this contract will help maintain critical water sources in wildlife habitat, supporting the propagation and management of big game species.

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

Projects are submitted to the Wildlife Heritage Committee. Any organization or individual can submit a proposal for project funding and, if approved, funds are awarded upon Board of Wildlife Commissioners approval.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Any individual or organization may submit a proposal for project funding. Once all proposals are received they are reviewed and ranked by the Wildlife Heritage Committee, and then final approvals are given by the Nevada Board of Wildlife Commissioners. This contract was awarded pursuant to NRS 501.3575 and NAC 501.320 by the Board of Wildlife commissioners and complies with the statutory 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

Previous Heritage program contract with NV Dept. of Wildlife. Performance 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	mkrumena	11/28/2011 12:53:10 PM
Division Approval	mkrumena	11/28/2011 12:53:13 PM
Department Approval	mkrumena	11/28/2011 12:53:15 PM
Contract Manager Approval	mkrumena	11/28/2011 12:53:18 PM
Budget Analyst Approval	kkolbe	12/02/2011 13:58:27 PM
Team Lead Approval	jmurph1	12/14/2011 10:20:44 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:20:47 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: **12876**Agency Name: **WILDLIFE**Agency Code: **702**Appropriation Unit: **4467-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Bureau of Land Management

Contractor Name: **Bureau of Land Management**Address: **BLM SURPRISE FIELD OFFICE
PO BOX 460**City/State/Zip: **CEDARVILLE, CA 96104**

Contact/Phone: null530/279-6101

Vendor No.: T81074212F

NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 % Habitat Conservation Fees**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 12-22

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2012**Contract term: **1 year**4. Type of contract: **Interlocal Agreement**Contract description: **BLM Juniper removal**

5. Purpose of contract:

This is a new interlocal agreement for the removal of juniper from encroached aspen stands and along riparian areas in the Bull Creek Drainage to decrease competition with desirable vegetation and restore aspen and riparian community health and integrity. The goal of this project is to enhance habitat for wildlife species including sage-grouse, mule deer and antelope.

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 \$200.00 per acre

II. JUSTIFICATION

7. What conditions require that this work be done?

Juniper has encroached the area thereby degrading wildlife habitat, increasing fuel loads and decreasing stream flows. This removal project is expected to improve ecosystem functional health and integrity, enhance wildlife habitat, encourage growth of native shrubs and grasses, raise the water table, and reduce the level of hazardous fuel loading.

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

No State agency can perform these tasks in a cost-effective manner.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Government agency; 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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

Many contracts with NDOW over the past few years, including predecessor to this contract for juniper removal in state fiscal years 2009-11. Performance 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	mkrumena	11/28/2011 10:18:29 AM
Division Approval	mkrumena	11/28/2011 10:18:32 AM
Department Approval	mkrumena	11/28/2011 10:18:35 AM
Contract Manager Approval	mkrumena	11/28/2011 10:18:38 AM
Budget Analyst Approval	kkolbe	12/02/2011 14:06:38 PM
Team Lead Approval	jmurph1	12/14/2011 10:18:08 AM
BOE Agenda Approval	jmurph1	12/14/2011 10:18:11 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: **12905**Agency Name: **PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: William Michael Urrutia

Contractor Name: **William Michael Urrutia**Address: **PO Box 226**City/State/Zip: **Friant, CA 93626**

Contact/Phone: Mike Urrutia 559-281-6676

Vendor No.:

NV Business ID: NV20101836083

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 %**

Agency Reference #: RFP012-01 Fort Churchill

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2014**Contract term: **3 years**4. Type of contract: **Revenue Contract**Contract description: **Fort Churchill Graze**

5. Purpose of contract:

This is a new revenue grazing lease for Fort Churchill State Park in Lyon County. This is a natural resource management strategy for vegetation, habitat control and fuel reduction as well as maintaining the original cultural aspects and integrity of the property. This lease provides the grazing rights to approximately 2500 acres located within Fort Churchill State Park for three grazing seasons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$144,000.00**

Payment for services will be made at the rate of \$48,000.00 per year

Other basis for payment: or an option in lieu lesse may furnish materials, fencing, services and equipment to improve the leased area.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is to pasturage and grazing of livestock. This is a natural resource management strategy for vegetation control, habitat control and fuel reduction as well as maintaining the original cultural aspects and integrity of the property.

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

State Parks has neither the resources or the manpower to complete this task.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

State Parks did a Request for Proposal (RFP), as directed by State Purchasing. Mr. Urrutia was the only bidder to meet the standards required by the RFP.

d. Last bid date: 03/01/2007 Anticipated re-bid date: 12/31/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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:

Mr. Urrutia holds the current lesse agreement with State Parks.

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	sdecrona	12/06/2011 14:56:05 PM
Division Approval	sdecrona	12/06/2011 14:56:08 PM
Department Approval	sdecrona	12/06/2011 14:56:11 PM
Contract Manager Approval	sdecrona	12/14/2011 08:05:14 AM
Budget Analyst Approval	jrodrig9	12/14/2011 12:22:06 PM
Team Lead Approval	cwatson	12/15/2011 12:53:50 PM
BOE Agenda Approval	cwatson	12/15/2011 12:53:56 PM
BOE Final Approval	Pending	

ATTACHMENT B
STATE OF NEVADA
SCOPE OF WORK
FORT CHURCHILL PASTURE MANAGEMENT PLAN

Nevada Division of State Parks intends to permit grazing and the growing of crops on portions of the Carson River Ranch Property. Currently, there are three sections of the ranch properties (DePaoli, Ghiglia and Amerongen) that have been established for the purposes stated above. The Ghiglia and Amerongen sections will be divided into 5 smaller subsections or pastures. In those sections a perimeter fence will be installed along the Carson River approximately 50 yards from the high water mark from Scout Camp to the Hercules Access. Designated stock water areas will be incorporated for lessee's use throughout the year. This fence will prevent to some degree the impacts of cattle to an area that has been determined as a low impact use area (sensitive area). The DePaoli section will be divided into pastures A – O.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **12851**Agency Name: **FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-60**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Davey Resource Group, A Division of The Davey Tree Expert Company

Contractor Name: **Davey Resource Group, A Division of The Davey Tree Expert Company**Address: **7627 Morro Road**City/State/Zip: **Atascadero, CA 93422**

Contact/Phone: Dana Karcher 805-461-7500

Vendor No.:

NV Business ID: NV19971266821

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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 #: NDF12-008

2. Contract start date:

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

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2013**Contract term: **1 year and 180 days**4. Type of contract: **Contract**Contract description: **Tree Inventory**

5. Purpose of contract:

This is a new contract to conduct a tree inventory of public trees in the built-up areas of Clark County, NV. The tree inventory will pertain to publicly-maintained trees in designated public facilities and streetscape areas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$420,000.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Upon agency's approval of received invoice(s) not to exceed \$420,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to inventory, assess and manage urban trees is identified as a priority in the Nevada Division of Forestry's state assessment and strategies. The Division's UrbanForestry Program received a U.S. Forest Service Western Competitive Grant and an American Recovery and Reinvestment Act (ARRA) grant to fund public tree inventories and assessments in Clark County and the Las Vegas Valley. For the U.S. Forest Service National Urban Forestry Program, tree inventories and urban forestry assessments are a high priority for funding.

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

State employees do not have the resources or expertise to conduct an inventory of this nature.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected based on evaluation criteria and scores.

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 current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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	tmeyer	11/17/2011 11:25:11 AM
Division Approval	tmeyer	11/17/2011 11:25:14 AM
Department Approval	tmeyer	11/17/2011 11:25:19 AM
Contract Manager Approval	ldunn	12/01/2011 11:06:29 AM
Budget Analyst Approval	jrodrig9	12/01/2011 19:28:04 PM
Team Lead Approval	cwatson	12/15/2011 13:00:50 PM
BOE Agenda Approval	cwatson	12/15/2011 13:00:55 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **10652**Amendment
Number: **3**Agency Name: **ENVIRONMENTAL PROTECTION**Legal Entity
Name: **KLEINFELDER GROUP INC**Agency Code: **709**Contractor Name: **KLEINFELDER GROUP INC**Appropriation Unit: **3187-54**Address: **KLEINFELDER WEST INC
4835 LONGLEY LN**Is budget authority
available?: **Yes**City/State/Zip: **RENO, NV 89502**

If "No" please explain: Not Applicable

Contact/Phone: null775/689-7800

Vendor No.: T80967348C

NV Business ID: NV19801004246

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 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: DEP 10-008

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **06/09/2009**
Examiner's approval?

Anticipated BOE meeting date 12/2011

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2012**

Termination Date:

Contract term: **3 years and 22 days**4. Type of contract: **Contract**Contract description: **Environment Cleanup**

5. Purpose of contract:

This is the 3rd amendment to the original contract, which provides ongoing services to aid the state to identify, assess, and remediate properties that have hazardous substances, pollutants or are contaminated. This function is related to/associated with a national program designed to redevelop and/or promote economic restoration of abandoned, underutilized or vacant properties that have been identified as properties that are contaminated or potentially contaminated with hazardous substances. This amendment increases the maximum amount from \$537,235 to \$725,531 to provide ongoing needed services at the established contract scope of work and rate.

6. CONTRACT AMENDMENT

- | | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$428,908.00 |
| 2. Total amount of any previous contract amendments: | \$108,327.00 |
| 3. Amount of current contract amendment: | \$188,296.00 |
| 4. New maximum contract amount: | \$725,531.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The project Brownfields is Nevada Land Recycling Program. The consulting services perform environmental assessment and possible cleanup of Nevada lands.

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

The state does not have the staffing or expertise to do this level of work.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

The evaluation team scored Kleinfelder in the top two.

d. Last bid date: 12/23/2008 Anticipated re-bid date: 12/01/2012

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 contractor is currently approved by BOE for consulting services and to perform environmental assesment and possible cleanup of Brownfields.

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	lfleming	11/04/2011 10:05:25 AM
Division Approval	jnajima	11/04/2011 10:15:40 AM
Department Approval	jnajima	11/04/2011 10:15:45 AM
Contract Manager Approval	dbenson	11/07/2011 12:12:15 PM
Budget Analyst Approval	jrodrig9	11/07/2011 17:58:35 PM
Team Lead Approval	cwatson	12/15/2011 13:35:24 PM
BOE Agenda Approval	cwatson	12/15/2011 13:35:28 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **11884**Amendment
Number: **1**Agency Name: **DEPT OF MOTOR VEHICLES**Legal Entity
Name: **VALLEY ENTERPRISES INC**Agency Code: **810**Contractor Name: **VALLEY ENTERPRISES INC**Appropriation Unit: **4735-04**Address: **PO BOX 214**Is budget authority
available?: **Yes**City/State/Zip **LOGANDALE, NV 89201**

If "No" please explain: Not Applicable

Contact/Phone: Dorothy Adams 702/398-3666

Vendor No.: T81104717

NV Business ID: NV20001517863

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 %

X Highway Funds **100.00 %** Other funding 0.00 %

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/31/2011**
Examiner's approval?

Anticipated BOE meeting date 01/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **01/31/2012**
Termination Date:Contract term: **4 years and 1 day**4. Type of contract: **Contract**Contract description: **Janitorial Service**

5. Purpose of contract:

This is an amendment to the original contract, which provides for ongoing janitorial service at the DMV facility located in Mesquite, Nevada. This amendment extends the termination date from January 31, 2012 to January 31, 2015 and increases the maximum amount from \$7,716 to \$30,864 to cover the cost of the extension.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract: \$7,716.00

2. Total amount of any previous contract amendments: \$0.00

3. Amount of current contract amendment: \$23,148.00

4. New maximum contract amount: \$30,864.00

and/or the termination date of the original contract has changed to: 01/31/2015

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 this service.

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?

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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

Lowest bid.

d. Last bid date: 02/01/2008 Anticipated re-bid date: 12/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. 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 contracted with DPS and DMV-service has been satisfactory. Previously contracted with DMV during January, 2002 through February, 2008-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:
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	cmunoz	12/08/2011 09:37:09 AM
Division Approval	cmunoz	12/08/2011 09:37:11 AM
Department Approval	dcook	12/08/2011 09:46:00 AM
Contract Manager Approval	hazevedo	12/08/2011 09:51:44 AM
Budget Analyst Approval	cwatson	12/15/2011 13:03:23 PM
Team Lead Approval	cwatson	12/15/2011 13:03:27 PM
BOE Agenda Approval	cwatson	12/15/2011 13:03:31 PM